



Improving Service Quality of A Private Hospital to Provide Satisfaction Of BPJS Participants

Rahadi Pratomo Singgih¹, Ayu Pratiwi², Yusyanah³, Mira Permata Sari⁴, Baby Poernomo⁵

^{1,2,3,4,5}STIAM I Institute of Social Science and Management

Corresponding Author : Baby Poernomo, E-mail : babyoernomo28@gmail.com

ARTICLE INFO

Received: 2023-07-09

Accepted: 2023-09-30

Volume: 3

Issue: 2

DOI: <https://doi.org/10.53754/civilofficium.v3i2.682>

KEYWORDS

BPJS Participants, Private Hospital, Satisfaction, Service Quality.

ABSTRACT

Health services are the most basic public services that must be carried out by the government to achieve a prosperous society. It is on this basis that the Government needs to improve the quality of public health with social security, namely the National Health Insurance (JKN), through the Health Social Security Administration Agency (BPJS). The focus of this research is how on the quality of health services provided by a private hospital to BPJS participants. This is a qualitative research with a case study approach. This study aims to answer the questions about the quality of service at hospital X in Bogor City for BPJS participants and what efforts should be made to provide satisfaction to BPJS participants. Data collection was carried out by observation, documentation, and semi-structured interviews with ten BPJS participants and an expert in the field of public policy. The results of this study indicate that the service quality of hospital X in Bogor City that consists of tangible, reliability, responsiveness, assurance and empathy still needs to be improved to provide satisfaction to BPJS health participants.

1. INTRODUCTION

Health is a basic need of society. Both developed and developing countries recognize that the level of health shows the level of welfare of a nation, because the level of health is related to the level of poverty. Meanwhile, the level of poverty is also related to the level of welfare. Because health is the main factor for people's welfare, health should be the main concern of the central and regional governments as public service providers.[1]

In terms of the pattern of implementation, public services in Indonesia still have various weaknesses, including: (1) less responsive, (2) less informative, (3) less accessible, (4) lack of coordination, (5) bureaucratic, (6) do not want to hear complaints/suggestions/aspirations of the community, and (7) inefficiency. In terms of human resources, the main weaknesses are related to professionalism, competence, empathy and ethics.[2]

Efforts to improve services have actually been carried out by the government for a long time, including through the commitment of government officials to improve service quality,[3] by issuing Presidential Instruction No. 1 of 1995 concerning the Improvement of Service Quality of Government Apparatuses to the Community. In the latest development, the Minister of State Apparatus Empowerment issued Administrative Decree No. 63/KEP/M.PAN/7/2003 concerning General Guidelines for the Implementation of Public Services.

One of the public services that is of concern to the wider community is health services. Health services can be obtained by the community through services in clinics, health centers, or hospitals. The community has also been given the convenience to get access to health services through the BPJS (Social Security Administration Agency) Health. BPJS Health is a public legal entity according to the BPJS Law.[4]

Several studies related to public services at BPJS Health have been carried out, among others the one conducted by Fitri Permata Sari (2015) in Lubuk Basung, Agam Regency.[5] The results of which show that there is still a shortage of doctors, limited facilities, and limited medicines. This condition makes the patients in trouble because they have to wait for the doctors for hours and look for other pharmacies which are quite far away. Likewise, research conducted by Zakiyah Handayani (2015) related to services for BPJS Health participants at the Permata Sukarame Health Center in Bandar Lampung shows that examination and treatment services require a long queue because there is a shortage of doctors.[6] It is also known that the parking lots are not safe, and no extension activities for the local community.

One of the cities in West Java whose BPJS Health membership continues to increase is Bogor City. The number of BPJS Health participants in Bogor City has now reached 97.25% of the total population of Bogor City 1 070,019,00 (BPS Kota Bogor, 2024).[7] This shows that currently public awareness of the importance of health is getting higher. But unfortunately, the high number of community participation is not accompanied by the high quality of services provided. In the implementation of public services there are still many deficiencies that add to the long list of public complaints. This is indicated by the emergence of various public complaints through the mass media. The government wants to provide the best public service, considering that the main function of the government is to serve the community. People ideally want to get the best public services from the government. But in reality people often receive poor service from the government.

Various efforts have been made by the government such as improving service regulations to simplify and speed up the service process as well as increasing the capacity of the human resource service apparatus. However, the efforts that have been made so far are not able to meet the expectations of the community. With reference to the problems above, the researcher is interested in conducting research that takes place in a private hospital located in Bogor City which provides services for BPJS participants. The reason for the researcher taking a private hospital was to find out the quality of services provided to BPJS participants in the hospital managed by the private sector, considering that previous research had mostly taken a place in public health centers and government hospitals. This research is aimed at answering the questions: (1) How is the quality of service provided by hospital X in Bogor City to BPJS Health participants, and (2) What efforts must be made so that the services can provide satisfaction to BPJS Health participants. The results of this study are expected to contribute inputs, and constructive criticism to improve the service quality of BPJS Health providers in Bogor in particular and in Indonesia in general.

2. LITERATURE REVIEW

Public Service

Public service is one of the main functions of government. The government is positioned as an institution that is obliged to provide or meet the needs of the community. Service is a translation of the term service in English which according to Kotler means "any action or deed that can be offered by one party to another, which is basically intangible (not physically tangible) and does not result in ownership something." [8]

Public service according to Pasolong is any activity carried out by the government for a number of people who have every activity that benefits in a group or unit, and offers satisfaction even though the results are not physically tied to a product.[9] Furthermore, Kurniawan states that public service is the provision of services (serving) the needs of other people or people who have an interest in the organization in accordance with the basic rules and procedures that have been determined.[10]

According to Thoha, public service can be interpreted as providing services (serving) the needs of people or communities who have an interest in the organization in accordance with the basic rules and procedures that have been determined. Meanwhile, the current condition of the community has experienced a very dynamic development, the level of community life is getting better, which is an indication of the empowerment experienced by the community.[11] Meanwhile, Andrew et al (2024) states that the process of fulfilling needs through the activities of other people directly is what is called service. So it can be said that service is an activity that aims to help prepare or take care of what other people need.[12]

In the Indonesian government itself, public service has been regulated in Law Number 25/2009, Chapter I, Article 1 paragraph (1), which states that the definition of public service is an activity or a series of activities in the framework of fulfilling service needs in accordance with statutory regulations for every citizen and resident of goods, services, and/or administrative services provided by public service providers. Based on the Decree of the Minister of Administrative Reform MENPAN No. 63/ KEP/ M. PAN/ 7/ 2003 a, the definition of public services is: All forms of services carried out by government agencies at the center, in the regions, and within the Regional Owned Enterprises in the form of goods and or services, both in the context of efforts to meet the needs of the community as well as in the context of implementing statutory provisions.

According to Zeithaml, Berry, and Pasuraman in Xu et al (2028), there are indicators of service quality which lie in five dimensions of service quality, namely:[13]

1. **Tangible:** Quality of service in the form of physical office facilities, computerized administration, waiting rooms, places of information. The indicators: a. Appearance of officers/apparatus in serving customers b. Convenience of place to do service c. Socialization conducted to customers related to policy d. Discipline of officers/apparatuses in performing services e. Ease of customer access in service requests f. Use of assistive devices in service.
2. **Reliability:** The ability and reliability to provide trusted services. The indicators: a. Accuracy of officers in serving b. Have clear service standards c. The ability of officers/apparatuses to provide services that are clear and reliable. d. The expertise of officers in using assistive devices in the service process.
3. **Responsiveness:** The ability to help and provide services quickly and accurately, and responsive to consumer desires. The index: a. Respond to every customer/applicant who wants to get service b. Officers/apparatus perform services quickly c. Officers/apparatus do the handling properly d. The officer/apparatus performs the service carefully e. The officer/apparatus performs the service in a timely manner f. All customer complaints are responded to by officers.
4. **Assurance:** the ability and friendliness and courtesy of employees in assuring consumer trust. The indicators are: a. Officers provide timely guarantees in service b. Officers provide guarantee costs in service c. Officers provide guarantees of legality in service d. The officer guarantees the certainty of costs in the service.
5. **Empathy:** Caring attitude from employees towards consumers. The indicators are: a. Prioritize the interests of customers/applicants b. Officers serve with a friendly attitude c. Officers communicate well with customers d. Officers serve in a non-discriminatory manner. Officers serve and appreciate every customer.

The basis for assessing a service quality is always changing and different. What is considered a quality service today is not impossible to be considered as something that is not qualified at another time. So agreement on quality is very difficult to achieve. In this case, what is taken into consideration is the difficulty or convenience of consumers and producers in assessing service quality (see figure 1).

Figure 1. Matrix of Service Evaluation

Producer Difficulty Level in evaluating quality	Consumer Difficulty Level in evaluating quality	
	Low	High
Low	Mutual Knowledge	Producer Knowledge
High	Consumer Knowledge	Mutual Ignorance

Source: Kieron Walsh, 2011

Consumer Satisfaction

Efforts to realize customer satisfaction is not easy. However efforts to continuously improve customer satisfaction can be done with various strategies. The performance of a company has a big influence on customer interest so that a precise strategy is needed to do this. In essence, a customer satisfaction strategy will cause competitors to work hard and incur high costs in their efforts to seize customers of a service provider.

The definition of customer satisfaction according to (P. & G. A. Kotler, 2014) is: Feelings of pleasure or disappointment that arise after comparing the product performance (results) that are thought of against the expected performance (or results).[8] From this definition it can be said that product performance is not in line with expectations customers and if expectations are set too low, then the customer will feel dissatisfied and end up disappointed, if the performance is in line with expectations then the customer will feel satisfied, but if the product performance exceeds expectations, the customer will feel happy and very satisfied. The definition of customer satisfaction according to customer satisfaction is a person's feelings of pleasure or disappointment that arise after comparing perceptions of the performance (results) of a product with their expectations.[14]

There are three factors that influence customer satisfaction, namely: service quality, cost and convenience, the description of which is translated as follows: a) service quality, has an influence on customer satisfaction. This means that if the service in the office or company is improved, customer satisfaction will also increase. b) Costs, for example if the company determines employee salaries according to workload, employees will feel satisfied. c) Convenience, effect on customer satisfaction. This

means that if a company or agency provides convenience in administrative services, ease of accessing technology for learning, then customer satisfaction will increase.[15]

According to Mu et al. (2021), the dimensions of consumer satisfaction can be divided into several types, namely: a. Hope (expectations) is the company's ability to provide customization to consumers for a product or service that consumers want. b. Delivery of products or services that are perceived (perceived delivery of products or services) is the ability to serve consumers when selling products or services. c. Confirmation or disconfirmation is the company's ability to meet consumer needs with the aim that consumers are not disappointed and feel satisfied with products or services that are in accordance with company promises or vice versa. d. Complaining behavior is the company's capacity to explain negative consumer feedback to positive.[16]

Hannah & Karp in Rahmawati (2013: 55) argues that to create customer satisfaction a company must be able to meet the needs of consumers who are considered the most important which are called "The Big Eight Factors". In general, these factors are divided into three categories. First, factors related to the product, such as product quality, the relationship between value and price, product form, and reliability. Second, factors related to service, such as assurance and response and how to solve problems. Third, factors related to sales experience, such as employee experience, as well as convenience and comfort.

3. METHOD

This is a qualitative-research with a case study approach. Qualitative research is research that is used to examine the condition of natural objects, where the researcher is the key instrument.[17] The difference with quantitative research is that this research departs from data, utilizes existing theory as explanatory material and ends with a theory. According to Moleong (2017), qualitative research is research that intends to understand phenomena about what is experienced by research subjects such as behavior, perceptions, motivations, actions, etc. holistically, and by means of descriptions in the form of words and language, in a context naturally and by utilizing various natural methods.

Yin (2014, p. 1) defines that case studies are a suitable strategy to use in the subject matter of a research concern with 'how or why', if the researcher still has little opportunity to control the events to be studied, and if the research focus lies on contemporary (present) phenomena in real-life contexts. From the use of these research questions, there is a meaning in the case being studied which can be taken in detail. Researchers use the case study method based on the formulation of Robert K. Yin. According to Yin (2014: 18) a case study is an empirical research that examines phenomena in an unclear background. Yin added that the distinctive style of the case study method is being able to relate to various forms of data, such as interviews, observations, documents and equipment.

This research applies a single holistic case study design. The design is used in a study that explores a single case which is meaningful in determining, updating, or elaborating a special theory. The researchers explored the quality of existing services at a private hospital in Bogor City by interviewing BPJS members or participants in order to obtain information and understanding of what were the complaints and expectations of customers in order to get satisfaction in public services at the hospital.

The data collection technique used in this study was semi-structured interviews, namely interviews that are freer than structured interviews. The purpose of this interview is to find problems more openly, where the informants are asked for their opinions and ideas (Esterberg in Sugiyono, 2014). This interview was conducted with informants who were considered relevant to this research. Interviews have strengths in qualitative research. With interviews researchers can find detailed or in-depth information (Sugiyono, 2016: 62). In addition to in-depth interviews, researchers also carried out direct observations in the field. Observation in qualitative research is that the researcher goes directly to the field to observe the characters or activities at the research location (Moleong, 2017: 254). In addition, this research also uses document studies.

Creswell (2012) revealed that interviews and observation are ways of collecting data that are widely used in various studies. In research that uses case studies, documentation studies have the advantage of adding details to support information from other sources. The documentation study that will be carried out by researchers is to combine data obtained from documents related to BPJS Health with the results of direct observations at the research site and the results of interviews with informants.

In collecting data, the researcher interviewed 10 informants consisting of 5 informants aged between 25-45 years and 5 other informants aged between 50-75 years. This classification was made because the researcher wanted to see whether the BPJS

Health service provides a difference between young customers and people who are already in the elderly category. The researcher also interviewed a public service expert to get input regarding strategies to provide customer satisfaction.

Miles & Huberman (2014) analysis consists of three streams of activities that occur simultaneously, namely: data reduction, data presentation, drawing conclusions/verification.[18]

1. Data Reduction Data reduction is defined as a selection process, focusing attention on simplifying, abstracting, and transforming raw data that emerges from written records in the field. Data reduction is part of the analysis. Data reduction is a form of analysis that sharpens, classifies, directs, discards unnecessary, and organizes data in such a way that final conclusions can be drawn and verified. With data reduction researchers do not need to interpret it as quantification.

2. Data Presentation

Miles & Huberman limits a presentation as a set of structured information that gives the possibility of drawing conclusions and taking action. They believe that better representations are a key means of valid qualitative analysis, which include: different types of matrices, graphs, networks and charts. This way an analyzer can see what is going on, and determine whether to draw the right conclusion or continue to proceed with the analysis which the presentation suggests may be useful.

3. Conclusion Drawing

Drawing conclusions according to Miles & Huberman is only part of an activity from the complete configuration. The conclusions were also verified during the research. In short, the meanings that emerge from other data must be tested for their truth, robustness, and compatibility, that is, their validity. The final conclusion does not only occur during the data collection process, but needs to be verified so that it can really be accounted for. sehingga dapat ditarik kesimpulan yang komprehensif dan akurat mengenai topik yang dibahas.

4. FINDING AND DISCUSSION

The results of interviews with patients who use BPJS Health in a private hospital in Bogor City, are summarized in a table which is classified into 2 (two) parts according to the research questions, namely (1) How are the services provided by Hospital X to BPJS Health participants and (2) What efforts must be made so that the services can provide satisfaction for BPJS Health participants. The following is a table of interview results with 10 BPJS Health participants consisting of: 5 participants with age range of 25-45 years old and 5 participants with age range of 50-75 years old who are already in the elderly category.

Table 1. The results of interviews with BPJS participants related to service quality

No	Service Aspect	BPJS Health Participants	
		Age 25-45 years old	Age 50-75 years old
1.	Tangible		
a.	Staff Appearance	Good	Good
b.	Service convenience	Good	Good
c.	Socialization on Policies	Very rare	Never
d.	Officers discipline in service	a. Officers are often late to prepare doctors' rooms b. Doctors are often late arriving at the clinic c. Doctor's visit to inpatients is not on scheduled d. No prior notification for the doctor's absence or late	a. Officers are often late to prepare doctors' rooms b. Doctors are often late arriving at the clinic c. If the queue is long, the officers do not provide special services for the elderly and persons with disabilities d. Doctor's visit to inpatients is not on scheduled e. No prior notification for the doctor's absence or late
e.	Ease of access in service requests	a. Not very easy. b. Long procedure	Not easy
f.	Use of medical devices in service	a. Paramedics made several mistakes when checking blood pressure b. Not all paramedics are skilled at using equipment such as	There are still paramedics who are less skilled at using the equipment, such as inserting an infusion needle incorrectly, so another officer has to be called in

No	Service Aspect	BPJS Health Participants	
		Age 25-45 years old	Age 50 -75 years old
		an electrocardiograph (ECG), a heart recording device	
2.	Reliability		
	a. Accuracy of officers in serving	a. Not all officers are careful especially regarding the provision of information about BPJS. b. There are doctors who are careful in examining patients but there are also some who are careless, rush, and do not give explanations clearly	Many officers are not careful, especially when providing information regarding matters that are covered by BPJS and those that are not
	b. Clear service standards	There is no clear standard because there are different officers/doctors in serving patients	There is no clear standard because there are different officers/doctors in serving patients
	c. The ability of officers to provide clear and reliable services	Unskilled	Unskilled
3.	Responsiveness		
	a. Officers respond customers well	Not all officers respond well to requests, especially if they know that patients are BPJS users	Not all officers respond well to requests, especially if they know that patients are BPJS users
	b. Officers serve in a timely manner	a. Patient requests (especially inpatients), are not responded quickly b. Patients have to wait a long time to get medicines	a. There has never been a limit to the number of patients at the clinic each day, causing very long queues, even up to 3 hours b. If there is a patient request, such as a blanket, the staff does not respond quickly
	c. Officers respond to all customer complaints	Officers do not respond to all patient complaints. If there are complaints such as a hot room, the staff does not immediately send a technician to repair the air conditioner.	Officers do not respond to all patient complaints, such as a broken toilet in an inpatient room that is not repaired until the patient returns home.
4.	Assurance		
	a. Service	Not as promised	Not as promised
	b. Cost	Information provided to patients often varies from one officer to another, especially regarding aspects that are covered by BPJS and those that are not, so this makes patients feel worried.	Information provided to patients often varies from one officer to another, especially regarding aspects that are covered by BPJS and those that are not, so this makes patients feel worried.
5.	Empathy		
	a. Putting customer interests first	a. Not all officers have empathy. They prioritize patients who pay cash or use private insurance. b. The officers seemed not to care about BPJS participants	a. Not all officers have empathy. They prioritize patients who pay cash or use private insurance. b. The officers seemed not to care about BPJS participants
	b. Serve kindly	There are only a few friendly officers	There are only a few friendly officers
	c. Communication with customers	a. Officers and doctors often don't want to communicate properly	a. Officers and doctors answered questions briefly and did not want

No	Service Aspect	BPJS Health Participants	
		Age 25-45 years old	Age 50 -75 years old
		with patients who are known to be BPJS participants.	to communicate properly with patients who were known to be BPJS participants.
		b. Officers and doctors seem to see BPJS participants as villagers, uneducated, and poor so that even if they are given an explanation they will not understand.	b. Officers and doctors seem to see BPJS participants as village people, uneducated, and poor so that even if they are given an explanation they will not understand.
d.	Discrimination	Discrimination in Service	Discrimination in Service
e.	Appreciation to customers	Lack of respect to BPJS Health participants	Lack of respect to BPJS Health participants

The table above shows that the service quality of private hospital X located in Bogor City has not shown good quality. This is evidenced by the interviews concerning the five dimensions of service as stated by Zeithaml, Berry, and Parasuraman in Xu et al (2018) which showed unfavorable results.[13] This can be seen from the answers of both informants aged between 25-45 years old and 50-75 years old. From the above table, we can see that there is no difference between treatment to younger patients and the elderly. In the tangible dimension, only the appearance of officers and places of service showed good results, but regarding the discipline of officers[19], all informants said that many officers were undisciplined, including doctors:

“I am very disappointed with the services of X Hospital. The officers and doctors seemed to serve half heartedly and even tended to be discriminatory. The doctor made visits to my room at uncertain times, even though the information from the staff was that the doctor's visit schedule was 10 am and 5 pm. But the doctor came unscheduled. Once, the doctor made a visit above 9 pm. Maybe it's because I'm a BPJS user, so I'm the last person visited.” (Nina -27 years old)

In the dimensions of reliability and assurance, there are still many officers who are unreliable and make a condition of uncertainty. This is perceived by patients, especially when officers provide information regarding what services are covered by BPJS and which are not. This different information often confuses patients, especially because patients have to think about how much money they have to prepare :

“When my child was treated at hospital X, my husband and I were confused because every time we asked the officers for information, the answers were different. Some said that BPJS only covered rooms, some said that what BPJS covered were rooms and certain kinds of medicines, but there are also those who inform that all services, both rooms and medicines are covered by BPJS.” (Annisa- 32 years old).

Meanwhile, in the empathy dimension, these two categories of informants agreed to say that the officers at hospital X did not have a sense of empathy for BPJS participants.

“I am very disappointed with the officers and also the doctors at X Hospital. The officers serve half-heartedly, not friendly, and do not respect patients. I can see very clearly the different service from them to BPJS and non-BPJS participants. (Ardin – 45 years old).

The interview results with BPJS Health participants at Hospital X reveal that the quality of service provided does not meet expectations. Based on the five service dimensions identified by Zeithaml, Berry, and Parasuraman, it was found that many aspects require improvement. Overall, there is no significant difference in the quality of service provided to younger BPJS participants (ages 25-45) and older participants (ages 50-75).

In the tangible dimension, although the appearance of staff and the convenience of services received good ratings, other aspects such as policy socialization and staff discipline showed unsatisfactory results. Both younger and older participants reported that staff and doctors are often late in preparing rooms and conducting visits.[20] This indicates a lack of discipline and regularity in the service schedule, negatively impacting the patient experience.

The reliability dimension also shows many shortcomings. The accuracy and diligence of staff in providing information about BPJS services are still low. Many patients feel confused because the information given often varies between different staff

members. This creates uncertainty and adds to the mental burden for patients already in a weak condition. The inconsistent service standards highlight the need for improvement in training and coordination among staff.[21]

Responsiveness, or the ability of staff to respond to patient requests, is also inadequate. Patients reported that many requests are not responded to promptly, especially when it is known they are BPJS users. This issue occurs not only in direct medical services but also in non-medical aspects such as requests for additional facilities. The slow and uneven response shows a lack of attention to the needs of BPJS patients, who should receive the same service as non-BPJS patients.[22]

In the assurance dimension, BPJS participants feel that the service provided does not meet promises and expectations. Inconsistent information about costs and BPJS service coverage adds to patient uncertainty. Mistakes in providing information make patients feel worried and uncomfortable.[23] This indicates the need for transparency and consistency in communication between hospital staff and patients.[24]

The empathy dimension shows that hospital staff lacks empathy towards BPJS participants. Many staff members seem to prioritize patients who pay in cash or use private insurance. This attitude creates a sense of discrimination and lowers the satisfaction of BPJS patients. The lack of empathy reflects a service culture that is not friendly and does not value all patients equally.[25]

To enhance patient satisfaction, Hospital X needs to improve its service quality through several strategic steps.[26] First, intensive training is required for all hospital employees to understand the importance of providing excellent and friendly service to BPJS patients. Second, the hospital must provide clear and consistent information regarding BPJS service coverage, so patients are not confused and feel more secure. Third, the service access system must be simplified to make it easier for patients to obtain the necessary services. Overall, the data shows an urgent need for Hospital X to improve various aspects of its service to provide a better and more satisfying experience for BPJS patients. This is crucial to ensure that the hospital is not abandoned by patients and can continue to operate effectively in providing healthcare services to the community.[27]

Related to efforts to increase customer satisfaction, researchers have interviewed a public policy expert, who according to him, if a hospital does not want to be abandoned by its customers, in this case are patients, then the hospital must immediately improve the quality of its services. There are 3 main factors that must be prioritized by the hospital, namely service quality, cost and convenience, and all of them are closely related to human resources. Service quality is related to tangible, reliable, responsiveness, assurance and empathy.[28] One strategy that can be implemented is to conduct training for all hospital employees so that they understand how to provide service excellence for customer satisfaction. The cost factor is very important for consumers. Therefore, the hospital should be able to provide clear provisions to patients what services are covered by BPJS and what are not. With this clarity, the patient will also feel safer and more comfortable. Meanwhile, in terms of convenience, the hospital should simplify the system on all fronts related to access for patients. This is in line with Xu et al that there are 3 main factors in customer satisfaction, namely service quality, cost and convenience.[29][30][10]

5. CONCLUSION

The results of this study indicate that the quality of service at private hospital X in Bogor City still needs to be improved. The 5 dimensions of service quality, namely tangible, reliability, responsiveness, assurance and empathy have not shown results that can provide satisfaction to its consumers, in this case, BPJS participants. The services provided by hospital X still show discriminatory treatment that is done by both hospital staff and doctors towards BPJS participants. Unfriendly, uncommunicative, and unresponsive attitudes to patient complaints show that hospital X's human resources do not have a sense of empathy. Such service quality will not give satisfaction to consumers. However, it does not mean that hospital X cannot improve its quality. With the seriousness of all the hospital's human resources to prioritize improvements in 3 factors, namely service quality, product quality and convenience, customer satisfaction can be achieved. For further research, the researchers provide suggestions for conducting a study related to the strategy of increasing hospital customer satisfaction with a different approach.

REFERENCES

- [1] D. Lanin and N. Hermanto, "The effect of service quality toward public satisfaction and public trust on local government in Indonesia," *Int. J. Soc. Econ.*, vol. 46, no. 3, pp. 377–392, 2019.
- [2] A. Hidir, A. Zunaidi, and P. J. Pattiasina, "Understanding human resources management strategy in implementing good government practice: what research evidence say," *Int. Res. J. Manag. IT Soc. Sci.*, vol. 8, no. 3, pp. 265–273, 2021.

- [3] J. D. Twizeyimana and A. Andersson, "The public value of E-Government—A literature review," *Gov. Inf. Q.*, vol. 36, no. 2, pp. 167–178, 2019.
- [4] bpjs-kesehatan.go.id, "Profil." [Online]. Available: <https://bpjs-kesehatan.go.id/#/profil?tab=visi-dan-misi>
- [5] S. Syafrizal and F. P. Sari, "Persepsi Masyarakat Pengguna Badan Penyelenggara Jaminan Sosial (Bpjs) Kesehatan Mandiri Dalam Pelayanan Rsd Lubuk Basung Kabupaten Agam," 2015, *Riau University*.
- [6] Z. Handayani, "Kualitas Pelayanan Puskesmas Rawat Inap Permata Sukarame Bandar Lampung Kepada Pengguna BPJS Kesehatan," 2015, *Fakultas Ilmu Sosial dan Ilmu Politik*.
- [7] bps.go.id, "Penduduk Kota Bogor Berdasarkan Kelompok Umur dan Jenis Kelamin (Jiwa), 2014-2023." [Online]. Available: <https://bogorkota.bps.go.id/indicator/12/31/1/penduduk-kota-bogor-berdasarkan-kelompok-umur-dan-jenis-kelamin.html>
- [8] P. Kotler, S. Burton, K. Deans, L. Brown, and G. Armstrong, *Marketing*. Pearson Higher Education AU, 2015.
- [9] J. D. Dana and K. E. Spier, "Do tying, bundling, and other purchase restraints increase product quality?," *Int. J. Ind. Organ.*, vol. 43, pp. 142–147, 2015, doi: <https://doi.org/10.1016/j.ijindorg.2015.03.005>.
- [10] N. Dhakate and R. Joshi, "Classification of reviews of e-healthcare services to improve patient satisfaction: Insights from an emerging economy," *J. Bus. Res.*, vol. 164, p. 114015, 2023, doi: <https://doi.org/10.1016/j.jbusres.2023.114015>.
- [11] A. Piccoli, F. Vittori, and F. Uleri, "Unmaking capitalism through community empowerment: Findings from Italian agricultural experiences," *J. Rural Stud.*, vol. 101, p. 103064, 2023, doi: <https://doi.org/10.1016/j.jrurstud.2023.103064>.
- [12] A. N. Mzembe and V. Filimonau, "No care without justice: A normative ethical perspective of the employment of people with disabilities in hospitality businesses," *Tour. Manag. Perspect.*, vol. 51, p. 101244, 2024, doi: <https://doi.org/10.1016/j.tmp.2024.101244>.
- [13] H. Xu, Z.-P. Fan, Y. Liu, W.-L. Peng, and Y.-Y. Yu, "A method for evaluating service quality with hesitant fuzzy linguistic information," *Int. J. Fuzzy Syst.*, vol. 20, pp. 1523–1538, 2018.
- [14] R. Ladhari, N. Souiden, and B. Dufour, "The role of emotions in utilitarian service settings: The effects of emotional satisfaction on product perception and behavioral intentions," *J. Retail. Consum. Serv.*, vol. 34, pp. 10–18, 2017.
- [15] V. Kaura, C. S. Durga Prasad, and S. Sharma, "Service quality, service convenience, price and fairness, customer loyalty, and the mediating role of customer satisfaction," *Int. J. bank Mark.*, vol. 33, no. 4, pp. 404–422, 2015.
- [16] R. Mu, Y. Zheng, K. Zhang, and Y. Zhang, "Research on customer satisfaction based on multidimensional analysis," *Int. J. Comput. Intell. Syst.*, vol. 14, no. 1, pp. 605–616, 2021.
- [17] F. W. Roosinda *et al.*, *Metode penelitian kualitatif*. Zahir Publishing, 2021.
- [18] M. B. Miles and A. M. Huberman, *Qualitative data analysis: An expanded sourcebook*. sage, 2014.
- [19] A. H. Newman, I. D. Tafkov, N. J. Waddoups, and X. G. Xiong, "The effect of reward frequency on performance under cash rewards and tangible rewards," *Accounting, Organ. Soc.*, vol. 112, p. 101543, 2024, doi: <https://doi.org/10.1016/j.aos.2024.101543>.
- [20] P. Zhou and M. W. Rosenberg, "'Old friend and powerful cadre': Doctor-patient relationships and multi-dimensional therapeutic landscapes in China's primary hospitals," *Health Place*, vol. 72, p. 102708, 2021, doi: <https://doi.org/10.1016/j.healthplace.2021.102708>.
- [21] D. T. Holland and M. Sipe, "Preprocedure Anticoagulation Management Improves Throughput and Increases Patient and Staff Satisfaction," *J. Radiol. Nurs.*, vol. 42, no. 2, pp. 178–185, 2023, doi: <https://doi.org/10.1016/j.jradnu.2022.12.002>.
- [22] L. Bahrudin, "Analysis of the Difference in Level of Satisfaction of BPJS and Non BPJS Patients with Outpatient Services at the Tanjung Public Health Center," *Prism. Sains J. Pengkaj. Ilmu dan Pembelajaran Mat. dan IPA IKIP Mataram*, vol. 10, no. 2, pp. 262–277, 2022.
- [23] J. E. Møller, E. Doherty, and M. N. Brøgger, "'Bring your worst': Residents' perspectives on video review of challenging patient communication as a learning tool," *PEC Innov.*, p. 100322, 2024, doi: <https://doi.org/10.1016/j.pecinn.2024.100322>.
- [24] A. Jadidi, B. Irannejad, M. Safarabadi, and S. Zand, "Evaluation of stress management effectiveness using the action research approach on the job stress of pre-hospital emergency staff," *Int. J. Africa Nurs. Sci.*, vol. 20, p. 100702, 2024,

doi: <https://doi.org/10.1016/j.ijans.2024.100702>.

- [25] M. Byrne, C. Campos, S. Daly, B. Lok, and A. Miles, "The current state of empathy, compassion and person-centred communication training in healthcare: An umbrella review," *Patient Educ. Couns.*, vol. 119, p. 108063, 2024, doi: <https://doi.org/10.1016/j.pec.2023.108063>.
- [26] F. Haghgou, A. A. Taleizadeh, M. Sadegh Amalnik, and M. Hajiaghaei-Keshteli, "Optimal pricing and patient satisfaction optimization for healthcare providers," *Expert Syst. Appl.*, vol. 247, p. 123229, 2024, doi: <https://doi.org/10.1016/j.eswa.2024.123229>.
- [27] W. C. Hsiao and W. Yip, "Financing and provision of healthcare for two billion people in low-income nations: Is the cooperative healthcare model a solution?," *Soc. Sci. Med.*, vol. 345, p. 115730, 2024, doi: <https://doi.org/10.1016/j.socscimed.2023.115730>.
- [28] J. R. Balinado, Y. T. Prasetyo, M. N. Young, S. F. Persada, B. A. Miraja, and A. A. N. Perwira Redi, "The Effect of Service Quality on Customer Satisfaction in an Automotive After-Sales Service," *J. Open Innov. Technol. Mark. Complex.*, vol. 7, no. 2, p. 116, 2021, doi: <https://doi.org/10.3390/joitmc7020116>.
- [29] X. Xu, "What are customers commenting on, and how is their satisfaction affected? Examining online reviews in the on-demand food service context," *Decis. Support Syst.*, vol. 142, p. 113467, 2021, doi: <https://doi.org/10.1016/j.dss.2020.113467>.
- [30] F. Pereira, J. M. Costa, R. Ramos, and A. Raimundo, "The impact of the COVID-19 pandemic on airlines' passenger satisfaction," *J. Air Transp. Manag.*, vol. 112, p. 102441, 2023, doi: <https://doi.org/10.1016/j.jairtraman.2023.102441>.



© 2021 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY NC) license (<https://creativecommons.org/licenses/by-nc/4.0/>).