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Differences in Satisfaction Level between Subsidised JKN Patients and Non-Subsidised JKN Patients: A Case Study in a Hospital in Bantul with Quantitative

Analysis Approach

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Abstract

Introduction: The National Health Insurance (JKN) organized by BPJS is a guarantee in the form of health protection so that participants get the benefits of health checks and protection in meeting basic health needs given to everyone. Measuring the level of patient satisfaction is needed to determine the level of service provided by a service provider. To identify differences in the satisfaction of JKN class 3 PBI patients and JKN class 3 non PBI patients who received health services at the place research.

Materials and Methods: This study used an analytical observational research design with a cross sectional method through a Quantitative Method approach. Data obtained by using questionnaires and interviews with respondents. The level of patient satisfaction was analyzed using GAP scores, CSI, and Independent Samples T Test.

Results: The results of the GAP score indicate that JKN class 3 PBI patients have the lowest GAP score on the reliability dimension, which is -0.1733 and the highest GAP score on the assurance dimension with a score of - 0.0875. Meanwhile, JKN class 3 non-PBI patients had the lowest score on the tangibles dimension with -0.1955 and the highest on the reliability dimension with -0.1711. JKN class 3 PBI patients had a CSI score of 69.81% and JKN class 3 non-PBI patients had 66.938%. If statistically tested, there is a significant difference between JKN class 3 PBI patients and JKN class 3 non-PBI patients with p value < 0.05.

Conclusion: From the results of the analysis, at the placed research patients are generally satisfied with the services provided. JKN class 3 PBI patients feel more satisfied than JKN class 3 non PBI patients.

Keywords: Satisfaction, SERVQUAL, Health Services

1. INTRODUCTION

Every community has the right to obtain health services ¹. This is because health services are one of the main factors in improving the health and welfare of every community ². The government has full responsibility for the availability of all forms of health service efforts that are safe, efficient,

quality and affordable for the entire community ³. Academic Hospital Journal 4(1), 2022, 22-48 www.journal.ugm.ac.id/ahj One of the efforts to provide public health services is to increase the availability and equity of basic health service facilities such as puskesmas in each area⁴.

Health services, whether in hospitals, health centers, or other health care institutions, are a system consisting of various interrelated, interdependent, and mutually reinforcing components⁵. One of the qualities of health

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Academic Hospital Journal 4(1), 2022, 22-48

services from hospitals and Puskesmas is the end product of complex interactions and dependencies between various components or aspects of service ⁶.

The Social Security Administering Body or more commonly known as BPJS is a public legal entity formed to administer social security programs, consisting of BPJS Health and BPJS Employment⁷. In this case, the health insurance provider is a legal entity formed to administer the health insurance program ⁷. All Indonesian residents are required to be participants in the health insurance managed by BPJS, including foreigners who have worked for at least six months in Indonesia and have paid dues ⁸. One of the health service efforts provided by the government in order to improve optimal health status is the holding of the National Health Insurance (JKN) program ⁹.

JKN is part of the National Social Security System (SJSN) organized by the government to ensure that citizens can meet the basic needs of a decent life, the legal regulations governing SJSN are Law No. 40 of 2004 ¹⁰. The legal entity formed to administer JKN is the National Social Security Agency Provider⁷. BPJS is a legal entity specially assigned by the government to provide health care insurance for all Indonesian people ⁷. The population of Indonesia based on the population census in 2020 was 270.200.000 people ¹¹. Furthermore, data from the Ministry of Health in 2020 showed that the population of Indonesia who had health insurance was 83.5% or 226.300.000

In 2014 there were 100 thousand public complaints against JKN services and in 2015 public complaints about JKN were quite high as seen from the reports received by the Ombudsman of the Republic of Indonesia (ORI) ¹³. The ORI assistant representing the Special Region of Yogyakarta (DIY) noted that public complaints against JKN services included registration which was quite difficult, services for patients were complicated, taking medicines prescribed by doctors was difficult to realize, administrative services were difficult, and the community found it difficult to get referral letter ¹⁴.

Service is an activity or series of activities that cannot occur due to interactions between consumers and employees or other things caused by the service provider hospital with the aim of solving or resolving consumer problems ¹⁵.

Service quality or service quality can be interpreted as what customers get from service providers and refers to customer satisfaction. Service is an important parameter for the quality of a service provider because it is defined as the ability of a service provider to deliver maximum service to consumers ¹⁶. Service quality can increase customer satisfaction and ultimately customers become loyal to the service provider. The quality of service that is real, responsive, guaranteed, empathetic, and sensitive has a positive impact on the level of consumer satisfaction, especially in the world of health ¹⁶.

Service quality has two essential things, namely service technique (technique service) and service function (functional service). Service technique can be defined as the concept of basic capabilities possessed by health facilities in diagnosing patients through fixed procedures and having high accuracy. The service function is a way or method so that service techniques can be delivered to patients properly¹⁷

The quality of hospital services can be interpreted as the maximum effort of an organization or health service provider in utilizing all available resources with the aim of providing maximum service to patients in accessing good health services ¹⁸. Service quality has benefits for hospitals, namely as the main indicator in improving the quality of hospitals so that they can provide the best benefits for the community. In addition, the quality of health services is useful as part of the business process of a hospital ¹⁹. Assessment of the level of patient satisfaction can be measured by the concept of service quality (SERVQUAL) which is the most frequently used measurement of satisfaction levels throughout the world ²⁰. The study conducted by Annisa (2017) stated that the assessment of the level of patient satisfaction can be measured by five dimensions and each dimension has several questions and is answered in the range of values 1 to 4, where a value of 1 can be interpreted as strongly disagree (strongly disagree) to 4 which means means strongly agree ²¹.

Tangible is a description of physical facilities, equipment, and displays with tangible and measurable evidence. For example, tangibles can include the quality of equipment, neatness of employees' clothes, cleanliness and comfort of facilities, as well as good spatial planning. It can be used to measure the perception of customer satisfaction. The physical condition of a health facility can give a good impression on patients ²².

Reliability can be defined as the ability to provide the promised service promptly, accurately, and satisfactorily. This dimension relates to timely service, high professionalism in providing services, and an accurate medical record system²³.

Academic Hospital Journal 4(1), 2022, 22-48

Responsiveness is the willingness and ability of a health worker to help customers and provide appropriate services ²². Responsiveness focuses on the speed and professionalism of a health service in responding to requests, statements, complaints, and patient difficulties. A health facility such as a hospital must be able to respond to patient complaints promptly and professionally to improve the quality of health services ²².

Assurance is related to the knowledge, professional behavior, and abilities of a health worker that fosters trust and a sense of security for patients in a health facility ¹⁹. Assurance and certainty can be described by a doctor or nurse who has extensive knowledge, has the ability to answer patient questions, establish the right diagnosis, be polite to patients, and perform therapy comfortably so that patients feel confident and safe in a health service provider. Every patient has the hope of being treated well by health workers, so this indicator can affect the level of patient satisfaction (19,24).

Empathy includes individual care and attention given by health workers to patients. This is also related to understanding the problem to the patient so that the patient feels valued and treated well. Empathy can be done by health workers by treating patients with special care and giving personal attention to patient complaints ²². Every patient has a desire to get attention so that this can affect the level of patient satisfaction.

SERVQUAL measures the level of service quality from the difference between the service received by the patient (perceived service) and the service expected by the patient (expected service). The results of these differences or differences can provide an illustration of the level

Academic Hospital Journal 4(1), 2022, 22-48

of patient satisfaction on the quality of health service providers ²⁵.

This study has the following hypothesis: Ho = There is no difference in service satisfaction of JKN class 3 PBI patients and JKN class 3 non PBI patients at RSU One Hospital in Bantul. H1 = There is a difference in service satisfaction of JKN class 3 PBI patients and JKN class 3 non PBI patients at RSU One Hospital in Bantul DIY

The purpose of this study was to identify a comparison of the level of satisfaction of health services for the community, in this case, JKN class 3 PBI patients and JKN class 3 non PBI patients at a hospital in Bantul DIY.

2. MATERIALS AND METHODS

Design of Research

The research was conducted on descriptive analysis research using the Quantitative Method approach. The study was conducted by conducting observations without providing intervention on the variables studied as well as in-depth interviews with patients and their guardians. It is hoped that this method, known as the Quantitative method, is able to provide input.

Data collection was carried out in the inpatient ward of One Type D Hospital in Bantul, Yogyakarta Special Region Province on October 22, 2021. Data collection by providing questionnaires and explanations as well as approval to inpatients is carried out during registration, but filling out the questionnaires is done after the patient is hospitalized and collected when taking care of administration on the last day of treatment. The research began with the planning stage of preparing the questionnaire, then continued with a pilot study in a different place from the research site. The pilot study aims to test the effectiveness of the research instrument (questionnaire) as a communication tool between respondents and researchers²¹.

Schedule of Research

The method used in the pilot study is to provide the main questionnaire and the pilot study questionnaire sheet which contains several questions. Respondents were asked to read the entire main questionnaire to be used and then fill out the pilot study questionnaire²². Planning, submission of ethical clearance, and licensing to the Training and Education section of one hospital in Bantul DIY is carried out for 2 months, namely September – October 2021. Data collection runs for one month, takes place from October 22, 2021 to November 22, 2021. Data processing takes place on October 22, 2021. November 22, 2021 to November 28, 2021. Data analysis takes place from November 28, 2021 to November 30, 2021. Report preparation takes place on December 1, 2021-10 December 2021 Population

The target population in this study were JKN class 3 patients, both JKN patients with Contribution Assistance Recipients (PBI) or JKN class 3 patients with Non-Contribution Assistance Recipients (Non-PBI) who were undergoing hospitalization for at least three days or had undergone treatment for one year. times at one hospital in Bantul namely class III. The affordable population in this study were patients who had JKN class 3 PBI and patients' class 3 JKN non-PBI at one hospital in Bantul DIY, who were hospitalized on January 1, 2021 – August 1, 2021.

Sampling Technique

Sampling is done by using the Probability Sampling technique, which means a technique that provides

equal opportunities for each member of the population to be selected as a sample. The Probability Sampling technique used in this study is cluster sampling, where respondents choose samples based on the type of Ward / Cluster from One Hospital in Bantul²³.

Sample Size

The total population in this study were all patients enrolled in the JKN class 3 program, both PBI and JKN class 3 Non PBI patients at one hospital in Bantul DIY in January - August. In this study, using the number of samples based on the average number of the total population. The average number of the total population in question is the total number of JKN class 3 PBI patients and JKN class 3 non-PBI patients in class III in January-August 2021, which is 92 people. If the population size is less than 100 samples, then the entire sample should be used in the study²⁰. The total population in this study was 92 patients, with an additional 5-10% of the sample size being considered to avoid bias. So the number of samples used in this study was 100 patients. Based on the above calculations, the sample of respondents in this study was adjusted to be 100 people.

Inclusion and Exclusion Criteria

Inclusion criteria in this study were patients who had an age range of 17-60 years, had the condition of the patient under study stating that he was willing and allowed to fill out the questionnaire proposed by the study. Respondents have received health services at least once. Respondents are JKN class 3 PBI members and JKN class 3 non-PBI patients. Exclusion criteria in this study were respondents who were unconscious, respondents who had mental illness, respondents

Academic Hospital Journal 4(1), 2022, 22-48

who could not read and write. Respondents who use insurance payment methods other than JKN, and respondents who are not willing to be included in the study.

Flow of research data collection

The flow of research data collection in this study is as follows:

- Asking the data of JKN class 3 PBI patients and JKN class 3 non PBI patients to the head of the room according to the inclusion and exclusion criteria.
- 2. Provide informed consent to the patient.
- Explain the steps for filling out the questionnaire and distributing the questionnaire.
- 4. Give the patient 10-15 minutes to fill out the questionnaire.
- 5. Collecting questionnaires to researchers.

Instrument of Research

This study used primary data collection with the SERVQUAL questionnaire as the research instrument. The SERVQUAL model of service quality level questionnaire consists of five dimensions, namely: tangible, reliability, responsiveness, assurance, and empathy.

The questionnaire on the satisfaction level of BPJS and non-BPJS patients consists of 43 questions, each question contains five indicators regarding the dimensions of tangible, reliability, responsiveness, assurance and empathy. Each indicator has a different number of questions. Tangible dimension contains nine questions, reliability has nine questions, responsiveness has seven questions, assurance contains eight questions, and empathy has ten questions.

The total questions of this questionnaire are 43 questions. Each question has two answer columns,

namely the expected service column and the perceived service column. Each column has four answer options chosen by the respondent. In the hope column the answer choices are 1: not important, 2: less important, 3: important, and 4: very important. While in the reality column, the answer choices are 1: disagree, 2: disagree, 3: agree, and 4: strongly agree.

The SERVQUAL method questionnaire has been tested for reliability and validity. In the validity test on the expected service part of the questionnaire, one question point was obtained at number 1 which was declared invalid, while the remaining 42 questions were declared valid. In the perceived service section of the questionnaire, all questions were declared valid.

Reliability Instrument Test

Then the results of the reliability test of the expected service questionnaire obtained the value of cronhbach's alpha = 0.750, while in the perceived service part of the questionnaire, the value of cronhbach's alpha = 0.749. This shows that this questionnaire has good reliability because the reliability of an instrument is declared good if Cronhbach's alpha > 0.60^{24} .

Data Analysis

Data analysis in this study was carried out in the following ways: The variables to be analyzed were univariate in this study, namely the characteristics of the respondents which would be displayed in the form of a distribution table. Bivariate data analysis in this study was conducted in order to determine the comparison between the two variables, namely the independent variable and the dependent variable using the independent sample T-Test test. Analysis of the level of satisfaction with the SERVQUAL method is done by

Academic Hospital Journal 4(1), 2022, 22-48

calculating the gap score or difference. The gap score is obtained by calculating the difference between the total value of services received (perceived service) and deducting the total value of the expected services (expected service)²⁴. The gap score is then calculated by the following formula:

$$\mathbf{Q} = \mathbf{P} - \mathbf{E}$$

Description:

Q: Quality of service received (perceived service quality)

- P: Perceived service
- E: Expected service
- Interpretation:
- Q negative result: Unsatisfactory
- Q o result: Satisfactory
- Q positive result: Very satisfying

Analysis of the level of satisfaction using the CSI method is carried out in the following way²⁵:

- Determine the Mean Importance Score (MIS) for each dimension of satisfaction level
- 2. Calculating the Weight Factor (WF) of each dimension
- 3. Determine the Mean Satisfaction Score (MSS) for each dimension.
- Calculate the Weight Score (WS) for each dimension
- 5. Determining the Customer Satisfaction Index (CSI)

Interpretation of Analysis CSI: 81%-100% Very Satisfied 66%-80% Satisfied 51%-65% Quite Satisfied 35%-50% Unsatisfied 0%-34% Dissatisfied

Research Ethic

Prior to taking research data, this study has received approval from the Medical and Health Research Ethics Committee (MHREC) Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada – Dr. Sardjito General Hospital with the number KE/FK/0429/EC/2021. Furthermore, the authors asked for permission to make the hospital as a place of research. The research was conducted by first asking the respondents to ask their willingness to fill out the questionnaire.

Respondents gave their consent by using an informed consent form and then asked to sign a letter of willingness to be a research respondent witnessed by the researcher and witnesses at the place (family or medical officer at the research site). The data obtained will be guaranteed confidentiality by the researcher.

3. RESULTS AND DISCUSSION

The subjects of this study amounted to 100 respondents which were divided into 50 JKN class 3 PBI patients and 50 JKN class 3 non PBI patients. Table 1 presents the characteristics of respondents

including gender, age, occupation, and last education.

Table 1 shows that 26 (26%) male patients using the JKN class 3 PBI and non-PBI financing schemes, while female patients were more than male with a total of 74 (74%) patients.

Table 1 shows that there were 48 (48%) patients aged 36-45 years. Patients aged 36-45 years were the most frequent patients compared to the age group of 17-35 years as many as 43 (43%) patients and 9 (9%) patients in the age group >45 years.

Patients with the highest number of patients in the last education group of junior high school or equivalent were JKN Class 3 PBI patients as many as 22 (22%) patients, while patients with the highest number of JKN class 3 non-PBI at the last high school education level were 21 (21%) patients. Patients whose last education was higher education, none had JKN class 3 PBI. Patients who work in the non-formal sector have a higher number of both JKN class 3 PBI and non-PBI, namely 65 (65%) patients compared to formal sector workers 22 (22%) patients and 14 (14%) patients who do not work.

Responden Chara	cteristic	JKN Clas	is 3 PBI	JKN Cla	iss 3 Non PBI
		n	%	n	%
Cender	Men	11	11	15	15
Gender	Women	39	39	35	35
	17-35 y.o	15	15	28	28
Age	36-45 y . 0	29	29	19	19
	>45 y.o	6	6	3	3
	Formal Sector	10	10	12	12
Occupation	Non-Formal Sector	32	32	33	33
	No Occupation	8	8	5	5
	Elementary School	18	18	7	7
Last School	Junior High School	22	22	15	15
	Senior High School	10	10	21	21
	Higher Education	0	0	7	7
Total		50	50	50	50

Table 1. Characteristics of Respondents

Tangible Indicator of SERVQUAL

Table 2 shows that Indicator T1 has a negative value in the GAP SERVQUAL JKN class 3 PBI, namely -0.12 and -0.04 in the GAP SERVQUAL JKN class 3 non-PBI. This shows that "modern medical equipment used by officers is appropriate" in services at One Hospital in Bantul is not satisfactory.

Indicator T2 has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.18 and -0.28 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "clean equipment used by officers" in services at One Hospital in Bantul is not satisfactory.

Indicator T₃ has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.08 and -0.18 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "clean-looking officers" in services at One Hospital in Bantul are less than satisfactory.

Indicator T4 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.22 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "extensive patient waiting room" in the services at One Hospital in Bantul is not satisfactory.

Indicator T5 has a negative value in the GAP SERVQUAL JKN class 3 PBI, namely -0.16 and -0.18 in the GAP SERVQUAL JKN class 3 non-PBI. This shows that the "clean waiting room" in the services at One Hospital in Bantul is not satisfactory.

Indicator T6 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.26 and -0.12 in the non PBI SERVQUAL JKN class 3 GAP. This shows

that the "comfortable waiting room" for services at One Hospital in Bantul is not satisfactory.

Indicator T7 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.16 and -0.28 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "comfortable examination room" in the services at One Hospital in Bantul is not satisfactory.

Indicator T8 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.28 in the

non PBI SERVQUAL JKN class 3 GAP. This shows that the "maintenance of privacy (personal confidentiality)" in services at One Hospital in Bantul is not satisfactory.

Indicator T9 has a negative value in the GAP SERVQUAL JKN class 3 PBI, namely -0.14 and -0.24 in the GAP SERVQUAL JKN class 3 non-PBI. This shows that "Having a supply of drugs that patients need" in services at One Hospital in Bantul is not satisfactory.

	1 , , ,,						
		JKN Clas	s 3 PBI	JKN Class 3	Non PBI		GAP JKN
No	Question of Indikator					GAP JKN PBI	Class 3 Non
		Н	K	н	К		PBI
Tangib	le						
	Modern medical equipment used						
T1	by officers is appropriate	3.58	3.46	3.30	3.26	-0.12	-0.04
T2	Clean equipment used by staff	3.76	3.58	3.60	3.32	-0.18	-0.28
T3	Well-groomed staff	3.52	3.44	3.38	3.20	-0.08	-0.18
T4	Spacious patient waiting room	3.52	3.30	3.50	3.34	-0.22	-0.16
T5	Clean waiting room	3.62	3.46	3.48	3.30	-0.16	-0.18
T6	Cozy waiting room	3.68	3.42	3.48	3.36	-0.26	-0.12
T7	Comfortable examination room	3.66	3.50	3.64	3.36	-0.16	-0.28
	Maintained privacy (private						
Т8	confidentiality)	3.62	3.52	3.54	3.26	-0.10	-0.28
	Have a supply of drugs that						
Т9	patients need	3.66	3.52	3.56	3.32	-0.14	-0.24

 Table 2. Expectations Score, Reality, and GAP SERVQUAL Tangible Indicators

Figure 3 shows that all indicators from T1 to T9 have scores above 3. The T3 indicator has the lowest reality score in JKN class 3 non-PBI patients, while the T2 indicator has the highest expected score in JKN class 3 PBI patients. This shows that the patient perceives all expectations in the T1-T9 indicators as important and agrees if it becomes a reality of a service at the hospital. From Figure 4.4.1A it can be seen that the expectation score is higher than the reality score. Place of Research Hospital is already ideal in hospital services on the Tangible indicator because it has met the ideal minimum score of above 3.



Figure 1. SERVQUAL Indikator Tangible

Figure 4.4.1B shows that each Tangible SERVQUAL dimension has a negative value in JKN class 3 PBI inpatients and JKN class 3 non PBI. In JKN class 3 PBI inpatients, the lowest GAP scores are found on indicators T2 (clean equipment used by officers), T7 (comfortable examination room) and T8 (maintaining privacy (personal confidentiality)) which is -0.280 and the highest GAP score found in the T1 indicator (modern medical equipment used by officers is appropriate) with a score of -0.04.



Figure 2. GAP SERVQUAL Figure Tangible Indicator

Reliability of SERVQUAL

Table 4.4.2 shows that the R10 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.08 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the service provided is in accordance with what was promised to the patient" at the service at One Hospital in Bantul is not satisfactory.

The R11 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.22 and 0.10 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Services can be relied on when you have a complaint" on the JKN class 3 non-PBI service at One Hospital in Bantul Satisfactory.

The R12 indicator has a negative value in the PBI SERVQUAL JKN class 3 GAP, namely -0.20 and -0.36 in the non PBI SERVQUAL JKN class 3 GAP.

This shows that "Your health problems can be handled properly" the service at One Hospital in Bantul is not satisfactory.

The R13 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.24 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Services are carried out quickly" at the service at One Hospital in Bantul is not satisfactory.

The R14 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.20 and -0.24 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the service is done right" at the service at One Hospital in Bantul is not satisfactory.

The R15 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.22 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Services are carried out according to the promised time" at the service at One Hospital in Bantul is not satisfactory. The R16 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.16 and -0.28 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "delivery of the disease (diagnoses) is conveyed to you clearly" at the service at One Hospital in Bantul is not satisfactory.

The R17 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.06 and -0.20 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Health officers provide clear explanations of the dosage and rules for taking medication" at the service at One Hospital in Bantul is not satisfactory.

The R18 indicator is negative in the PBI SERVQUAL JKN class 3 GAP, namely -0.12 and -0.22 in the non-PBI JKN SERVQUAL GAP. This shows that "Health officers give the right medicine" at the service at One Hospital in Bantul is not satisfactory.

Academic Hospital Journal 4(1), 2022, 22-48

Table 🤉	 Expected Score 	, Reality	and GAP	SERVQUAL	Reliability	/ Indicator
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No	Question of	JKN C	lass 3 PBI	JKN (Class 3 Non PBI	GAP JKN PBI	GAP JKN Class 3 Non
	Indicator	н	К	н	К		PBI
		Reliabili	ity				
	The services provided are						
	appropriate						
R10	with what was promised to	3.60	3.50	3.34	3.26	-0.10	-0.08
	the patient						
	Reliable service when you have a						
R11	complaint	3.64	3.42	3.56	3.66	-0.22	0.10
	Your health problems can be						
R12	handled properly	3.72	3.52	3.54	3.18	-0.20	-0.36
R13	Service is done quickly	3.64	3.40	3.44	3.28	-0.24	-0.16
R14	Service done right	3.68	3.48	3.60	3.38	-0.20	-0.22
	Services are carried out according						
R15	to	3.62	3.40	3.42	3.26	-0.22	-0.16
	promised time						
	Submission of the disease						
	(diagnose) is conveyed to you						
R16	clearly	3.70	3.50	3.54	3.30	-0.20	-0.24
	Health workers explain the dosage						
	and the rules for taking medication						
R17	clearly	3.62	3.56	3.46	3.26	-0.06	-0.20
	Health workers give the right						
R18	medicine	3.66	3.54	3.54	3.32	-0.12	-0.22

Figure 4.4.2A SERVQUAL Reliability indicator shows that all indicators from R10 to R18 have a score above 3. The R12 indicator has the lowest reality score in JKN class 3 non-PBI patients while the R12 indicator has the highest expected score in JKN class 3 PBI patients. This shows that the patient considers all expectations in the R10-R18 indicator to be important and agrees if it becomes a reality from a service in the hospital. From Figure 4.4.2A it can also be seen that the expectation score is higher than the reality score. Place of Research Hospital is already ideal in hospital services on the *Reliability indicator because it has met the ideal minimum score of above 3.*



Figure 3. Figure SERVQUAL Reliability Indicator

Figure 3 shows that each dimension of SERVQUAL Reliability has a dominant negative value in JKN class 3 PBI inpatients and JKN class 3 non PBI and only 1 indicator is positive. In JKN class 3 PBI inpatients, the highest GAP score in patients using the JKN class 3 PBI financing scheme is found in the R13 indicator (Services are carried out quickly) with a score of -0.24 while the lowest GAP score is in the R17 indicator (Health officers provide explanation of the dosage and the rules for taking medication clearly) with a score of -0.06. On the other hand, patients with the JKN class 3 non-PBI financing scheme have the highest GAP score on the R12 indicator (Your health problems can be handled well) with a score of -0.36, and the lowest GAP score on the R11 indicator (Service is reliable when you have complaints) with a positive score of 0.1. A positive score indicates patient satisfaction on the R11 indicator at One Hospital in Bantul.



Figure 4. GAP SERVQUAL Reliability Indicator

Academic Hospital Journal 4(1), 2022, 22-48

Responsiveness of SERVQUAL

Table 4 shows that the RP19 Indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.20 and -0.24 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the officer informs you about when the service will be provided" at the service at Place of Research is not satisfactory.

The RP20 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.14 and -0.10 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the service provided to you is done quickly" at the service at Place of Research is not satisfactory.

The R21 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.08 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the service provided to you is carried out properly" at the service at Place of Research is not satisfactory.

The R22 indicator has a negative value in the PBI SERVQUAL JKN class 3 GAP, namely -0.12 and

-0.28 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers show concern and willingness to help you" the service at Place of Research is not satisfactory.

The R23 indicator is negative in the PBI SERVQUAL JKN class 3 GAP, namely -0.16 and -0.14 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Officers assist you in providing services" in services at Place of Research are not satisfactory.

The R24 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.16 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers show readiness in responding to your request" at the service at Place of Research is not satisfactory.

The R25 indicator is negative in the PBI SERVQUAL JKN class 3 GAP, namely -0.18 and -0.26 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers respond to your request quickly" at the service at Place of Research is not satisfactory.

Table 4. Expectation Score, Reality and GAP SERVQUAL Responsiveness Indicator

		JKN Cla	ass 3 PBI	JKN Cla	ss 3 Non PBI		GAP JKN
No	Question of Indicator	н	к	н	к	GAP JKN PBI	Class 3 Non
			N		ĸ		PBI
Respo	nsiveness						
	The clerk informs you about when						
RP19	the service will be provided	3.64	3.44	3.50	3.26	-0.20	-0.24
	The service provided to you is						
RP20	done quickly	3.62	3.48	3.48	3.38	-0.14	-0.10
	The service provided to you is						
RP21	done right	3.62	3.52	3.46	3.38	-0.10	-0.08

Yana	Yanasta Yudo Pratama et al				Academic Hospital Journal 4(1), 2022, 22-48			
	The staff shows concern and							
RP22	willingness to help you	3.62	3.50	3.54	3.26	-0.12	-0.28	
	Officers assist you in providing							
RP23	services	3.66	3.50	3.50	3.36	-0.16	-0.14	
	Officers show readiness to							
RP24	respond to your request	3.64	3.48	3.58	3.42	-0.16	-0.16	
	The staff responds to your							
RP25	request quickly	3.66	3.48	3.52	3.26	-0.18	-0.26	

Figure 5 SERVQUAL Responsiveness indicator can be seen that all indicators from RP19 to RP25 have a score above 3. The RP19, RP22 and RP25 indicators have the lowest reality scores in JKN class 3 non-PBI patients while the RP25 indicator has the highest expected score in JKN class 3 patients PBI. This shows that the patient considers all expectations in the indicators RP19RP25 to be important and agrees if it becomes a reality from a service at the hospital. From Figure 4.4.3A it can also be seen that the expectation score for JKN Class 3 PBI patients is higher than the reality score. Place of Research Hospital is already ideal in hospital services on the Responsiveness indicator because it has met the ideal minimum score of above 3.



Figure 5. SERVQUAL Image Responsiveness Indicator

Figure 4.4.3B, shows that each dimension of SERVQUAL Responsiveness has a negative score overall in JKN class 3 PBI inpatients and JKN class

3 non PBI. In JKN class 3 non-PBI inpatients, the lowest GAP score is for patients using the non-PBI class 3 JKN financing scheme, which is found in the RP21 indicator (the service provided to you is done correctly) with a score of -0.08 while the highest GAP score is in indicator RP22 (Officers show concern and willingness to help you) with a score of -0.28. On the other hand, patients with the JKN class 3 PBI financing scheme have the lowest score on the RP21 indicator (the service provided to you is done right) with a score of - 0.10, and the highest GAP score on the RP19 indicator (the officer informs you about when the service will be provided) with a score of -0.24.



Figure 6. GAP SERVQUAL Image Responsiveness Indicator

Assurance of SERVQUAL

Table 5 shows that Indicator A26 has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.12 and -0.24 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Health workers can grow confidence in yourself" on services at Place of Research are not satisfactory.

The indicator A27 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.08 and -0.22 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "you feel confident about your recovery after receiving service from the officers" at the service at Place of Research is not satisfactory. The indicator A28 is negative in the PBI SERVQUAL JKN class 3 GAP, namely -0.06 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Health workers make you feel comfortable in interacting" the services at Place of Research are not satisfactory.

The indicator A29 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.08 and -0.10 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Health workers make you feel safe in interacting" the services at Place of Research are not satisfactory.

The A30 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and 0.0 is

positive in the non PBI class 3 SERVQUAL JKN GAP. This shows that "officers show a polite attitude" in JKN class 3 non-PBI services at Place of Research Satisfactory.

The A31 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.10 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers are friendly to you" in the service at Place of Research is not satisfactory.

The A32 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the officers have extensive knowledge so that they can answer your questions" at the service at Place of Research is not satisfactory.

The A33 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.12 and -0.20 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the officer can explain from the questions you ask" the service at Place of Research is not satisfactory Figure 7 SERVQUAL Assurance indicator shows that all indicators from A26 to A33 have a score above 3. Indicators A28, A30 and A33 have the lowest reality scores in JKN class 3 non-PBI patients while indicator A32 has the highest expected score in JKN class 3 PBI patients. This shows that the patient considers all expectations in the indicators RP19-RP25 to be important and agrees if it becomes a reality from a service at the hospital. From Figure 4.4.4A it can also be seen that the expectation score for JKN Class 3 PBI patients is higher than the reality score. Place of Research Hospital is already ideal in hospital services on the Assurance indicator because it has met the ideal minimum score of above 3.

Table 5. Expected Score, Reality and GAP SERVQUAL Assurance Indicator	
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		JKN Ke	elas 3 PBI	JKN K	Celas 3 Non	GAP JKN	GAP JKN
No	Question of		2		PBI	PRI	Kelas 3 Non
	Research	Н	К	н	К	_ 101	PBI
		Ass	urance				
	Health workers can build						
A26	confidence in you	3.64	3.52	3.60	3.36	-0.12	-0.24
	You feel confident about						
	your recovery after receiving					-0.08	-0.22
A27	service from the officers	3.66	3.58	3.52	3.30	-0.00	-0.22
	Health workers make you fee	I				a a(0.16
A28	comfortable in interacting	3.56	3.50	3.44	3.28	-0.06	-0.10
	Health workers make you feel					0	
A29	safe in interacting	3.60	3.52	3.50	3.40	-0.08	-0.1
A30	The officer shows a polite attitude	3.70	3.66	3.28	3.28	-0.04	0
A31	The staff is friendly to you	3.64	3.54	3.44	3.34	-0.1	-0.1
	Officers have extensive						
	knowledge so they can answer					-0.1	-0.16
A32	your questions	3.72	3.62	3.54	3.38	0.1	0.10
	The officer can explain from					0.40	-0.2
A33	the question you ask	3.70	3.58	3.48	3.28	-0.12	-0.2





Figure 8 shows that each dimension of Assurance SERVQUAL has a dominant negative value in JKN class 3 PBI inpatients and JKN class 3 non PBI and only 1 indicator is positive. In JKN class 3 PBI inpatients, the highest GAP score is in patients using the Non PBI class 3 JKN financing scheme which is found in indicator A26 (Health workers can grow confidence in you) with a score of -0.24 while the GAP score is the least on the indicator A30 (Officers show a polite attitude) with a positive score of 0.0. A positive score indicates patient satisfaction on the R11 indicator at Place of Research. On the other hand, patients with JKN class 3 PBI financing schemes have the highest GAP scores on indicators A33 (officers can explain from the questions you ask) and A26 (Health workers can grow confidence in you) with a score of -0.12, and a GAP score at least on indicator A30 (Reliable service when you have a complaint) with a score of -0.04. This shows that the PBI class 3 JKN service at Place of Research is not satisfactory on the Assurance indicator.





Emphaty of SERVQUAL

Table 6 shows that Indicator E34 is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.18 and -0.10 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the officers pay attention to you individually" in the service at Place of Research is not satisfactory.

The E35 indicator is positive in the PBI class 3 PBI SERVQUAL JKN GAP, which is positive o and has a value of -0.02 in the non PBI class 3 JKN SERVQUAL GAP. This shows that "officers show concern for every patient" that the services at Place of Research are unsatisfactory for patients with the JKN class 3 non-PBI financing scheme and satisfactory for patients with the JKN class 3 PBI financing scheme.

The E36 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.04 and -0.18 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers give full attention to

serving you" the service at Place of Research is not satisfactory.

The E₃₇ indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.18 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "officers provide services with full attention" on services at Place of Research are not satisfactory.

The E38 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.16 and -0.14 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers understand your needs" in the service at Place of Research is not satisfactory.

The E39 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.14 and -0.14 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the officers put your interests wholeheartedly" in the service at Place of Research is not satisfactory.

Academic Hospital Journal 4(1), 2022, 22-48

The E40 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.14 and -0.14 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "Officers put your interests first when providing services" in the service at Place of Research is not satisfactory.

The E41 indicator is negative in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.30 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "officers have appropriate working hours" in services at Place of Research are not satisfactory. The E42 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.10 and -0.08 in the non PBI SERVQUAL JKN class 3 GAP. This shows that the "officers show the appropriate time in providing services" at the service at Place of Research is not satisfactory.

The E43 indicator has a negative value in the PBI class 3 PBI SERVQUAL JKN GAP, namely -0.12 and -0.16 in the non PBI SERVQUAL JKN class 3 GAP. This shows that "the officer shows the right and comfortable service time" at the service at Place of Research is not satisfactory

Emphaty Indicator

Table 6. Expectations Score, Reality and GAP SERVQUAL Empathy Indicators

		JKN Cla	ass 3 PBI	JKN Cla	ss 3 Non PBI		GAP JKN
No	Question of Indicator	Н	К	н	К	GAP JKN PBI	Class 3 Non PBI
Empho	aty (empati)						
	The staff pays attention to you	256	2 28	2 5 0	2.40	-0.18	-0.1
E34	individually	5.50	3.30	5.50	5.40	-0.10	-0.1
	The staff shows concern for each	2 5 4	2 5 4	2 4 2	2.40	0	-0.02
E35	patient	5.04	5.54	5.42	5.40	U	-0.02
	The staff pays full attention to	3 1 1	3 40	2 5	2 27	-0.04	-0.18
E36	serving you	J.44	J.+0	J.J	J-J-	0.04	0.10
	Officers provide service with full	3 64	3.46	3 1 1	3 28	-0.18	-0.16
E37	attention	J.07	5.40	דדיע	5120	0110	0110
E38	The staff understands your needs	3.64	3.48	3.52	3.38	-0.16	-0.14
E39	Officers put your interests first	3.58	3.44	3.44	3.03	-0.14	-0.14
	Officers put your interests first	э г 8	2 4 4	2 4 4	2 20	-0.14	-0.14
E40	when providing services	5.50	5.44	2.44	5.50	-0.14	-0.14
	Officers have appropriate	3 5 /	3 11	3 48	2 18	-0.1	-0.3
E41	working hours	+ر،ر	2.44	J.40		0.1	
	The officer shows the appropriate	3.60	3.50	3.40	3.32	-0.1	-0.08
E42	time in providing service	J.20	5.50	5.10	<u> </u>		

	The officer shows the right and	3 62	3 50	2 5 /	2 28	-0 12	-0.16
E43	convenient service time	3.02	5.50	J•J+	5.50	0.12	0.10

Figure 9 SERVQUAL Empathy indicator shows that all indicators from E34 to E43 have scores above 3. The E41 indicator has the lowest reality score in JKN class 3 non-PBI patients while indicators E37, E38 have the highest expected score in JKN class 3 PBI patients. This shows that patients perceive all expectations in indicators E34-E43 as important and agree if they become a reality from a service in a hospital. From Figure 4.4.5A above, it can also be seen that the expectation score for JKN Class 3 PBI patients is higher than the reality score. Place of Research Hospital is ideal in hospital services on the Empathy indicator because it has met the ideal minimum score of above 3.





Figure 10 shows that in each dimension of Empathy SERVQUAL, the dominant value is negative in JKN class 3 PBI inpatients and JKN class 3 non PBI and only 1 indicator is positive. In JKN class 3 PBI inpatients, the highest GAP score is in patients using the Non PBI class 3 JKN financing scheme which is found on the E41 indicator (Officers have appropriate working hours) with a score of -0.30 while the lowest GAP score is on the E35 indicator (The staff shows concern for each patient) with a positive score of o.o. A positive score indicates patient satisfaction on the E41 indicator at Place of Research. On the other hand, patients with the JKN class 3 PBI financing scheme have the highest GAP scores on indicators A34 (Officers pay attention to you individually) and E37 (Officers provide services with full attention) with a score of -0.18. This shows that JKN class 3 non-PBI services

at Place of Research are less than satisfactory on the Empathy indicator.



Figure 10. GAP SERVQUAL Empathy Indicator

CSI Analysis

The average score of the difference between expectations and reality on each dimension is analyzed to obtain a consumer satisfaction index. From the results listed in Table 7, the CSI score for outpatient JKN patients is 69.8% and JKN class 3 non-PBI patients are 69.9% with a total weight score of 349.09 and 349.69.

Based on the interpretation of the CSI values obtained, it can be seen that inpatient services for patients using JKN class 3 PBI and JKN class 3 non-PBI all respondents showed service satisfaction at Place of Research General Hospital.

 Table 7. Customer Satisfaction Index (CSI) for Inpatients with the JKN Class 3 PBI Financing Scheme and JKN

 Class 3 Non PBI

Indicator	JKN Class 3	JKN Class 3 Non
	PBI	PBI
Total Weight Score (WS)	349.09	349.69
Customer Statisfaction Index (CSI)	69.817	69.938

One of the aims of this study was to find out if there were differences in the level of satisfaction between JKN and non JKN patients. The level of satisfaction is obtained from the difference between the reality and expectations scores. To find out the difference in the level of satisfaction, data analysis was carried out using independent sample T test. Previously, the data normality test had been carried out and the results obtained were normally distributed data with p <0.05. The results of the data analysis are as follows. From table 8, it can be seen that JKN class 3 PBI patients had a statistically significant difference feeling more satisfied than JKN class 3 non PBI patients with p < 0.05. This can be shown by the difference in the average gap score that is positive (0.039), which means the average gap score for non-PBI JKN patients is higher than JKN class 3 PBI patients.

Table 8. Differences in inpatient satisfaction in JKN class 3 PBI and JKN class 3 non PBI patients

Variable	Sig (P value)	Mean Difference ± SD
JKN Class 3 PBI	0,012*	0,039 ± 0,01541
JKN Class 3 non PBI	0,001*	-0,068 ± 0,01982
	,	, , , , ,

* independent T Test significant (p=<0.05)</pre>

Discussion of SERVQUAL Average Score Analysis

According to Research Yenni in 2010, it is stated that health services have a very good average reality value if the average calculation of each SERVQUAL indicator is between 4.50 to 5.00. It is said to be good if the hospital has the average reality value of each SERVQUAL indicator at 3.50 to 4.50, and it is quite good to say if the average reality value on the SERVQUAL indicator has an average of 2.50 to 3.50. Health services are said to be poor if they have an average reality value between 1.50 to 2.50 ²⁶.

The average reality assessment of attributes on tangible indicators is between 3.30 to 3.58 in JKN class 3 PBI patients and 3.20 to 3.36 in JKN class 3 non PBI patients, so it can be seen that services at Place of Research are based on attributes on the tangible dimension it is said to be good for JKN class 3 PBI patients and quite good in the service of tangible indicators for JKN class 3 non PBI patients.

The average reality assessment of the attributes on the reliability dimension is between 3.40 to 3.56 for JKN class 3 PBI patients and 3.18 to 3.66 for JKN class 3 non-PBI patients, so it can be seen that services at Place of Research are based on attributes on the reliability dimension, it is said

to be good for JKN class 3 PBI patients and JKN class 3 non PBI patients.

The average reality assessment of the attributes on the responsiveness dimension is between 3.44 to 3.52 in JKN class 3 PBI patients and 3.26 to 3.38 in JKN class 3 non PBI patients, so it can be seen that services at Place of Research are based on attributes on the responsiveness dimension, it is said to be good for JKN class 3 PBI patients and quite good in the service of responsiveness indicators for JKN class 3 non-PBI patients.

The average reality assessment of the attributes on the assurance dimension is between 3.52 to 3.66 for JKN class 3 PBI patients and 3.28 to 3.40 for JKN class 3 non-PBI patients, so it can be seen that services at Place of Research are based on attributes on the assurance dimension it is said to be good for JKN class 3 PBI patients and quite good in the service of assurance indicators for JKN class 3 non PBI patients.

The average reality assessment of the attributes on the empathy dimension is between 3.38 to 3.50 in JKN class 3 PBI patients and 3.03 to 3.40 in JKN class 3 non PBI patients, so it can be seen that services at Place of Research are based on attributes on the empathy dimension it is said

to be good for JKN class 3 PBI patients and quite good in the service of empathy indicators for JKN class 3 non-PBI patients.

In addition to indicators of the value of reality assessed by patients, in health services it is also important to look at the aspect of the value of hope. Patient expectations are believed to have a big role in determining the quality of a service ²⁷. Research conducted by Christina in 2008 and supported by research from Yeni in 2017, we can see from the expected value that patients place the highest expectations on which SERVQUAL indicator through an assessment using a Likert scale.

Based on the Likert scale for assessing patient expectations, it can be determined the range of values used to determine the location of the average assessment of patient expectations. If the average expectation is between 1.00 to 1.75 then it is considered very unimportant. If it is between 1.76 to 2.50 then it is considered not important. If it is between 2.51 to 3.25 then it is considered important, and if it is between 3.26 to 4.00 then it is considered very important ²⁷.

Based on the assessment of the average expectation of the attributes on the tangible dimension, it is between 3.52 to 3.76 in JKN class 3 PBI patients and 3.30 to 3.64 in JKN class 3 non-PBI patients. So that it can be seen that the service at Place of Research from attributes to tangible indicators is considered very important in JKN class 3 PBI patients and JKN class 3 non PBI patients.

Based on the assessment of the average expectation of the attributes on the reliability dimension, it is between 3.62 to 3.72 in JKN class 3 PBI patients and 3.34 to 3.60 in JKN class 3 non-PBI patients. So, it can be seen that the service at Place of Research from the attributes on the reliability indicator is considered very important in JKN class 3 PBI patients and JKN class 3 non PBI patients. Based on the assessment of the average expectation of the attributes on the responsiveness dimension are between 3.62 to

3.64 in JKN class 3 PBI patients and 3.46 to 3.58 in JKN class 3 non-PBI patients. So that it can be seen that the service at Place of Research from the attributes on the responsiveness indicator is considered very important in JKN class 3 PBI patients and JKN class 3 non PBI patients.

4. CONCLUSION

JKN class 3 PBI patients were more satisfied than JKN class 3 non PBI patients in both quantitative data. There are factors that can be maintained and can be improved by One of Hospital in Bantul. JKN class 3 PBI patients and JKN class 3 non PBI patients consider all SERVQUAI indicators very important and overall health services at One of Hospital in Bantul are considered quite good.

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REFERENCE

- Rif'atul H. Hak Atas Derajat Pelayanan Kesehatan Yang Optimal. Syariah Jurnal Hukum dan Pemikiran. 2016 Dec;16²:128–33.
- Budianti S. Faktor-Faktor yang Mempengaruhi Peningkatan Derajat Kesehatan Keluarga Melalui Posdaya di

Kota Bekasi. journal/ks [Internet]. 2014;1²:87–100. Available from: http://www.universitas-trilogi.ac.id/

- Undang-Undang Republik Indonesia Nomor
 Tahun 2009 Tentang Kesehatan
 [Internet]. 2009. Available from: https://infeksiemerging.kemkes.go.id/dow
 nload/UU_36_2009_Kesehatan.pdf
- 4. Misnaniarti, Hidayat B, Nadjib M, Thabrany H, Junadi P, Purwoko B, et al. Ketersediaan Fasilitas dan Tenaga Kesehatan Dalam Mendukung Cakupan Semesta Jaminan Kesehatan Nasional. Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan [Internet]. 2017 [cited 2022 Jan 1];1(1):6–16. Available from: https://ejournal2.litbang.kemkes.go.id/inde x.php/jpppk/article/download/425/142
- Manorek L, Tucunan AAT, Ratag BT. Hubungan Antara Persepsi Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Peserta BPJS di Puskesmas Pingkan Tenga Kabupaten Minahasa Selatan. Jurnal KESMAS. 2020;9(2):1–6.
- Bustami. Penjaminan Mutu Pelayanan Kesehatan dan Akseptabilitas. Jakarta: Erlangga; 2011.
- 7. Undang-Undang Republik Indonesia Nomor
 24 Tahun 2011 [Internet]. 2011. Available
 from: https://bpjs kesehatan.go.id/bpjs/dmdocuments/20e67
 493084e6d2e6oo888b1dd9f94f4.pdf
- Kementerian Kesehatan. Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2014 [Internet]. 28 tahun 2014 2014. Available from: https://www.kemhan.go.id/itjen/wpcontent/uploads/2017/03/bn874-2014.pdf

- Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2014. 2014.
- 10. Undang Undang Republik Indonesia Nomor40 Tahun 2004. 2004.
- Badan Pusat Statistik. Jumlah Penduduk Indonesia 2020 [Internet]. 2021 [cited 2022 Jan 5]. Available from: https://www.bps.go.id/news/2021/01/21/405 /bps--270-20-juta-penduduk-indonesia-hasilsp2020.html
- Detik News. JKN Capai 226,3 Juta Peserta [Internet]. 2021 [cited 2022 Jan 3]. Available from: https://news.detik.com/berita/d-5737498/jkn-kis-capai-2263-juta-pesertabpjs-kesehatan-bagi-tips-keindia#:~:text=Direktur%20Utama%20BPJS%2 oKesehatan%2C%20Ali,dari%20total%20jumla h%20penduduk%20Indonesia.
- Ombudsman Jogja. Ombudsman Dorong Pemprov DIY Optimalkan Sosialisasi JKN [Internet]. 2015 [cited 2022 Jan 6]. Available from: https://ombudsman.jogjaprov.go.id/ombud sman-dorong-pemprov-diy-optimalkansosialisasi-jkn/
- Arip S, Dyah M. Evaluasi Pelaksanaan Jaminan Kesehatan Nasional. Journal of Governance And Public Policy. 2017;4(1):71– 107.
- Abdurahman, Junaidi, Aminuyati. Analisis Kualitas Pelayanan Jasa Kesehatan (Pada Pasien Rawat Inap Rumah Sakit Pendidikan Universitas Tanjungpura Pontianak). Jurnal Pendidikan dan Pembelajaran Khatulistiwa [Internet]. 2017 [cited 2022 Jan 2];6². Available from: https://jurnal.untan.ac.id/index.php/jpdpb/a rticle/view/18439/15563

- Shandy WP. Pengaruh Kualitas Layanan dan Kualitas Produk Terhadap Kepuasan Pelanggan dan Loyalitas Konsumen. Jurnal Manajemen Pemasaran. 2014;2(1):1–9.
- Abdul S. Analisis Kualitas Pelayanan Publik di Rumah Sakit Umum Daerah Bangka Tengah. Jurnal Bestari. 2021;1(2):38–52.
- Kementerian Kesehatan Republik Indonesia. Manajemen Mutu Informasi Kesehatan I: Quality Assurance. 2017th ed. Iman AT, Lena D, editors. Jakarta: BPPSDMK; 2017.
- Anggasta G, Nurcahyanto H, Sulandari S. Analisis Dimensi Kualitas Pelayanan Rumah Sakit Umum Daerah Kabupaten Batang. Journal of Public Policy and Management Review. 2014;3(1).
- Baskoro RR, Arvianto A, Rinawati DI.
 Penilaian Kepuasan Pasien Dengan Menggunakan Metode SERVQUAL Guna Meningkatkan Kualitas Pelayanan di RSUD Ungaran. Industrial Engineering Online Journal. 2016;5(4).
- 21. Annisa N. Hubungan Mutu Pelayanan Terhadap Kepuasan Pasien Rawat Inap Kelas III di Rumah Sakit TK.IV Madiun Tahun 2017. [Madiun]; 2017.
- Pangestu AY. Gambaran Kepuasan Pasien
 Pada Pelayanan Rawat Jalan di RSU Kota
 Tangerang Selatan Tahun 2013. [Jakarta];
 2013.

- Santoso S. Analisis Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Inap Kelas III pada RS. Roemani Muhammadiyah Semarang. [Semarang]; 2012.
- Radhitiyo D, Rukmi HS, Novirani D. Analisis Kualitas Pelayanan Jasa Pada Rumah Sakit Ibu Dan Anak Mitra Family Dengan Pendekatan Service Quality (SERVQUAL). Jurnal Online Institut Teknologi Nasional. 2015 Oct;3⁴.
- 25. Anisah FA. Analisis Pengukuran Tingkat Kualitas Pelayanan Terhadap Kepuasan Pelanggan Dengan Metode Service Quality (SERVQUAL) [Internet]. [Yogyakarta]; 2017 [cited 2022 Jan 4]. Available from: http://bppsdmk.kemkes.go.id/pusdiksdmk/ wp-content/uploads/2017/11/MMIK-I FINAL SC 26 12 2017.pdf
- 26. Yenni C. Perbandingan Harapan dan Kenyataan Terhadap Kualitas Pelayanan Untuk Menggambarkan Kepuasan Konsumen Dengan Resep Obat di Apotek Kimia Farma Area Manajer Bisnis Yogyakarta Periode Desember 2009-Januari 2010. 2010.
- 27. Yeni I, Budi SC. Kepuasan Pasien TNI Terhadap Pelayanan Pendaftaran Rawat Jalan Dengan Metode Importance Performance Analysis (IPA) di RSPAU Dr. S. Hardjolukito. Jurnal Kesehatan Vokasional. 2017 Aug 17;1(2):53.