



AUSTRALIAN JOURNAL OF BASIC AND APPLIED SCIENCES

ISSN:1991-8178 EISSN: 2309-8414
Journal home page: www.ajbasweb.com



Protection of Public Health Services for the Poor in Gambiran General Hospital Kediri

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ARTICLE INFO

Article history:

Received 3 March 2016; accepted 2 May 2016; published 26 May 2016

Keywords:

Legal protection, poor, public health services, RSUD Gambiran.

ABSTRACT

Background: Poor people has obstacle in obtaining health care services due to their limited income, while the cost for the services is expensive. Indonesia government has health care policy for the poor by provide them an Community Health Insurance called JAMKESMAS thus they could get the services in their local hospital, e.g. in Gambiran General Hospital Kediri, East Java. **Objective:** This study analyzes the effect of legal protection of human resources in Gambiran General Hospital Kediri. Second, this study also analyzes the influence of human resources to the health care of the poor in Gambiran General Hospital Kediri. The expected outcome of the study is a legal protection for the poor and those who cannot afford health care at Gambiran General Hospital according to the existing law in Kediri. **Method:** Data used in the study are primary and secondary data. Primary data was obtained by conducting interviews to the leaders, doctors, paramedic, and administrative personnel of Gambiran General Hospital, as well as distributing questionnaires to patients using JAMKESMAS that being treated in Gambiran General Hospital Kediri. Secondary data was obtained from the documents and legislation collected through library research. The study was conducted at Gambiran General Hospital Kediri from January to June 2014. **Results:** The results of the analysis showed that the straightforward service procedures, the informative service and the supporting facilities have a direct and positive effect on patient satisfaction (Y), which means that the higher the value of straightforward service procedure, informative service and supporting facilities, the higher the patient satisfaction will be. The medical services satisfaction, the medical support services satisfaction, the public services satisfaction, the administrative services satisfaction, the employee attitude satisfaction and the paramedic's attitude satisfaction directly and positively improve the public loyalty. **Conclusion:** The higher the value of medical services satisfaction, medical support services satisfaction, public service satisfaction, administrative services satisfaction, employee attitude satisfaction and paramedic's attitude satisfaction, the higher the value of public loyalty will be. However, the service quality does not significantly influence the public loyalty.

INTRODUCTION

Poverty is one obstacle to increase welfare and quality of life. Poverty rate is also the cause for the poor to not able to meet the demand for health services, as they are relatively expensive (Azwar 1996). However, the relatively high cost for health care is not the only factor ensuring the good quality of health care services.

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To Cite This Article: Koesnadi, Soemarno, Amin Setyo Leksono, Soleh., Protection of Public Health Services for the Poor in Gambiran General Hospital Kediri. *Aust. J. Basic & Appl. Sci.*, 10(9): 46-49, 2016

The policy of the Indonesian government on the National Social Insurance System aims for the creation of social insurance including public health insurance for all citizens. In line with that philosophy, Article 3 of the National Social Insurance System (UU SJSN, 2004) mentions that National Social Insurance System aims to guarantee the fulfillment of the basic needs of a decent life for each participant and/or their family members.

The government guarantees the health care services for its citizens, especially the poor and those who cannot afford the health care services in the form of health services which include promotive, preventive, curative, and rehabilitative services, including drugs and any consumable medical materials required (Article 22, Paragraph 1 of SJSN, 2004). Article 22 Paragraph 1 of SJSN states "the definition of health care in this article include services and health education, immunization, family planning services, outpatient care, hospitalization, emergency care and other medical procedures, including dialysis and heart surgery". The services provided are in accordance with the standard of service, good quality, and type of service in order to ensure sustainability of the program and satisfaction of participants (Cooper and Emory, 1995). The extent of health services is adapted to the needs of participants and the financial capacity of the Social Insurance Agency.

Based on the extensive interpretation, then the health insurance paid by the Government for the poor, is not only for hospitalization, outpatient, consumables medicines, immunizations, consul-tations and counseling, emergency care, dialysis, and heart surgery; yet it covers all diseases suffered by the poor. There must be standard medical actions in Community Health Center (Puskesmas) or in the General Hospital (RSUD) and Private Hospital appointed by the Government to serve for JAMKESNAS. It is the responsibility of the Government through Social Security System to ensure health care services for the poor. This study was aimed to analyze the effect of legal protection of human resources in Gambiran General Hospital Kediri. Second, this study also analyzes the influence of human resources to the health care of the poor in Gambiran General Hospital Kediri.

MATERIALS AND METHOD

This study took place in Gambiran General Hospital Kediri from January to June 2014. The reason to choose the Hospital is the fact that the Hospital supports the administration of Local Government policy in the field of personal health services and it is the sole government-owned hospital, therefore, it must provide excellent service by improving the quality of service. There are nine parameters estimated respectively: four on the legal, three on human resources, and two on services. In respect to cross-sectional data, the sample size was determined based on the formula by Slovain (Umar, 2011) with the following formula:

$$n = \frac{N}{1 + N e^2}$$

In which

n =sample size (respondents)

N = population

e² = the percentage of tolerated error 10%

Further proportional sampling was determined by the following formula:

$$n = \frac{1520}{1 + (1.560) (0.1)^2}$$

n =152 respondents

Based on Slovain formula mentioned above, the number of samples were 156 respondents.

Data collection methods can be classified into primary data and secondary data (Kuncoro, 2003). Primary data is the data directly collected by conducting interviews with the leaders, doctors, paramedic, and administrative personnel of Gambiran General Hospital, as well as distributing questionnaires to patients using JAMKESMAS being treated in Gambiran General Hospital Kediri. Secondary data is indirect data or documents (Kuncoro, 2003) and legislation gathered through literature study.

RESULTS AND DISCUSSION

In this study, there are three independent variables, namely Legal Protection (X), Health Care (Y), and human resources (Z). They are explained in the form of percentage and the average score of each variable is presented and interpreted from very bad (an average between 1.00 to 1.80), bad (an average between 1.81 to 2.60), good enough (an average of between 2.61 to 3.40), good (an average between 3.4 to 4.20), and very good (an average between 4.21 to 5.00).

Legal Protection (X):

Legal protection is measured in four indicators, namely the legal protection ($X_{1.1}$), legal compliance ($X_{1.2}$), legal effectiveness ($X_{1.3}$), and legal system ($X_{1.4}$). The indicators of legal protection ($X_{1.1}$) have an average value of 4.07, the indicators of legal compliance ($X_{1.2}$) have an average of 3.96, indicators of legal effectiveness ($X_{1.3}$) have an average of 3.78, and indicators of legal system ($X_{1.4}$) have an average of 4.03, categorized into 'good' category. The overall variables of Legal Protection (X) have an average scale of 3.96, falling into 'good' category.

Health Care Services (Y):

Health care services are measured in two indicators, namely FMTOM ($Y_{1.1}$) and Health Care ($Y_{1.2}$). FMTOM indicators ($Y_{1.1}$) have an average of 2.95 and health care indicators ($Y_{1.2}$) have an average of 3.19, include into 'good enough' category. Overall variable of Health Care Services have an average of 3.07, includes in 'good enough' category.

Human Resources (Z):

Human Resources (Z) are measured in two indicators, namely the Leaders of the Hospital ($Z_{1.1}$) and Doctors ($Z_{1.2}$), and of administrative staff ($Z_{1.3}$). Indicators for the Leaders of the Hospital ($Z_{1.1}$) have an average of 3.82 and indicators for administrative staff ($Z_{1.3}$) have an average of 3.90, categorized as 'good'. Indicators for doctors ($Z_{1.2}$) have an average of 3.04, categorized as 'good enough'. Overall variable of Human Resources have an average of 3.59, means 'good' category.

Research Instruments:

To test the hypothesis, and before doing further analysis, it is necessary to test the research instruments that test the validity and reliability of the three variables analyzed namely Legal Protection (X), Health Care Services (Y) and Human Resources (Z). A variable declared invalid if the validity of the correlation values are above 0.3. Table 1 shows all indicators on the Legal Protection (X) with correlation value above 0.3 and this shows that all the items for Legal Protection (X) on the questionnaire are valid. Reliability can be seen from Cronbach Alpha coefficient value. Legal Protection (X) has a coefficient above 0.6, so all the indicators are reliable. Thus, data on Legal Protection (X) used in this study based on the measurement result is declared valid and reliable, that the data obtained are feasible for further analysis.

Table 1: Test on Health Care Services Research Instruments (Y)

| Variabel | Indicator | Validity | Reliability |
|----------|-----------|----------|-------------|
| Y | Y_1 | 0.889 | 0.741 |
| | Y_2 | 0.894 | |

Table 1 shows that all indicators of Health Care Services (Y) have a correlation value above 0.3. This shows that all the items on the Health Care Services variable (Y) are valid. Based on Cronbach alpha coefficient values, Health Care Services (Y) has a coefficient above 0.6, so Health Care Services variable (Y) is declared reliable. Thus, Health Care variable (Y) is declared valid and reliable, making it feasible for use in subsequent analyzes.

Table 2: Test on Human Resources Research Instruments(Z)

| Variabel | Indicator | Validity | Reliability |
|----------|-----------|----------|-------------|
| Z | Z_1 | 0.708 | 0.850 |
| | Z_2 | 0.600 | |
| | Z_3 | 0.634 | |

Table 2 shows that all indicators of Human Resources (Z) have a correlation value above 0.3. This shows that all items on Human Resources (Z) are valid. Based on Cronbach alpha coefficient values, Human Resources (Z) has a coefficient above 0.6, so Human Resources (Z) is declared reliable. Thus, Human Resources (Z) is declared valid and reliable, making it feasible for use in subsequent analyzes.

Testing Assumptions SEM Analysis:

Assumption tests in this study include evaluation on the normality of the data, evaluation on outliers, linearity evaluation, and testing of residuals (Ferdinand, 2002; Gozali and Fuad, 2005)). Results of data processing on the assumption can be explained as follows.

Normality Evaluation Data:

Data normality test is used as a condition for processing data using estimation method of Maximum Likelihood (ML). The fulfillment of the normality of the data can avoid biases and inefficiencies result.

Normality Test Data:

Normality test was measured using the criteria of the critical ratio of ± 2.58 at 1% (0.01) significance level. Based on the results of the research, the critical ratio value was 2.181. Compared with the criterion of ± 2.58 , it can be concluded that the data distribution is normal, both univariate for each indicator as well as multivariate for the overall indicator. Referring to the theory of the Central Limit Theorem stating that the observational data with sample sizes greater than 30, then it is close to normal distribution, so this assumption can be ignored.

Outliers Evaluation Data:

Outliers are unique observations, in which the characteristics differ much from other observations. Outliers can be detected from the extreme values that emerge from the overall total of observations. One evaluation for outliers can be univariate by determining the threshold value categorized as outliers by converting the value of research data into standard scores, and evaluation of outliers in multivariate by using Mahalanobis distance for each observation. Mahalanobis distance shows the distance from an observation of the average of all the variables in a multidimensional space. The criteria used are based on the value of Chi-Square at specific degree of freedom and at a certain significance level (α).

In this study, based on analysis results, we obtained greatest Mahalanobis Distance value in observation 92 at 29.635 while the comparative value obtained from the evaluation using χ^2 at the degree of freedom for many parameters in the model used is 149 at 174.485. The Mahalanobis distance value is smaller than the comparative value, and this means that there are no outliers in the whole observation, so that no observations were excluded from the model.

Based on the results and discussion, Legal Protection for the poor affects the health care services provided for the poor at Gambiran General Hospital Kediri. Legal protection directly affects public health insurance. The public will experience increasingly better health care as legal protection is enforced to protect the poor from discrimination in services (Prastiwi and Ayubi, 2008).

Human resources significantly affect the health care of the poor at Gambiran General Hospital Kediri. Quality and adequate human resources are very important for quality services (Assauri, 2004; Widagdo, 2010), as crucial at Gambiran General Hospital Kediri.

Conclusion and Recommendation:

As the provider of health care services, Gambiran General Hospital Kediri must continue to improve the quality of services and human resources so the problems of health care for poor people can be handled well. JAMKESMAS program as the form of legal protection for the poor must be done according to the legislation. System administration and health care process for the poor should be facilitated and there should be no discrimination in the process.

REFERENCES

- Assauri, S., 2004. Tantangan pimpinan rumah sakit menghadapi paradigma baru. *Usahawan*, 9.
- Azwar, A., 1996. *Menjaga mutu pelayanan kesehatan*. Pustaka Sinar Harapan. Jakarta.
- Cooper, D.R. and C.W. Emory, 1995. *Business research methods*. Irwin. US.
- Ferdinand, A., 2002. *Structural Equation Modelling* dalam penelitian manajemen. Faculty of Economy. Diponegoro University. Semarang.
- Ghozali and Fuad., 2005. *Structural equation modeling: teori konsep dan aplikasi dengan program Lisrel 8.54*.
- Kuncoro, M., 2003. *Metode riset untuk bisnis dan ekonomi*. Erlangga. Jakarta.
- National Social Insurance System, 2004. Article 1 and 3 of the National Social Insurance System (UU SJSN).
- Prastiwi, E.N. and D. Ayubi, 2008. Hubungan kepuasan pasien bayar dengan minat kunjungan ulang di Puskesmas Wisma Jaya Kota Bekasi tahun, 2007. *Makara Kesehatan*, 12(1).
- Umar, H., 2011. *Metode penelitian untuk skripsi dan tesis bisnis* 11th Ed. Raja Grafindo Persada. Jakarta.
- Widagdo, B.K., 2010. *Pengaruh kualitas pelayanan terhadap kepuasan pasien pada Rumah Sakit Umum Daerah Sragen*. Faculty of Economy. Surakarta Muhammadiyah University.