

Analysis of Dimensions of Quality of Services Based on Assessment and Satisfaction of Patients of BPJS Rawat Inap RSUD Wamena

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ABSTRACT

Quality of hospital services is a factor that influences patient assessment and satisfaction. The lower the assessment and patient satisfaction, the lower the quality of hospital services. The purpose of this study was to analyze the dimensions of service quality based on the assessment and satisfaction of BPJS patients. The dimensions of service quality used in this study are the dimensions of Sower's quality including respect and caring, effectiveness and continuity, appropriateness, information, efficiency, meals, first impression, staff diversity. This study was conducted with a cross sectional design, with a sample of 60 people drawn from the population of patients inpatient care at Wamena Hospital by simple random sampling. Data collection is done by questionnaire. The results of the study were analyzed using Linear Regression. The results showed that the assessment and satisfaction of inpatients was the lowest in the quality efficiency dimension. Testing with Linear Regression shows there is an influence between the assessment of patient satisfaction, BPJS ($p < 0.05$) in all dimensions of quality with the largest correlation coefficient ($r = 0.925$) on the quality dimension of Appropriateness. The conclusion that can be drawn is the assessment and satisfaction of patients is still low in most dimensions of service quality. But the quality dimension of Appropriateness has the biggest role in determining the quality of hospital services. In the Efficiency quality dimension, things that can be done to improve patient assessment and satisfaction include reviewing cost issues through cost control, cost production programs, cost containment and transparency of the cost system for BPJS patients.

Keywords: Sower quality dimensions, assessment, satisfaction, inpatient BPJS patients

INTRODUCTION

Health insurance ownership is a basic need for people's lives as an effort to protect public health (Murti, 2007). The government has obliged all residents in Indonesia to register as participants in the National Health Insurance (JKN) as stipulated in Presidential Regulation No. 12 of 2013 article 6 paragraph (1). Overall health protection for the Indonesian people is targeted to be achieved in 2019 so that can be realized *Universal Health coverage* (UHC). The goal of health development towards a Healthy Indonesia is to increase awareness, willingness and ability to live healthy for everyone in order to realize an optimal degree of public health through the creation of a society, nation and state of Indonesia characterized by people who live with behavior and in a healthy environment, have the ability to reach quality health services in a fair and equitable manner, and have optimal health status throughout the Republic of Indonesia (RI Ministry of Health, 2014).

Based on the *World Health Organization* (in Dewanti, 2007), hospitals are a comprehensive (integral) part of social and medical organizations, which have the function of providing comprehensive health services to the public both preventive and curative.

The implementation of JKN (National Health Insurance) is based on Law No. 40 of 2004 concerning the National Social Security System (SJSN) and Law No. 24 of 2011 concerning the Social Security Organizing Agency (BPJS) which is mandated to provide health insurance for all

Indonesian people. Health BPJS is one of the health care guarantee programs that is required by the government in accordance with Article 14 of the BPJS Law, every person including foreigners who work for at least 6 (six) months in Indonesia who have paid contributions or fees paid by the government. In 2004 Law Number 40 of 2004 concerning the National Social Security System (SJSN) was issued. Law No. 40 of 2004 mandates that the social security program is mandatory for all residents, including the Health Insurance program through an agency that organizes social security for the

Development of the City of Wamena, which is increasingly being opened to meet the needs of the Jayawijaya community in the field. . The increasingly intense competition in the health industry and the increasing knowledge, insight and selectivity of the current community towards the quality of health services requires Wamena Hospital to always improve the quality of its services to the community. The decentralization law that was implemented since 2003 has made Wamena District Hospital designated as a self-financing trial hospital with a bed capacity of 142 TT in the same year. Because of this provision, Wamena General Hospital must strive to increase profits by improving the quality of service products in the hope of forming loyalty to patients. The quality of service that is in accordance with the expectations of the patient must have a positive impact on the sustainability of the implementation of the Wamena Hospital itself. This is because with the satisfaction of patients, a harmonious relationship is expected between the hospital and the patient, creating patient loyalty to the hospital and forming word of mouth recommendations by patients to others. This satisfaction must be felt by all BPJS patients in all types of services / installations in hospitals, especially in inpatient installations.

Based on reference to article 14 of the BPJS Law every Indonesian citizen and foreign citizen who has lived in Indonesia for at least six months is required to become a member of the BPJS Kesehatan. To achieve the target of the National Health Insurance program in 2019, to achieve these targets become BPJS participants Health is not only mandatory for formal sector workers, but informal sector workers are also required to become BPJS Health participants. The ownership of JKN cards by all people is needed because of the increasing prevalence of various diseases, including non-communicable diseases (PTM). The disease will result in the high cost of treatment and healing. The first step taken in this study is to know the quality dimensions that affect patient satisfaction in Wamena Hospital. According to Supriyanto (2007: 189-190) the quality dimension is divided into two, namely technical quality and functional quality. Included in the technical quality is *Search Quality, Experience Quality, Credence Quality*. While those included in functional quality are RATER: *reliability, assurance, tangible, empathy* (empathy), and *responsiveness*. Meanwhile, according to Sower (2006) there are eight dimensions of hospital service quality, namely *respect and caring* (respect and caring), *effectiveness and continuity* (effectiveness and sustainability), *appropriateness* (feasibility), *information* (information), *efficiency* (efficiency), *meals* (food), *first impression* (first impression), *staff diversity* (employee composition). With these dimensions, it will be known the influence of service quality and satisfaction of inpatients at Wamena Hospital.

MATERIALS AND METHODS

This study is *cross sectional*. The *cross sectional study* is a study to study the dynamics of the correlation between the variables studied by means of an observation or data collection approach at one time, meaning that each study subject was only observed once and the measurements were made on the status of the subject variable at the time of examination. (Muhith A., Nasir 2011).

The population of this study was all inpatients of Wamena Hospital from the period of January 1 to June 30, 2018. The study population was general patients, inpatient BPJS. Estimated calculation of the study population was obtained from the total number of patients in one month on average inpatients at Wamena Hospital 150 people.

The sample in this study were 60 people. The research sample was determined by *simple random sampling* with inclusion criteria being treated at least 3 x 24 hours, aware and able to communicate well, able to give a response about the statements in the questionnaire. Samples are taken using random number tables.

This study was conducted in inpatients at Wamena General Hospital. The time of this research was conducted in July to November 2018 while the time of data collection was carried out in January - June 2018.

According to Alatas (in Yustinawati, 2007) descriptive analytic research is research that aims to do a description of the phenomena found, both in the form of risk factors and the effect or result for the results of the description is continued by looking for the influence / relationship between variables by carrying out statistical tests.

Information about the objectives, benefits, procedures for conducting research and the rights of respondents were given orally and in writing (Muhith, A. Nasir 2011). As many as 60 respondents have agreed to take part in the research and sign the willingness sheet to be the subject of research.

It is an ethical problem in nursing research by not giving the respondent's name on the interview sheet, just writing the code on the data collection sheet (Muhith, A. Nasir 2011). In the study it did not include the name of the informant on the interview sheet, but it was enough to give the codes on each sheet.

It is ethics by ensuring the confidentiality of the results of research both information and other problems. All information that has been collected is guaranteed confidentiality by researchers, only certain data groups will be reported on the results of the study (Muhith, A. Nasir 2011).

RESULTS

Characteristics of Patients by Age in Inpatient Installation of Wamena Hospital in 2018

No	Age of	Payment Status BPJS						Total	
		Mandiri		PPU and PBPU		PBI		n	%
		n	%	n	%	n	%		
1.	<20 th	8	40	7	35	6	30	21	35
2.	21-60 th	8	40	9	45	10	50	27	45
3.	> 60 th	4	20	4	20	4	20	12	20

No	Type of Disease	Mandiri		PPU and PBPU		PBI		Total
		n	%	n	%	n	%	n
1.	Infectious / Infectious Disease	7	35	11	55	8	40	26
2.	Degenerative Disease / Non-communicable	12	60	7	35	11	55	30
3.	Don't know	1	5	2	10	1	5	4

No	Level of Education	Mandiri		PPU and PBPU		PBI		Total
		n	%	n	%	n	%	n
1.	No school	6	30	4	20	1	5	11
2.	SD	1	5	3	15	4	20	8
3.	School	8	40	2	10	9	45	19
4.	Senior High School	4	20	6	30	6	30	16
5.	PT	1	5	5	25	0	0	6

No	Marital Status	Mandiri		PPU and PBPU		PBI		Total
		n	%	n	%	n	%	n
1.	Married	13	65	10	50	14	70	37
2.	Not married	7	35	9	45	6	30	22
3.	Widow	0	0	1	5	0	0	1

No	Job Type	Mandiri		PPU and PBPU		PBI		Total
		n	%	n	%	n	%	n
1.	PNS	0	0	7	35	0	0	7
2.	Private	6	30	1	5	1	5	8
3.	Entrepreneurship	4	20	0	0	3	15	7
4.	Does not work	10	50	12	60	16	80	38

No	Total Utilization	Mandiri		PPU and PBPU		PBI		Total
		n	%	n	%	n	%	n
1.	1 time	17	85	14	70	18	90	49
2.	2 times	2	10	3	15	2	10	7
3.	> three times	1	5	3	15	0	0	4

No	Reason for Use	Mandiri		PPU and PBPU		PBI		Total
		n	%	n	%	n	%	n
1.	Near the house h	10	50	10	50	2	10	22
2.	Cheap	3	15	1	5	6	30	10
3.	Friendly service	1	5	2	10	0	0	3
4.	Others (BPJS referral service, forced)	6	30	7	35	12	60	25

Characteristics of Patients According to Payment Status In Inpatient Installation Wamena Hospital Year 2018

No	Payment Status	Frequency	%
1.	Mandiri	20	33.33
2.	Wage Recipient Workers (PPU) and family members, Non Wage Recipients (PBPU) and family members ,	20	33,33
3.	Participants in Contributing Benefit (PBI)	20	33,33
Total		60	100

Distribution of Assessment and Satisfaction of Patients on "Nurse SkillsAttention to Patients" in Inpatient Installation Wamena Hospital 2018.

Status Pay Payment BPJS	Assessment								Satisfaction							
	Is Very Ignored		Ignored		important to remember-tian		It is important to remember-tian		Dissatisfied		Less		Satisfied		Very Satisfied	
	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	
Independent	2	10	7	35	11	55	0	0	4	20	5	25	11	55	-	-
PPU and PBPU	0	0	2	10	17	85	1	5	2	10	0	0	18	90	-	-
PBI	0	0	4	20	16	80	0	0	4	20	3	15	13	65	-	-

Distribution of Assessment and Patient Satisfaction in "Kec akapan clerk in being friendly" Inpatient Hospital In Wamena 2018.

Status Payment BPJS	Rating								Satisfaction							
	NotFriendly		Less Friendly		Friendly		Very Friendly		Dissatisfied		Less		Satisfied		Very Satisfied	
	n%	n%	n%	n%	n%	n%	n%	n%	n%	n%	n	%	n	%		
Mandiri	1	5	4	20	14	70	1	5	3	15	3	15	13	70	-	-
PPU and PBPU	0	0	1	5	19	95	0	0	1	5	2	10	17	85	-	-
PBI	2	10	2	10	16	80	0	0	4	20	3	15	13	65	-	-

Distribution of Patient Evaluation and Satisfaction on "Responses and doctor's answers to patient complaints" At the Inpatient Installation of Wamena Hospital in 2018.

Payment Status BPJS	Assessment of								Satisfaction							
	Not Good		Poor		Good		Very Good		Not Satisfied		Less satisfied		satisfied		Very satisfied	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Independent	3	15	2	10	15	75	-	-	4	20	1	5	15	75	-	-
PPU and PBPU	0	0	4	20	16	80	-	-	3	15	2	10	15	75	-	-
PBI	1	5	5	25	14	70	-	-	6	30	3	15	11	55	-	-

Summary of patient Satisfaction Assessment And Analysis On Eight Dimensions of Quality of Inpatient Hospital In Wamena Year 2018.

Dimensions M utu	Rating (%)	Description	Satisfaction (%)	Description
<i>Respect And Caring</i>	77	There is a problem	71	There is problem
a. Mandiri	68	There is a problem	67	There is a problem
b. PPU and PBPU	88	No problem	83	No problem
c. PBI	77	There is a problem	62	There is a problem
<i>Effectiveness And Continuity</i>	84	No problem	75	There is problem
a. Mandiri	82	No problem	72	There is a problem
b. PPU and PBPU	97	No problem	90	No problem
c. PBI	73	There is a problem	62	There is an problem
<i>Efficiency</i>	57	There is a problem	53	There is problem
a. Mandiri	50	There is a problem	50	There is a problem
b. PPU and PBPU	70	There are problems	60	There are problems
c. PBI	52	Problems	48	Problem
<i>First impression</i>	85	No problem	78	There is problem
a. Mandiri	75	There is a problem	75	There is a problem
b. PPU and PBPU	95	No problem	90	No problem
c. PBI	85	No problem	70	There is a problem
<i>Appropriateness</i>	82	No problem	78	There is problem
a. Mandiri	79	There is a problem	78	There is a problem
b. PPU and PBPU	90	No problem	87	No problem
c. PBI	76	Problems	70	Problems with
<i>information</i>	69	There is a problem	66	There is problem
a. Mandiri	62	There is a problem	62	There is a problem
b. PPU and PBPU	86	No problem	77	There is a problem
c. PBI	59	There is a problem	58	There is a problem
<i>Meals</i>	89	No problem	86	No problem
a. Mandiri	90	No problem	90	No problem
b. PPU and PBPU	93	No problem	94	No problem
c. PBI	85	No problems	75	Problems with
<i>diversity Staff</i>	83	No problem	78	There is problem
a. Mandiri	80	No problem	75	There is a problem
b. PPU and PBPU	95	No problem	85	No problem
c. PBI	75	There is a problem	75	There is a problem

Recapitulation of Results of Linear Regression Analysis Effects of Assessment on Services Received at Patient Satisfaction in Inpatient Installation Wamena Regional General Hospital in 2018.

Assessment Variables on Quality Dimensions	Regression Coefficient (B)	t	Significant	Partial Correlation (r)	determinant coefficient (β)
<i>Respect And Caring</i>	14.391	1.285	0.000	0.884	0.884
<i>Effectiveness And Continuity</i>	11.5210.834		0.000		1.425
<i>Efficiency</i>	14.795	1.270	0.000	0.680	0.680
<i>First impression</i>	7.064	1.105	0.000	0.841	0.841
<i>appropriateness</i>	18.523	1.325	0.000	0.925	0.925
<i>Information</i>	15.5860.898		0.000		1.189
<i>Meals</i>	0.968	10.589	0.000	0,812	0,812
<i>Staff diversity</i>	1,099	13,106	0,000	0,865	0.865 The

Significance level of the assessment variable in all dimensions of quality is 0,000, which means that there is a significant effect between the assessment variables on the satisfaction variable.

DISCUSSION

Assessment and satisfaction of independent patients and PBI is low on the *sub variable* "nurses' ability to pay attention to patients", "the skills of the administrative staff in being friendly", and "doctor's responses and answers to patient complaints". While the assessment and satisfaction of PPU and PBPU patients is low on the *sub variable* "doctor's responses and answers to patient complaints". Nurses' skills in giving attention are considered to be lacking by independent patients and PBI, causing dissatisfaction because in the implementation of care some nurses are still indifferent to the needs of patients and some are even fierce and unfriendly to patients. In the *sub variable* "skills of administration officers in being friendly", the assessment and satisfaction of independent patients and PBI is still low. This is due to poor communication skills of administrative staff. As a complaint, one PBI patient was formed because the BPJS card used was not a Wamena region card. In the *sub variable* "doctor's responses and answers to patient complaints", all patient assessments and satisfaction are still low.

In the results of this study it is known that the overall assessment of patients in the Inpatient Installation of Wamena General Hospital is 77%. The same thing also happened to the satisfaction of patients in the Inpatient Installation of Wamena Hospital as a whole was 71%, which meant that patient satisfaction was still quite low. The overall assessment of patients in the Inpatient Installation of Wamena General Hospital is 84%, this is indicated by the rapid X-ray service with uncomplicated bureaucracy for BPJS patients. However, the satisfaction of patients in the Inpatient Installation of Wamena Hospital as a whole is 78%, which means that patient satisfaction is still quite low. This is indicated by the length of the waiting time for services at the hospital pharmacy. The assessment and satisfaction of patients with independent BPJS is low on the *sub variable* "skills of administrative officers to explain financing" and "affordability / mercy rates". It is known that overall assessment of patients in the Inpatient Wamena Hospital is poor at 57%, this is indicated by the ability of administrative officers who are less in explaining the problem of drug financing, less open administration officers in explaining the price of drugs for BPJS patients so that the drug is not available in the insurance list, patients are forced to buy outside at high prices. There is one *sub variable* service in the quality dimension *First impression* in this study, namely "the nurse's ability to

serve the first time in the hospital room". Independent patient assessment and satisfaction is low on the *sub variable* "nurses' skills at first entry to the ward".

In the results of this study, it is known that the overall assessment of patients in the Inpatient Installation of Wamena General Hospital is 85%, this is indicated by the ability of most nurses when serving the first time entering a hospital room. The services provided were in the form of cleaning the nursing room before being occupied by the patient, giving help to the patient to enter the hospital room, and giving an explanation about the facilities in the ward. However, the satisfaction of patients in the Inpatient Installation of Wamena Hospital as a whole is 78%, which means that patient satisfaction is still quite low. This was indicated by several nurses who were reluctant to explain the procedures for using facilities in the hospital room. Overall assessment of BPJS patients in Inpatient Wamena General Hospital is 81%, this is indicated by medical and non-medical facilities as well as a clean and tidy appearance and regular nurse services every day. However, the overall satisfaction of patients in the Inpatient Installation of Wamena Hospital is 78%, which means that the satisfaction of BPJS patients is still quite low.

It is known that the overall assessment of patients in the Inpatient Installation of Wamena Hospital is 69%, which is indicated by the reluctance of doctors to explain their examination. This is supported by the satisfaction of patients in the Inpatient Installation of Wamena Hospital as a whole is 66%, which means that patient satisfaction is still quite low. The overall assessment of patients in the Inpatient Installation of Wamena Hospital is 88%, this is indicated by the timely and beautiful delivery of food to patients and the cleanliness of the food container arrangement. There is one *sub variable* service in the quality dimension *Staff diversity* in this study, namely "doctor's experience and seniority". The overall assessment of patients in the Inpatient Installation of Wamena General Hospital was 83%, this was indicated by the doctors who handled the patients as senior doctors who had high service hours. The assessment and satisfaction level of PBI BPJS patients is higher than that of independent BPJS patients and this is due to the fact that the hospital feels more secure in providing *excellent service* for independent BPJS patients who have been guaranteed payment / financing for their care by certain agencies.

Respect and Caring on the results of the analysis using linear regression obtained that the regression coefficient (B) the valuation variable is 1,285 and is positive. This means that if the assessment increases by one unit it will increase the patient's satisfaction level by 1,285 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 88.4%. While the strong influence between variables is indicated by the partial correlation value of 0.884, which means that the strength of influence between variables is quite large.

Effectiveness And Continuity on the results of the analysis using linear regression obtained that the regression coefficient (B) the valuation variable is 1,425 and is positive. This means that if the assessment increases by one unit it will increase the patient's satisfaction level by 1.425 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 83.4%. While the strong influence between variables is indicated by a partial correlation value of 0.834, which means that the strength of influence between variables is quite large.

Efficiency on the results of the analysis using linear regression obtained that the regression coefficient (B) the valuation variable is 1,270 and is positive. This means that if the assessment increases by one unit, it will increase the patient satisfaction level by 1,270 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 68.0%. While the strong influence between variables is indicated by the partial correlation value of 0.680, which means that the strength of influence between variables is quite large.

First impression on the results of the analysis using linear regression is obtained that the regression coefficient (B) the valuation variable is 1.105 and is positive. This means that if the assessment increases by one unit, it will increase the patient satisfaction level by 1,105 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 84.1%. While the strong influence between variables is indicated by a partial correlation value of 0.841, which means that the strength of influence between variables is quite large.

Appropriateness on the results of the analysis using linear regression obtained that the regression coefficient (B) the valuation variable is 1,325 and is positive. This means that if the

assessment increases by one unit, it will increase the patient's satisfaction level by 1.325 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 92.5%. While the strong influence between variables is indicated by the partial correlation value of 0.925, which means that the strength of influence between variables is quite large.

Information on the results of the analysis using linear regression shows that the regression coefficient (B) the valuation variable is 1.189 and is positive. This means that if the assessment increases by one unit it will increase the patient's satisfaction level of 1,189 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 89.8%. While the strong influence between variables is indicated by the partial correlation value of 0.898, which means that the influence strength between variables is quite large.

Meals on the results of the analysis using linear regression obtained that the regression coefficient (B) the valuation variable is 0.968 and is positive. This means that if the assessment increases by one unit it will increase the patient's satisfaction level of 0.968 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 81.2%.

Staff diversity on the results of the analysis using linear regression found that the regression coefficient (B) of the valuation variable is 1.099 and is positive. This means that if the assessment increases by one unit, it will increase the patient satisfaction level by 1,099 units. The contribution of assessment variables to satisfaction based on the coefficient of determination (β) is 86.5%. While the strong influence between variables is indicated by the partial correlation value of 0.865, which means that the strength of influence between variables is quite large.

CONCLUSION

Most BPJS patients are young and productive, have a male gender, have the last education in junior high school, and use the hospital because it is close to home. Most BPJS patients are of productive age, have married, sexed female, have last high school education, and are treated for infectious diseases as well as utilizing hospitals because they are close to home.

In the quality dimension of *Respect and Caring* Assessment and low satisfaction in *sub variable* 1) "nurses' skills give attention to patients", 2) "skills of administrative staff in being friendly", according to the perspective of independent BPJS patients and PBI, while in *sub variable* 3) "responses and doctor's response to patient complaints" is low according to the perspective of all patients.

On the dimensions of quality *Effectiveness And Continuity* Assessment and low satisfaction on *sub variable* 1) "the length of the waiting time before being sent to the treatment room" and 2) "the length of time the hospital pharmacy service" according to the perspective of independent BPJS patients and PBI.

On the quality dimension of *Efficiency* Assessment and low satisfaction on *sub variable* 1) "the skills of administrative officers explain financing" and 2) "affordability / mercy rates" according to the perspective of all BPJS patients.

On the quality dimension of *First Impression* Assessment and low satisfaction on the *sub variable* "nurses' skills serve first entry to the hospital room" according to the perspective of patients with independent BPJS and PBI.

On the quality dimension of *Appropriateness* Assessment and low satisfaction on *sub variable* 1) "lamp lighting in the treatment room", 2) "appearance of medical and non-medical personnel" according to the perspective of PBI BPJS patients. Low assessment and satisfaction on *sub variable* 3) "cleanliness and neatness of the treatment room and bathroom", 4) "the accuracy of the doctor in checking", 5) "nurses' skills in serving", according to the perspective of the independent BPJS and PBI patients at 6) "skills nurse services every day" according to the perspective of all BPJS patients.

In the quality dimension of *Information* Assessment and low satisfaction in *sub variable* 1) "speed and accuracy of information about the patient's condition", 2) "doctor's explanation of the treatment he performed", 3) "doctor's explanation of drugs to be taken" according to perspective BPJS patients.

On the quality dimension of *Meals Assessment* and low satisfaction on *sub variable 1) "food taste"*. According to the perspective of patients with independent BPJS and PBI. While satisfaction is low on *sub variable 2) "Cleanliness of the eating place"* and 3) *"Time of serving food on time"* according to BPJS patient perspective.

On the dimensions of quality *staff diversity Assessment* and low satisfaction on *sub variable "Doctor's experience and seniority"* according to the patient's perspective.

In general there is a positive influence between the assessment of BPJS patient satisfaction in the eight dimensions of Sower quality. That is, if the assessment increases, the level of satisfaction will also increase.

The assessment and satisfaction of BPJS patients is low on the quality dimension *efficiency*. Therefore, it is necessary to improve the management of services from the Inpatient Installation of Wamena General Hospital by involving administrative officers in personality training and training in good and effective communication techniques so that they have the ability to explain the problem of financing to patients, administration and technical training, while on financing / The rate is expected by the hospital to further improve service quality in the fairness of cost and cost certainty by reviewing cost issues through *cost control, cost production programs, cost effective management, manager of costs, cost containment*.

Assessment variables have a positive effect on BPJS patient satisfaction, meaning that if the patient's assessment of the service provided is high, then the patient's satisfaction level is high. Therefore an inpatient installation of Wamena Hospital is needed to provide good service to patients so that the patient's assessment of the quality of inpatient services is always positive so that patient satisfaction which leads to patient loyalty to the hospital will be realized.

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