

The Effect of Service Quality on the Satisfaction of Bpjs Patients in the Outpatient Installation of Lawawoi Health Center, Sidenreng Rappang Regency

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ABSTRACT

Introduction: Service quality is crucial for customer satisfaction, particularly in healthcare, where it impacts patients' perceptions and trust. The fact highlighted issues such as unfriendly staff, lack of welcoming behavior, perceived unequal treatment, absence of staff in counseling, and limited waiting area facilities. **Method:** A quantitative approach with a cross-sectional study design was employed. The sample consisted of 99 respondents selected through purposive sampling techniques. Data were collected through documentation, questionnaires, and direct observation. The collected data were analyzed using multiple linear regression analysis, along with t-tests and F-tests to assess partial and simultaneous effects of the independent variables on patient satisfaction. **Results:** The results of the t-test analysis revealed that the variables of reliability, responsiveness, and empathy had a significant partial effect on patient satisfaction. In contrast, tangibles and assurance did not show a statistically significant partial influence. The adjusted R square value was 0.767, indicating that the independent variables collectively explain 76.7% of the variation in patient satisfaction. The F-test showed an F-value of 125.479, which is greater than the critical value of 2.310, confirming that the five service quality variables – tangibles, reliability, responsiveness, assurance, and empathy – have a simultaneous and significant effect on the satisfaction of BPJS patients at the Outpatient Unit of Lawawoi Public Health Center. **Conclusion:** The study concludes that the service quality dimensions of reliability, responsiveness, and empathy significantly and partially influence the satisfaction of BPJS patients, while tangibles and assurance do not have a significant partial effect. These findings are expected to serve as a basis for health facility managers to formulate strategies aimed at improving service quality and enhancing patient satisfaction, particularly among BPJS participants.

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INTRODUCTION

Health is a basic need that must be met in society to support overall well-being and quality of life. This need reflects society's expectation of quality healthcare services. As living standards improve, demands for quality healthcare services also increase. Healthcare encompasses various efforts, both individual and organizational, to maintain and improve health, prevent and treat disease, and restore health at the individual and community levels (Yusra, 2020).

Globally, the World Health Organization (WHO) has encouraged all UN member states to achieve universal health coverage (UHC) by 2030 as part of the sustainable development goals. This effort is necessary because approximately half the world's population still lacks access to essential healthcare services. Under the UHC concept, everyone has the right to receive the healthcare they need without significant financial burden (Abdur Razzaque Sarker, 2018).

At the national level, the Indonesian government implements the National Health Insurance (JKN) program as a strategy to expand access to quality healthcare services. Through the Social Security Administration for Health (BPJS Kesehatan), which began operating on January 1, 2014, this service aims to provide health protection for all levels of society, both those who pay their own contributions and those paid by the government. According to national data as of December 2020, the number of JKN participants had reached 222.5 million (Antina, 2016; Yusra, 2020).

A total of 109,760 people in Sidenreng Rappang (Sidrap) Regency have registered as BPJS Kesehatan participants. These services are largely focused on primary healthcare facilities such as community health centers (Puskesmas) and clinics. One such facility providing basic healthcare in this area is the Lawawoi Community Health Center. This community health center is tasked with providing comprehensive, accessible and affordable services, involving community participation, and supported by appropriate technology and science.

However, the quality of services provided by the Lawawoi Community Health Center still faces several challenges. Based on public complaints filed in 2023 by Mrs. Ika Merdekawati, several complaints were raised, including a lack of staff friendliness, disparate treatment of patients, the absence of staff in the counseling room, limited waiting areas, and inadequate public facilities such as trash cans. However, the results of the public satisfaction survey indicate that the average patient satisfaction level remains in the good category, both for services inside and outside the building.

Patient complaints regarding public services should not be ignored, as they can impact the health center's image. Patient dissatisfaction can reduce the number of visits and threaten the sustainability of health services. Furthermore, the behavior of healthcare workers in interacting with patients also contributes significantly to patient satisfaction. As public expectations increase, improving service quality is imperative (Dino Maghrobi et al., 2019).

Patient satisfaction is largely determined by the quality of service received. If service meets or exceeds expectations, patients tend to feel satisfied and loyal. This is important because, in the long term, a good relationship between service providers and patients will strengthen understanding of patient needs (Faiturohmi & Pramudyo, 2020).

Community health centers (Puskesmas) are the primary healthcare facilities most commonly accessed by Indonesians. Approximately 37.29% of the population chooses them for basic healthcare services. In the National Health Insurance (JKN) program, Puskesmas play a crucial role in ensuring the accessibility and effectiveness of BPJS (Social Security)

services. Therefore, if services are inadequate, the public may lose trust and be reluctant to utilize them (Ministry of Health, 2015; Ahmad et al., 2021).

Although numerous studies have examined service quality and patient satisfaction across various healthcare facilities, research on the effect of service quality on patient satisfaction among BPJS users at the Lawawoi Community Health Center remains very limited. Furthermore, not all previous studies have comprehensively examined all dimensions of service quality based on the SERVQUAL model (tangible, reliability, responsiveness, assurance, and empathy). This indicates the need for further interventions to improve service quality (Secondary Data from Lawawoi Community Health Center, 2024).

This study aims to determine the effect of service quality on patient satisfaction among BPJS users at the Lawawoi Community Health Center Outpatient Unit, Sidenreng Rappang Regency.

LITERATURE REVIEW

Service quality is a form of optimal service delivered by individuals, groups, or institutions with the goal of creating satisfaction for customers and the community. When people are satisfied with the service they receive, they tend to remain loyal (Roslinda Sagala, 2022).

Service can be defined as a series of actions taken by one party to satisfy another, whether in the form of a physical product or a service. In the context of service, there are two parties who need each other and are interconnected. Therefore, the roles of each party are distinct. Service itself involves several elements, such as the person providing the service, the equipment or facilities utilized, the method of implementation, and the behavior of the service provider. Although experts have slightly different definitions, they all essentially point to the same concept.

Service quality can be measured using the SERVQUAL dimensions, often used as a reference. The tangible dimension describes all forms of physical means used in providing the service, including the condition of the building, equipment, staff appearance, and visual materials. This aspect plays a crucial role in creating an initial impression of the quality of the service offered, as customers tend to judge service based on what they can directly see (Sherina, 2025).

Reliability reflects the extent to which a service delivers according to established promises. This includes consistency in procedures, timeliness of service delivery, and accuracy of information provided to users. The ability to deliver service that meets expectations is key to building customer trust (Sherina, 2025).

Responsiveness indicates the level of a service provider's alacrity in responding to customer needs and requests. This includes speed in conveying information, handling complaints, and providing effective solutions. High responsiveness will enhance the positive customer experience during service interactions (Sherina, 2025).

Assurance refers to the ability of service personnel to provide confidence and a sense of security to customers through their professionalism, work ethic, and competence. Reliable service delivered courteously and with good communication will foster strong customer trust (Sherina, 2025).

Empathy describes the service provider's concern for each customer individually, with a deeper understanding of their needs and expectations. This dimension demonstrates genuine attention, warm communication, and an understanding attitude toward individual customer situations (Sherina, 2025).

Satisfaction is defined as a state of feeling happy or content, and everything related to that feeling of contentment, pleasure, and relief. Satisfaction can also be described as an

emotional state that arises when someone feels they have received a service or used a product or service with results that meet expectations (Andayani, 2021).

Research by Handayani (2020) at Dr. Soetomo Hospital, Surabaya, found that the dimensions of empathy and reliability significantly influenced outpatient satisfaction. Meanwhile, a study by Yuliana and Mulyani (2021) in the sub-district public service sector showed that the dimensions of responsiveness and assurance were the main indicators influencing the level of public satisfaction with administrative services. Another study by Rahmawati et al. (2022) conducted at a private university in Yogyakarta also used a quantitative approach with a cross-sectional design to assess student satisfaction with academic services. The results revealed that the tangible dimension had a significant influence on initial perceptions, but was not the primary determinant of satisfaction without the support of other dimensions such as responsiveness and empathy.

METHOD

This study employed a quantitative method with a cross-sectional design, where data was collected at a specific point in time from a group of respondents. The study was conducted at the Lawawoi Community Health Center in Wattang Pulu District, Sidenreng Rappang Regency, and was scheduled for February to March 2025. The study population consisted of 10,642 BPJS patients registered at the Lawawoi Community Health Center from January to October 2024. The sample size was determined using the Slovin formula with a 10% margin of error, resulting in a sample size of 99 respondents. The sampling technique used was purposive sampling, where sample selection was based on specific criteria established in accordance with the research objectives.

The independent variables included tangibles, reliability, responsiveness, assurance, and empathy. The dependent variable in this study was patient satisfaction. The research instrument was a questionnaire with a Likert scale that provided gradations of responses ranging from very positive to very negative. Each statement was tested for validity, with an r value of >0.361 and reliability with a Cronbach's alpha of >0.60 , indicating that the instrument is reliable and suitable for use.

The data sources in this study consisted of primary and secondary data. Primary data were collected directly from respondents through the distribution and completion of questionnaires. Meanwhile, secondary data were obtained from documentation and patient visit reports recorded at the Lawawoi Community Health Center during 2024.

The data were statistically analyzed using IBM SPSS version 21 software. Univariate analysis was applied to present the frequency distribution and percentage of each studied variable. Next, multiple linear regression analysis was used to examine the relationship between one dependent variable (Y) and several independent variables (X), while still assuming a linear relationship between the variables. Hypothesis testing was conducted to determine whether there was a significant positive effect between the independent and dependent variables. Furthermore, the F-test was used to evaluate whether the independent variables simultaneously influenced the dependent variable.

RESULTS AND DISCUSSION

The results of the study are presented in the form of a frequency distribution table for each measured variable, as shown in detail in Table 1. Based on the table, it is known that the majority of respondents are female, namely 66 people, while male respondents numbered 33 people. Based on age groups, the most respondents were in the age range of 36–45 years as many as 27 people, followed by 26–35 years as many as 23 people, 46–55 years as many as 19 people, 18–25 years as many as 16 people, and over 55 years as many

as 14 people. Based on the type of work, respondents who work as housewives are the largest group, namely 35 people, followed by self-employed as many as 19 people, students/university students as many as 18 people, farmers/plantations as many as 15 people, TNI/Polri/PNS as many as 9 people, and other types of work as many as 3 people. In terms of final education, respondents who completed education up to Elementary School (SD) level were 31 people, Junior High School (SMP) 15 people, Senior High School (SMA) 40 people, Bachelor's Degree (S1) 12 people, and Master's Degree (S2) 1 person.

Table 1. Respondent's Characteristics

Variable	Categories	Frequency	Percentage (%)
Gender	Men	33	33.3
	Women	66	66.7
Age	18-25 years	16	16.2
	26-35 years	23	23.2
	36-45 years	27	27.3
	46-55 years	19	19.2
	>55 years	14	14.1
	Occupation	Student/College Student	18
	Housewife	35	35.4
	Farmer/Plantation Worker	15	15.2
	Self-Employed	19	19.2
	Military/Police/Civil Servant	9	9.1
	Other	3	3.0
Last Education	Elementary School	31	31.3
	Middle School	15	15.2
	High School	40	40.4
	Bachelor's Degree	12	15.2
	Master's Degree	1	1

The data normality test using the One-Sample Kolmogorov-Smirnov Test shows an Asymp. Sig. value of 0.058 (> 0.05), which indicates that the residual data is normally distributed. The multicollinearity test shows that all independent variables have a tolerance value > 0.1 and VIF < 10 , so it can be concluded that there are no symptoms of multicollinearity in the regression model.

Table 2. Multicollinearity Test Results

Model	Collinearity Statistics	
	Tolerance	VIF
Physical Evidence	.138	7.249
Reliability	.471	2.124
Responsiveness	.266	3.758
Assurance	.348	2.874
Empathy	.258	3.879

The heteroscedasticity test using the Glejser method shows that all independent variables have a significance value > 0.05 , so it can be concluded that there are no symptoms of heteroscedasticity in the model.

Table 3. Heteroscedasticity Results Using the Glejser Test

Variables	Sig.
(Constant)	.000
Physical Evidence	.112
Reliability	.281
Responsiveness	.870
Assurance	.509
Empathy	.965

The multiple linear regression equation model is as follows:

$$Y = 10.902 + 0.046 X1 + 0.085 X2 + 0.095 X3 + 0.022 X4 + 0.122 X5$$

The constant value of 10.902 means that patient satisfaction will remain constant at 10.902, influenced by the variables of physical evidence, reliability, responsiveness, assurance, and empathy. The regression coefficient for the Physical Evidence variable is 0.046, indicating a positive relationship between Physical Evidence and Patient Satisfaction. This means that every one-unit increase in the Physical Evidence variable will be followed by a 4.6% increase. The regression coefficient for the Reliability variable is 0.085, indicating a positive effect on Patient Satisfaction. This means that every one-unit increase in the Reliability value will increase Patient Satisfaction by 8.5%. The regression coefficient for the Responsiveness variable is 0.095, indicating that this variable has a positive effect on Patient Satisfaction. This means that every one-unit increase in the Responsiveness aspect will be followed by an increase of 9.5%. The regression coefficient for the Assurance variable of 0.022 indicates a positive influence on Patient Satisfaction. This means that every one-unit increase in the Assurance variable will increase the Patient Satisfaction value by 2.2%. The regression coefficient for the Empathy variable of 0.122 indicates that this variable has a positive influence on Patient Satisfaction. This means that every one-unit increase in the Empathy aspect will increase the Patient Satisfaction value by 12.2% (Table 4).

Table 4. Results of Multiple Linear Regression Analysis Test

Model	Coefficients ^a	
	Unstandardized Coefficients	
	B	Std. Error
(Constant)	10.902	.462
Physical Evidence	0.046	0.055
Reliability	0.085	0.026
Responsiveness	0.095	0.034
Assurance	0.022	0.028
Empathy	0.122	0.034

The coefficient of determination (Adjusted R²) test result was 0.767, meaning 76.7% of the variation in patient satisfaction can be explained by the five dimensions of service quality. The remaining 23.3% is influenced by factors outside the research model. Meanwhile, the partial test (t-test) shows that the variables of reliability, responsiveness, and empathy have a significant effect on patient satisfaction with a probability value <α (significant level), while the variables of physical evidence and assurance do not show a significant effect on patient satisfaction with a probability value >α (significant level) (Table 5).

Table 5. T-Test Results

Variabel	Coefficients	Std. Error	T	Sig
Constant)	10.902	.462	23.613	.000
Physical Evidence	.046	.055	.843	.402
Reliability	.085	.026	3.298	.001
Responsiveness	.095	.034	3.298	.001
Assurance	.022	.028	.771	.443
Empathy	.122	.034	3.643	.000

The simultaneous test (F test) yielded a calculated F value of 126.479 with a significance level of 0.000, which is less than 0.05 and exceeds the F table. This indicates that simultaneously, all independent variables significantly influence patient satisfaction.

Table 6. Results of Simultaneous Test Calculation (f Test)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	54.194	5	10.839	126.479	.000 ^b
Residual	7.970	93	.086		
Total	62.164	98			

The Influence of Physical Evidence on Patient Satisfaction

Based on the research results, the physical evidence dimension of service quality did not significantly influence patient satisfaction among BPJS Kesehatan users at the Lawawoi Community Health Center Outpatient Facility in Sidenreng Rappang Regency. This indicates that aspects such as health facilities, parking areas, environmental cleanliness, staff appearance, and treatment room conditions are not major determinants of patient satisfaction at this location. One possible reason is that the physical standards at the community health center already meet basic patient expectations, thus not having a significant impact that can significantly increase or decrease satisfaction.

This finding contradicts the SERVQUAL concept proposed by Parasuraman et al. (1998), which states that physical evidence is an important indicator in assessing service quality. This finding is inconsistent with Dewi's (2022) study that found a significant influence of tangible (physical evidence) on patient satisfaction among JKN/KIS participants at Gunung Tua Community Health Center (Dewi et al., 2022). This study also aligns with research conducted by Silvi Valenti Febrianti (2023), which found that physical evidence showed a probability value $> \alpha$ (significant level) and no significant effect on patient satisfaction.

The Influence of Reliability on Patient Satisfaction

The results of the study indicate that reliability significantly influences patient satisfaction among BPJS Kesehatan users in the Outpatient Installation. This indicates that consistent service, speed of service as expected, medical personnel readiness to assist, and prompt problem resolution are important factors in creating patient satisfaction.

These findings support the SERVQUAL theory, which states that reliability is a key dimension of service quality that significantly influences customer satisfaction. This study also aligns with research conducted by Ina Kartika Sari (2020), which stated that the second-largest influence of the service quality dimension on patient satisfaction was reliability, at 16.3%. However, this study disagrees with research conducted by Salamatus Jannah and Nurita Andriani (2024), which showed that partially, reliability did not significantly influence patient satisfaction, with a significance value of $0.795 > 0.05$.

The Influence of Responsiveness on Patient Satisfaction

Responsiveness has also been shown to significantly influence patient satisfaction. This aspect includes staff responsiveness in assisting patients with difficulties, providing clear and understandable information, and aligning services with patient expectations. Responsive staff reflect service efficiency and increase patient trust and comfort.

This finding aligns with the SERVQUAL model and research conducted by Nadila Puspita et al. (2025), which showed that responsiveness significantly influences patient satisfaction ($p\text{-value} = 0.000$). However, this study disagrees with the research by Muhammad Aldrin Akbar (2023), which found a significance value ($0.921 > 0.50$), indicating that responsiveness did not significantly influence patient satisfaction.

The Influence of Assurance on Patient Satisfaction

The assurance dimension in this study did not significantly influence patient satisfaction. Although it encompasses polite staff, a sense of security, service as promised, and complaint resolution, these aspects may be considered a given in healthcare services, and therefore do not create a special impression for patients. Patients in the area, who are predominantly from the community, tend to evaluate services based on the immediate outcomes they receive, such as recovery from illness, quick waiting times, and ease of access. Local social and cultural norms also influence patient perceptions of service, with the community valuing a personal and informal approach over a rigid, professional approach.

These results contradict the theory of Parasuraman et al. and the research of Asnia Minarti et al. (2024), which showed that assurance had a positive and significant influence on patient satisfaction with a $t\text{-test}$ of 2.156 and a significance value of 0.000. However, these results align with a study by Muhammad Rani (2024), which also stated that the assurance dimension had no significant effect with a significance value of $0.351 > 0.50$.

The Influence of Empathy on Patient Satisfaction

Empathy has been shown to significantly influence patient satisfaction. Patient, attentive responses from staff, providing appropriate solutions, and demonstrating seriousness in addressing patient concerns contribute to a sense of respect and comfort during service.

This finding aligns with SERVQUAL theory and research conducted by Dimas Mastra et al. (2025), with a significance value of $0.000 < 0.50$ indicating that empathy significantly influences patient satisfaction. This study differs from research by Amir Mahmud (2022), which showed that empathy had no significant effect on patient satisfaction with $t\text{-test} = 1.218$ and $t\text{-table} = 1.986$, indicating that $t\text{-test} > t\text{-table}$.

Simultaneous Influence of Service Dimensions on Patient Satisfaction

Simultaneously, the five dimensions of service quality—tangible evidence, reliability, responsiveness, assurance, and empathy—were shown to significantly influence patient satisfaction. This is proven by the F test probability value of 0.000 (< 0.05), which shows that all of these dimensions, although not all of them have a partial influence, together influence the perception of satisfaction of BPJS user patients at Lawawoi Community Health Center.

CONCLUSION

Based on the results and discussion of the study, it can be concluded that physical evidence does not significantly influence patient satisfaction. Reliability, responsiveness,

and empathy have been shown to significantly influence patient satisfaction, while assurance has no significant effect. Therefore, the Community Health Center is advised to prioritize improving the reliability of health workers, accelerating responses to patient needs, and strengthening empathy in providing services, as these aspects have been shown to have the greatest influence in increasing satisfaction. Although physical evidence and assurance do not show a significant effect, the quality of the physical environment and assurance still needs to be maintained to support public comfort and trust in services.

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