

An Analysis of Economic Differences and Service Quality on Patient Satisfaction: A Case Study of BPJS and Non-BPJS Patients at Tawangmangu Public Health

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Abstract: This study aims to analyze the differences in patient satisfaction levels among BPJS PBI, BPJS Non-PBI, and Non-BPJS groups, as well as to examine the influence of economic factors and service quality on patient satisfaction at the Tawangmangu Public Health Center. This research employs a quantitative approach, using data collection techniques through questionnaires distributed to 130 respondents selected via purposive sampling based on specific criteria. The results show that economic factors have a significant effect on patient satisfaction. Additionally, all dimensions of service quality (reliability, responsiveness, assurance, tangible evidence, and empathy) also significantly influence patient satisfaction. ANOVA analysis reveals a significant difference in satisfaction levels among the patient groups, with BPJS PBI and BPJS Non-PBI patients reporting higher satisfaction levels compared to Non-BPJS patients.

Keywords: Patient Satisfaction, Economic Factors, Service Quality, BPJS, Public Health Center

1. Introduction

Healthcare services are a fundamental aspect of welfare development, especially in developing countries such as Indonesia. In an effort to expand equitable and affordable access to healthcare, the Indonesian government, through Law No. 40 of 2004 (Sekretaris Negara RI, 2004) concerning the National Social Security System (SJSN) and Law No. 24 of 2011 on the Social Security Administering Body (BPJS). This program aims to provide equitable and sustainable health protection for all Indonesian citizens, particularly for underprivileged communities.

BPJS Kesehatan was established as a means to ensure better and more affordable access to healthcare services for all levels of society (Suprpto & Malik, 2019). One of the primary healthcare facilities that plays a crucial role in the implementation of this program is the Community Health Center (Puskesmas). According to the Ministry of Health Regulation (Permenkes, 2012) Puskesmas is a technical implementation unit under the District/City Health Office that functions as the frontline in providing public health services, especially for BPJS participants. Patient satisfaction with the services provided is a key indicator in evaluating the effectiveness of the National Health Insurance (JKN) program.

However, although the JKN program aims to improve equitable access to healthcare services, various challenges are still encountered in its implementation. Several studies have shown that BPJS patients often face issues such as long queues, limited availability of medication, and longer waiting times compared to non-BPJS (Rumah et al., 2024). This phenomenon has led to the perception that services for general or non-BPJS patients are

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better, and in some cases, it has resulted in discrimination. Advocacy organizations such as BPJS Watch recorded 109 cases of discrimination against BPJS patients in 2022, including issues related to medication provision and hospital readmission (Kompasiana, n.d.).

Previous studies have revealed that economic factors and service quality are key determinants in shaping patient satisfaction levels. For example, a study at Dr. Ramelan Naval Hospital in Surabaya showed that most BPJS patients were dissatisfied due to lengthy administrative (Hidayatullah, 2023). Another study by (Rustan et al., 2024) at Bittuang Public Health Center, Tana Toraja Regency, found a significant relationship between socioeconomic status and patient satisfaction. On the other hand, research by (Zumria et al., 2020) and (Nurmansyah R et al., 2021) indicated that service costs do not directly influence patient satisfaction; instead, service quality plays a more dominant role.

Furthermore, differences in satisfaction levels between BPJS and non-BPJS patients have also been discussed in various studies. (Zumria et al., 2020) found significant differences in satisfaction related to service quality, whereas another study at RSU Indo Sehat Kebakkramat reported no significant difference between the two patient groups. Referring to these previous studies that show inconsistent findings and the lack of research at the primary healthcare level such as Puskesmas, this study becomes both relevant and necessary. The aim of this research is to analyze the influence of economic factors and service quality on patient satisfaction and to examine differences in satisfaction levels among BPJS PBI, BPJS Non-PBI, and non-BPJS patients. The results of this study are expected to contribute to the formulation of policies and strategies to improve the quality of healthcare services at Tawangmangu Public Health Center and thereby enhance overall patient satisfaction.

2. Literature Review

2.1. Healthcare Services

According to (Zainuddin, 2018) healthcare services encompass all forms of efforts undertaken to maintain and improve the health of individuals, families, and communities. These efforts include various activities ranging from disease prevention, diagnosis, treatment, to rehabilitation. The primary goal of healthcare services is to achieve optimal health for the entire population.

(S Putra, 2022), defines healthcare services as organized efforts to maintain and enhance health, prevent and cure diseases. For healthcare services to be considered successful, several aspects must be considered, such as availability and continuity, acceptability, accessibility, affordability, and quality. These factors are used to measure the effectiveness of ongoing healthcare services. In implementing healthcare services, hospitals are required according to the Ministry of Health Regulation No. 4 (Permenkes, 2012) to provide safe, high-quality, non-discriminatory, and effective care, prioritizing the interests of patients in accordance with service standards. Service quality begins with patient needs and ends with patient perceptions. High quality is not determined by the provider's perspective, but rather from the perspective of the patient (Alim et al., 2019).

The National Health Insurance (JKN) is an Indonesian government program aimed at ensuring comprehensive health coverage for every citizen. This program is administered by the Social Security Administering Body (BPJS) to ensure that all citizens can fulfill their basic needs for a decent life (RI, 2011). The program is founded on the principles of humanity, benefit, and social justice for all Indonesian people in order to fulfill basic living needs, particularly healthcare. BPJS consists of BPJS Kesehatan (Health) and BPJS Ketenagakerjaan (Employment). BPJS participants are categorized into Contribution Assistance Recipients (PBI) and Non-Contribution Assistance Recipients (Non-PBI). PBI participants include the poor and underprivileged whose contributions are paid by the government. Non-PBI participants include wage-earning workers and their families, such as civil servants, military personnel, police officers, and state officials (Apriani & Rumana, 2019).

2.2 Patient Satisfaction

Patient satisfaction is the level of a person's feeling after receiving a service and comparing it with their expectations. If the performance of the service meets or exceeds expectations, the patient will feel satisfied. Conversely, if the performance does not meet expectations, the patient will feel dissatisfied (Engkus, 2019). According to (Ulumiyah, 2018), patient satisfaction cannot be assessed solely based on the facilities and infrastructure available in healthcare services, but also on how well healthcare professionals serve patients in accordance with their expertise, their communication skills, and their attitude toward patients regardless of patient status. If a patient feels satisfied after receiving treatment at a hospital, efforts must be made to retain that patient and prevent them from switching to another healthcare facility. Satisfactory services received by a patient in a hospital are likely to be recommended to others as a reference for seeking medical treatment.

2.3 Economic Aspects

The economic aspect refers to the part of community life that relates to economic issues. It includes everything associated with the production, distribution, and consumption of goods and services within society. Additionally, the economic aspect also encompasses government policies in managing the economy, and the role of financial institutions and markets in economic activities.

In the context of healthcare, economic aspects describe a patient's economic background, which is often measured by their income level. According to (Grigoriev & Grigorieva, 2011) a person's income plays a significant role in determining their health status. Individuals with low income tend to have limited access to the essentials of a healthy life, such as nutritious food, decent housing, or quality healthcare services. This condition increases the risk of serious health problems. This is supported (Pampel FC, Krueger PM, 2010), who argue that individuals with higher income levels are more capable of allocating a portion of their income toward health-related needs, including health insurance, healthy food, physical exercise, and preventive medical services. This suggests that income directly influences individual behavior and decision-making in maintaining health.

Furthermore, (Pampel FC, Krueger PM, 2010) also noted that individuals with higher income are more likely to prioritize health-related spending. This view is also supported by Indonesia's Central Bureau of Statistics (BPS), which stated that the number of people using health insurance has increased as part of efforts to maintain good health status. On the other hand, this condition may also lead to a higher mortality rate among low-income individuals due to poor health conditions.

2.4 Service Quality Model (Servqual)

The theory of satisfaction in terms of service quality, according to menurut (Pampel FC, Krueger PM, 2010) refers to the SERVQUAL Model. The SERVQUAL theory is a model developed to measure service quality. This model focuses on five key dimensions that influence customer perceptions of service quality:

- a. Reliability : The ability to deliver the promised service consistently and dependably.
- b. Responsiveness : The willingness and ability of staff to help customers and provide prompt service
- c. Assurance : The knowledge, expertise, and professionalism of staff that instill trust and confidence in customers.
- d. Empathy : The care and individualized attention provided to customers, including understanding their specific needs.

- e. Tangibles : The physical aspects of service, such as facilities, equipment, and staff appearance, which can shape the customer's perception of quality .

The SERVQUAL model is used to identify the gap between customer expectations and their actual service experience, helping organizations improve the quality of services they provide.

3. Method

This study employs a quantitative research method. The quantitative method is a problem-solving approach based on the systematic collection of data, allowing for the recording and analysis of research data using statistical calculations to empirically test hypotheses. In this study, the conceptual framework consists of independent variables including the type of insurance (BPJS and Non-BPJS), quality of healthcare services, and economic status, while the dependent variable is patient satisfaction.

The population is defined as the generalization area consisting of objects or subjects with specific qualities and characteristics determined by the researcher to be studied and from which conclusions are drawn (Hendrawati, 2017). The population in this study includes all BPJS and Non-BPJS participants who visited or received treatment at Puskesmas Tawangmangu in November and December 2024, totaling 12,305 individuals. The sample is a portion of the population selected representatively or as a small observed part. Sampling in this study refers to inclusion criteria, which include willingness to participate as a respondent, being 18 years of age or older, and not being illiterate.

The sampling technique used is purposive sampling, a method where respondents are intentionally selected based on criteria determined by the researcher. The sample was chosen because they were deemed to have relevant information aligned with the objectives of the study. To determine the sample size, the Slovin formula was used with a margin of error (e) of 10% (0.1). The Slovin formula is as follows:

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

The data collection technique employed in this study is a questionnaire. A questionnaire is a written set of questions used to gather information from respondents regarding personal data or matters of interest. The questionnaire used was a closed-ended questionnaire, consisting of 42 statements—39 positive and 3 negative items. The positive statements were designed to measure satisfaction and positive experiences of respondents with the services at Puskesmas Tawangmangu, while the negative statements aimed to capture complaints or perceived obstacles. The inclusion of negative items also helps minimize response bias by encouraging respondents to answer more carefully. The measurement scale used was a 4-point Likert scale, with reverse scoring applied to negative statements (Yunita, 2021). The data analysis techniques used in this study include multiple linear regression analysis and ANOVA, which were processed and interpreted using SPSS version 26.

4. Result

4.1 . Validity Test

Table 1. Validity Test

Variable	Item Statement	R Count	R Table	Description
Economic Aspect(X1)	1	0,813	0,632	Valid
	2	0,822	0,632	Valid
	3	0,831	0,632	Valid
	4	0,792	0,632	Valid
	5	0,648	0,632	Valid
Service Quality (X2)	1 (Reliability)	0,814	0,632	Valid
	2 (Reliability)	0,775	0,632	Valid
	3 (Reliability)	0,949	0,632	Valid
	4 (Reliability)	0,668	0,632	Valid
	5 (Reliability)	0,905	0,632	Valid
	1 (Responsiveness)	0,833	0,632	Valid
	2 (Responsiveness)	0,687	0,632	Valid
	3 (Responsiveness)	0,833	0,632	Valid
	4 (Responsiveness)	0,953	0,632	Valid
	5 (Responsiveness)	0,740	0,632	Valid
	1 (Assurance)	0,896	0,632	Valid
	2 (Assurance)	0,918	0,632	Valid
	3 (Assurance)	0,830	0,632	Valid
	4 (Assurance)	0,840	0,632	Valid
	5 (Assurance)	0,853	0,632	Valid
	1 (Tangibles)	0,789	0,632	Valid
	2 (Tangibles)	0,789	0,632	Valid
	3 (Tangibles)	0,890	0,632	Valid
	4 (Tangibles)	0,985	0,632	Valid
	5 (Tangibles)	0,685	0,632	Valid
1 (Empathy)	0,855	0,632	Valid	
2 (Empathy)	0,855	0,632	Valid	
3 (Empathy)	0,707	0,632	Valid	
4 (Empathy)	0,703	0,632	Valid	
Patient Satisfaction (Y)	1	0,781	0,632	Valid
	2	0,727	0,632	Valid
	3	0,715	0,632	Valid
	4	0,758	0,632	Valid
	5	0,733	0,632	Valid
	6	0,758	0,632	Valid
	7	0,711	0,632	Valid
	8	0,735	0,632	Valid
	9	0,727	0,632	Valid
	10	0,739	0,632	Valid
	11	0,670	0,632	Valid
	12	0,771	0,632	Valid
	13	0,758	0,632	Valid

Based on Table 1 above, it can be seen that the calculated r value is greater than the table r value (0.632), thus it can be concluded that each statement item is valid and suitable for use.

4.2 Reliability Test

Table 2. Reliability Test

Statement	Cronbach's Alpha	N
Economic Factors	0,820	5
Reliability	0,877	5
Responsiveness	0,850	5
Assurance	0,911	5
Tangible	0,875	5
Empathy	0,782	4
Patient Satisfaction	0,925	13

The results of the reliability test on the questionnaire showed that the Cronbach's Alpha value was greater than 0.60. Based on these results, it can be concluded that all statements for each variable are reliably tested, indicating that their reliability is considered adequate.

4.3 Classical assumption test

Normality test

Table 3. Normality test

One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		130
Normal Parameters ^{a,b}	Mean	.0000000
	Std. Deviation	10.75945821
Most Extreme Differences	Absolute	.052
	Positive	.040
	Negative	-.052
Test Statistic		.052
Asymp. Sig. (2-tailed)		.200 ^{c,d}

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

d. This is a lower bound of the true significance.

Based on Table 3, the normality test using the One-Sample Kolmogorov-Smirnov Test showed a significance value of 0.200 ($p > 0.05$). This indicates that the residual data is normally distributed. Therefore, the normality assumption for multiple linear regression and ANOVA analysis has been met.

Multicollinearity Test

Table 4. Multicollinearity test

Coefficients^a

Model		Collinearity Statistics	
		Tolerance	VIF
1	Biaya Pelayanan	.747	1.338
	Pendapatan	.571	1.752
	Keandalan	.307	3.259

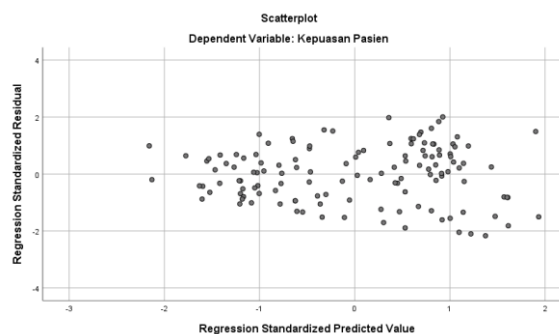
Daya Tanggap	.378	2.643
Jaminan	.293	3.413
Bukti Fisik	.214	4.672
Empati	.382	2.615

a. Dependent Variable: Kepuasan Pasien

The results of the multicollinearity test show that there is no indication of multicollinearity among the independent variables in the regression model. This is evident from the Tolerance values, all of which are above 0.1, and the VIF values, all of which are below 5. Therefore, each independent variable in this model does not have a very strong linear relationship with one another, indicating that the regression model can be considered free from multicollinearity issues.

Heteroscedasticity Test

Table 5. Heteroscedasticity Test



The results of the heteroscedasticity test displayed in this scatterplot show the relationship between the standardized residual values (Y-axis) and the standardized predicted values (X-axis). The points in the scatterplot appear to be randomly scattered without any clear pattern. This indicates that the residual variability is relatively consistent across the range of predicted values, suggesting that there is no significant heteroscedasticity. With the absence of a clear pattern in the point distribution, it can be concluded that the assumption of homoscedasticity is met. This means that the residual variation is not dependent on the predicted values, which is important for the validity of the regression model. These results support the use of the regression model, as there are no heteroscedasticity issues that could affect the analysis results

Multiple Linear Regression Test

Multiple linear regression analysis is used to determine the relationship between the independent variables, which are economic factors (income, occupation, and accessibility) and service quality (Tangible Evidence, Reliability, Responsiveness, Assurance, Empathy), with the dependent variable, which is patient satisfaction at Puskesmas Tawangmangu. The data is presented as follows:

Table 6. Multiple Linear Regression Test Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	20.217	1.757		11.505	.000
	Biaya Pelayanan	.758	.146	.214	5.206	.000
	Pendapatan	-.726	.157	-.217	-4.618	.000

Keandalan	1.029	.164	.402	6.276	.000
DayaTanggap	1.183	.051	.993	23.268	.000
Jaminan	-.747	.149	-.329	-5.003	.000
Bukti Fisik	.408	.192	.163	2.126	.035
Empati	-.620	.039	-.673	-15.904	.000

a. Dependent Variable: Kepuasan Pasien

The results of the multiple regression test show that all variables have a significant effect on patient satisfaction. The variables of Economic Factors (Service Costs and Income), and all dimensions of Service Quality Variables have a significant impact on patient satisfaction.

Based on the table above, the regression equation in this study can be explained as follows:

$$Y = 20.217 + 0,758X_1 - 0,726X_2 + 1.029X_3 + 1.183X_4 - 0,747X_5 + 0,408X_6 - 0,620X_7$$

- X₁ : Service Costs
- X₂ : Income
- X₃ : Reliability
- X₄ : Responsiveness
- X₅ : Assurance
- X₆ : Tangible
- X₇ : Empathy
- Y : Patient Satisfaction

Based on the regression analysis results, it can be concluded that all independent variables in this model have a significant impact on Patient Satisfaction, either positively or negatively, considering the constant value of 20.217.

F- Test (Simultaneous Test)

Table 7. Simultaneous test

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4728.019	7	675.431	95.628	.000 ^b
	Residual	861.698	122	7.063		
	Total	5589.717	129			

a. Dependent Variable: Kepuasan Pasien

b. Predictors: (Constant), Empati, Keandalan, Biaya Pelayanan, DayaTanggap, Pendapatan, Jaminan, Bukti Fisik

The results of the F-test in the ANOVA table show that the regression model used is overall significant in explaining the variation in patient satisfaction, with an F value of 95.628 and a significance of 0.000 (p < 0.05). This indicates that the combination of independent variables, namely Economic Factors and Service Quality, has a significant effect on patient satisfaction. In conclusion, this regression model can be used to explain the relationship between independent variables and patient satisfaction significantly.

T- Test (Hypothesis Test)

1. The significance value for the Economic Factor variable, service cost dimension, is 0.000 (<0.05), so it can be concluded to have a significant effect on patient satisfaction.
2. The significance value for the Economic Factor variable, income dimension, is 0.000 (<0.05), so it can be concluded to have a significant effect on patient satisfaction.
3. The significance value for the Service Quality variable, reliability dimension, is 0.000 (<0.05), so it can be concluded to have a significant effect on patient satisfaction.

4. The significance value for the Service Quality variable, responsiveness dimension, is 0.000 (<0.05), so it can be concluded to have a significant effect on patient satisfaction.
5. The significance value for the Service Quality variable, responsiveness dimension, is 0.000 (<0.05), so it can be concluded to have a significant effect on patient satisfaction.
6. The significance value for the Service Quality variable, tangible evidence dimension, is 0.035 (<0.05), so it can be concluded to have an effect on patient satisfaction.
7. The significance value for the Service Quality variable, empathy dimension, is 0.000 (<0.05), so it can be concluded to have a significant effect on patient satisfaction.

Coefficient of Determination (R²) Test

Table 8. Coefficient of Determination (R²) Test

Model Summary^b				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.920 ^a	.846	.837	2.658

a. Predictors: (Constant), Empati, Keandalan, Biaya Pelayanan, DayaTanggap, Pendapatan, Jaminan, Bukti Fisik

b. Dependent Variable: Kepuasan Pasien

Based on the results of the coefficient of determination test:

The R² value of 0.846 indicates that this regression model can explain approximately 84.6% of the variation in patient satisfaction. This suggests that the regression model has very good predictive power, and most of the factors influencing patient satisfaction are already captured in the independent variables used.

The Adjusted R² value of 0.837 confirms that this regression model remains good after correcting for the effect of the number of independent variables in the model. This value indicates that approximately 83.7% of the variation in patient satisfaction can be explained by the independent variables, while the remaining 16.3% is influenced by other factors outside this model.

ANOVA Test

Table 9. ANOVA Test

ANOVA

Kepuasan Pasien					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	803.920	2	401.960	10.667	.000
Within Groups	4785.797	127	37.683		
Total	5589.717	129			

Patient Satisfaction

Tukey B^{a,b}

Status Kepesertaan	N	Subset for alpha = 0.05	
		1	2
Umum	40	30.99	
BPJS Non PBI	39		34.54
BPJS PBI	51		36.97

Means for groups in homogeneous subsets are displayed.

- a. Uses Harmonic Mean Sample Size = 42,705.
- b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Based on the results of the One-Way ANOVA test, an F value of 10.667 was obtained with a significance value (Sig.) of 0.000. Since the Sig. value is less than 0.05, it can be concluded that there is a significant difference in patient satisfaction levels based on membership status (General, BPJS Non-PBI, and BPJS PBI).

The results of the Post Hoc Tukey test show that the general patient group has significantly lower satisfaction levels compared to BPJS patients. The average satisfaction score for general patients is 30.99, while BPJS Non-PBI patients have an average satisfaction score of 34.54, and BPJS PBI patients have an average satisfaction score of 36.97. However, there is no significant difference in satisfaction between BPJS Non-PBI and BPJS PBI patients, indicating that both groups have relatively similar satisfaction levels.

Therefore, it can be concluded that membership status affects patient satisfaction, with general patients tending to have lower satisfaction compared to BPJS patients.

5. Discussion

5.1 The Impact of Economic Factors on Patient Satisfaction at Puskesmas Tawangmangu

The Service Cost dimension has a significance value of 0.000, which is smaller than the significance level of 0.05. This indicates that service costs have a significant impact on patient satisfaction. This finding is consistent with the study by (Nurhab, 2019) which analyzed the impact of service quality and price on patient satisfaction at the Islamic Hospital in Metro City. The results showed that service quality and price together had a significant effect on patient satisfaction, contributing to 67%, while the remaining 33% was influenced by other variables not examined in the study. This study also aligns with research by, (Fitroni, 2020), which found that price significantly affects patient satisfaction and loyalty. This suggests that service costs perceived as fair by patients can increase their satisfaction with the services provided

The Income dimension has a significance value of 0.000, which is also smaller than the 0.05 significance level. This indicates that income has a significant effect on patient satisfaction. This finding is consistent with the study by (Rohmah, N., Yusuf, A., & Haryono, 2020) which found that income significantly influences patient satisfaction in private healthcare services. In private services, financial capability often determines the quality of care received by patients, thus affecting their satisfaction levels. However, this study does not align with research (Rustan et al., 2024) which showed that despite some reports of discriminatory treatment, most respondents felt they were not discriminated against based on their economic status. This suggests that services at Puskesmas have made efforts to be fair..

5.2 The Impact of Service Quality on Patient Satisfaction at Puskesmas Tawangmangu

1. Based on the t-test, it can be seen that the significance level for the Service Quality variable, specifically the Reliability dimension, is $0.000 < 0.05$. This means that Reliability has a significant impact on patient satisfaction. The results of this study are consistent with previous research conducted by (Ummah, 2019), which indicated that the reliability variable reflects the hospital's ability to deliver services according to promises accurately and reliably. The study found that reliability has a positive and significant effect on patient satisfaction.

Reliability is the ability to provide services that align with what is promised. The reliability dimension is related to the ability to provide service with a sympathetic attitude, timeliness, professionalism in serving, and accurate record-keeping systems (Sudirman, 2023). The impact of reliability on patient satisfaction is that the better the patient's perception of reliability, the higher the patient satisfaction will be.

2. Based on the t-test, it can be seen that the significance level for the Service Quality variable, specifically the Responsiveness dimension, is $0.000 < 0.05$. This indicates that Responsiveness has a significant effect on patient satisfaction. This finding aligns with previous research conducted by (Rustan et al., 2024), which showed that respondents perceived healthcare staff as promptly addressing patient complaints and clearly explaining the procedures to be taken. The high scores on statements related to responsiveness indicate that patients feel satisfied when healthcare workers quickly respond to their concerns.

Responsiveness refers to the willingness to help customers and provide prompt and accurate service. This dimension emphasizes attentiveness in addressing requests, complaints, and difficulties faced by consumers (Sudirman, 2023). The indicators used include the promptness of healthcare personnel and administrative staff at Puskesmas Tawangmangu in assisting patients, providing discharge information to patients, and the speed of healthcare services.

3. Based on the t-test, the significance level for the Service Quality variable, specifically the Assurance dimension, is $0.000 < 0.05$. This indicates that Assurance has a significant effect on patient satisfaction. This finding is consistent with previous research conducted by (Anzar et al., 2022), which showed that most respondents stated that patients felt safe and comfortable during treatment and had confidence in their recovery.

However, this finding contradicts the research by (Ummah, 2019) in which the Assurance variable did not show a significant effect on patient satisfaction at Andi Makkasau General Hospital. This implies that although assurance includes important aspects such as the knowledge, courtesy, and competence of medical personnel in building patient trust, its impact was not strong enough to be considered significant. It suggests that patients might not place much emphasis on assurance in the context of their satisfaction with healthcare services. Assurance includes the abilities, knowledge, politeness, and professionalism of staff in instilling trust in patients. This dimension is particularly important because it involves patients' perceptions of risk and uncertainty regarding the service provider's competence. At Puskesmas Tawangmangu, the indicators of assurance include the healthcare and administrative staff's ability to provide guarantees in case of diagnostic errors and their capacity to make patients feel safe during treatment and service delivery.

4. Based on the t-test, the significance level for the Service Quality variable, specifically the Tangibles (Physical Evidence) dimension, is $0.035 < 0.05$. This indicates that Tangibles have a significant effect on patient satisfaction. This finding is in line with previous research conducted by (Ummah, 2019) which showed that physical evidence significantly influences patient satisfaction. When the physical evidence meets or exceeds patient expectations, it can enhance their satisfaction. Conversely, inadequate physical evidence, such as poorly maintained or uncomfortable facilities, can lead to decreased patient satisfaction.

Tangibles refer to the physical appearance or tangible aspects of a service. This dimension is often used by service providers to build a favorable image in the eyes of consumers, reflected through aspects like cleanliness, staff appearance, and the layout of the premises. In service-based institutions like public health centers (Puskesmas), the physical environment generally reflects the institution's ability to function effectively as a healthcare provider (Sudirman, 2023). At Puskesmas Tawangmangu, indicators of tangibles include a secure and safe environment, neat appearance of healthcare staff, clean restrooms, and adequate facilities provided for patient services.

5. Based on the t-test, the significance level for the Service Quality variable in the Empathy dimension is $0.000 < 0.05$. This indicates that Empathy has a significant effect on patient satisfaction. This finding is consistent with previous research conducted by (Ummah, 2019), which emphasized that empathy involves genuine care for patients and efforts to understand their needs. The results showed that empathy has a positive influence on patient satisfaction. When medical staff and healthcare providers show empathy, such as listening to patient complaints, providing

adequate attention, and understanding patients' emotional and physical conditions, patients tend to feel more satisfied with the services they receive.

Empathy refers to the individualized attention given by service providers, making consumers feel valued, appreciated, and understood by the organization. This increases their trust in the service provider (Sudirman, 2023). At Puskesmas Tawangmangu, empathy is demonstrated through sincere and individualized care, such as ensuring smooth communication and making genuine efforts to understand the patients' needs.

Based on the findings above, it can be concluded that the overall Service Quality variable has a significant effect on patient satisfaction, as all dimensions have significance levels below 0.05. Therefore, improving service quality can significantly enhance patient satisfaction. This is in line with the study conducted by (Anzar et al., 2022) which found that all service quality dimensions (Reliability, Responsiveness, Assurance, Tangibles, and Empathy) significantly affect patient satisfaction at Puskesmas Mebelopura, Palu City.

5.3 Differences in Satisfaction Levels Among BPJS PBI, BPJS Non-PBI, and General Patients

Based on the test result table, all three groups fall into the same homogeneous subset, with a significance value (Sig.) of $0.000 < 0.05$, indicating a significant difference in patient satisfaction based on membership status (General, BPJS Non-PBI, and BPJS PBI). This means that the patients' membership status influences their satisfaction levels with the services at Puskesmas Tawangmangu.

The Tukey post hoc test results further reveal differences among the patient groups in terms of satisfaction. BPJS PBI patients had the highest average satisfaction score of 36.97, followed by BPJS Non-PBI patients with an average score of 34.54, while general patients had the lowest satisfaction score of 30.99. This suggests that although there is no significant difference between BPJS Non-PBI and BPJS PBI patients, both groups report higher satisfaction compared to general patients.

These findings are consistent with research conducted by (Setiadi et al., 2023), which showed a comparison of satisfaction levels between BPJS and non-BPJS patients in the inpatient ward at Assyifa Islamic Hospital Sukabumi. The results indicated that BPJS patients had higher satisfaction levels than non-BPJS patients. However, the findings differ from a study by (Marga et al., 2022), which found that BPJS and non-BPJS patients had similar satisfaction levels at RS Adi Husada Kapasari Surabaya. That study concluded that healthcare services did not discriminate based on insurance membership and were satisfying to all patients.

Conclusion

Based on the analysis and discussion, the following conclusions can be drawn:

1. The results of the study indicate that economic factors have a significant impact on patient satisfaction at Puskesmas Tawangmangu.
2. Service quality (Reliability, Responsiveness, Assurance, Physical Evidence, Empathy) influences patient satisfaction at Puskesmas Tawangmangu.
3. There are differences in satisfaction levels between General patients, BPJS PBI, and BPJS Non-PBI patients. BPJS PBI and BPJS Non-PBI patients are more satisfied than general patients. These differences in satisfaction may be due to various factors, such as perceptions of service costs, the facilities provided, or differing expectations between patient groups.

Limitation

This study has several limitations that need to be considered when interpreting its results. First, the research was conducted at a single location, Puskesmas Tawangmangu, which means the findings may not be generalizable to other health centers with different regional characteristics, cultures, or service systems. Second, data collection was conducted within a limited time frame, specifically during November and December 2024, which means the results may not fully reflect the service conditions throughout the entire year. Third, not all patients were willing to participate as respondents, with some expressing

concerns about the confidentiality of the data. Therefore, the researcher made efforts to assure respondents that their data would be kept confidential. Fourth, the variables analyzed were limited to economic factors and service quality, while other factors, such as psychological, cultural, or queue system issues, were not included in the research model. These limitations are expected to serve as a consideration and foundation for future research, aiming to provide a more comprehensive understanding of patient satisfaction in healthcare facilities.

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