TROPICAL PUBLIC HEALTH JOURNAL
Journal homepage: https://talenta.usu.ac.id/trophico

Analysis of service quality using SERVQUAL to improve patient satisfaction in Standard Inpatient Class

St. Rosmanely*[1], Sukri Palutturi[1], Nurmala Sari[1], Suci Rahmadani[1], Sugi Asmira[1], Wana Kurnia[1], Inayyah Nur Fitry Sirajuddin[2]
[1]*Faculty of Public Health, Hasanuddin University, Makassar, Indonesia*
[2]*Faculty of Public Health, Universitas Sumatera Utara, Medan, Indonesia*

Corresponding Author: rosmanely1901@gmail.com

ARTICLE INFO

Article history:
Received February 20, 2026
Revised March 08, 2026
Accepted June 19, 2026
Available online
https://talenta.usu.ac.id/trophico

E-ISSN: 2797-751X
P-ISSN: 2774-7662

How to cite:
Rosmanely, S., Palutturi, S., Sari, N., Rahmadani, S., Asmira, S., Kurnia, W., & Sirajuddin, I. N. F. (2026). Analysis of Service Quality Using SERVQUAL to Improve Patient Satisfaction in Standard Inpatient Class. *Tropical Public Health Journal*, *6*(1), 23-29.

http://doi.org/10.32734/trophico.v6i1.24795

ABSTRACT

Indonesia's National Health Insurance (JKN) program introduced the Standard Inpatient Class (Kelas Rawat Inap Standar/KRIS) policy to standardize inpatient facilities and eliminate service disparities across contribution classes. In September 2022, Dr. Tadjuddin Chalid Hospital in Makassar was designated as a national pilot project site for implementing the KRIS policy. This study evaluates patient satisfaction with inpatient services at the hospital following the policy's implementation. A total of 174 Health Insurance Administration Agency (BPJS) patients were selected using the Isaac and Michael table with a 10% margin of error. Data were collected through a SERVQUAL-based questionnaire and analyzed using correlation techniques. Ethical approval was obtained from the Health Research Ethics Committee of Dr. Tadjuddin Chalid Hospital, and participants provided informed consent. The primary outcome of the study was the level of patient satisfaction, which showed a significant positive correlation with all five service quality dimensions—reliability, responsiveness, assurance, empathy, and physical evidence. Empathy had the highest correlation coefficient (r = 0.770), followed by responsiveness (r = 0.577), reliability (r = 0.510), assurance (r = 0.506), and physical evidence (r= 0.338). Our study contributes to understanding patient satisfaction in the context of KRIS implementation by highlighting the importance of empathy and responsiveness. These findings provide insights for improving both interpersonal and facility-based service quality to support the successful nationwide implementation of KRIS.

Keywords: *Patient satisfaction; Service quality; KRIS; SERVQUAL; Inpatient services*

1. Introduction

Access to equitable and quality health services remains a major challenge in Indonesia's public health system. In response to this, the government, through Health Insurance Administration Agency (Badan Penyelenggara Jaminan Sosial/BPJS) Kesehatan, introduced the Standard Inpatient Class (KRIS) policy, which aims to standardise medical and non-medical facilities in inpatient services (Ratman et al., 2025). KRIS is designed to improve the quality and comfort of services, as well as to ensure that all participants in the National Health Insurance (JKN) programme receive the same standard of service, regardless of their contribution class. Initial evaluations show that KRIS has the potential to reduce disparities in service between classes. A study of Type B hospitals indicates that the implementation of KRIS has the potential to improve access to and equity in healthcare services, as evidenced by an increase in the number of patients, particularly BPJS participants. However, the success of the implementation still faces various challenges, primarily resource constraints and the readiness of supporting infrastructure (Astuti et al., 2024).

Other studies have also found that KRIS status is a significant determinant of patient satisfaction in the tangible (physical) dimension, but the same effect was not found in other service dimensions (Pamungkas et

al., 2023). Previous studies have shown that the quality of healthcare services is closely related to patient satisfaction levels. Patient satisfaction itself is an important indicator of the success of the national health insurance system (Ummah, 2019).

According to the Presidential Regulation (2024) No. 59 requires all BPJS partner hospitals to fully implement KRIS by June, 30, 2025 at the latest. This Presidential Regulation abolishes the old classification (classes I, II, III) and reinforces the principle of fairness in health services, including a maximum limit of 4 beds per room and private bathroom facilities in each room.

However, there are still few studies that empirically evaluate the initial impact of KRIS implementation on patient satisfaction, especially in hospitals designated as pilot projects. Therefore, this study is important to fill this knowledge gap. Dr. Tadjuddin Chalid General Hospital in Makassar, designated as a pilot hospital through Director General of Health Services Decision No. HK.02.02/1/2995/2022, began implementing KRIS on 1 September 2022. This study aims to evaluate the level of inpatient satisfaction at the hospital following the implementation of KRIS including reliability, responsiveness, assurance, empathy, and tangible evidance, with the results expected to provide strategic input for policy formulation prior to full national implementation.

2. Methods

2.1. Research Type

This study used a quantitative approach with a cross-sectional design. The research aimed to assess the level of patient satisfaction with the implementation of the Standard Inpatient Class (KRIS) and to analyze the correlation between service quality dimensions and satisfaction among BPJS Health patients in Makassar City hospitals.

2.2. Population and Sample/Informants

The study population consisted of BPJS Health patients receiving inpatient care at Dr. Tadjuddin Chalid Hospital, Makassar City, South Sulawesi Province. Based on the hospital's average monthly inpatient visits in 2025 (1,628 patients), the sample size was determined using the Isaac and Michael Table (1995) with a 10% margin of error, resulting in a sample of 174 patients.

2.3. Research Location

The research was conducted at Dr. Tadjuddin Chalid Hospital, one of the designated pilot project hospitals for KRIS implementation in Makassar City, South Sulawesi Province.

2.4. Instrumentation or Tools

Data were collected using a SERVQUAL-based questionnaire (Parasuraman et al., 1988), which assesses five dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangibles. This instrument is used to identify dimensions of service quality based on a comparison between customers' perceptions of the service received and the service they expected.

2.5. Data Collection Procedures

Data collection took place from May to June 2025. Enumerators distributed the questionnaires directly to participants, and each session lasted approximately 20–30 minutes, including obtaining informed consent and ensuring the confidentiality of responses.

2.6. Data Analysis

Descriptive statistics were used to summarize participants' demographic characteristics and satisfaction levels. The relationships between service quality dimensions and patient satisfaction were examined using Pearson correlation tests, as the data met the assumptions of normality and linearity. Statistical analyses were performed using SPSS version 26.0, with a significance level set at $p < 0.05$.

In the process of assessing respondents' satisfaction based on the questionnaire, each question is given a certain value weight that reflects the level of satisfaction. The weight is determined as follows: "Very Dissatisfied" is given a value of 1, "Dissatisfied" is given a value of 2, "Satisfied" is given a value of 3, and "Very Satisfied" is given a value of 4. After all the answers were collected, each answer choice from the respondents was converted into its respective value weight, then summed up as a whole to get the total individual satisfaction score.

The next step is to calculate the minimum and maximum scores that respondents might get based on the number of questions. This is calculated using the formula:

$$Score\ minimum/maximum = k * n$$
$$by$$
$$k : minimum\ value\ or\ maximum\ value\ in\ one\ question$$

Where k is the weighted lowest (for minimum) or highest (for maximum) score, and n is the total number of questions on the questionnaire. Assuming that the lowest score is 1 and the highest is 4, the minimum and maximum scores for a respondent can be calculated with certainty.

After the minimum and maximum scores are known, the range of values is divided into four parts to determine the threshold or threshold that will be used in categorizing the respondent's satisfaction level. The formula for determining the threshold is as follows:

- $Threshold\ 1 = score\ minimum + (\frac{score\ maximum - score\ minimum}{4})$
- $Threshold\ 2 = score\ minimum + (\frac{score\ maximum - score\ minimum}{2})$
- $Threshold\ 3 = socre\ minimum + (\frac{3(score\ maximum - score\ minimum)}{4})$

With these three threshold values, the total final score obtained by each respondent can be classified into four satisfaction categories as follows:

- Very Dissatisfied: if the total value is in the range Minimum score ≤ total < threshold 1
- Dissatisfied: if the total value is in the range threshold 1 ≤ total < threshold 2
- Satisfied: if the total value is in the range threshold 2 ≤ total < threshold 3
- Very Satisfied: if the total value is in the range threshold 3 ≤ total < maximum score

With this approach, the evaluation of the questionnaire becomes more measurable, objective, and allows a fair comparison between respondents based on the category of their satisfaction level.

2.7. Ethical Approval

Ethical approval was obtained from the Health Research Ethics Committee of Dr. Tadjuddin Chalid Hospital. All participants provided informed consent prior to data collection, and their safety and confidentiality were ensured throughout the research process.

3. Results

This type of statistical analysis is used to examine the relationship, association, correlation or difference between two variables. So that in this study using correlation analysis. The aim is to determine whether there is a correlation between dependent variable (patient satisfaction) and independent variable (service quality).

Table 1. Results of Correlation Analysis of Service Quality on Satisfaction of Standard Inpatient Class BPJS Patients at Tajuddin Chalid Hospital

Variabel		Reliability	Responsiveness	Assurance	Empathy	Physical Evidence	Satisfaction
Reliability	Correlation Coefficient	1,000					
Responsiveness	Correlation Coefficient	0,684**	1,000				
Assurance	Correlation Coefficient	0,521**	0,747**	1,000			
Empathy	Correlation Coefficient	0,662**	0,739**	0,794**	1,000		
Physical Evidence	Correlation Coefficient	0,228**	0.379**	0,386**	0,245**	1,000	
Satisfaction	Correlation Coefficient	0,510**	0,577**	0,506**	0,770**	0,338**	1,000

Source: Primary Data
**: Correlation Values

4. Discussion

4.1. Interpretation of Key Findings

Based on Table 1, all dimensions of hospital service quality are significantly associated with standard inpatient satisfaction at Tajuddin Chalid Hospital, South Sulawesi Province. Bivariate analysis further

indicates that each dimension of service quality demonstrates a statistically significant positive correlation with patient satisfaction. The empathy dimension showed the highest correlation coefficient with patient satisfaction (r = 0.770), followed by responsiveness (r = 0.577), reliability (r = 0.510), assurance (r = 0.506), and physical evidence (r = 0.338).

In the correlation analysis by looking at the correlation that exists in all dimensions of service quality to the level of patient satisfaction, namely using the SERVQUAL model (Ulfah et al., 2022), this study assessed five dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and physical evidence. Each of these dimensions shows a significant positive effect on patient satisfaction perceptions of KRIS services (Kurniawati et al., 2021).

All correlation values are marked with two stars (**), which indicates a significant relationship at the 1% level, so it can be concluded that the relationship found is very strong statistically. In addition, the service quality dimensions themselves also show quite strong and significant correlations, especially between Empathy and Assurance (0.794) and Assurance and Responsiveness (0.747) suggest that prompt and attentive services reinforce patients' sense of reliability and professionalism. This illustrates that improvements in one aspect of service quality tend to go hand in hand with improvements in other aspects, which overall have an impact on increasing patient satisfaction (Maulina et al., 2019).

- Reliability

The reliability dimension relates to the hospital's ability to provide timely, accurate and reliable services consistently (Andaleeb, 2001). In this study, most respondents gave a very satisfied assessment of the ease of access to the hospital, acceptance of emergency room patients, and the accuracy and speed of doctor services. The correlation coefficient between reliability and satisfaction of 0.510 indicates that the higher the perception of reliability, the higher the level of satisfaction felt (Surjono, 2025).

Service reliability is very important, especially in the context of public services such as hospitals, because people expect efficient and straightforward service processes. Timeliness of service and accuracy in patient handling are essential aspects in determining overall satisfaction (Imran et al., 2021). These results are also supported by research conducted by Rachmiana (2024), which states that reliability is an important indicator in shaping satisfaction with hospital services.

- Responsiveness

Responsiveness refers to the readiness and speed of medical personnel and hospital staff in responding to patient needs and complaints (Adesanya et al., 2012). The results showed that most respondents were very satisfied with the speed of response of doctors and other medical personnel in providing services. The correlation coefficient of 0.577 shows a strong and significant influence on patient satisfaction.

Quick response to complaints, open provision of information, and patient involvement in medical communication are factors that strengthen trust and a sense of being valued (Andaleeb, 2001) In the context of health services, the speed and accuracy of responses determine the patient's comfort and positive perception of the services received (Hidayat et al., 2025). This is reinforced by Arikhman's research (2022) which found that the responsiveness of medical personnel has a significant influence on patient satisfaction in Indonesian hospitals.

- Assurance

Assurance relates to the officer's ability to foster a sense of security to patients through professionalism, knowledge, and service ethics (Dhani & Indrawati, 2025). Respondents' very positive assessment of the courtesy, professional attitude, and expertise of the staff indicates the hospital's success in building patient trust. The expertise of healthcare professionals plays a crucial role in building patients' confidence in the accuracy of their diagnoses and the medical care they receive. The correlation of 0.506 between assurance and satisfaction indicates the important contribution of this dimension to overall satisfaction. The fact that assurance encompasses the competence, courtesy, and ability of healthcare professionals to a sense of security and trust in patients. When patients feel that healthcare professionals possess adequate knowledge, behave professionally, and are able to provide clear information, their levels of uncertainty and anxiety decrease (Aliman & Mohamad, 2016). In hospital services, a sense of security and trust in medical personnel is a crucial element. When patients feel that they are treated by competent and ethical staff, they are more likely to feel satisfied and trust the service institution (Harun, 2020).

- Empathy

Empathy is the dimension with the highest influence on patient satisfaction (Utary, 2023), as indicated by the correlation coefficient value of 0.770. This dimension includes personal attention, equality in service, and the ability of staff to understand the emotional and psychological needs of patients. These indicators reflect the importance of a patient-centered care approach in improving the quality of care at Type B hospitals.

Respondents' very satisfied ratings of the indicators of nurse attention, thorough examination, and access to complaints, indicate that this dimension is very dominant in shaping perceptions of satisfaction (Rahayuningsih & Cahyaningrum, 2023).

Empathy is the main essence in patient-oriented health services. Services that are humane, non-discriminatory, and actively involve patients in the service process will improve the quality of the relationship between patients and health workers, which ultimately results in higher satisfaction (Hambali et al., 2023)

This finding is in line with the results of Harun's research (2020) which states that empathy is the most dominant dimension in increasing patient satisfaction (p-value = 0.0005. Maulina et al. (2019) in their study at the Inpatient Unit of Cibungbulang Community Health Center, Bogor Regency also showed that non-discriminatory services and empathic attitudes of medical personnel greatly affect patient satisfaction.

- Tangibles

Physical evidence refers to aspects that can be seen and felt directly by patients such as cleanliness, room comfort, staff appearance, and other supporting facilities. The implementation of KRIS emphasizes uniform standards for facilities without any class distinctions, so that every patient can expect a dignified, safe, and comfortable care environment (Hakiki, 2025). Thus, meeting the tangible dimension not only reflects the physical quality of care but also plays a crucial role in shaping a positive perception of the hospital's overall service quality. Despite having the lowest correlation coefficient of 0.338, most respondents still gave a very satisfied assessment of the indicators in this dimension.

These findings suggest that, in the context of healthcare services, patients tend to prioritize interpersonal aspects over the physical condition of the facility. The SERVQUAL model explains that dimensions such as empathy and assurance often have a stronger influence on satisfaction than physical evidence. Additionally, cultural factors can also influence patient perceptions; in the Indonesian context, the friendly attitude, care, and attention of healthcare staff tend to be valued more highly than physical facilities alone (Pangaribuan & Anurantha, 2025).

This shows that although physical aspects are important, patients' perceptions of services are more influenced by non-physical aspects such as empathy and responsiveness (Yendra et al., 2021). Nevertheless, the cleanliness of toilets and the completeness of facilities remain areas that need attention and improvement to maintain the overall quality of the patient experience. Research by Ahmad et al. (2021) found a significant relationship between physical space quality and patient satisfaction.

4.2. Limitation and Cautions

This study has several limitations. First, data was only obtained from one hospital, so the results may not be generalisable to all KRIS hospitals in Indonesia. Second, because this study is cross-sectional, the relationships found are correlational, not causal. Third, respondents were limited to KRIS-class BPJS patients, so they did not include patients with other care classes who may have different perceptions of service quality.

In addition, respondent bias may arise because the questionnaire relies on patients' subjective perceptions rather than objective assessments of medical service quality. External factors, such as patients undergoing treatment who may still find it difficult to answer carefully, may lead them to agree and consent when asked about satisfaction and agreement with the quality of care received. Therefore, the results of this study should be interpreted cautiously, especially if used as a basis for national healthcare policy decisions.

4.3. Recommendation for Future Research

Further research should be conducted in several hospitals at once so that the results are more representative. In addition, this study did not control for external factors that could potentially influence patient satisfaction, such as waiting times for services or other variables. Longitudinal studies can also provide a clearer picture of the causal relationship between service quality and patient satisfaction. Additionally, a comparison between BPJS patients and general patients is needed to determine whether there are significant differences in satisfaction levels. The use of mixed-methods (quantitative and qualitative) is also recommended to explore patient experiences in greater depth (Oliver, 2013). The qualitative approach within mixed methods will be particularly helpful in exploring the reasons behind the inconsistencies in the data in depth.

Furthermore, research on the long-term effectiveness of the KRIS policy is important, considering that this programme is still relatively new. The integration of SERVQUAL indicators with national hospital quality indicators is also worth researching to provide a comprehensive picture in service evaluation (Dhani & Indrawati, 2025). Finally, collaborative research involving BPJS Kesehatan as the insurance provider can provide strategic input in efforts to improve service quality.

5. Conclusion

This study examined the relationship between service quality dimensions and patient satisfaction among BPJS patients receiving inpatient care under the Standard Inpatient Class (KRIS) policy at Dr. Tadjuddin Chalid Hospital, Makassar. The findings demonstrated a significant positive correlation between all five service quality dimensions are reliability, responsiveness, assurance, empathy, and physical evidence and patient satisfaction. Empathy emerged as the most dominant factor, followed by responsiveness, reliability, assurance, and physical evidence. These results indicate that interpersonal aspects of care, particularly the ability of healthcare personnel to demonstrate genuine concern and provide prompt, communicative service, are the primary drivers of patient satisfaction in this context. Physical aspects of care, including the cleanliness and adequacy of facilities, also contributed meaningfully to patients' overall service experiences.

These findings underscore that the successful implementation of KRIS requires sustained attention to both interpersonal communication skills and facility management. Continuous quality improvement programs in hospitals adopting KRIS should therefore prioritize the development of empathic and responsive care practices alongside improvements to the physical care environment. This study is limited by its single-site design and reliance on self-reported data, which may constrain the generalizability of findings to other KRIS-implementing hospitals. Future research involving multiple hospital settings and a broader range of patient populations is recommended to provide more comprehensive evidence on the effectiveness of KRIS and its implications for health policy and hospital management in Indonesia.

6. *Acknowledgement*

St. Rosmanely, SKM., M.KM served as the principal investigator, directed the research team, prepared the research report, and drafted the manuscript. Prof. Sukri Palutturi, SKM., M.Kes., MSc., PH., Ph.D provided expertise in health policy advocacy and program evaluation, and critically reviewed the manuscript. Dr. Nurmala Sari, SKM., M.Kes, Suci Rahmadani, SKM., M.Kes and Inayyah Nur Fitry Sirajuddin were responsible for data cleaning, report preparation, and generation of research outputs. Sugi Asmira contributed to field assistance and data entry. Wana Kurnia served as an enumerator during data collection. All authors have read and approved the final version of the manuscript and agree to be All authors have read and approved the final version of the manuscript and agree to be accountable for all aspects of the work.

This research was supported by the Institute for Research and Community Service, Universitas Hasanuddin (LPPM Unhas), and by the authors' personal funding. The funding bodies had no role in the design of the study, data collection, data analysis, interpretation of results, or the preparation of the manuscript. The authors take full responsibility for the content of this article.

We would like to express our gratitude to the Institute for Research and Community Service (LPPM) of Hasanuddin University and the Faculty of Public Health of Hasanuddin University for giving the author the opportunity to pass the Early Career Lecturer Research Funding with Contract Number 01260/UN4.22/PT.01.03/2025 and providing a learning space and research facilities for early career lecturers. We also extend our gratitude to the Director of Dr. Tadjuddin Chalid Hospital in Makassar and the students who participated and supported the implementation of the activities. We also thank all respondents who voluntarily contributed to this research without any pressure from any party.

Bibliography

Adesanya, T., Gbolahan, O., Ghannam, O., Miraldo, M., Patel, B., Verma, R., & Wong, H. (2012). Exploring the responsiveness of public and private hospitals in Lagos, Nigeria. *Journal of Public Health Research***.**

Ahmad, H., Antoni, A., Napitupulu, M., & Permayasa, N. (2021). Hubungan mutu pelayanan kesehatan terhadap tingkat kepuasan pasien rawat jalan di Puskesmas Mangasa Kota Makassar. *Jurnal Kesehatan Ilmiah Indonesia (Indonesian Health Scientific Journal)*, 6(2).

Aliman, N. K., & Mohamad, W. N. (2016). *Linking service quality, patients' satisfaction and behavioral intentions: An investigation on private healthcare in Malaysia.* Procedia - Social and Behavioral Sciences, 224, 141–148.

Andaleeb, S. S. (2001). Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *Social Science & Medicine, 52*, 1359–1370.

Arikhman, N., Permata Sari, K., & Yeni Putri, E. (2022). Hubungan Mutu Pelayanan Rawat Inap dengan Kepuasan Peserta BPJS Kesehatan. *Jurnal Kesehatan Medika Saintika*, *13*, 193–200.

Astuti, A. A. N., Purnomo, M., & Purnomo, J. (2024). Analisis implementasi kebijakan kelas rawat inap standar di rumah sakit umum tipe B. *Prosiding University Research Colloquium*.

Dhani, W. R., & Indrawati, F. (2025). Pengaruh Kualitas Layanan Mobile JKN terhadap Kepuasan Pengguna di Pusat Layanan Kesehatan Universitas Negeri Semarang.

Hakiki, B. A. (2025). Analysis of the review of the standard inpatient class policy (KRIS) as a replacement for the BPJS health class system in improving health service equity. *International Journal of Social Work, 2*(1).

Hambali, H., Abidin, Z., Hamsyah, H., Kholifaturrachman, K., & Yulita, D. (2023). Kualitas Pelayanan Kesehatan Bagi Pasien Pengguna Kartu BPJS. *Jurnal Ilmu Administrasi dan Studi Kebijakan*, *5*, 207–220.

Harun, H. (2020). Analisis Faktor Yang Mempengaruhi Mutu Pelayanan Kesehatan Terhadap Kepuasan Pasien Di Puskesmas Rawat Inap Kabupaten Pasaman 2019. *Human Care Journal*, *4*, 138.

Hidayat, D. H. Z., Mimanda, Y., & Maikel, M. P. (2025). The Impact of Responsiveness on Patient Satisfaction: Ensuring Healthy Lives and Well-Being Through Sustainable Development Goal 3. *Journal of Indonesian Sustainable Development Planning*, *6*, 21–30.

Imran, I., Yulihasri, Y., Almasdi, A., & Syavardie, Y. (2021). Pengukuran tingkat kepuasan pelanggan sebagai faktor kunci dalam memberikan layanan yang lebih baik, efisien, dan efektif. *Jurnal Penelitian dan Pengembangan Sains dan Humaniora, 5*, 389–396.

Isaac, S., & Michael, W. B. (1995). *Handbook in research and evaluation: A collection of principles, methods, and strategies useful in the planning, design, and evaluation of studies in education and the behavioral sciences* (3rd ed.). EdITS Publishers.

Kurniawati, G., et al. (2021). Kesiapan Penerapan Pelayanan Kelas Standar Rawat Inap dan Persepsi Pemangku Kepentingan. *Jurnal Jaminan Kesehatan Nasional, 1*, 33–43.

Maulina, L., Madjid, T. A., & Chotimah, I. (2019). Hubungan Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Peserta Bpjs Di Unit Rawat Inap Puskesmas Cibungbulang Kabupaten Bogor Tahun 2018. *Promotor*, *2*, 130–136.

Oliver, J. (2013). Pengaruh Kualitas Informasi, Kualitas Interaksi Layanan dan Kualitas Usability Terhadap Minat Beli. *Journal of Chemical Information and Modeling*, *53*, 1689–1699.

Pangaribuan, N. Y., Vanessa, & Anurantha, J. J. (2025). The influence of service quality (SERVQUAL) on the satisfaction of BPJS patients in Indonesian healthcare facilities: A systematic review. *JRSSEM*, 5(5), 5285–5293.

Pamungkas, A. L. H., Silvia, S., Afifah, A., & Arlita, T. (2023). Gambaran Tingkat Kepuasan Rawat Inap Peserta JKN Terhadap Kualitas Pelayanan di RSU Islam Harapan Anda. *Jurnal Jaminan Kesehatan Nasional*, *3*, 1–10.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing, 64*(1), 12–40.

Rachmiana, A. (2024). Pengaruh mutu pelayanan terhadap kepuasan pasien di Puskesmas Terakreditasi dan bersertifikat ISO di Kota Banda Aceh. *Jurnal Ilmiah*, *10*.

Rahayuningsih, L. A. S., & Cahyaningrum, N. (2023). Pengaruh Sikap Empati Tenaga Kesehatan Terhadap Kepuasan Pasien: Meta Analisis. *Jurnal*, *13*, 122.

Ratman, M. N., Amanda, N. N., Oktapia, S., & Pangestoeti, W. (2025). Program Kelas Rawat Inap Standar (KRIS): Analisis Ekonomi Publik atas Pemerataan Layanan Kesehatan Nasional. *Jurnal Ilmu Komunikasi dan Sosial Politik*, *2*, 1303–1308.

Republik Indonesia. (2024). *Peraturan Presiden Nomor 59 Tahun 2024 tentang perubahan ketiga atas Peraturan Presiden Nomor 82 Tahun 2018 tentang jaminan Kesehatan.*

Surjono, W. (2025). Regression and Correlation Analysis in Assessing Factors Influencing Customer Satisfaction in the Healthcare Sector. *International Journal of Management Science and Information Technology, 5*, 1–10.

Ulfah, M., Trenggonowati, D. L., Arina, F., Ferdinant, P. F., & Sonda, A. (2022). Peningkatan kualitas pelayanan kesehatan menggunakan metode Servqual dan Lean healthcare. *Jurnal Industrial Service*, *8*, 38.

Ummah, M. S. (2019). Kepuasaan Terhadap BPJS Kesehatan. *Sustainable*, *11*, 1–14.

Utary, D. (2023). *Meta-analysis: Association between empathy and patient satisfaction of healthcare services*.

Yendra, Y., Salfadri, & Yulistia. (2021). Analisa Pengaruh Biaya Pengobatan, Fasilitas, Dan Kualitas Pelayanan Terhadap Kepuasan Pasien Pada Puskesmas Indonesia Kabupaten Pesisir Selatan. *Jurnal Matua*, *53*, 34–44.