

The Model of Service Failure, Complaint Handling and Service Recovery to Decide BPJS Patients' Satisfaction in Jambi Province (Case Study at Jambi Province Public Hospital)

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Abstract

This research attempted to analyze the impact of service failure, service recovery, and complaint handling toward the BPJS non-FBI patients' satisfaction at the public hospital in Jambi Province. The method that was used in this research was quantitative and qualitative SEM-AMOS 21. The population is BPJS non-FBI class 3 patients and sample with 240 respondents which was divided into several public hospitals in Jambi Province., Batang Hari, Muaro Jambi, and Kuala Tungkal by using questioner. The result showed that service failure was not significant to patients' satisfaction. The failure was showed significantly at service recovery and complaint handling, intervening, and patient satisfaction can be influenced by service failure through service recovery and complaint handling.

Keywords: Service failure, Service recovery, Complaint handling, Patients' satisfaction

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I. INTRODUCTION

Program Jaminan Kesehatan Nasional (JKN /National Health Assurance) appeared alongside the releasement of UU No. 40/2004 about National Social Assurance and UU No. 24/2011 about Organizing Agency of National Social Assurance. Both rules became government's fundamental to give health assurance and not to let them in private. The government's effort to give health assurance through JKN and *Badan Penyelenggara Jaminan Sosial* (BPJS/Organizing Agency of National Social Assurance) replaced numbers of former Health organization Assurance hoped to be able to give better health care to all of the citizens from the initial level till the completed service. (Putri, 2014)

Hope BPJS will provide guarantees for basic needs which are worth each participant or member of their family. This performance is based on the mutual principle, non-profit, openness, and accountability (Shihab 2018). Besides that, National health assurance in Indonesia also can be felt by foreigners who live in Indonesia for six months in the shortest time. That is why BPJS member is grouped as Peserta Bantuan Iuran (PBI /contribution assistance participants) includes; underprivileged people and Non-PBI or intermediate participants.

BPJS member development since 2014 has increased constantly. In December 2019, the number of members had reached 83.86% from all of the Indonesian citizens. It is such a positive achievement that showed that BPJS had provided health assurance to all citizens. The increasing number of BPJS members must be followed by developing health facilities from the preliminary level until the referral level. This effort had been made by cooperating with health facilities. For the Fasil Tingkat Pertama (FKTP /First level health facility) which increased as much as 27.08% so in 2019 it reached 22.85% individual doctor practice, 23.66% clinic, 5.24% dentist, 2.79 army clinic, 2.43 policlinic, 0.14% region hospital and 42.89% public health center. The increasing of FKTP is a relationship that has been done through several programs such as supervision and walks through audit (WTA) prime service and prime service coordination meeting.

The different level of satisfaction of BPJS member in FKRTL whose member come to government hospital was in lower number that showed a failure in service toward FKRTL in the government hospital. Lovelock, CH and Wright 2005 explained that a service failure could be described as a customer's perception in certain aspects or giving the service was not fully cover their expectations. If there is a hospital service failure as the advanced service level for BPJS members will bring a negative perspective toward BPJS as the service provider. It is the same as the explanation from (Tsai et al., 2008), which stated, "A service provider is more likely to adopt a mixed recovery strategy when an outcome failure occurs when a process failure occurs." The

result from other experts also stated that service failure would have a negative impact on customer satisfaction. (Rui & A, 2009).

Hospital as a place which gives health service holds important rule to move faster people health condition. During the process, the service still has a big gap which is caused by the service failure as explained in the study by Antini and Trisnawati, 2016m with differences between hopes and expectations from correspondents in any service dimension of Askes (health insurance) and JKN with SIG number 0.000 (CI 95%. The biggest gap was in reliability with a score difference of -0.87,

II. METHODOLOGY

The method which was used in this study was quantitative with a descriptive approach and verificative. The design chosen in this study was based on BPJS service in Indonesia, which has increased in the number of members but still makes some service failures that decrease member satisfaction. This study's population was Jambi Province citizens who became the member of BPJS as much as 1,561,318 people, with BPJS data member PBI as much as 916,248 and non-PBI as much as 645,070.

The sample-taking technic in this study was a *simple random sampling* technic. Deciding the Structural Equation Modeling (SEM) analysis sample used the indicator amount method, which was used with 48 indicator questions x 5 until 10 patterns. (Ferdinand Augusty, 2005), the accounting of sample in this study had been set as much as 240 member of non-PBI BPJS in Jambi, Muaro Jambi Region, Batanghari Region, and Tanjung Jabung Barat Region. Used ordinal scale measurement method in Likert pattern 5 points. The Likert scale is mostly used to measure attitude, opinion, or perception about themselves or their group.

III. RESULT AND DISCUSSION

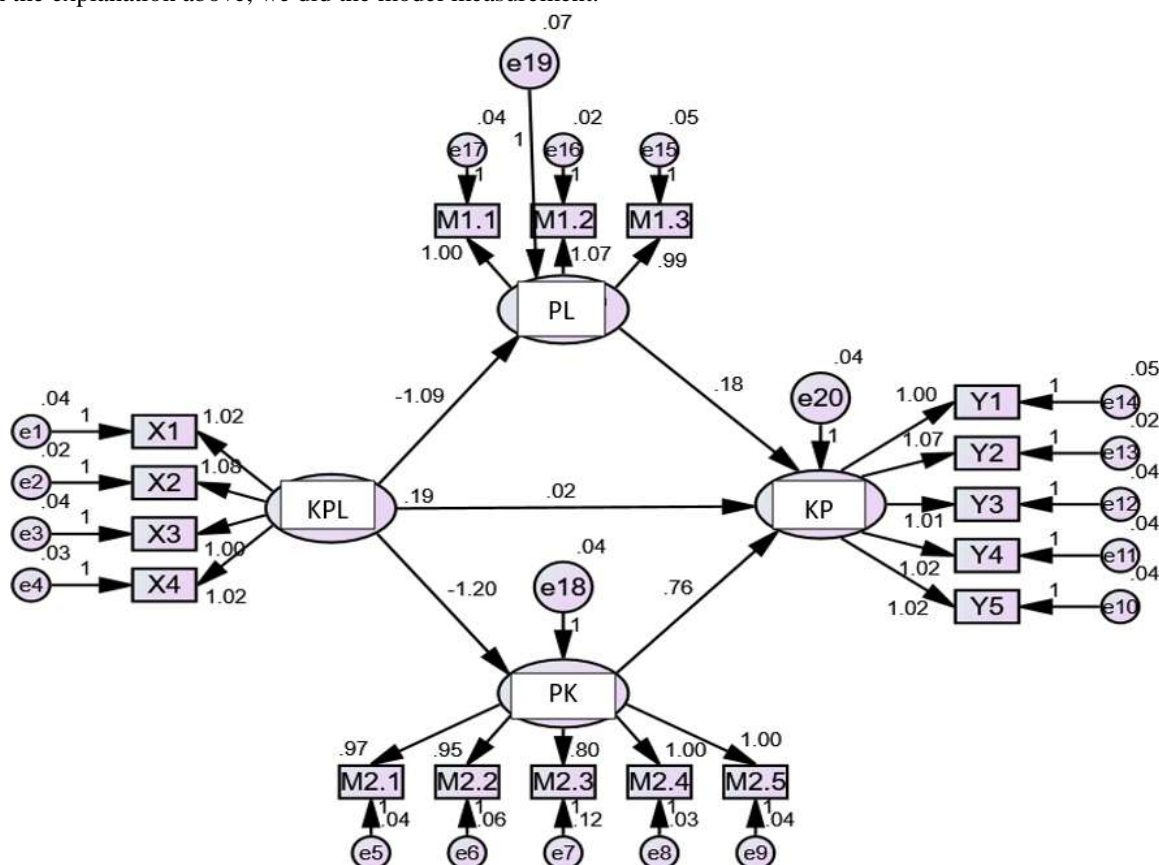
Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS/Administration Health Association of Insurance) is a health service that all citizens can enjoy from any level. Especially in Jambi Province, to get health service at the level that they have been chosen and according to health service that they need, will be processed by using BPJS according to domicile area and service level.

The study's result was conducted by accumulating the respondents' opinions with a questioner filled as accurately as possible from non-PBI BPJS users and BPJS level used in the hospital registered BPJS service region domicile synchronization and service level.

Table 1 Classification of Respondents' Characteristic

Characteristic classification	Percentage (%)	
Age	19 - 28	34.58
	29 - 38	50.84
	39 - 48	12.50
	49 - 58	2.08
Gender	Male	44.6
	Female	55.4
Education	Primary Graduate	4
	Junior high school Graduate	12.90
	High school graduate	52.10
	University	34.60
Job	Students	17.5
	Entrepreneur	53.8
	Employees	13.3
	Other	15.4
Income	< 1 Million Rupiah	27.9
	1 Million - 3 Million Rupiah	58.3
	3 Million - 5 Million Rupiah	13.3
	> 5 Million Rupiah	4
Service used	< 6 Months	7.9
	6 Months - 1 Year	15.4
	1 Year - 3 Years	36.3
	> 3 Years	40.4
Service Advantage	< 5times	4.2
	5 - 10 times	38.3
	> 10 times	57.5

After receiving valid data model test results, reliable and model outer test from a service failure, service recovery, complaint handling, and patients satisfaction so make able to do whole model testing. It is important to note that two variables become the mediation in this study; Complaint handling and Service recovery. Based on the explanation above, we did the model measurement.



Testing the model above will be derived in the form of a test model table used. The model testing is described in Table 2

Tabel 2 Goodness of Fit (GoF) Model

Test equipment	Cut of value	Value	Criteria
Chi-Square			
CMIN/DF	It is hoped that the value is small	20.444	Good Fit
Significance Probability	P > 0.05	0.000	Moderate
Absolute Fit Measure			
GFI	≥ 0.90	0.937	Good Fit
RMSEA	≤ 0.08	0.058	Good Fit
Incremental Fit Indices			
NFI	0.90	0.932	Good Fit
CFI	0.90	0.941	Good Fit
RFI	0.90	0.980	Good Fit
Parsimony Fit Indices			
AGFI	0 -1	0.379	Good Fit
PGFI	0-1	0.400	Good Fit

Model testing with chi-square, in which CMIN/DF values are expected to be small, the smaller the outcome, the better the model data and showed that the model is a fit model. The outcome is 20,444, which counted as a good fit, and the significant probability is hoped more than 0.05, but the result showed 0.000; therefore, the significant probability is stated as moderate. Model testing based on the *Absolute Fit Measure*: GFI and RMSEA, GFI measurement is hoped can be more than 0.90; therefore, the result is 0.937. Based on measurement standards, this value is bigger than what was expected. So it is called a Good Fit. Meanwhile, the

test using RMSEA has been received as much a 0.058 and has already filled the standard requirement what should be smaller than 0.08 so this result ais

Model testing based on Incremental Fit Indices such as NFI, CFI, and RFI tests are expected to show a value greater than 0.90. If the value is obtained from data processing, NFI value is 0.932, categorized as a good fit. CFI value is 0.941, categorized as a good fit, and RFI value is 0.980, also categorized as a good fit.

Model testing based on Parsimony Fit Indices includes AGFI and PGFI, each of them gives an expected value around 0-1; therefore, this model can be accepted and declared as Fit. As a result, from AGFI statistic value is 0.379, categorized as a good fit. Meanwhile, PGFI value is 0.400, categorized as a good fit.

Focus on the result of the study, therefore derived in form whole and complete statistical results. Statistic testing is used to test cause and effect relation partially or indirectly. Partially or directly is a direct straight line without any help from other parties while indirectly through case intervening variable, which is service recovery and complaint handling, so this result can give a whole description.

Table 3 Statistical Direct Test For Research Model

Direct effect			Estimate	Standard Error	Significant (2 tailed)
Service Failure (KPL)	→	Service Recovery (PL)	-1.094	0.060	***
Service Failure (KPL)	→	Complaint Handling (PK)	-1.198	0.056	***
Service Failure (KPL)	→	Patients' Satisfaction (KP)	0.024	0.115	0.834
Service Recovery (PL)	→	Patients' Satisfaction (KP)	1.085	0.118	0.007
Complaint Handling (PK)	→	Patients' Satisfaction (KP)	1.338	0.277	***

Service failure toward Service recovery with values as much as -1.094 and the standard error of 0.060, the value is highly significant (***). Service failure toward complaint handling estimation value is -1.198, and standard error is 0.056, high significance (***). Service failure toward patients' satisfaction showed a value as much as 0.085 with a standard error of 0.115. It is not significant because the value is larger than the standard which has been decided (0.834). Service recovery toward patients' satisfaction got estimation value as much as 1.085 with standard error as much 0.118, so the significance is higher than standard significant 0.007. The direct impact of service recovery on patients' satisfaction was estimated to value 1.338 with standard error as much as 0.277 and categorized as the high significant.

The calculation of the indirect effect uses the Sobel test method to obtain the expected value. In contrast, the Sobel test uses the applicable method and is tabulated using the Sobel formula.

Table 4 Sobel Statistic Study Testing

Indirect effect			Estimate	Standard Error	Sobel Test Statistic	Sobel Significant (2 tailed)
KPL intervening PL to KP	KPL → PL		-1.094	0.060	-8.210	0.000
	PL → KP		1.085	0.118		
KPL intervening PK to KP	KPL → PK		-1.198	0.056	-4.712	0.000
	PK → KP		1.338	0.277		

Indirect Effect of Service Failure on Patient Satisfaction through Complaint Handling. The statistical Sobel test value was obtained at -4,712 with a significant level of 0.000 smaller than the significant standard value (<0.05) by applying the Sobel test method. Then this result can be stated that the Service Failure indirectly affects Patient Satisfaction through Complaint Handling.

Service Failure in the Service Recovery

A service failure in service recovery has related elements, which showed that service failure gives impact and high significance toward service recovery. Service recovery is hoped able to fix the service failure, which affects the service quality with high significance (***). Therefore received hypothesis is service failure has a significant impact on service recovery.

Health service becomes very important to all citizens in general. Citizens have been using BPJS health insurance to receive good health care and be well served in any hospital. Hospital as BPJS colleague to give

easy direct health service without fee to the hospital. The payment has been made periodically by BPJS members; therefore, each member should get good health service.

Unsatisfying service experienced by the BPJS patients must affect the feeling toward the received service. This kind of service is counted as a failure. The service failure is indicated by failing in terms of service giving, service interaction failure, service has given the failure by health workers and inconvenience in service.

Failure in health services to take certain efforts to restore the services that have been provided to patients using BPJS Kesehatan. The establishment of Service Recovery aims to improve to provide better service recovery. Recovery Services to the core products of health care are continuously being improved as adaptations occur.

Service recovery for the core products of health services continues to be improved along with the adaptations. Restoration of services at the core, namely, recovery, the interaction of health services in various hospitals so that changes occur through service restoration. These services do not end and continue to provide the best service through fair procedures, equal and fair interaction with health service users, and good results. Satisfactory for health providers and users of BPJS Kesehatan Hospitals in Jambi Province.

Service Failure Toward Complaint Handling

BPJS patients' complaints will have many bad impacts on the service user itself or another user. The same goes with service failure in the hospital as the health facility colleague of BPJS, which BPJS class III Non-PBI uses. With the failure of health services, there is a need for actions and processes to maintain the service properly and run to fulfill the service's objectives. The study's findings were high (***), so that the first hypothesis was accepted that it was stated that service failure had a significant and significant effect on the handling of complaints.

Service failure experienced by BPJS Non-PBI Class III user was indicated by main product failure, in which the main product of BPJS is giving health facilities in hospital-based on the class they are used. Later the failure in interaction during giving service time also one thing that can have the potential to become a service failure, a failure from health workers to give respond also one potential to become a failure that makes us realize that the service and effort must be fixed.

Failure of service as anoritism has a crucial impact on the service process and the services rendered's sales value process. This study also found that complaint handling is directly affected by service failure, where failed service is important and must be improved by intensive handling.

Efforts to anticipate the increase in BPJS Non-PBI users' complaints are certainly not good for the continuity of health services. So it is necessary to handle complaints to provide a good solution for the continuity of service to continue to meet the objectives and expectations of services and according to the vision of BPJS.

There are many handling complaints regarding failure of service, including the accuracy of complaints submitted for the benefit of BPJS users. In addition to handling complaints, they also have quality procedures so that the complaint/complaint process can be processed easily and quickly so that complaints are properly resolved and have a high impact on the process's effectiveness so that the process has a high significant.

Complaint handling to handle the service activity can be done by giving consultation about patients' complaints which has decreased in quality and quantity; this process also gives strength to fix the part that has been complaint by patients. Gradually service handling by giving solutions related to the problem is one of BPJS' purposes.

Services that have been confirmed fail due to services that do not match a particular patient's expectations have a good impact on patient survival. This finding results from Dewi Kusumawati (2012) states that procedural, interactional and distributive justice dimensions have a good effect. The action of handling complaints is an effective review to provide a solution to complaints from patients so that there is a need for improvement so that BPJS Healthcare services at Rumah Sakitt continue to run according to policies and provide good and appropriate services.

The failure of health care services to BPJS Kesehatan Non-PBI patients in hospitals in Jambi Province has a significant effect on handling complaints. Complaint handling is an action and solution in dealing with service complaints so that service failures can be handled and resolved by obtaining optimal handling.

Service Failure toward Patients' Satisfaction

Service given to the patients was felt dissatisfaction, especially BPJS member, as mentioned by (Saputra & Murti, 2018), service failure has close relation with empathy less patient's behavior, high expense, and incomplete facility. A study result from a study showed that given service does not fulfill their expectation, so the first hypothesis was rejected. The second hypothesis is received, that service failure is not affected by patients' satisfaction. When patients received unsatisfying service and of course, they felt unsatisfied.

BPJS Health services in hospitals when there are problems and complaints about patients' services, sometimes they have to deal with obstacles that must be resolved through a process of sharing wisdom from

health providers, requiring a relatively long time. This is a crucial matter which results in failed treatment by BPJS users in Hospitals to get Class 3 Non-PBI health services.

Failure to provide services has an impact on the continuity of health services, whether to experience delays in service or even have to go through a sufficiently time-to-complete process. So that the patient complains about the received health services that are not by the patient's expectations. So that waiting for treatment processes in the hospital has an impact on the satisfaction of the patient, even at the hospital.

Service Recovery Toward Patients' Satisfaction

Recovery of Service to Patient Satisfaction

Recovery care for complaints from patients using BPJS will bring impact directly or indirectly to the health care providers of both BPJS and Hospitals where on-the-road and on-the-fly patients. So many complaints conveyed by patients both through the media for conveying complaints and others are the initiatives that need to be done, namely to carry out one or more services that are often complaints with high intensity. These results accept the initial hypothesis that service recovery has a significant and significant effect on patient satisfaction.

Complaints of high intensity have an impact on satisfaction in obtaining health care. To restore the complained service process more, service recovery is required. Service recovery works because of the considerations needed for the continuation of the service, the provision of compensation which is the choice as service recovery requires friendliness of health care workers. Besides that steps in service recovery are also the responsibility of providing health care and providing flexible solutions to the development of services that can provide services and provide good solutions.

With the provision of service recovery, policies that continue to develop following changes in health care types that can provide convenience and provide health care intensively impact patient satisfaction. In relation to the service recovery actions that have been compiled and designed, it was found that the recovery services had a significant positive effect (0.007).

Complaint Handling Toward Patients' satisfaction

There is a policy process for handling complaints optimally so that health services can run well and lead to satisfaction in receiving the service's benefits. The feeling of satisfaction created from the overall handling of complaints will provide benefits for administering health at the Hospital in Jambi Province. The results received and the initial hypothesis were that complaint handling had a significant and direct effect on patient satisfaction.

The impact that occurs from optimal complaint management also provides significant value. This is very high; this is the finding of BPJS Health's commitment to always strive to improve services continuously and reduce the value of services. In addition to handling complaints equally and equally for BPJS Health users' mutual interests and having the will to go forward with the vision of delivering complaints quickly and concisely, and precisely. Besides, the response to complaints handling is also on target and easy to deliver complaints so that the handling is more efficient through the complaint facilities provided by BPJS.

Service Failure in Patients' Satisfaction through Service Recovery

Service recovery to increase the satisfaction of service failures in hospitals Jambi Province has a significant impact, where the process of service recovery greatly supports the process of acting on service failure to create a sense of satisfaction for BPJS patients for the services that have been used and enjoyed by using BP Healthcare facilities. This is in line with the failure of service to service recovery, which is stated to have a significant effect and service recovery on satisfaction which is stated to have an effect and is significant, and the initial hypothesis is accepted.

Service recovery measures as an intervention to provide services to the continuity of patients to obtain satisfactory satisfaction are very significant support in an effort to restore paper services to health services by aligning BPJS Health policies with BPJS Healthcare and providing BPJS Healthcare as a complete health care program.

Service Failure Impact toward Patients' Satisfaction through Complaints Handling

Significant effect on patient satisfaction in the failure of health care received by BPJS Class 3 non-PBI patients in the province of Jambi hospital on patient satisfaction accompanied by the treatment of patient complaints. Service failures that become part of the response to using BPJS can be resolved well because complaints management is used to evaluate the BPJS patient health care process's activities, and initial hypotheses are accepted.

The prompt and prompt handling of complaints indirectly affects the satisfaction of BPJS patients and significantly. Significantly the effect of the failure of care on patient satisfaction through complaint handling

means that patient satisfaction has a significant effect on handling complaints on the failure of health care received by BPJS Kesehatan non-PBI patients class 3 in Hospital Jambi Province. The handling of complaints influences satisfaction - the number of complaints submitted by BPJS patients is related to service failure.

IV. CONCLUSION

The results obtained contain the element of service that is considered failing to provide maximum service to cause complaints or complaints from BPJS class 3 non-PBI users. Even though such complaints or complaints of failed services have had a significant effect on service recovery, they have experienced failure of the BPJS patient service process.

Complaints arising from the inadequacy or lack of service to the patient are associated with BPJS as the provider of health for non-PBI grade 3 patients has a significant effect on quickly and appropriately managing complaints. The effects of service failure in complaint handling create health care solutions and decisions.

Failure to provide services directly did not significantly impact increasing the satisfaction of BPJS Non-PBI patients. Service recovery has a significant effect on increasing patient satisfaction; therefore, service recovery will significantly affect the satisfaction of BPJS class 3 non-PBI patients in hospital health facilities to obtain health.

Complaint handling has high influence and significance. Complaints management measures will certainly have a good impact on the survival of BPJS, especially grade 3 non-PBI patients in the hospital.

Satisfaction of class 3 non-PBI BPJS Health patients hospitalized in Jambi Province turned out to significantly affect service failure through recovery services. Patient satisfaction can be positively influenced by the hospital's active complaint handling by BPJS Kesehatan for non-PBI grade 3 patients. It can increase patient satisfaction and significantly increase the satisfaction of complaints handling of service failures that occur.

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