

Analysis of BPJS Health and Non-BPJS Health Patient Satisfaction on Inpatient Services at X Hospital

Rizkia Yuniar Nur Andini¹, Ari Nurfikri¹, Janthi Dharma Shanty¹, Nanang Kurnia Achmadi²

¹University of Indonesia, Indonesia

²Health Polytechnic of the Ministry of Health Jakarta 2, Indonesia

Article Info

Article history:

Received: May 13, 2023

Revised: Jul 11, 2023

Accepted: Jul 23, 2023

DOI: [10.58418/Ijni.V2i1.42](https://doi.org/10.58418/Ijni.V2i1.42)

How to cite this article:

Andini, R. Y. N., Nurfikri, A., Shanty, J. D., & Achmadi, N. K. (2023). Analysis of BPJS Health and Non-BPJS Health Patient Satisfaction on Inpatient Services at X Hospital. *International Journal of Nursing Information*, 2(1), 19–25.

Read online:



Scan this QR code with your smart phone or mobile device to read online.

ABSTRACT

As a health insurance programme implemented by the government, the Social Security Administration for Health, or BPJS Health, often raises questions regarding the level of patient satisfaction in receiving health services. However, as a mandatory programme for all Indonesian citizens, the presence of BPJS Health affects the number of hospital visits due to the ease of financing treatment. The purpose of this study is to explain the relationship between patient satisfaction and the use of BPJS Health and to describe the perceptions of BPJS Health and non BPJS Health patients on the quality of inpatient services at Hospital X. The method used for this study is a quantitative approach with the research location at Hospital X in Depok City, West Java. There is no difference in the level of patient satisfaction between BPJS Health and non BPJS Health patients towards inpatient services. This article is expected to contribute to affirmation for hospitals in providing services that do not differentiate services for general patients, insurance, and BPJS Health.

Keywords: Patient Satisfaction, Inpatient Services, BPJS Health, Non-BPJS Health, Hospital



This is an open access article under the [CC BY-SA 4.0](https://creativecommons.org/licenses/by-sa/4.0/) license.

Corresponding Author:

Ari Nurfikri

University of Indonesia, Indonesia

Email: arinurfikri@ui.ac.id

1. INTRODUCTION

As one of the basic human rights, obtaining good health services is compulsory for all human beings to achieve a good quality of life. To ensure that, the government has organized various kinds of health services, one of which is a hospital that must be able to provide quality services based on predetermined standards that is affordable by the people (Basabih et al., 2022; Mulya Wulandari et al., 2023; Naher et al., 2020). One of the facilities and activities in the hospital is inpatient care units (Li et al., 2020). As a place where patients stay longer compared to other units, patients expect to receive the best possible services (Kosnan, 2020). Unfortunately, high health costs make it more difficult for people to access good health services (Lebano et al., 2020; Zhao et al., 2020). One of the methods that can be used to ease the burden on society in terms of health financing is the insurance system (Ifeagwu et al., 2021; Mbau et al., 2020).

In Indonesia, the health insurance program is implemented by the government, several companies and certain (private) community groups (Bazyar et al., 2021; Dartanto et al., 2020). One of their efforts to provide health insurance for the community is by enforcing Jaminan Kesehatan Nasional (the National Health Insurance), abbreviated as JKN (Perdana et al., 2022). JKN is part of the National Social Security System and administered by Badan Penyelenggara Jaminan Sosial Kesehatan (the Social Security Agency of Health), hereinafter referred to as BPJS Health, as an effort to get health care protection and benefits to meet basic health needs.

Hospitals are competing to provide the desired services for their patients. Quality service at an affordable price is a great demand for health services (Mahendradhata et al., 2021). People who need

health services will look for good quality health services that can provide satisfaction (Asamrew et al., 2020; Yuliaridha et al., 2023). Satisfaction in accessing health services is attained from patient's assessment of health services to what is perceived (Ampaw et al., 2020). There are several aspects to assess patient satisfaction i.e., tangibles, reliability, responsiveness, assurance, and empathy (Ali et al., 2024; Mahmud, 2022).

Patients who use BPJS Health often complain of dissatisfaction with the services they receive (Manek, 2020). They assume that patients who participate in Jaminan Kesehatan Masyarakat or JAMKESMAS (the Government-financed health insurance program for the poor and near-poor), abbreviated as JAMKESMAS (Saraswati & Zulfa, 2023), receive different services and treatment from other patients in several hospitals, either inpatients or outpatients. This is due to the assumed disparity in services between non-BPJS Health patients and BPJS Health patients, restrictions on hospitalization time and limited room quota for BPJS Health patients.

X Hospital or RSGPI is one of the hospitals in Depok City that collaborates with BPJS Health and private insurances. This type C hospital that was founded in 2004 has a complete service with sophisticated medical equipment and professional specialist doctors. With 121 rooms with different class types, starting from Class 1, Class 2, Class 3, VIP Class, to VIP Prime Class, RSGPI has treated many patients, either with BPJS Health, private insurances, or on their own expenses. Based on a preliminary study at the RSGPI medical record and marketing public relations department, the number of hospitalized patients in 2019 was 8,229 patients, 5,968 patients in 2020, and 6,899 patients in 2021, with details of BPJS Health insurance for 4,816 patients, commercial insurances, and corporate guarantees for 556 patients, and personal insurances for 473 patients. In the period from January to February 2022, there were 971 patients in the inpatient unit. Based on these data, there has been an increase, as well as a decrease, in inpatients from 2019 to 2021, and those inpatients are dominated by BPJS Health patients.

The increasing or decreasing number of hospital visits is most likely affected by patient satisfaction level. Patients who are satisfied with hospital services will be apt to choose the same hospital again and even recommend it to close relatives or other people. Therefore, to achieve patient satisfaction which can increase the number of inpatient visits, a comparative analysis of patient satisfaction with BPJS Health and non-BPJS Health is needed. The purpose of this study is to explain the relationship between patient satisfaction and the use of BPJS Health and to describe the perceptions of BPJS Health and non BPJS Health patients on the quality of inpatient services.

2. METHOD

This study uses a quantitative approach by distributing Likert scale questionnaires with a score range of 1 to 5 asking questions based on sub-variables of service quality using the Google form application to collect data. The analysis begins with a descriptive analysis of service quality indicators presented in tabular form showing the frequency as well as the percentage of their characteristics gathered from March to April 2022. The next step is to describe the characteristics of the respondents based on the respondent's sex, age, education, occupation, length of stay and cost guarantor. The following step is to describe the perceptions of BPJS Health and non-BPJS Health patients on the quality of inpatient services at X Hospital using a frequency distribution table. The research was conducted within four months from January to April 2022 in Depok. The population of this study was 60 patients consisting of 30 BPJS Health patients and 30 non-BPJS Health patients (either with private insurance or at personal expense) at X Hospital. By using a purposive sampling technique, generalization is expected to be hindered.

3. RESULTS AND DISCUSSION

Respondent characteristic data in this study are acquired from the responses of 60 patient or family patient respondents who were hospitalized at RSGPI. The respondent characteristics in this study are grouped based on sex, age, education, occupation, length of stay, and cost guarantor which will be shown in the following table 1. Table 1 shows that there are more female BPJS Health respondents (63.3%) than male BPJS Health respondents (36.7%). Meanwhile, with non-BPJS Health respondents, it is found that there are more male respondents (56.7%) than female respondents (43.3%). Distribution respondent on age that most BPJS Health respondents are aged 17-30 years and 41-50 years, totalling 10 people (33.3%), while the least aged above 50 years are 3 people (10.0%). Meanwhile, most of the non-BPJS Health respondents are aged 17-30 years with a total of 14 people (46.7%) and at least 1 person aged above 50 years (3.3%).

Table 1
Distribution Characteristic of Respondents

Categories	BPJS Health		Non-BPJS Health	
	N	%	N	%
Gender:				
Male	11	36.7	17	56.7

Women	19	63.3	13	43.3
Age:				
17 – 30 years	10	33.3	14	46.7
31 – 40 years	7	23.3	9	30.0
41 – 50 years	10	33.3	6	20.0
>50 years	3	10.0	1	3.3
Education:				
High School / Vocational	13	43.3	6	20.0
College	8	26.7	6	20.0
Undergraduate	7	23.3	18	60.0
Others	2	6.7	0	0.0
Occupation:				
Civil Servant/TNI/Police	0	0.0	4	13.3
Private Sector	14	46.7	10	33.3
Self-employed	3	10.0	8	26.7
Housewives	3	10.0	5	16.7
Others	10	33.3	3	10.0
Length of Stay				
<3 days	11	36.7	12	40.0
3 – 6 days	18	60.0	14	46.7
7 – 15 days	1	3.3	4	13.3
>15 days	0	0.0	0	0.0

Base on Tabel 1, distribution respondents on education show that most BPJS Health respondents have a high school/vocational school educational background (43.3%) and the least who choose Others are 2 people (6.7%). Meanwhile, most non-BPJS Health respondents have an undergraduate education background of 18 people (60.0%) and at 0 people choose Others (0.0%). Distribution respondents on occupational shows that the most BPJS Health respondents work in private sectors with a total of 14 people (46.7%) and the least work as Civil Servant/TNI/Police with 0 people (0.0%). Meanwhile, most of the non-BPJS Health respondents work in private sectors with a total of 10 people (33.3%) and the least who choose Others are 3 people (10.0%). Distribution respondents on length of stay shows that the most respondents who use BPJS Health are those who are treated for 3-6 days with a total of 18 people (60.0%) and no respondent is treated for more than 15 days (0.0%). Meanwhile, non-BPJS Health respondents are mostly treated for 3-6 days with a total of 14 people (46.7%) and no respondent is treated for more than 15 days (0.0%).

Table 2
Distribution of Respondents Based on Cost Guarantor

Cost Guarantor	Number	%
Personal	15	25.0
Private Insurance	15	25.0
BPJS Health	30	50.0
Total	60	100.0

Table 2 shows that the total number of respondents in this study are 60 people, with 30 respondents each for BPJS Health and 30 for non-BPJS Health, consisting of 15 respondents with personal expense and 15 respondents with private insurance.

3.1. Overview of BPJS Health and Non-BPJS Health Inpatient Satisfaction at X Hospital

Physical evidence (tangible) is the ability of a company to demonstrate its existence to external parties (Fahmi et al., 2020). Appearance, facilities, and infrastructure is clear evidence of the services provided (Barrios-Ipenza et al., 2020; Nurfikri et al., 2023). Questions asked for physical evidence (tangible) factors include clean, tidy, and comfortable care units, well-groomed nurses, large parking lots, and complete and sophisticated medical equipment. Table 3 shows that the overall tangible factors in the RSGPI inpatient unit, the majority of BPJS Health respondents and non BPJS Health respondents have a balanced perception, namely 17 people (56.7%) stated they are satisfied and as many as 13 people (43.3%) stated dissatisfied. Reliability is the agency's ability to perform services in accordance with the standard operating procedures (Wahyuni et al., 2022). Questions asked for the Reliability factors include the fast and precise procedure in admitting patients, the doctors' accurate diagnoses, the punctual doctors' visiting hours, and the error-free service. shows that the overall reliability factors in the X Hospital

inpatient unit, the majority of respondents are satisfied of 22 BPJS Health respondents (73.3%) and 23 non-BPJS Health respondents (76.7%), compared to 8 dissatisfied BPJS Health respondents (26.7%) and 7 non-BPJS Health respondents (23.3%). Responsiveness is the desire of employees or staff to help all customers and carry out responsive service delivery (Sugiarto & Octaviana, 2021; Supriyanto et al., 2021). Questions asked for the Responsiveness factors include doctors' quick responses in resolving patients' complaints, clear and easy-to-understand information from the staff, prompt action when patients need it, and fast administrative service. shows that the overall responsiveness factors in the X Hospital inpatient unit, BPJS Health respondents and non-BPJS Health respondents have inversely proportional perceptions. As many as 11 people (36.7%) of BPJS Health respondents are satisfied and as many as 19 people (63.3%) are dissatisfied. Meanwhile, 19 people (63.3%) of non-BPJS Health respondents are satisfied and 11 people (36.7%) are dissatisfied. Assurance is one of service quality dimensions in the form of knowledge, courtesy, skills in providing information, the ability to provide security in utilizing the services offered, and the nature of officers who can be trusted by patients (Idayati et al., 2020). Questions asked for the Assurance factors include doctors' knowledge and abilities in making diagnoses, reliable nurses, friendly and polite nurses, and guarantee of service security and trust in services. shows that the overall assurance factors in the RSGPI inpatient unit, non-BPJS Health respondents are more satisfied than BPJS Health respondents. As many as 11 people (36.7%) of BPJS Health respondents are satisfied and as many as 19 people (63.3%) are dissatisfied. Meanwhile, as many as 22 people (73.3%) of non-BPJS Health respondents are satisfied and as many as 8 people (26.7%) are not satisfied. Empathy takes place when employees or staff are able to put themselves in the customers' place or in the form of ease in establishing relationships and communication including attention to the customers and being able to understand the needs of customers (Sutriyono & Sudirman, 2020). Questions asked for the Empathy factors include giving special attention to patients, paying attention to complaints and their families, and providing services without discrimination. Table 11 shows that the overall empathy factors in the RSGPI inpatient unit, respondents have inversely proportional perceptions. As many as 11 BPJS Health respondents (36.7%) and 19 non-BPJS Health respondents (63.3%) have perceptions of satisfaction, while 19 BPJS Health respondents (63.3%) and 11 non BPJS Health respondents (36.7%) are dissatisfied.

Table 3

Comparison of Satisfaction of BPJS Health and Non BPJS Health Inpatients Based on Service Quality Dimensions

Service Quality Dimensions	BPJS Health		Non-BPJS Health	
	N	%	N	%
Tangible Factors				
Satisfied	17	56.7	17	56.7
Dissatisfied	13	43.3	13	43.3
Reliability Factors				
Satisfied	22	73.3	23	76.7
Dissatisfied	8	26.7	7	23.3
Responsiveness Factors				
Satisfied	11	36.7	19	63.3
Dissatisfied	19	63.3	11	36.7
Assurance Factors				
Satisfied	11	36.7	22	73.3
Dissatisfied	19	63.3	8	26.7
Empathy Factors				
Satisfied	11	36.7	19	63.3
Dissatisfied	19	63.3	11	36.7

Table 4 below is the result of the comparison of overall satisfaction of BPJS health and non BPJS health inpatients based on the Man-Whitey statistical test.

Table 4

Comparison of Overall Satisfaction of BPJS Health and Non BPJS Health Inpatients

Categories	Satisfied		Dissatisfied		Mean Rank Satisfaction	p-value
	N	%	N	%		
Non BPJS Health	19	63.3	11	36.7	34.65	0.065
BPJS Health	11	36.7	19	63.3	26.35	

Based on Table 4, the results of statistical tests using the Mann-Whitney test, the value of $p=0.065$ ($p>0.05$) was obtained, so H_1 was rejected or H_0 was accepted, meaning that there was no significant

difference between the satisfaction of BPJS Health patients and non BPJS Health patients. Based on the results of statistical tests using the Mann-Whitney test, the p value = 0.065 ($p > 0.05$), so H_1 is rejected or H_0 is accepted, meaning that there is no significant difference between the satisfaction of BPJS Health patients and non BPJS Health patients. The results of the analysis of perceptions per group in table 24 obtained data on the mean perception of the non BPJS Health group was 34.65 and the mean perception of the BPJS Health group was 26.35. From these data it can be concluded that there is no difference in mean rank between the BPJS Health group and the non BPJS Health group, or there is no relationship between the cost guarantor and the level of patient satisfaction. This research is also in line with research conducted by Darwati (2018) with 70 respondents, it was found that there was no difference in the level of satisfaction between BPJS and Non BPJS participant patients with midwifery services in the postpartum room class II of Soegiri Lamongan Hospital ($p = 0.548 > 0.05$ then H_0 is accepted). Research states that there is no difference between the satisfaction of BPJS Health patients and general patients, because BPJS Health patients and general patients both have high expectations of the services provided. This is what makes most patients categorise the level of satisfaction in the less satisfied category. According to research by Puspitasari et al. (2020), there is no relationship between financing, BPJS Health membership status and length of BPJS Health membership on BPJS Health satisfaction. However, financing has a positive relationship with satisfaction, the easier it is to pay for hospital services, the better patient satisfaction will be. Membership status has a negative relationship because the membership status of BPJS Health and non BPJS Health is more dissatisfied with the service because the value of expectations is higher than the reality it receives. The length of BPJS Health membership has a positive effect, usually old members do not make many demands because in general they already understand the service so that it affects satisfaction. Therefore, patient satisfaction is not necessarily determined by financing and there is no relationship between patient satisfaction and financing (insurance) because financing only facilitates payment of the services they have received and does not affect one's satisfaction. Romaji & Nasihah (2018) state that regardless of the type of patient (BPJS Health or Non BPJS Health) all will be treated the same, served equally, namely equally fast, equally get the same physical facilities or facilities and infrastructure according to their class, the same type of medicine given according to the standards set by BPJS Health, the inpatient room is also the same, the friendliness of the officers in providing services is also the same, and all other supporters are also the same.

4. CONCLUSION

There is no difference in the level of patient satisfaction between BPJS Health and non BPJS Health patients on inpatient services at X Hospital. This shows that services at X Hospital do not differentiate between general patients, insurance or BPJS Health. The article is expected to contribute to provide information and insights on how to improve the quality of care in the inpatient units of a hospital.

ACKNOWLEDGEMENTS

Gratitude and appreciation are extended to all those who have participated and supported this research.

REFERENCES

- Ali, J., Jusoh, A., Idris, N., & Nor, K. M. (2024). Healthcare service quality and patient satisfaction: a conceptual framework. *International Journal of Quality & Reliability Management*, 41(2), 608–627. <https://doi.org/10.1108/IJQRM-04-2022-0136>
- Ampaw, E. M., Chai, J., Liang, B., Tsai, S.-B., & Frempong, J. (2020). Assessment on health care service quality and patients' satisfaction in Ghana. *Kybernetes*, 49(12), 3047–3068. <https://doi.org/10.1108/K-06-2019-0409>
- Asamrew, N., Endris, A. A., & Tadesse, M. (2020). Level of Patient Satisfaction with Inpatient Services and Its Determinants: A Study of a Specialized Hospital in Ethiopia. *Journal of Environmental and Public Health*, 2020, 1–12. <https://doi.org/10.1155/2020/2473469>
- Barrios-Ipenza, F., Calvo-Mora, A., Velicia-Martín, F., Criado-García, F., & Leal-Millán, A. (2020). Patient Satisfaction in the Peruvian Health Services: Validation and Application of the HEALTHQUAL Scale. *International Journal of Environmental Research and Public Health*, 17(14), 5111. <https://doi.org/10.3390/ijerph17145111>
- Basabih, M., Prasajo, E., & Rahayu, A. Y. S. (2022). Hospital services under public-private partnerships, outcomes and, challenges: A literature review. *Journal of Public Health Research*, 11(3), 227990362211157. <https://doi.org/10.1177/22799036221115781>
- Bazyar, M., Yazdi-Feyzabadi, V., Rashidian, A., & Behzadi, A. (2021). The experiences of merging health insurance funds in South Korea, Turkey, Thailand, and Indonesia: a cross-country comparative study. *International Journal for Equity in Health*, 20(1), 66. <https://doi.org/10.1186/s12939-021-01382-w>

- Dartanto, T., Pramono, W., Lumbanraja, A. U., Siregar, C. H., Bintara, H., Sholihah, N. K., & Usman. (2020). Enrolment of informal sector workers in the National Health Insurance System in Indonesia: A qualitative study. *Heliyon*, 6(11), e05316. <https://doi.org/10.1016/j.heliyon.2020.e05316>
- Darwati, L. (2018). Analisis Perbandingan Kepuasan Pasien terhadap Pelayanan Kebidanan pada Peserta BPJS (Badan Penyelenggara Jaminan Sosial) dan non BPJS di Ruang Bersalin RSUD Soegiri Lamongan Jawa Timur. *Journal for Quality in Women's Health*, 1(2 SE-Articles), 28 – 34. <https://www.jqwh.org/index.php/JQWH/article/view/14>
- Fahmi, A., Qomariah, N., & Cahyono, D. (2020). Effect of Service Quality and Service Innovation of Patient Satisfaction and Loyalty. *International Journal of Engineering Research & Technology (IJERT)*, 9(06), 1085–1090.
- Idayati, I., Kesuma, I. M., Aprianto, R., & Suwarno, S. (2020). The Effect of Service Quality on Citizen's Expectation through Dimension of Tangible, Emphaty, Reliability, Responsiveness and Assurance (TERRA). *SRIWIJAYA INTERNATIONAL JOURNAL OF DYNAMIC ECONOMICS AND BUSINESS*, 241–252. <https://doi.org/10.29259/sijdeb.v4i3.241-252>
- Ifeagwu, S. C., Yang, J. C., Parkes-Ratanshi, R., & Brayne, C. (2021). Health financing for universal health coverage in Sub-Saharan Africa: a systematic review. *Global Health Research and Policy*, 6(1), 8. <https://doi.org/10.1186/s41256-021-00190-7>
- Kosnan, W. (2020). Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien Rawat Inap di Rumah Sakit Umum Daerah Kabupaten Merauke. *Jurnal Ekonomi, Bisnis, Dan Akuntansi*, 21(4). <https://doi.org/10.32424/jeba.v21i4.1538>
- Lebano, A., Hamed, S., Bradby, H., Gil-Salmerón, A., Durá-Ferrandis, E., Garcés-Ferrer, J., Azzedine, F., Riza, E., Karnaki, P., Zota, D., & Linos, A. (2020). Migrants' and refugees' health status and healthcare in Europe: a scoping literature review. *BMC Public Health*, 20(1), 1039. <https://doi.org/10.1186/s12889-020-08749-8>
- Li, R., Rivers, C., Tan, Q., Murray, M. B., Toner, E., & Lipsitch, M. (2020). Estimated Demand for US Hospital Inpatient and Intensive Care Unit Beds for Patients With COVID-19 Based on Comparisons With Wuhan and Guangzhou, China. *JAMA Network Open*, 3(5), e208297. <https://doi.org/10.1001/jamanetworkopen.2020.8297>
- Mahendradhata, Y., Andayani, N. L. P. E., Hasri, E. T., Arifi, M. D., Siahaan, R. G. M., Solikha, D. A., & Ali, P. B. (2021). The Capacity of the Indonesian Healthcare System to Respond to COVID-19. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.649819>
- Mahmud, A. (2022). The Effect of Service Quality Dimensions on Patient Satisfaction. *Golden Ratio of Data in Summary*, 2(2), 38–48. <https://doi.org/10.52970/grdis.v2i2.215>
- Manek, O. (2020). Analysis Of Hospital Health Care, Health Facilities Level I Of BPJS Patients Satisfaction In Sikumana Public Health Centre Kupang. *Journal for Quality in Public Health*, 3(2), 544–552. <https://doi.org/10.30994/jqph.v3i2.104>
- Mbau, R., Kabia, E., Honda, A., Hanson, K., & Barasa, E. (2020). Examining purchasing reforms towards universal health coverage by the National Hospital Insurance Fund in Kenya. *International Journal for Equity in Health*, 19(1), 19. <https://doi.org/10.1186/s12939-019-1116-x>
- Mulya Wulandari, Susy Sriwahyuni, & Dahlan Gunawan. (2023). Quality Management of Health Services on Patient Satisfaction at Montella Private Hospital West Aceh District. *MEDALION JOURNAL: Medical Research, Nursing, Health and Midwife Participation*, 4(2), 49–64. <https://doi.org/10.59733/medalion.v4i2.75>
- Naher, N., Hoque, R., Hassan, M. S., Balabanova, D., Adams, A. M., & Ahmed, S. M. (2020). The influence of corruption and governance in the delivery of frontline health care services in the public sector: a scoping review of current and future prospects in low and middle-income countries of south and south-east Asia. *BMC Public Health*, 20(1), 880. <https://doi.org/10.1186/s12889-020-08975-0>
- Nurfikri, A., Roselina, E., & Hidayat, A. (2023). Evaluating Quality of Hospitals Websites for Medical Tourism in Indonesia. *Journal of Environmental Management and Tourism*, 14(6), 2735. [https://doi.org/10.14505/jemt.v14.6\(70\).21](https://doi.org/10.14505/jemt.v14.6(70).21)
- Perdana, N. R., Adhasari, G., & Puspitaloka Mahadewi, E. (2022). Challenges and Implementation of Universal Health Coverage Program in Indonesia. *International Journal of Health and Pharmaceutical (IJHP)*, 2(3), 589–596. <https://doi.org/10.51601/ijhp.v2i3.97>
- Puspitasari, A. D., Pertiwiwati, E., & Rizany, I. (2020). Perbedaan Tingkat Kepuasan Pasien Umum Dengan Pasien BPJS Berdasarkan Mutu Pelayanan Keperawatan Di Instalasi Rawat Inap RSUD Ratu Zalecha Martapura. *Dunia Keperawatan: Jurnal Keperawatan Dan Kesehatan*, 8(1), 93. <https://doi.org/10.20527/dk.v8i1.5869>
- Romaji, R., & Nasihah, L. (2018). Analisis Kepuasan Pasien Terhadap Pelayanan Kesehatan Pada Peserta Bpjs (Badan Penyelenggara Jaminan Sosial) Dan Non Bpjs Di RSUD Gambiran Kediri Jawa Timur. *Preventia: The Indonesian Journal of Public Health*, 3(2), 143. <https://doi.org/10.17977/um044v3i2p143-147>

- Saraswati, D., & Zulfa, Z. (2023). Liberalization of the Health Sector and Fulfillment of the Right to Health: How does international law respond to this condition? *International Law Discourse in Southeast Asia*, 2(1). <https://doi.org/10.15294/ildisea.v2i1.58372>
- Sugiartha, S., & Octaviana, V. (2021). Service Quality (SERVQUAL) Dimensions on Customer Satisfaction: Empirical Evidence from Bank Study. *Golden Ratio of Marketing and Applied Psychology of Business*, 1(2), 93–106. <https://doi.org/10.52970/grmapb.v1i2.103>
- Supriyanto, A., Wiyono, B. B., & Burhanuddin, B. (2021). Effects of service quality and customer satisfaction on loyalty of bank customers. *Cogent Business & Management*, 8(1). <https://doi.org/10.1080/23311975.2021.1937847>
- Sutriono, D., & Sudirman, S. (2020). Deskripsi Pelayanan Kesehatan (Instalasi Farmasi) di RSUD Prof. dr. H. Aloei Saboe Kota Gorontalo. *IKESMA*, 16(2), 117. <https://doi.org/10.19184/ikesma.v16i2.19466>
- Wahyuni, T. I. E., Ricardianto, P., Harits, A., Thamrin, M., Liana, E., Anggara, D. C., Abidin, Z., Setyowati, T. M., Sugiyanto, S., & Endri, E. (2022). The implementation of minimum service standards on ship operational performance: Empirical evidence from Indonesia. *Uncertain Supply Chain Management*, 10(4), 1297–1304. <https://doi.org/10.5267/j.uscm.2022.7.010>
- Yuliaridha, W. D., Roslan, R., & Darmaja, S. (2023). Analisis Kepuasan Masyarakat terhadap Kualitas Pelayanan Kesehatan Puskesmas Cihara Kabupaten Lebak Tahun 2022. *Jurnal Sehat Mandiri*, 18(2), 24–34. <https://doi.org/10.33761/jsm.v18i2.970>
- Zhao, Y., Atun, R., Oldenburg, B., McPake, B., Tang, S., Mercer, S. W., Cowling, T. E., Sum, G., Qin, V. M., & Lee, J. T. (2020). Physical multimorbidity, health service use, and catastrophic health expenditure by socioeconomic groups in China: an analysis of population-based panel data. *The Lancet Global Health*, 8(6), e840–e849. [https://doi.org/10.1016/S2214-109X\(20\)30127-3](https://doi.org/10.1016/S2214-109X(20)30127-3)