

The Relationship Service Quality To The Satisfaction Of “Mandiri Inhealth” Health Insurance Users Visited To Kediri Service Office

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ARTICLE INFO

Article history:

Received: 10th October 2017

Revised: 22nd November 2017

Accepted: 12th December 2017

Keywords:

quality of service

satisfaction

Mandiri Inhealth

ABSTRACT

Background: Service quality can mean a simple way to achieve desired goals in the most efficient and effective way, with an emphasis on satisfying the consumer. By knowing the level of customer satisfaction, health insurance can improve service quality. This study aims to determine the relationship of service quality to the satisfaction of health insurance users of Inhealth Mandiri who visited the Kediri Service Office. The method of this research is analytic correlation with cross sectional model. The population used by all Mandiri Inhealth health insurance users visited Kediri Kediri Service Office on average in May, June, July 2017.

Methods: The sampling technique used simple random sampling of 68 respondents. The independent variable of service quality and dependent variable is the satisfaction of health insurance user of Mandiri Inhealth who visited Kediri Service Office. Technique of collecting data using questioner then in test with rank spearman with significant level 5%.

Results: The results showed that most respondents (60%) said the quality of good service as many as 41 people and got the majority of respondents (56%) satisfaction level is very satisfied sebanyak 38 people. Based on spearman rank test, the value of α (0,000) < α (0,05) hence Ho's denotes that there is relation to the satisfaction of health insurance user of Mandiri Inhealth who visited Kediri Service Office.

Conclusion: Better to maintain and improve the quality of service so that the health insurance user is very satisfied with the quality of service that has been provided by regularly evaluating the quality of service and the returning customer will be given a checklist of the services provided.

I. Introduction

Maintenance of health is a necessity for every person regardless of economic and social status. Currently, developing countries continue to be pressured to pay attention to health issues that are human rights, as a priority in development. Indonesian legislation has also regulated this health as outlined in the 1945 Constitution of 1945 of Article 28H, "... everyone is entitled to health services".

According to Gotret P, (2006) quoted from Chusnun, (2007) "Almost all patients of various diseases (burden disease) live in developing countries. While the contribution of health financing in developing countries is only about 12% of total world health financing ". The quality of health services in limited developing countries is understandable, given the limited resources and the magnitude of the health problems faced. The magnitude of health financing is closely related to health indicators in a country (WHO, 2000). .

Susenas 2004 data states, the population who have obtained health care guarantee either from the government (BUMN), or commercial insurance, is 25, 4% of the total population of Indonesia. The coverage of this health insurance program continues to increase due to the program of Poor



DOI:

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Health Insurance (Jamkesmas), from 18% to now about 35% of the total population of Indonesia (Chusnun, 2007).

Indonesia's population of approximately 225 million people (Bakohumas, 2008), makes Indonesia a large market for insurance but because of many obstacles, such as the economic crisis that is facing to make the competition among insurance companies more stringent. However, due to the economic crisis, many Indonesians are becoming increasingly aware of the importance of health insurance as the transfer of financial risk to the incidence of illness.

Health insurance is a way to overcome the risks and uncertainty of ill events and the implications of the costs that result. Through health insurance an uncertain and unpredictable event can be transformed into a definite and planned event. To achieve this, the insurer will pay a sum of money called the premium on a regular basis to the insurance company (Bhisma Murti, 2000) . Health insurance is an effort to provide protection against the possibilities that can lead to economic losses (Alamsyah, 2011). In this insurance program, the company set aside funds to replace the health costs of insurance participants or employees.

Service quality can mean a simple way to achieve desired goals in the most efficient and effective way, with an emphasis on satisfying buyers or consumers (Al-Safah 2003).

The results of research by Dian Wahyu Desimawati at Surakarta Islam Hospital 2013 show that as many as 6.7% of respondents stated that the quality of service is in high category, 51.1% in medium category and 42.2% of respondents in low category. Satisfaction level 51.1% of respondents were in high satisfaction level, 31.1% were moderate and 17.8% respondents were in low satisfaction level.

This is also evident from data on the increasing number of complaints in Mandiri Inhealth Kediri Service Office from May that amounted to 1.44% and June 1.93% while in July 3.33% and also complaints submitted by users of health insurance when researchers conducted a preliminary survey of 10 insured users who visited Mandiri Inhealth Kediri Service Office on August 03, 2017, according to an initial survey conducted in interviews, four out of 10 said disgruntled and 6 participants who said satisfied, 4 participants who did not satisfied of them are users who get constraints when filing a reimbursement claim. Based on the facts and backgrounds above, the researchers are interested to examine the relationship of service quality to the satisfaction of health insurance users In health Mandiri who visited the Kediri Service Office.

II. Methods

The research design used analytical method with cross sectional approach that is the type of research that emphasizes the measurement / observation time of independent and dependent variable data only once at one time (Hidayat, 2009; Siyoto & Sodik, 2015).

In this study the population used is all users of health insurance Mandiri Inhealth which amounted to 82 people and the sample is some users of health insurance Mandiri Inhealth who visited the Kediri Service Office in November 2017 which amounted to 68 people Sampling technique, used in this study is non probability sampling with purposive sampling method. data collection instrument in the form of a questionnaire or questionnaire.

III. Results and Discussion

The results presented must be sequential from the main results to the supporting results. Use units of measurement based on applicable international standards. You can add diagrams, tables, pictures, and graphs by completing them with narration.

1. The Respondent Characteristics.

Table 1. The Characteristics

| | | | |
|----------|---------------------------|----|-----|
| 1 | Information | | |
| | Ever | 68 | 100 |
| | Never | 0 | 0 |
| 2 | Information Source | | |
| | Mandiri Inhealth Officer | 37 | 54 |
| | Workplace | 16 | 24 |
| | Family/Friends | 7 | 10 |
| | Radio/TV | 2 | 3 |
| | Internet | 6 | 9 |

Table 1. Characteristics of respondents by age, education, occupation, information, and information sources

2. The Quality Data

Table 2. Tehe Quality

| No | Quality of service | Σ | (%) |
|----|--------------------|----------|-----|
| 1 | Good | 41 | 60 |
| 2 | Enough | 27 | 40 |
| 3 | Less | 0 | 0 |
| | Total | 68 | 100 |

Table 2 Distribution of Respondent Frequency Based on Quality of Service of Inhealth Mandiri Health Insurance User in Kediri Service Office

3. The Bivariate Analysis

Table 3. Frequency Distribution of Respondents Based on the level of satisfaction of Mandiri Inhealth health insurance user in Kediri Service Office

| No | Quality of service | Σ | (%) |
|----|--------------------|----------|-----|
| 1 | Very satisfied | 38 | 56 |
| 2 | Satisfied | 30 | 44 |
| 3 | Not satisfied | 0 | 0 |
| | Total | 68 | 100 |

| Independent Variable | Dependent Variable | N | Sig(2-tailed) | r_s |
|----------------------|-----------------------------|----|---------------|-------|
| Quality of service | Insurance user satisfaction | 68 | 0.732 | 0.000 |

Frequency Distribution of Respondents Based on the level of satisfaction of Mandiri Inhealth health insurance user in Kediri Service Office. Results Spearman rank test service quality relationship with health care user satisfaction Mandiri Inhealth at Kediri Service Office

4. Quality of Service

From the results of research most of the quality of service is good as much 41 respondents (60%) and 27 (40%) other respondents said the quality of service is enough. Factors that affect the quality of service to the age factor, education, employment, information sources. Most (59%) of respondents aged > 30 years said the service quality in Mandiri Inhealth Kediri Service Office as much as 27 respondents. While most (65%) of respondents whose education Higher Education said the quality of good service a number of 22 respondents. Most (59%) of respondents who work also said the quality of service to good as many as 34 respondents. Most (68%) of respondents who obtained information sources from Inhealth Mandiri officers also said the quality of service in Mandiri Inhealth Kediri Service Office as much as 25 respondents. Most (60%) of the five items assessed the quality of service ranging from reliability, responsiveness, empathy, assurance, and tangible is good for 41 respondents.

Respondents aged > 30 years including adulthood, so the level of maturity in thinking more mature and in terms of confidence of a more mature person is trusted from people who have not high maturity so that respondents can judge that the quality of service performed by petugas good. Based on the results of research indicates that education is related to service quality. This is because educated respondents have a good and broad insight, especially about health insurance that is beneficial to the health of respondents.

Sufficient education can make a good judgment of the services provided to the participants. With the respondents who work will certainly have a lot of income and facilities from the company to follow health insurance, so that respondents when sick and make a claim will feel good service from the officer Mandiri Inhealth. Respondents who received information provided by insurance officers about the procedures and ease of service so as to make the health insurance users who visit assess that the quality of services provided by the officer is categorized well. From the assessment of the quality of services that have been given to the average respondent of the five items ranging from reliability, responsiveness, empathy, assurance, and tangible well enough according to the assessment of health insurance user Mandiri Inhealth who visited the Office of Services Kediri

5. Insurance User Satisfaction

From the result of the research, most of respondents (56%) said that they are very satisfied with the service that has been given as many as 38 respondents and 30 (44%) said they are satisfied with the service given. Factors that affect the user satisfaction of the insurance is the age factor, education, employment and information sources. Most (59%) of insurance users > 30 years old say very satisfied with the service. While the majority of users of insurance (74%) education as much as 25 universities respondents. Most of the respondents (59%) said that they are very satisfied with the service given by 34 respondents. And most (59%) of respondents get information from the insurance officers are satisfied with the service that has been given as much as 22 respondents. Most (56%) of the five items of health insurance user satisfaction Inhealth Mandiri who visited the Office of Service Kediri very satisfied by 38 respondents.

Respondents assessed the officers quickly and responsively in resolving complaints and can provide clear and easily understood information. This can be achieved if supported by professionalism attitude of the officers. Age > 30 years is an adult age so much experience, especially experience about the importance of good service from the officers in the use of health insurance sick time. With good service, respondents will get time satisfaction using health insurance benefits or benefits. Respondents who are educated Higher Education will affect the level of insurance user satisfaction. This is because respondents who have gone to higher education will have sufficient insight, especially about the importance of service quality of officers to the users of insurance, so that respondents are satisfied with the services provided (Sodik, Suprpto, & Pangesti, 2013)

Respondents who work will affect the level of satisfaction, this is because the respondents have income and facilities from the company from the workplace is sufficient to follow the health insurance program so that makes respondents feel very satisfied with the service provided by the insurance officer. In the research respondents get source of information about health insurance from insurance officers. Because respondents have obtained information about health insurance, so make respondents want to follow the health insurance program so that the sick time will get good service that affects the user satisfaction insurance. From the assessment of health insurance user satisfaction

by using five items namely reliability, responsiveness, empathy, assurance, and tangible almost all respondents are very satisfied and others are satisfied with the services that have been given. So the satisfaction is greatly influenced the quality of service.

6. The Relationship of Service Quality to the Level of user Satisfaction in health Kediri

From the results of research almost all (83%) of respondents said very satisfied with the quality of services that have been given as many as 34 respondents. From the test result of Rank Spearman statistic significant number or probability value (0.000) less than standart significant 0,05. it means there is relation of service quality to level of satisfaction of Mandiri health insurance user at Inhealth Kediri Service Office significant hypothesis accepted.

From the results of the research, there is a quality of service to the level of satisfaction of health insurance users Inhealth Mandiri, then this is due to the quality of service perceived by customers, then the customer was satisfied with the services provided. This is in accordance with the existing theory that service is a product in the form of services. Considering a service then the assessment aspect of the customer is more focused on the process. In this case his intent during the service process has become the material assessment of the customer to say that the service quality or not for the sake of satisfaction. Once the customer arrives and it turns out the insurance officer quickly responds then the customer feels getting what is expected then the customer is satisfied. During the service the customer will see how the officer performs, how the officer greets the participants, asks, responds, responds to every request. So during the service process will be the material assessment for the participants.

Little there is something that does not match the expectations of customers, then the customer will judge that the service is not qualified so that the customer may not be satisfied. This research is in line with research conducted by Dwi Rachma Setyawati entitled Factors Affecting Managed Care Insurance Customers To PT Asuransi Jiwa InHealth Indonesia in 2012 obtained the result that three factors affecting satisfaction is age 53.2% less than 25 years, income 26.8% of the majority of the income between 2.5 - 3 million / month while the personality is 20% is respondents with melancholy personality as the user of insurance services.

IV. Conclusion

Most of Inhealth Mandiri's health insurance service quality in Kediri Service Office is good as 41 respondents (60%) and 27 (40%) of other respondents said the quality of service is sufficient. Most of the health insurance user rates of Mandiri Inhealth in Kediri Service Office are very satisfied as many as 38 (56%) of respondents and 30 (44%) said they are satisfied with the services provided. There is a relationship of service quality to the satisfaction level of Inhealth Mandiri health insurance user in Kediri Service Office with probability value (0.000) which is less than standard significance 0,05 so that hypothesis is accepted.

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