

HEALTH CARE SATISFACTION OF PATIENTS COVERED BY NATIONAL HEALTH INSURANCE IN WAINGAPU, SUMBA TIMUR, INDONESIA

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ABSTRACT

Introduction: Membership in Indonesia's National Health Insurance (NHI) has dramatically increased, especially among the subsidized poor group, reaching 83.9% of the 229.9 million people enrolled in the scheme. However, patients' satisfaction with care provided under this coverage remains uncertain. **Aims:** To measure the health care satisfaction of patients covered by the NHI in Waingapu, Sumba Timur District, East Nusa Tenggara Province, Indonesia. **Method:** An explanatory cross-sectional study was conducted with 500 patients recruited from three hospitals and 10 community health centers. The Patient-Perceived Indicators of Satisfaction (PPIS) tool was developed for data collection. Descriptive statistical analysis was used to evaluate satisfaction level, while confirmatory factor analysis (CFA) tested the strength of association between indicators and patient satisfaction. **Results:** Most patients were very satisfied with the health care received; reliability (62%), assurance (52.2%), empathy (56.4%), tangible (49.6%), and responsiveness (45.4%). The CFA confirmed key indicators, including the availability of medicines as central to reliability (0.771), effective medicine (0.788), availability of parking area (0.814) for tangibles, motivation provided by health staff (0.804) for empathy, and responsiveness of pharmaceutical services (0.782). Among all dimensions, patients reported the highest satisfaction in assurance of health care (0.950), while satisfaction on tangible aspects (0.874) received the lowest rating. **Conclusion:** The study concludes that patients covered by the NHI are satisfied with the expected quality of health care services. However, satisfaction levels vary across individual indicators and dimensions.

Keywords: National Health Protection, Patients, Satisfaction, Quality, Healthcare

INTRODUCTION

The quality of health care is commonly recognized as an indicator of patient satisfaction (Budi Setyawan et al., 2019). Meeting expectations for high-quality health care improves patients' satisfaction levels and enhances their likelihood of continued utilization of health facilities (Wang et al., 2018). To win patients' loyalty, health providers must improve care quality and prioritize patient satisfaction.

Satisfaction with health care is inherently subjective. Each patient perceives satisfaction differently based on priorities and preferences regarding required services. Satisfaction with affordability, basic infrastructure, registration processes, pharmacy, free

health care, treatment quality, staff attitudes, and the availability of nurses and physicians are key determinants influencing patients' choices in seeking medical care from a particular provider (Af et al., 2020; Asnawi et al., 2019; Dash, 2021).

Healthcare quality and patient satisfaction are interlinked with the cost paid by patients (Demak, Mutiarasari, and Bangkele, 2019; Jamalabadi, Winter, and Schreyögg, 2020). Conventionally, the higher the patients pay for their medical care, the higher the quality of expected healthcare. Conversely, lower-cost treatments often prompt questions about service quality. Access to free health care policy (i.e., government subsidiary), especially for economically disadvantaged groups, potentially diminishes health care's benefits or quality (WHO, 2020). For

example, various universal health coverage (UHC) schemes often fail to guarantee high-quality service (Berwick et al., 2018).

Indonesia has achieved remarkable progress in implementing its National Health Insurance (NHI). A significant achievement is the government's commitment to protecting public health, especially the poor (Pratiwi et al., 2021; Dartanto et al., 2019). Recently, NHI membership has increased, especially among the poor. It is reported that 229.5 million individuals (83.9% of the total population) are enrolled in the scheme, including 83.9% of the subsidized-poor population, under the Non-Contributory Health Insurance (NCHI), while 16.1% are enrolled in the Contributory Health Insurance (CHI), contributing monthly payments (BPJS Kesehatan, 2021; Mahdi, 2022).

The above figures reflect that majority of Indonesians accesses free health care under the NHI scheme. As noted earlier, satisfaction is interlinked with the quality of health care, which in turn depends on the cost incurred by patients. Therefore, scrutinizing the satisfaction of patients protected by NHI is essential for improving the quality of health care.

This study was conducted in the District of East Sumba, East Nusa Tenggara Province, Indonesia. Sumba Timur is remote from Jakarta, the capital. It lacks natural resources and access to social benefits provided by the central government. Disadvantages in geographical, socio-cultural, accessibility, as well as human and capital resources are presumed barriers to achieving equity health and accessing quality health care (Wiseman et al., 2018). Consequently, health care satisfaction remains unverified.

The understanding of how the people of Sumba Timur perceive the quality of health care under the coverage of NHI is limited. Studies examining patient satisfaction and health care quality in the region is necessary. This study aims to measure the health care satisfaction of

patients covered by the NHI in Sumba Timur District. The findings will be beneficial in evaluating NHI implementation and broadening comprehension of health care quality as a critical factor of patient satisfaction. The study results will serve as a reference for NHI administrators and both local and central governments in improving healthcare access and quality.

METHODS

Study Design and Data Sources

The study adopted the explanatory cross-sectional design and was conducted from June to July 2022 in Sumba Timur District, Indonesia. Data collection took place in three hospitals (the only ones available in the district) and 10 randomly selected community health centers (CHCs) from the 22 CHCs in the district. A convenience sampling procedure (non-probability sampling) was used to recruit 500 patients, comprising 35 patients from each hospital and 25 patients from each CHC to participate in the survey.

Data Collection Instrument

The Patient-Perceived Indicators of Satisfaction (PPIS) survey, developed by the authors, served as the data collection tool (Windi, Harnani, and Asnani, 2022). PPIS modifies the SERVQUAL Model of Satisfaction by Parasuraman, incorporating indicators for each dimension of satisfaction known as the RATER (Reliability, Assurance, Tangibles, Empathy, and Responsiveness) framework (Teshnizi et al., 2018). The instrument began with the identification of satisfaction indicators through in-depth interviews. Thematic analysis was applied to identify the indicators, which were then grouped according to the RATER dimension and subjected to validity and reliability testing. The PPIS questions were distributed as follows: the reliability dimension included the availability of adequate (R1) physical examination, (R2) diagnosis, (R3)

treatment, (R4) medicine, (R5) quantity of staff, (R6) information, (R7) medical documentation, (R8) consultation time, and (R9) referral system. The assurance dimension included (A1) competent or skilled staff, (A2) accurate diagnosis, (A3) effective treatment, (A4) effective medicine, and (A5) knowledgeable staff. The tangibles dimension included (T1) waiting room, (T2) seats, (T3) clean room, (T4) toilet, (T5) parking lot, (T6) facility for patients with disabilities, and (T7) medical equipment. Indicators of (E1) friendliness, (E2) politeness, (E3) attentive listening, (E4) motivation, (E5) support, (E6) patience, and (E7) meticulousness define the empathy dimension. Finally, the responsiveness dimension included (Rs1) registration process, (Rs2) queuing time, (Rs3) pharmaceutical services, (Rs4) prompt care, and (Rs5) timely staff response.

RESULTS

Socio-Demographic Profile of Patients

Table 1. Socio-Demography Information of Patients

Socio-Demography (N=500)		Frequency	%
Sex	Male	170	34.0%
	Female	330	66.0%
Age	56 ≤	51	10.2%
	≤ 17	33	6.6%
	18 - 25	95	19.0%
	26 - 35	148	29.6%
	36 - 45	102	20.4%
	46 - 55	71	14.2%
Occupation	Civil Servant	19	3.8%
	Unemployed	78	15.6%
	Private Employee	30	6.0%
	Self-Employed	373	74.6%
Health Protection Type	CHI	43	8.6%
	NCHI	457	91.4%

Table 1 presents socio-demographic data for patients covered by Indonesia's National Health Insurance (NHI). Female patients outnumber male patients across the surveyed health facilities. Age distribution shows no clear majority. Patients aged 26 to

Data Analysis

Descriptive statistical analysis was performed to measure patients' satisfaction with the health care received. The effect of each indicator on its respective satisfaction dimension was examined using confirmatory factor analysis (CFA). In addition, CFA was applied to identify the most influential dimension contributing to overall patient satisfaction.

Ethical Statement

The Health Research Ethic Committee of Poltekkes Kemenkes Surabaya has declared and granted Ethic Clearance No. No.EA/828/KEPK-Poltekkes_Sby/V/2022 on March 18, 2022. The researchers also obtained research permission from the local government at both provincial and district levels.

35 years represent the largest segment, followed by those aged 36 to 45 and 18 to 25. Patients under 17 years comprise the smallest group. Employment status reveals that the self-employed individuals (i.e., farmers, cattle breeders, small business

owners, kiosk operators) constitute the largest proportion, while civil servants represent the smallest. Notably, unemployed participants hold the second-

highest percentage. Nearly 92% of surveyed patients are covered by the government-subsidized health protection scheme, indicating high NHI coverage in the region.

Patients' Satisfaction with Health Care under NHI

Table 2. Satisfaction Level of Patients Covered by NHI in Waingapu, Sumba Timur

Satisfaction Dimension	Satisfaction Level					Total (%)
	Very Unsatisfied (%)	Unsatisfied (%)	Neutral (%)	Satisfied (%)	Very Satisfied (%)	
Reliability:						
a. NCHI	0 (0.0)	1 (0.2)	8 (1.6)	139 (28)	309 (62)	457 (91)
b. CHI	0 (0.0)	1 (0.2)	9 (1.8)	24 (2.8)	9 (0.2)	43 (8.6)
Assurance:						
a. NCHI	1 (0.2)	1 (0.2)	13 (2.6)	189 (38)	253 (51)	457 (91)
b. CHI	0 (0.0)	2 (0.4)	12 (2.4)	21 (4.2)	8 (1.6)	43 (8.6)
Tangibles:						
a. NCHI	0 (0.0)	4 (0.8)	38 (7.8)	174 (35)	241 (48.2)	457 (91)
b. CHI	0 (0.0)	1 (0.2)	7 (1.4)	28 (5.6)	7 (1.4)	43 (8.6)
Empathy:						
a. NCHI	1 (0.2)	2 (0.4)	13 (2.6)	169 (34)	272 (54)	457 (91)
b. CHI	0 (0.0)	0 (0.0)	5 (1.0)	28 (5.6)	10 (2.0)	43 (8.6)
Responsiveness:						
a. NCHI	0 (0.0)	2 (0.4)	31 (6.2)	207 (41)	217 (43)	457 (91)
b. CHI	0 (0.0)	1 (0.2)	11 (2.2)	21 (4.2)	10 (2.0)	43 (8.6)

Table 2 illustrates that patient satisfaction levels under the NHI are predominantly high, especially concerning the availability of health care expected (reliability dimension), the trustfulness of health care quality (assurance dimension), and the empathy of health provider staff. NCHI participants are very satisfied with the reliability dimension (62%), while only 2.8% of CHI participants express satisfaction in the same domain. Regarding assurance, 51% of NCHI participants are very satisfied with the health care, while just 4.2% of CHI participants report similar satisfaction. Within the tangible dimension, 48.2% of NCHI respondents are very satisfied, with only 0.8% expressing dissatisfaction. Similar results also appear in the empathy and responsiveness dimensions of satisfaction. Empathy yields the highest satisfaction rate among NCHI

patients, with 272 individuals (54%) noting strong satisfaction. Only 0.2% in this group expressed dissatisfaction. Responsiveness also receives positive feedback from NCHI patients, with 217 individuals (43%) reporting they were very satisfied with how staff responded to inquiries and care needs. By contrast, CHI patients reported lower satisfaction in responsiveness, with only 10 individuals (2%) indicating high satisfaction, and a higher portion—21 patients (4.2%)—expressing moderate satisfaction. Overall, satisfaction with health care is more prevalent among NCHI patients than their CHI counterparts. Both groups generally report positive experiences with the health care under the NHI scheme. The data demonstrate that dissatisfaction is minimal across all five satisfaction dimensions.

Confirmatory Factor Analysis of the Effect of Satisfaction Indicators on Each Dimension of Satisfaction

Table 3. The Effect of Satisfaction Indicators on Each Dimension of Satisfaction

Satisfaction Dimension	Satisfaction Indicator	Level of Effect	
		Indicator to Dimension	Dimension to Satisfaction
Reliability	(R1) Physical Examination	0.694	0.910
	(R2) Diagnosis	0.680	
	(R3) Treatment	0.748	
	(R4) Medicine	0.771	
	(R5) Quantity of Staff	0.669	
	(R6) Information	0.702	
	(R7) Medical Documentation	0.730	
	(R8) Consultation Time	0.718	
	(R9) Referral System	0.725	
Assurance	(A1) Competent/ Skilled Staff	0.671	0.950
	(A2) Accurate Diagnosis	0.689	
	(A3) Effective Treatment	0.752	
	(A4) Effective Medicine	0.788	
	(A5) Knowledgeable Staff	0.723	
Tangibles	(T1) Waiting Rooms	0.693	0.874
	(T2) Seats	0.669	
	(T3) Clean rooms	0.704	
	(T4) Toilets	0.673	
	(T5) Parking Lots	0.814	
	(T6) Facility for People with Disabilities	0.744	
	(T7) Medical Equipment	0.747	
Empathy	(E1) Friendliness	0.529	0.913
	(E2) Politeness	0.736	
	(E3) Attentive Listening	0.740	
	(E4) Motivating	0.804	
	(E5) Supporting	0.736	
	(E6) Patience	0.773	
	(E7) Meticulous	0.767	
Responsiveness	(Rs1) Registration Process	0.691	0.909
	(Rs2) Queuing Time	0.660	
	(Rs3) Pharmaceutical Services	0.782	
	(Rs4) Prompt Care	0.696	
	(Rs5) Timely Staff Response	0.756	

Regardless of the overall satisfaction across all dimensions, recognizing the most favorable indicators of satisfaction is essential. A detailed understanding of satisfaction indicators helps health care providers recognize which services require improvement and which are most appreciated. The confirmatory

factor analysis (CFA) shows the ranking of satisfaction indicators within their respective dimensions. A higher effect score indicates a stronger impact on satisfaction.

Table 3 describes the strength of association between indicators against each dimension. The availability of medicine is

perceived as the most satisfying aspect of the reliability dimension, with a level effect of 0.771, while the number of staff holds the lowest effect (0.669). These results are in line with patients' perception that the quality of the medicine in the assurance dimension reaches a level of effect of 0.788 compared to staff competency (0.671). In the tangible dimension, the availability of parking spaces is considered the most satisfying aspect (0.814), outperforming other indicators. The motivating behavior of staff is the most satisfying indicator within the empathy dimension (0.804). Finally, pharmaceutical services in the responsiveness dimension receive the strongest score (0.782).

The effect of overall indicators on their corresponding dimension of satisfaction shows that patients are mostly satisfied with the assurance dimension of health care (0.950), followed by empathy (0.913), reliability (0.910), responsiveness (0.901), and tangibles (0.874). These findings suggest that assurance of health care quality, staff, and physical resources is crucial to achieving patient satisfaction

DISCUSSION

This study assessed the satisfaction of patients covered by the NHI in Sumba Timur District, Indonesia. The NHI membership comprises individuals who pay premiums and those whose coverage is subsidized by the government, especially poor and vulnerable groups.

The study is a response to the claims that poor people covered by national health insurance often struggle to access high-quality health care (WHO, 2022). Indonesia is on the right track in implementing the NHI as a commitment to universal health coverage campaigned by the WHO to avoid financial catastrophes for vulnerable populations (WHO, 2019b).

The success of NHI lies not only in wide coverage for beneficiaries but, more importantly, in the degree to which patients receive medical care aligned with their

expectations. These expectations include the reliability of health care, service quality assurance, provision of tangible resources, staff attitude, and prompt responsiveness to patient inquiries (Endeshaw, 2021; Naveed et al., 2019; Upadhyai et al., 2019). The fulfilment of these expectation should be independent of membership categories (subsidized or full-paying plan) to ensure the equity of health care.

Regardless of payment methods to the NHI management, this study finds that patient satisfaction ranges from satisfactory to highly satisfying. Studies in various health facilities across Indonesia affirm that patients under the coverage of NHI are satisfied with the health care received (Setyawan et al., 2019; Chinintya and Manalu, 2020; Sapitri and Sari, 2021). Furthermore, there is no difference in satisfaction between patients subsidized by the NHI and non-subsidized patients. However, satisfaction levels vary; non-RPS patients tend to express satisfaction, while RPS populations report very high satisfaction. This variation confirms that the quality of health care is associated with medical costs paid (Demak, Mutiarasari, and Bangkele, 2019; Jamalabadi, Winter, and Schreyögg, 2020), as paying patients often hold greater expectations.

Among the satisfaction dimension, assurance ranks highest, followed by empathy, reliability, responsiveness, and tangibles. These results imply that the quality of health care intersects with the behaviors of staff when delivering care. Patients rated quality assurance and staff attitude higher than availability of services, timely services of staff, and adequate facilities. In patient-centered and value-based care, understanding patient expectations and feelings increases patient satisfaction and reinforces their sense of security, dignity, and partnership (El-Haddad, Hegazi, and Hu, 2020; Eriksson-Liebon, Roos, and Hellström, 2021).

The reliability dimension of satisfaction refers to the availability of health facilities. This study found that

patients are satisfied with all satisfaction indicators in this dimension. Nevertheless, satisfaction varies across items. Patients are more concerned about the availability of medicines rather than the number of staff. WHO declares that essential medicine is a priority and crucial part of health care and medication (WHO, 2019a). Medicines should be available at all times in adequate amounts, affordable, and have proven efficacy, quality, and safety (Kasonde et al., 2019; Ozawa et al., 2019). Supply chain, demands, and regulatory issues are barriers to medicine provision and distribution (Shukar et al., 2021). NHI administrators and health providers play an essential role in ensuring that the medicines are available when patients need them, as their availability influences patient satisfaction (Siahaan, Hakim, and Hariyanti, 2018).

Satisfaction also depends on medicine quality. Patients in this study ranked effective medicine as the most important assurance indicator, followed by effective treatment and skilled staff. When NHI was introduced in 2014, patients heavily criticized the efficacy of generic medicines listed in the National Formulary (Windi, 2018). However, with the implementation of procurement through an e-catalogue purchasing mechanism, the NHI management achieves competitive prices and the best medicines (Winda, 2018). The study found that patients are satisfied with the efficacy of the medicine covered by the NHI. Generic medicines are affordable, effective, and meet patients' health care expectations (Dash, 2021; Mohanty et al., 2022).

Satisfaction is also associated with the tangible needs of patients—the availability of facilities provided by the management of health centers. Comfortable waiting rooms, adequate seats, clean facilities, toilets, parking spaces, medical equipment, and facilities for people with disabilities boost patient satisfaction. This study reveals the strong association between patient satisfaction and sufficient facilities as supporting elements of health

care. Literature supports that physical environment is strongly associated with the satisfaction of patients (Babatola et al., 2022). Improving the quality of health center facilities is a means to increase patients' satisfaction in public health facilities (Handari, Setyorini, and Amkop, 2021). Patients surveyed in this study show the greatest satisfaction with the parking spaces available around the facility. Parking space is integral and vital for liveable and accessible public space. Patients need parking that is easy to access, close to the hospitals, and patient-friendly (Amro et al., 2018; Handari, Setyorini, and Amkop, 2021), and fulfilment of this amenity enhances patient satisfaction.

Empathy is also a predictor of satisfaction demonstrated by staff through friendliness, politeness, active listening, giving motivation, providing support, and meticulous engagement with patients. Empathy is strongly associated with patient compliance with the medication, decreases malpractices, reduces errors in health care, and increases the satisfaction of patients (Moudatsou et al., 2020). Empathy boosts medical staff's understanding of patients' emotional wellbeing, improving the accuracy of diagnosis and treatment. This study found that patients covered by the NHI are very satisfied with the motivating behaviors of staff, affirming the role of motivation in promoting recovery and quality of life (Hosseini et al., 2021). Motivated patients adapt and seek the best solution for their illness regardless of difficulties and hardship (Freudenreich, 2020).

Responsiveness refers to the degree to which health care is delivered at the time needed by patients. Queuing time—for registration, pharmacy services, or consultations—affects patient perceptions. A review found that waiting time in accessing health care ranges from waiting from home before attending medication, waiting for elective surgery, medical doctor appointments, and even in emergency care (Al-Harajin, Al-Subaie, and Elzubair, 2019;

Handari, Setyorini, and Amkop, 2021; McIntyre and Chow, 2020). This study identifies registration and pharmacy wait times as central to patient satisfaction. Speedy service is an important indicator of satisfaction. Regardless of health problems and demands, patients require timely service. Patients in this study are satisfied with the responsiveness of the medical and non-clinical procedures in health facilities. Shortening the waiting time of patients in different sections of health care is necessary to further improve the patient satisfaction (Burodo, Suleiman, and Yusuf, 2021; McIntyre and Chow, 2020).

CONCLUSION

The study concludes that patients are satisfied with the health care provided by the health facilities under Indonesia's NHI scheme. Compared to the CHI participants, the NHCI group represents the majority of beneficiaries who utilize the health care in health facilities. These findings demonstrate that the NHI has gained public trust and successfully encouraged health service utilization. Overall, patients under the protection of NHI are very satisfied with the health care received, the physical resources available in the health facilities, the quality of services, the attitude of staff, and the timely response of staff.

The study recommends that patients proactively search for quality health care and engage with health centers to maintain service standards. Health centers must continue to improve their quality of services, especially the effective, efficient diagnosis and treatment while paying attention to the behavior of the front-line staff and their responsiveness to engage with patients' needs.

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