


THE SOCIAL HEALTH INSURANCE (BPJS) PATIENT SATISFACTION AT HERMINA DAAN MOGOT AND PASAR MINGGU HOSPITALS, INDONESIA

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ARTICLE INFO	ABSTRACT
<p>Article history:</p> <p>Received 20 January 2023</p> <p>Accepted 15 March 2023</p>	<p>Objective: The purpose of this study is to investigate the function of the Indonesian Social Health Insurance (BPJS) system for the provision of medical services, and to examine the differences and similarities between the public and private hospitals in Jakarta, Indonesia.</p>
<p>Keywords:</p> <p>Service Quality; Patient Satisfaction; Social Health Insurance; Public & Private Hospital; Jakarta; Indonesia.</p>	<p>Theoretical framework: Service quality in BPJS is a public service that can be classified as all different kinds of goods and services as well. This means that the Indonesian government is responsible for all of the actions that take place within the organisation.</p> <p>Method: The population of the study will primarily consist of patients who are treated at Hermina Daan Mogot, a private hospital, and Pasar Minggu Public Hospital. Path analysis is being used in this study, which is a quantitative descriptive research approach. The goal of the study is to meet the research objectives by evaluating a set of hypotheses. The data collection is carried out through the use of a hardcopy questionnaire, and the primary data is gathered from four hundred patients spread across Jakarta's two hospitals.</p>
	<p>Results and conclusion: The outcomes of the research show that there is a favourable association between the BPJS and the level of satisfaction experienced by patients. In addition, the level of contentment expressed by patients regarding the quality of the treatment.</p> <p>Implications of the research: The findings suggest that Cost does not influence Service Quality because it possessed a significant value of t-count greater than 0.05 for both Hermina Daan Mogot Private Hospital and Pasar Minggu Public Hospital.</p> <p>Originality/value: The government regulated and established the financing, facility procurement, the source of the workforce, and the quality standard of the service, so that almost all dimensions of service can meet the desire and satisfaction of patients.</p> <p>Doi: https://doi.org/10.26668/businessreview/2023.v8i3.396</p>

A SATISFAÇÃO DOS PACIENTES DO SEGURO SOCIAL DE SAÚDE (BPJS) NOS HOSPITAIS HERMINA DAAN MOGOT E PASAR MINGGU, INDONÉSIA

RESUMO

Objetivo: O objetivo deste estudo é investigar a função do sistema de Seguro Social de Saúde da Indonésia (BPJS) na prestação de serviços médicos, e examinar as diferenças e semelhanças entre os hospitais públicos e privados em Jacarta, Indonésia.

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Estrutura teórica: A qualidade do serviço no BPJS é um serviço público que também pode ser classificado como todos os diferentes tipos de bens e serviços. Isto significa que o governo indonésio é responsável por todas as ações que acontecem dentro da organização.

Método: A população do estudo será constituída principalmente por pacientes que são tratados no Hermina Daan Mogot, um hospital privado, e no Hospital Público Pasar Minggu. A análise dos caminhos está sendo utilizada neste estudo, que é uma abordagem de pesquisa descritiva quantitativa. O objetivo do estudo é atingir os objetivos da pesquisa através da avaliação de um conjunto de hipóteses. A coleta de dados é realizada através do uso de um questionário impresso, e os dados primários são coletados de quatrocentos pacientes espalhados pelos dois hospitais de Jacarta.

Resultados e conclusão: Os resultados da pesquisa mostram que existe uma associação favorável entre a BPJS e o nível de satisfação experimentado pelos pacientes. Além disso, o nível de contentamento expresso pelos pacientes com relação à qualidade do tratamento.

Implicações da pesquisa: Os resultados sugerem que o Custo não influencia a Qualidade do Serviço, pois possui um valor significativo de t-count superior a 0,05 tanto para o Hospital Privado Hermina Daan Mogot quanto para o Hospital Público Pasar Minggu.

Originalidade/valor: O governo regulamentou e estabeleceu o financiamento, a aquisição de instalações, a fonte de mão-de-obra e o padrão de qualidade do serviço, de modo que quase todas as dimensões do serviço possam atender o desejo e a satisfação dos pacientes.

Palavras-chave: Qualidade de Serviço, Satisfação do Paciente, Seguro Social de Saúde, Hospital Público e Privado, Jacarta, Indonésia.

SATISFACCIÓN DE LOS PACIENTES DEL SEGURO SOCIAL DE ENFERMEDAD (BPJS) EN LOS HOSPITALES HERMINA DAAN MOGOT Y PASAR MINGGU, INDONESIA

RESUMEN

Objetivo: El propósito de este estudio es investigar la función del sistema del Seguro Social de Salud de Indonesia (BPJS) para la prestación de servicios médicos, y examinar las diferencias y similitudes entre los hospitales públicos y privados en Yakarta, Indonesia.

Marco teórico: La calidad de los servicios en el BPJS es un servicio público que puede clasificarse también como todo tipo de bienes y servicios. Esto significa que el gobierno indonesio es responsable de todas las acciones que tienen lugar dentro de la organización.

Método: La población del estudio estará formada principalmente por pacientes atendidos en Hermina Daan Mogot, un hospital privado, y en el hospital público Pasar Minggu. En este estudio se utiliza el análisis de trayectorias, que es un enfoque de investigación descriptiva cuantitativa. El objetivo del estudio es alcanzar los objetivos de la investigación evaluando un conjunto de hipótesis. La recogida de datos se lleva a cabo mediante un cuestionario impreso, y los datos primarios se obtienen de cuatrocientos pacientes repartidos entre los dos hospitales de Yakarta.

Resultados y conclusión: Los resultados de la investigación muestran que existe una asociación favorable entre el BPJS y el nivel de satisfacción experimentado por los pacientes. Además, el nivel de satisfacción expresado por los pacientes con respecto a la calidad del tratamiento.

Implicaciones de la investigación: Los resultados sugieren que el Coste no influye en la Calidad del Servicio porque poseía un valor significativo de t-cuento superior a 0,05 tanto para el Hospital Privado Hermina Daan Mogot como para el Hospital Público Pasar Minggu.

Originalidad/valor: El gobierno reguló y estableció la financiación, la adquisición de instalaciones, la procedencia de la mano de obra y el nivel de calidad del servicio, de modo que casi todas las dimensiones del servicio puedan satisfacer el deseo y la satisfacción de los pacientes.

Palabras clave: Calidad del Servicio, Satisfacción del Paciente, Seguro Social de Enfermedad, Hospital Público y Privado, Yakarta, Indonesia.

INTRODUCTION

The presence of public health facilities, BPJS, does indeed ease community health services. The BPJS's destination (vision) is to provide national health insurance-in the

maintenance of health and fulfilment of basic needs—for the entire Indonesian population by January 1, 2019 (Yuliasman, 2017). However, the presence of BPJS facilities is not a benefit to hospitals, particularly hospital administration (2014, BPJS impact on human resources in the hospital, para. 1-2). Ease of health facilities without the need to pay every time a check or treatment at the hospital—but only once per month with a fixed fee, increasing the number of patients attending hospitals, particularly in the early stages of this BPJS's implementation (Djatkiko, 2018). There's no denying that this has repercussions for healthcare facilities, especially in terms of hospitals' insufficient human resources (HR) in the medical field. Accounts receivable, patient administration, payroll, accounting, and tax preparation follow after the provision of care and medical support (including physicians, nurses, midwives, medical records, laboratories, pharmacies, and dietitians). The addition of the BPJS facilities will increase the workload for nearly every department or job in the healthcare facility. When this occurs, the affected areas and supporting services, such as the one mentioned earlier, nurses, are medically geared toward implementing BPJS (Jones, Finkler, Kovner & Mose, 2018).

The growing number of patients indicates that the role of nurses must be expanded, which means that the duty nurse will be expanded as well (Rosyadi, 2018). Not to mention the threat of reduced or even non-existent honorarium acquired rights (salary) for medical personnel and other employees as a result of problems with the government's payment of health services through this BPJS programme. According to Suyatmoko (2018), health practitioners/managers of clinics, the board of IDI Branch, and the Advisory Board of the District Health East OKU, in a letter to President Jokowi, with the enactment of BPJS on January 1st, 2018, many hospitals, pharmaceutical companies, even doctors, nurses, and employees in both businesses are threatened with bankruptcy, unemployment, and have not received their due. This is due to the fact that government payments made to patients who use BPJS are much lower than the operating costs incurred during the patient's treatment. It then makes many hospital administrators and staff members uneasy.

The hospital was originally a social institution, but with the rise of private hospitals, it has come to be seen as a business in its own right, with its own management structure and legal entity types. Competition among public and private hospitals has grown as the healthcare industry has expanded, with each institution hoping to draw in a larger share of the market. The hospital of today needs to be flexible enough to accommodate the ever-evolving diagnostic tools available in the medical community. Services can be delivered more easily. It is important

for hospitals and other medical facilities to provide services ranging from wellness promotion to emergency care to long-term treatment to rehabilitation. It is also possible to categorise hospitals and other medical facilities according to the scope of care they offer: from the most fundamental "service stratum 1" for primary care to the more advanced "service stratum 3" for specialised care. (Muninjaya, 2018; Arasli, Ekiz & Katircioglu, 2008).

The hospital frequently faces the problem of being unable to provide something that the service user truly expected. The main reason for the low quality of services provided, which prevents it from providing the expected patient care (Andaleeb, 2001). The hospital is a service-selling organisation, with service quality as an obligation that must be met. If a patient is dissatisfied with the quality of services provided, the patient may decide not to return to the hospital (Muninjaya, 2018). Satisfaction is a person's happy feeling that results from a comparison of the pleasure of an activity and a product with the expectation (Nursalam, 2018). Patient satisfaction is determined by whether or not patient expectations are met or exceeded. Patient satisfaction leads to patient loyalty and maximum long-term profitability for businesses. In order to improve services and increase patient satisfaction, private hospitals should implement a patient satisfaction measurement system to assess patients' needs and expectations, given that patient expectations are a standard benchmark for assessing the quality of services in health facilities. The results of objective and accurate patient satisfaction measurement can assist health centres in developing the form of better service (Anonymous, The Leadership Factor, 2017).

It is expected that patients will be happy with their experience from start to finish, including their initial greeting, the registration process, the medical care they receive, and the outcome. The primary focus of the health care service industry is on the communication between medical practitioners, hospitals, professional workers, and patients. There is substantial evidence that these kinds of interactions significantly affect both patient satisfaction and trust in the reliability of care providers. In order for a hospital to provide quality health care quickly and accurately, a number of factors must come into play, including the friendliness of the staff, the competence of the doctors, and the efficiency of the nurses and other hospital workers. These factors, in turn, should lead to patient satisfaction and loyalty, which in turn should encourage patients to return to the hospital for further care (Mosadeghrad, 2014).

Since the implementation of the national health insurance system on January 1, 2014, complaints from JKN patients about health care related to drug services have remained common. According to Kompasiana, there are several such complaints such as: drugs given and

actions are not good so they do not feel appreciated, the drug is not available in full, must buy out because the drug is not available, the wait is very long, and getting a referral is difficult (Yalsis, 2016). The researchers wanted to see how the fact the field directly related to patient satisfaction JKN participants, especially inpatients at first-level health facilities with pharmacy services, after seeing the number of complaints from patients that JKN participants. Thus, the challenge is how to attract Patients in this case the patient is sick who requires health services and retain them (patients who have recovered) in context for further health care and care. Which will entice and keep patients coming back is high levels of satisfaction. When patients are happy with the care they receive at a hospital, they are more likely to stick with that facility not only when they are sick but also when they are well (Moore & Cooper, 1996).

Knowing what patients want and need is essential to providing them with a positive experience. Satisfied patients are invaluable assets because they will keep using the services they prefer, while unhappy patients will spread the word to twice as many people. A company or hospital's ability to attract and keep customers is directly tied to how satisfied those customers are with the service they receive. Both internal and external factors can contribute to a patient's lack of happiness after undergoing BPJS. Patients' health is negatively impacted by external factors Patients are dissatisfied and reluctant to seek treatment because they perceive the BPJS inspection procedures and patient BPJS tiered administration and validation of membership that takes time to be confusing or ineffective. The hospital was originally a social function institution, but with the rise of private hospitals, the term has come to refer to a sector of the economy focused on providing medical care and run by profit-driven executives. From the beginning of the hospital era until the present day, there has always been competition between public and private hospitals to draw in new patients. But it's important that hospital cares about its patients' happiness. Patient satisfaction refers to the state of mind a person has after experiencing care or treatment that delivers on their expectations. As a result, contentment is achieved when expectations and realities align. The key to establishing a loyal patient base is ensuring the patient's happiness (Wee, Conceicao, Sim, Aung, Tan, Wong & Venkatachalam, 2020). The overall goal of this study is to determine and comprehend the extent to which cost, facility, trust, and quality of service influence patient satisfaction of Social Health Insurance (BPJS) in hospital inpatient rooms at Hermina Daan Mogot Hospital and Pasar Minggu Public Hospital.

LITERATURE REVIEW

Patient Satisfaction

According to (Pohan, 2017), the level of patient satisfaction can be measured quantitatively or qualitatively (by comparing it), and there are numerous ways to do so. Measuring the level of patient satisfaction is critical in efforts to improve the quality of health care. Through these measurements, it is possible to determine the extent to which the dimensions of the quality of health services have been held to meet patient expectations (Pohan, 2017; Larson, Sharma, Bohren & Tunçalp, 2019). If it is not in accordance with patient expectations, it will be an input for health care organisations to try to meet them. Patients will always come to the health care facility if the performance of health services obtained by a patient at a health service facility meets his expectations. Patients will always seek health services from facilities whose health service performance can meet or exceed expectations (Zhang, Ung, Lin, Liu, Li, Hu & Xi, 2020; Pohan, 2017). The field's reality reveals that, in general, government-owned health care facilities are still lacking/underutilized by the community. One reason is that, in general, the quality of health services provided by government-owned health care facilities does not meet the expectations of patients and/or the community (Lee, Vernooij, Enria, Kelly, Rogers, Ansumana & Street, 2022). Measuring patient satisfaction is critical for any service company, especially those in the medical field. Knowing the patient's expectations allows the company to plan strategies for improving the quality of health care, which will inevitably lead to patient satisfaction (Pohan, 2017).

Satisfaction of Inpatient

There are numerous theories regarding satisfaction. The expectation-performance theory (which explains whether the patient is very satisfied, satisfied, or dissatisfied) states that satisfaction is a function of the patient's expectation of the service and the performance received. If the service meets his expectations, he will be satisfied; if the service falls short of expectations, the patient will be dissatisfied. If there is a large gap between expectations and reality of service performance, patient satisfaction or dissatisfaction will rise. Some patients will reduce their dissatisfaction by minimising the gap (Purnomo, 2017). According to Oliver in (Suprtno, 2017), satisfaction is defined as a person's feeling after comparing his performance or results to his expectations. The difference between perceived performance and expectations determines the level of satisfaction. If performance falls short of expectations, the Patient will be extremely disappointed. If the performance meets the Patient's expectations, the Patient will

be very pleased. The past, comments from relatives, and information from various media can all shape patient expectations. Satisfied Patients will remain loyal for a longer period of time, will be less cost sensitive, and will provide positive feedback about the company. The patient's service expectation is tailored to the patient's right as a hospital service consumer. These rights include receiving responsible care and receiving responses to complaints about perceived illness.

Trust

In a relationship, trust is an action, behaviour, or attitude. Although some may argue that one must force themselves to believe in order to act, others maintain that believing in an option and being willing to pursue it are two separate, natural states of mind (Bernard, 2018). Affective (e.g., a feeling problem), conative (e.g., doing something because you feel obligated to), and cognitive actions have all been proposed to describe trust (eg. choice or desire problem). There are four different kinds of trust: trust motivated by goals, trust motivated by calculations, trust motivated by knowledge, and trust motivated by rewards. Although trusting others is crucial in any relationship, it takes work and effort on everyone's part to earn and maintain that status. To build trust, it's important to uphold the principles of reliance, open and orderly communication, and seizing opportunities as they arise (Hidayah, 2018). Companies' long-term success in establishing and maintaining trustworthy partnerships with their trading partners is founded on their employees' dedication and confidence in one another.

According to (Hawes, Sudrajat, 2016), trust will be critical in any potential exchange in risky situations and with incomplete buyer information. This is due to the fact that most sales transactions involve some level of risk and uncertainty for political buyers. In such cases, trust acts as a source of information, reducing the threat of asymmetric information and uncertain conditions. (AD Astono, Suryanto 2017) defines trust as a good component because it is based on the degree to which the main firm believes that its peers are interested in and motivated by the relationships in which it is involved. A good partner will sacrifice personal gains for the long-term benefit of both parties and will not take actions that will harm the main company (Singh and Sideshmukh Bart, 2017). Trust is defined as the belief that his exchange partner will act responsibly and without harming the main company. Only past satisfaction is influential in shaping buyer confidence, according to the supplier's perspective. (Das Asih, 2017) investigated the relationship between marketing research agencies and clients to determine how

efforts to build trust are perceived by clients. According to the findings of the analysis, the agency's ability to perform tasks positively influences the client's trust in agents.

Service Quality

The quality of service can be determined by comparing consumers' perceptions of the services they receive/earn to the actual service they expect/want to attribute-service or service attributes. If the service received or perceived service meets expectations, the quality of service is perceived to be good and satisfactory; if the service received exceeds the consumer's expectations, the quality of service is perceived to be very good and quality. In contrast, if the service received is less than expected, the service quality is perceived negatively. The level of disparity between patients' expectations or desires and their perception or performance is defined as service quality. According to Schnaars in (Tjiptono and Chandra, 2017), the primary goal of a business is to create satisfied customers. Furthermore, (Kotler, 2017) defines service as any activity or benefit provided by one party to another that is essentially intangible and does not result in ownership of something. The basic concept of a service or product quality can be defined as fulfilment that goes above and beyond what Patients (consumers) want or expect.

According to (Kotler, 2017:83), a service is any action or activity offered by one party to another that is essentially intangible and does not result in ownership. Production may or may not be linked to a single physical product. Service is the behaviour of producers in order to meet the needs and desires of consumers in order to achieve consumer satisfaction. Kotler also stated that such behaviour can occur both before and after transactions occur. High-quality services, in general, will result in high satisfaction and frequent repeat purchases. According to (Popo Suryana, 2018), health service quality is difficult to assess because the outcomes are the result of influencing factors. These immediate results are frequently referred to as outputs, while long-term results are referred to as impacts, and structures are related to inputs, so descriptions will be similar to a series of systems as well as information systems. (Mahsun, UK, 2016) A quality assurance programme is a continuous programme that systematically monitors and assesses the quality and fairness of care, utilising opportunities to improve patient care, and resolving problems that arise.

Quality assurance (JV Siahaan - 2018) is the activity of measuring the degree of health perfection of health services and comparing it to quality service standards, followed by systematic and continuous improvement actions to achieve optimal service quality. Excellent service quality will result in real service, namely satisfied Patients who are proud of their choice

of service organisations and who will happily become loyal Patients after experiencing the quality of their health services. 2016 (Shahamat). Low utilisation of hospitals by the community is caused by low quality of service, community ability to pay, attitudes and behaviour of residents, and attitudes and behaviour of hospital personnel. The public demand for good service is higher in the middle society with significant purchasing power and higher education. They expect quality service that can be tracked. People also want more transparent information, friendly service, and administration services that are simple and quick. According to (AS Sundoro, 2018), the most popular concept of service quality is the service quality concept developed by Parasuraman, Berry, and Zeithaml. Despite the fact that this concept has received a number of criticisms.

Health Quality Service

Quality of service or service quality centred on efforts to meet Patient needs and desires, as well as delivery accuracy to compensate for Patient expectations According to (AN Andriana, 2018), the level of excellence expected and control over the level of excellence to meet Patient desires is the quality of service. If the services received are in line with what is expected, the quality of services is perceived as good and satisfactory; if the services received exceed Patient expectations, the quality of services is perceived as ideal. Quality of service provided to patients although it is a subjective value but there remains an objective basis based on past experience, the psychological situation of service time and environmental influences, especially regarding the assessment of health service provider's performance (Azrul, 2017). This includes explanation and information, empathy, honesty, sincerity, sensitivity, and trust, as well as consideration for the patient's privacy (Foster Timothy, R.V. 2018).

Social Health Insurance (BPJS)

Health insurance is a guarantee of health protection for participants to benefit health care and protection in meeting basic health needs provided by the government to everyone who has paid their contributions or dues. Health is a legal entity formed to organise a health insurance programme known as Social Health Insurance (BPJS) (MOH RI, 2018). Community Health Insurance (Jamkesmas) is a social assistance programme for health services for poor and non-nationally managed communities, with the goal of achieving a comprehensive health service for the poor. Jamkesmas implementation efforts are a realisation of the fulfilment of people's right to health and Law No. 40 of 2004 on the National Social Security System (SJSN),

and are one of the government's commitments in Indonesian health development. However, because the implementing regulations and institutions required by Law No. 40 of 2004 on National Social Security System (SJSN) have yet to be formed, the Ministry of Health issues health insurance programme policies for the poor as a form of fulfilment of people's right to health. The Jamkesmas policy is stated in the Minister of Health's Decree No. 125 / Menkes / SK / II / 2008 on Guidelines for the Implementation of Community Health Insurance Program.

The responsibility for providing health services to the poor is shared by the Central Government and the local governments. The obligation of the provincial/regency/municipal government to contribute to the production of optimal service. Participants receive benefits in the form of comprehensive (all-inclusive) medical services based on medical needs and in accordance with "cost-effective" and rational medical service standards, rather than cash (MOH RI, 2018). The National Social Security System is governed by Law No. 40 of 2004. According to Articles 2 and 3 of this Act, the purpose of guarantee is to allow participants to benefit from health care and protection in meeting basic health needs. 17th Article As stated in point 4, this law provides for the source of social security programme financing, which is the government's contribution to the poor and unpaid. Article 19 states that health insurance for the poor is organised at the national level on the basis of social insurance. Maintenance of health for the poor through social insurance mechanisms as the beginning of the development of a social health insurance system as a whole that is mandatory for the entire society. The poor health-care guarantee system (Jamkesmas) can encourage fundamental changes such as service standardisation, standardised tariffs based on correct calculations, formulary arrangements, and rational drug use, all of which have an impact on quality control and cost control (MOH RI, 2018).

The Jamkesmas programme is implemented in accordance with Article 28 paragraph (1) of the Republic of Indonesia's Constitution, which states that "every person has the right to live a prosperous and spiritual life, to live in a good and healthy environment, and to receive health services." Furthermore, Article 34 paragraph (3) of the Republic of Indonesian Constitution declares that "the State is responsible for the provision of health services facilities and decent public service facilities." The government recognises that people, particularly the poor, have difficulty accessing health care. The situation is deteriorating as a result of the high cost of health care, which makes it difficult for certain groups of people to obtain health care. To fulfil the people's right to health, the government, in this case the Ministry of Health, has

allocated social assistance funds for the health sector to be used as community financing, particularly for the poor.

Empirical review

Cost Influence Against Patient Satisfaction on Social Health Insurance (BPJS)

(Kertajaya, 2020) reveals that the Cost assessment indicator can be viewed from the consumer's willingness to make a sacrifice for the value received after the purchase, and from there, the consumer's perception of the product or service. A positive perception is the result of a sense of fulfilment from a purchase, whereas a negative perception is a form of consumer dissatisfaction with the products or services purchased. If a company's cost does not correspond to the benefits of the product, it can reduce patient satisfaction; conversely, if a company's cost corresponds to the benefits received, it can increase patient satisfaction. Patient satisfaction will be maximised if their perceived value is higher (AD Astono, Suryanto, dkk. 2017).

Influence of Facility to Patient Satisfaction on Social Health Insurance (BPJS)

A facility is a support in the form of service products and physical resources that must be present before a service can be provided to customers. Facilities are anything that enables consumers to meet a variety of needs in terms of the services they provide. In a service-oriented business, all existing facilities that condition facilities, completeness, interior and exterior design, and cleanliness of the facility should be considered, particularly those that are closely related to what is perceived or obtained directly by consumers (Agung, 2015). A facility is anything that is evaluated as a means of achieving a specific goal or meeting a specific need. According to Aan Surachlan Damyati, a facility is anything that is purposefully provided for public use or use and enjoyment, and using it does not have to cost anything. Meanwhile, according to (Wasis Himawanto, 2017), a facility is the provision of physical equipment to make it easier for consumers to carry out activities and meet their needs.

So a health facility is any type of facility owned by the hospital that meets and supports the needs of patients as expected. Inadequate facilities, such as patient check-in areas, laboratory facilities, toilets, buildings, waiting rooms, and places of worship, make people hesitant to stay. Such circumstances will influence a person's decision to engage in certain activities, because most people prefer to be in a location with adequate facilities (Ifezue, 2020). As a result, all existing facilities should be evaluated in terms of their condition, completeness, interior design, and cleanliness, particularly those that are directly related to what consumers

perceive or obtain. The complete facilities will also help the Hospital build its reputation. Because feeling at ease with the facilities available has an effect and creates a positive impression in the eyes of patients, who then choose to receive care at the hospital. The level of service provided to the patient's satisfaction can be determined by assessing the facilities perceived by the patient (Acharya & Paudel, 2019).

The Influence of Trust on Patient Satisfaction of Social Health Insurance (BPJS)

When one person in an interpersonal relationship trusts the other, he or she relies on the other person and then expresses his or her intention to maintain the relationship in the form of purchasing loyalty. According to (Usman, 2017), trust is an important factor that influences the quality of a relationship. Consumer trust in service providers will increase the value of existing relationships with service providers. According to Agung (2018), "the Patient's commitment to stay in touch with the company because of the belief or trust in the company so that it will repurchase the company's product." 28 (D Cyr, McKnight, 2018) adds that high confidence will reduce the possibility of transferring to other service providers.

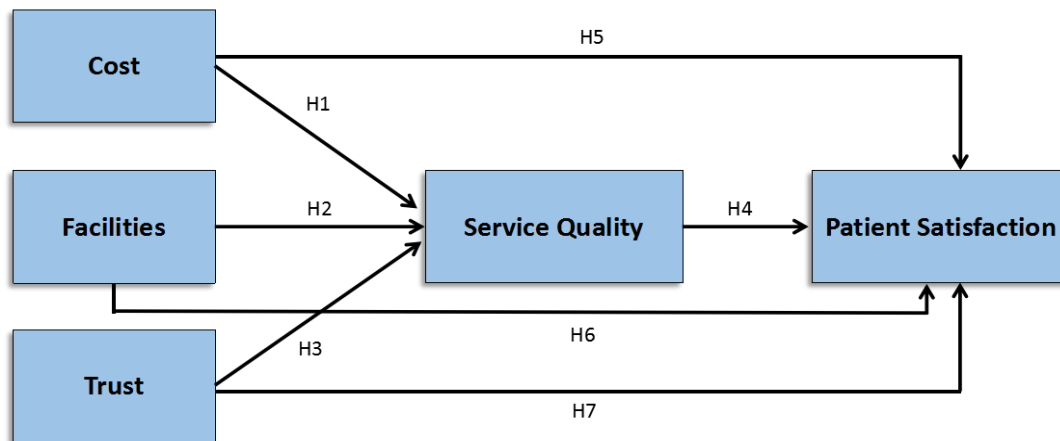
Effect of Service Quality Against Patient Satisfaction on Social Health Insurance (BPJS)

The relationship between service quality and patient satisfaction has been extensively documented in the literature, particularly in marketing, where the relationship is both theoretically and empirically positive (AD Astono, 2017). In theory, the Patient will be satisfied if the service provided meets or exceeds his or her expectations (AD Astono 2017). As a result, patient satisfaction is frequently defined as a gap paradigm between patient perceptions of service quality and patient expectations of the services provided. As a result, it is possible to explain that the quality of service has a significant relationship with patient satisfaction, with increased quality of service resulting in increased patient satisfaction (AD Astono 2017). Many empirical studies with diverse sample backgrounds and objects have demonstrated that service quality has a positive effect on patient satisfaction. According to the findings of (N Hijrah, 2017), the quality of patient service is related to patient satisfaction. According to the findings of (AD Astono 2017), the higher the quality of service, the higher the consumer satisfaction. Further research from (Zawawi 2015) revealed that the quality of service has an impact on

patient satisfaction.

Conceptual Framework

Figure 1 Conceptual Framework



RESEARCH METHODOLOGY

This chapter offers a variety of strategies for conducting research, including the methodologies that should be applied and the analytic procedures that should be utilised to answer the research challenge. (2018 Formulation) demonstrates that a patient's impression of the quality of service has an effect on the patient's level of satisfaction and loyalty. The goal of positivism is to understand events, physical objects, and humans so that one may better predict and control the behaviour of these things and people. When "scientists" can predict and control the future, that will be the apex of this paradigm's advancement (phenomena). The research was carried out in Jakarta at the Hermina Daan Mogot Hospital as well as the Pasar Minggu Public Hospital. This particular hospital was selected due to its strong performance and convenient location for the BPJS programme. The Hermina Daan Mogot Hospital is a private establishment, whereas the Pasar Minggu is open to the general public. The outcome of the study provides an explanation of causation. The purpose of this study is to investigate the relationship between patient satisfaction and factors such as cost, facilities, trust, and service quality in two hospitals that participate in the Social Health Insurance (BPJS) programme. Patients diagnosed with BPJS who were treated at Hermina Daan Mogot and Pasar Minggu hospitals in Jakarta were the subjects of this study. The statistical methods of descriptive and inferential analysis are both included in data analysis. The objective of descriptive statistical

analysis is to provide an overview of all of the research variables. Slovin calculates sample size. 400 questionnaire respondents were sampled.

FINDING AND DISCUSSION

Respondent Profile

Before presenting the research data, describe the respondents. Hermina Dan Mogot Hospital had 200 responders, 85 male and 115 female. 200 people responded to Pasar Minggu Public Hospital's survey, 92 men and 108 women. According to the data, there were 10 responders aged 20 at Hermina Daan Mogot Hospital, 34 aged 20-30, 57 aged 31-40, 83 aged 41-50, and 16 aged >50. Pasar Minggu Public Hospitals had 8 under-20s, 40 under-30s, 50 under-31s, 87 under-50s, and 15 over-50s. This survey had more respondents aged 41-50, and Pasar Minggu Public Hospital and Hermina Daan Mogot Hospital each had 200 people, or 50%.

Table 1: Demographics

Hospital	Gender		Age (year)					Total	%
	Male	Female	< 20 Year	20 - 30 Year	31 - 40 Year	41 - 50 Year	> 50 Year		
Hospital Daan Mogot	85	115	10	34	57	83	16	200	50%
Pasar Minggu Public Hospital	92	108	8	40	50	87	15	200	50%
Total								400	100%

Reliability Test

In reference to the Table 2 below one can observe that the value attained for Cronbach's alpha is .819, indicating that there is an adequate level of consistency among the items that are in the research instrument.

Table 2 Reliability Test

Variable	Cronbach's Alpha Hermina Daan Mogot Hospital	Cronbach's Alpha Pasar Minggu Public Hospital	N of Items
Cost	0.79	0.870	3
Facilities	0.873	0.912	5
Trust	0.856	0.901	3
Service Quality	0.955	0.959	6
Patient Satisfaction	0.961	0.970	6
Overall	0.887	0.922	23

Path Analysis of Hermina Daan Mogot Hospital

To answer the research hypothesis, path analysis was used. The path analysis is divided into two sub-structure analyses. Sub-structure analysis I describes, in part, the impact of Cost, Facility, and Trust on service quality. Substructure Analysis II explains the impact of Cost, Facility, Trust, and Service Quality on Patient Satisfaction BPJS. Whereas mediation testing was used to determine the significance of the effect of cost, facility, and trust on BPJS through Service Quality.

The structural equations for path analysis are as follows:

$$Y = \rho_{YX_1} + \rho_{YX_2} + \rho_{YX_3} + \epsilon_1$$

$$Z = \rho_{ZX_1} + \rho_{ZX_2} + \rho_{ZX_3} + \rho_{ZY} + \epsilon_2$$

The following is an overall picture in the path analysis

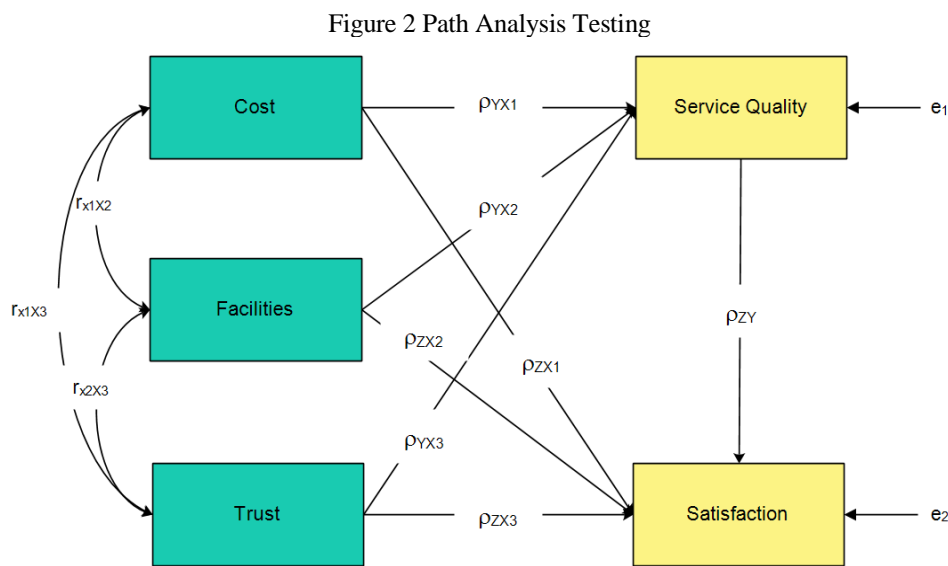


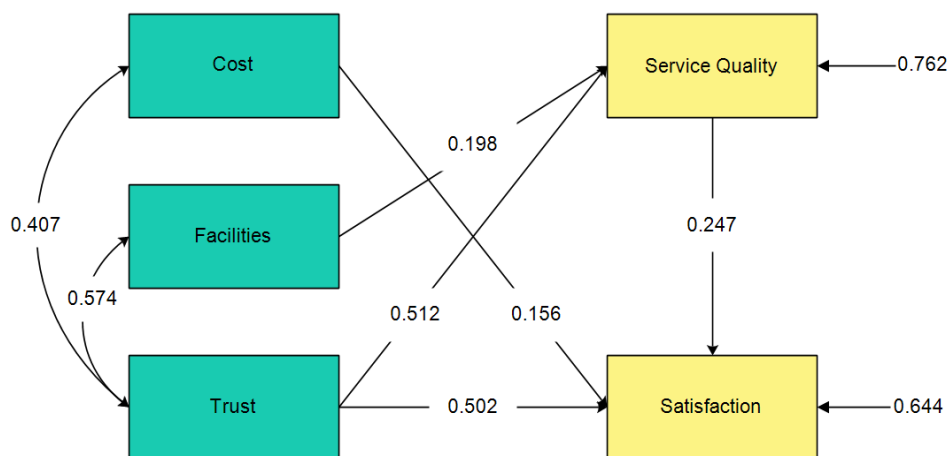
Table 3 Overall Path Analysis Results

Inter-Variable Influences	Path coefficient	Influence			Sig	Decision	
		Directly	Not Through Quality	Directly Service			Total
Facility to Service Quality	0.198	0.198	-		0.003	.001	Significant
Trust to Service Quality	0.512	0.512	-		0.000	.000	Significant
Cost to Patient Satisfaction BPJS	0.156	0.156	-		0.156	.003	Significant
Trust to Patient Satisfaction BPJS	0.502	0.502	-		0.502	.000	Significant

Service Quality to Patient Satisfaction BPJS	0.247	0.247	-	0.247	.000	Significant
Trust to Patient Satisfaction BPJS	-	-	0.126	0.628	.000	Significant
ϵ_1	0.762	0.762	-	0.762	-	-
ϵ_2	0.644	0.644	-	0.644	-	-

The table above can be used to draw conclusions that provide objective information directly and a total Facility influence on Service Quality of 0.198. The direct influence to total trust in service quality ratio is 0.512. Cost and Total have a direct 0.156 effect on Patient Satisfaction BPJS. Trust has a 0.502 influence on Patient SatisfactionBPJS, and Trust has a 0.126 influence on Patient SatisfactionBPJS through Service Quality, for a total influence of 0.628 on Patient SatisfactionBPJS through Service Quality. The overall BPJS for Quality Satisfaction Service is 0.247. Other factors' influence on Service Quality from the influence of Facility and Trust is 0.507. and the influence of other factors such as cost, trust, and service quality on BPJS is 0.644. The final model of the impact of Cost, Facility, and Trust on Service Quality and its impact on Patient Satisfaction BPJS is as follows:

Figure 3 Overall Quality Service



The relationship between trust and patient pleasure is directly proportional to 0.502. (50.2 percent). 0.512 times 0.247, which equals 0.1265, is the indirect influence that trust has on patient satisfaction brought about by service quality (12.65 percent). Therefore, the total influence that trust has on patient satisfaction is equal to the sum of its direct and indirect effects, which is equal to 0.6285. (62.85 percent). It is possible to draw the conclusion that the quality of service cannot be the moderating variable due to the fact that the value of the direct effect is higher than the value of the undirect effect (0.502 > 0.126).

Analysis of Pasar Minggu Public Hospital

Table 4 Normality Test use One-Sample Kolmogorov-Smirnov Test

	Cost (X1)	Facility (X2)	Trust (X3)	Service Quality(X4)	Patient SatisfactionBPJS (Y)	
N	200	200	200	200	200	
Normal Parameters ^{a,b}	Mean	25,7200	45,3800	33,7600	71,0250	93,5050
	Std. Deviation	5,44609	6,36302	4,50933	9,75552	12,27614
Most Extreme Differences	Absolute	,161	,124	,148	,128	,137
	Positive	,068	,065	,083	,076	,090
	Negative	-,161	-,124	-,148	-,128	-,137
Test Statistic	,161	,124	,148	,128	,137	
Asymp. Sig. (2-tailed)	,000 ^c	,000 ^c	,000 ^c	,000 ^c	,000 ^c	

According to the data presented in the table that is located above, the value of the variable referred to as Test-Statistic Cost (X1) is 0.161, the variable referred to as Facility (X2) is 0.124, the variable referred to as Trust (X3) is 0.148, the variable referred to as Service Quality (X4) is 0.128, and the variable referred to as Patient SatisfactionBPJS (Y) is equal to 0.137, which indicates that residual data is normally distributed.

Path Analysis of Pasar Minggu Public Hospital

Path analysis was utilised in the process of providing a response to the research hypothesis. When conducting a path analysis, the information is first broken down into two sub-structure analyses. Sub-structure analysis I explains how Cost, Facility, and Trust all have an impact, albeit a simultaneous and partial one, on the quality of the service. The effects of Cost, Facility, Trust, and Service Quality on Patient Satisfaction BPJS are explained in the second part of the sub-structure analysis. whereas the purpose of this study is to determine the importance of the effects of cost, facility, and trust on patient satisfaction BPJS as measured by service quality through the use of mediation testing.

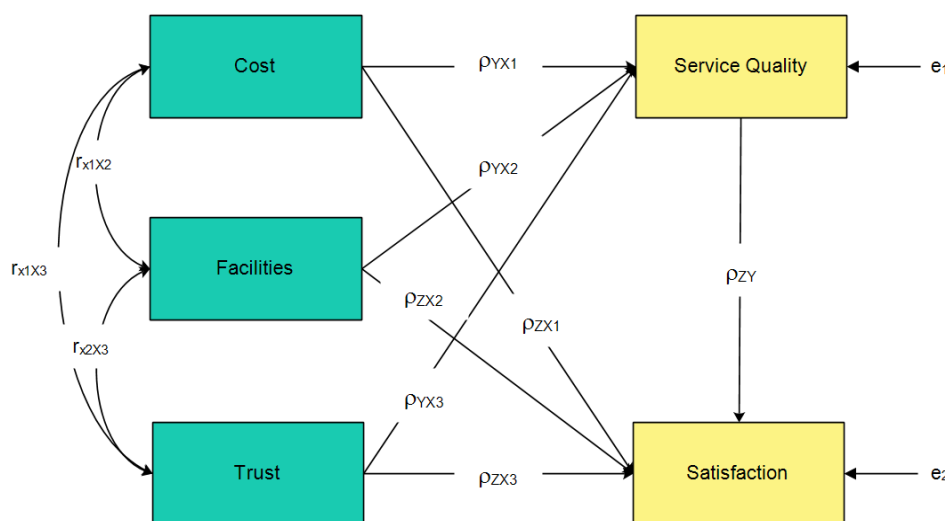
The structural equations for path analysis are as follow

$$Y = \rho_y X_1 + \rho_y X_2 + \rho_y X_3 + \varepsilon_1$$

$$Z = \rho_z X_1 + \rho_z X_2 + \rho_z X_3 + \rho_z Y + \varepsilon_2$$

The following is an overall picture in the path analysis test:

Figure 4 Path Analysis Testing



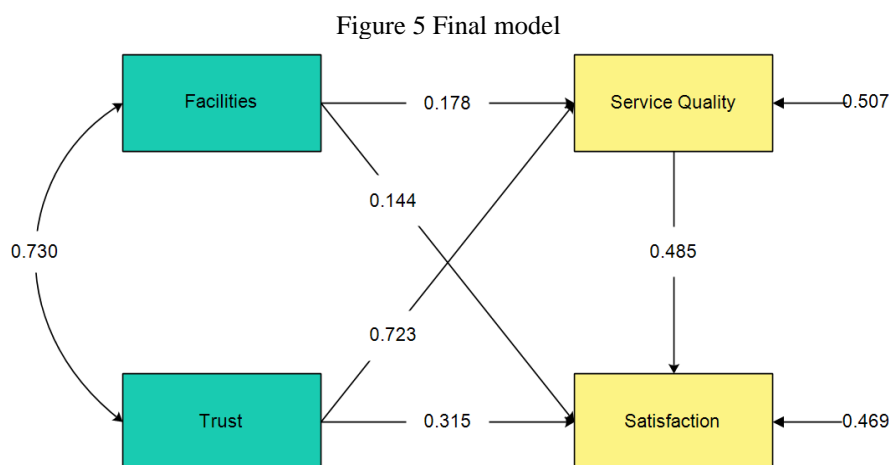
The overall influence of Facility, Trust and Service Quality on Patient Satisfaction can be illustrated in the following table:

Table 5 Overall Path Analysis Results

Inter-Variable Influences	Path coefficient	Influence			Sig	Decision	
		Directly	Not Through Quality	Directly Service			Total
Facility to Service Quality	0.178	0.178	-		0.178	.001	Significant
Trust to Service Quality	0.723	0.723	-		0.723	.000	Significant
Facility to Patient Satisfaction BPJS	0.144	0.144	-		0.144	.005	Significant
Trust to Patient Satisfaction BPJS	0.315	0.315	-		0.315	.000	Significant
Service Quality to Patient Satisfaction BPJS	0.485	0.485	-		0.485	.000	Significant
Facility to Patient Satisfaction BPJS	-	-	0.086		0.264	.002	Significant
Trust to Patient Satisfaction BPJS	-	-	0.350		1.073	.000	Significant
ϵ_1	0.507	0.507	-		0.507	-	-
ϵ_2	0.469	0.469	-		0.469	-	-

The table above provides objective information and a 0.178 total facility influence on service quality. 0.723 service quality influence and trust The BPJS Facility's direct effect on patient satisfaction is 0.315 and its indirect effect is 0.086, for a total of 0.264. The direct effect of BPJS Trust on Patient Satisfaction is 0.485, while the indirect effect is 0.350, for a total of 1.073. Facility and Trust influence Service Quality by 0.507. Finally, other factors' influence

on BPJS is 0.469. Final model of Facility and Trust's influence on Service Quality and BPJS Patient Satisfaction:



Facility affects patient satisfaction by 0.144. (14,4 percent). The facility's indirect effect on patient satisfaction is = 0.178×0.485 , or 0.08633. 8.633% The facility's total influence on patient satisfaction is $0.144 + 0.08633 = 0.23033$. (2,303%) Because direct effect is bigger than indirect effect ($0,144 > 0,0863$), service quality cannot moderate facility's effect on patient satisfaction. Trust increases patient satisfaction by 0.315%. 31.5 Trust indirectly affects patient satisfaction by 0.351 ($0.723/0.485$). (35,1 percent). Trust affects patient satisfaction by $0.315 + 0.351 = 0.66$. (66,6 percent). Because the direct effect is less than the indirect effect, we can conclude that trust moderates patient pleasure (0,315 0,351).

Table 6 Comparison between Hermina Daan Mogot Hospital and Pasar Minggu Public Hospital

Relationship	Hermina Daan Mogot Hospital				Pasar Minggu Public Hospital			
	Path coefficient	t-count	Sig	Ket	Path coefficient	t-count	Sig	Ket
Facility to Service Quality	0.198	2.985	0.003	Sig.	0.178	3.363	0.001	Sig.
Trust to Service Quality	0.512	7.702	0.000	Sig.	0.723	13.684	0.000	Sig.
Cost to Patient Satisfaction BPJS	0.156	3.053	0.003	Sig.	-	-	-	-
Facility to Patient Satisfaction BPJS	-	-	-	-	0.144	2.865	0.005	Sig.
Trust to Patient Satisfaction BPJS	0.502	8.247	0.000	Sig.	0.315	4.597	0.000	Sig.
Service Quality to Patient Satisfaction BPJS	0.247	4.138	0.000	Sig.	0.485	7.340	0.000	Sig.
Facility toward patient satisfaction through service quality	-	-	-	-	0.086	3.063	0.002	Sig.

Relationship	Hermina Daan Mogot Hospital				Pasar Minggu Public Hospital			
	Path coefficient	t-count	Sig	Ket	Path coefficient	t-count	Sig	Ket
Trust toward patient satisfaction through service quality	0.126	3.648	0.000	Sig.	0.350	6.479	0.000	Sig.

The information that is provided in the table can be utilised to shed light on the question of why the results of the survey that were obtained from the 400 people who participated in it at the Hermina Daan Mogot hospital and the Pasar Minggu public hospital were significantly different from one another. After taking into account the findings of the route analysis, it was discovered that the Hermina Daan Mogot hospitals did not have any effect on the level of patient satisfaction, either directly or indirectly as a result of the quality of the services that they offered their patients. This was the conclusion reached after taking into account the findings of the route analysis. At the Pasar Minggu Public Hospital, the cost does not have any direct bearing on the degree to which patients are satisfied, either directly as a result of the quality of the services provided or indirectly as a result of the overall level of care that is given.

CONCLUSION

The satisfaction of the customer will determine whether or not expectations are met or exceeded. Patient satisfaction can be defined as an evaluation made after a purchase in which the selected option lives up to or exceeds the patient's expectations, whereas patient dissatisfaction can be defined as an evaluation made when the results do not live up to the patient's expectations. A facility is anything that a service provider makes available for customers to use and enjoy as a means of maximising their satisfaction with the experience. The level of patient satisfaction will increase in direct proportion to the quality of the facilities, and vice versa. When services get worse, customers are less satisfied with them. The positive correlation coefficient indicates that there is a substantial association between the facilities and the happiness of the patients. This indicates that even a relatively minor change in the facilities will have a significant impact on the happiness of the patients. Since Pasar Minggu is a public hospital, the quality of care that patients receive there might not always live up to their expectations. As a consequence of this, the hospital must always work to maintain the trust of its patients by improving the quality of the services it provides. In this context, "quality health services" are understood to be those that can satisfy every user in accordance with the level of satisfaction experienced by the average population, as well as those that are implemented in accordance with an established code of ethics and standards. The Pasar Minggu Public

Hospitals are government hospitals in terms of the delivery of services; as such, they receive full support from the government in the areas of financing, facility procurement, the source of the workforce, and the quality standard of the service, which has already been regulated and established by the government. As a result, the hospital is able to meet the needs of patients and provide them with a level of care that is almost entirely satisfactory to them.

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