

Research Article

Overview of the Quality of Service for Participants Using the Health Social Security Administering Body and Non-Health Social Security User Body at Hospital X

Rebeca Stevany Putri Patricia Hutajulu ¹, Ria Efkelin ^{2,*}, Hardin La Ramba ³

¹⁻³ Program Studi Administrasi Kesehatan, Sekolah Tinggi Ilmu Kesehatan RS Husada, Jakarta Pusat, Indonesia

* Corresponding Author: riamose83@gmail.com

Abstract: The quality of healthcare services is a crucial factor in determining patient satisfaction, particularly in the context of the implementation of the National Health Insurance (JKN) through the BPJS Health (Social Security Agency for Health). This study aims to describe the differences in healthcare service quality between BPJS and non-BPJS patients at Hospital X. Using a descriptive qualitative approach with SERV-QUAL theory, data were collected through in-depth interviews and direct observation of the administrative service process. The results indicate a gap in service delivery, particularly in the dimensions of responsiveness and empathy. Non-BPJS patients tend to receive faster, friendlier, and more personalized service, while BPJS patients experience longer waiting times and less empathetic interactions with staff. These findings indicate that services at Hospital X do not fully reflect the principles of justice and equality. Improvements to the service system and staff competency are necessary to enhance the quality of care for all patients, regardless of insurance status.

Keywords: BPJS Kesehatan; Healthcare; Hospital; non-BPJS; SERVQUAL.

1. Introduction

Quality is a fundamental component that determines the competitiveness of service providers in facing the increasingly competitive dynamics of the service industry. For service providers, quality is not only a prerequisite for achieving customer satisfaction but also a strategic aspect that must be continuously improved through continuous innovation. In this context, quality is understood as the conformity of the service provided to customer specifications and expectations. According to Nuraini (2021), quality assessments originate from customers, where their direct experiences and perceptions of a product or service serve as the primary reference in assessing service quality. Similarly, Dewi Agustina (2024) also states that quality is a combination of various characteristics of a product or service that demonstrate its ability to meet customer needs, both explicit and implicit, in both the short and long term. Thus, quality is a strategic element that plays a crucial role in determining the success and competitiveness of a service provider. Quality not only reflects the conformity of a product or service to technical specifications but is also determined by customer perceptions and experiences. Several experts agree that quality involves meeting both explicit and implicit customer needs through integrated product, process, workforce, and work environment characteristics. Therefore, quality is dynamic and must be continuously improved through continuous innovation to meet or even exceed consumer expectations (Sulistiyowati, 2018). Healthcare is a basic human need and, in turn, a crucial indicator of national development. Hospitals, as the primary caretaker of healthcare, are required to provide services that are not only fast but also high-quality and focused on patient satisfaction (Pratiwi & Muthia, 2023).

The responsiveness, empathy, and tangibles dimensions in the SERVQUAL model are often a source of dissatisfaction for BPJS participants, while non-BPJS patients tend to re-

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ceive faster service and more adequate facilities. These findings reflect a service gap that not only impacts patient satisfaction but also has implications for the image and accountability of healthcare institutions. Therefore, a comprehensive evaluation and efforts to improve service quality are needed evenly, so that the principles of justice and equitable access to healthcare can be truly realized, especially in the context of the implementation of the National Health Insurance (JKN).

In the United States, approximately 90% of the population has access to healthcare through various schemes, such as Medicare, Medicaid, and private insurance. However, challenges related to equitable access and financing of healthcare services remain significant issues (National Association of Insurance Commissioners, 2024). Meanwhile, in Taiwan, the National Health Insurance (NHI) system has experienced an increasing reliance on private sector financing, with hospitals playing a central role in service delivery. Despite a 15% decrease in patient readmission rates, approximately 20% of the population still struggles to cover the costs of care, and only 60% of patients report satisfaction with primary care services (NAIC, 2023).

In Indonesia, the Social Security Administration for Health (BPJS Kesehatan) began operating on January 1, 2014, and has covered approximately 250 million participants, or approximately 90% of the total population, in line with the World Health Organization's (WHO) goal of achieving universal health coverage. Generally, participant perceptions of services in urban areas such as Jakarta are quite positive, with approximately 85% reporting satisfaction with the services received. However, challenges related to access and quality of services remain common (Khairunnisa et al., 2023).

Administrative services are an essential component of the healthcare chain, particularly for National Health Insurance (JKN) participants managed by BPJS Kesehatan. National data shows that administrative services are a major source of complaints from hospital patients. According to the 2023 BPJS Kesehatan Performance Report, 37% of JKN participants complained about administrative wait times exceeding 60 minutes, particularly for outpatient services and the referral system (BPJS Kesehatan, 2023). This is reinforced by findings from the Indonesian Ombudsman (2022), which show that administrative aspects and service flow rank highest in reports of public dissatisfaction with public health services.

The 2023 BPJS Kesehatan Public Satisfaction Index Survey recorded that participant satisfaction with hospital administrative services reached only 63%. Ten percent of respondents expressed dissatisfaction, citing a lack of clear information and perceived convoluted procedures (BPJS Kesehatan, 2023). Furthermore, monitoring through the national complaints system SP4N-LAPOR (Reporting and Reporting System) showed that more than 25 percent of reports received throughout 2023 related to BPJS services in hospitals, particularly administrative issues, such as delays in the verification process, digital system issues, and unresponsive administrative staff (SP4N-LAPOR, 2023). One of BPJS's digitalization efforts is the development of the Mobile JKN application, which is used by approximately 41 percent of participants to expedite the administrative process. However, 35 percent of app users experienced technical issues, including system disruptions and navigational difficulties, particularly among the elderly (Ministry of Health of the Republic of Indonesia, 2022). This situation indicates that the digitalization of healthcare services is not yet fully inclusive and has the potential to widen the access gap, especially between patients with high digital literacy and those without.

At the Jakarta Islamic Hospital in Sukapura, 539,859 BPJS patients were registered at the Main Polyclinic and 36,464 at the Prima Polyclinic during the 2021–2025 period. Most patients rely on these hospital facilities for healthcare services, but in practice, they still face various administrative challenges, such as long queues, complicated document requirements, and limited information provided by staff (Madakusuma et al., 2025).

Previous studies have also reported significant differences in service perceptions between BPJS Kesehatan patients and non-BPJS Kesehatan patients, particularly in terms of responsiveness and responsiveness. Furthermore, reports indicate that BPJS Kesehatan patients' predominance in the number of visits is not consistent with high levels of satisfaction. This disparity in service raises issues of equity within the healthcare system and has the potential to create disparities in service delivery within the community.

The BPJS Kesehatan (Indonesian Health Insurance) aims to improve equal access to healthcare services throughout Indonesia. However, in practice, differences in perception and experience are often found between BPJS Kesehatan patients and non-BPJS Kesehatan patients. Several studies have shown that non-BPJS Kesehatan patients tend to be more satisfied with the services they receive compared to BPJS Kesehatan patients. This difference

is often associated with factors such as longer waiting times, more complex administrative procedures, and the service approach of healthcare workers (Pohan, 2024). To objectively assess service quality, the SERVQUAL model is used, which measures five main dimensions: tangibles (physical aspects), reliability (trustworthiness), responsiveness (responsibility), assurance (guarantee), and empathy (ability to understand patients). This model aims to identify gaps between expectations and the reality of the services received by patients (Noviyanti et al., 2025). Results from various previous studies indicate significant differences in perceptions of service quality between BPJS Kesehatan and non-BPJS Kesehatan patients, particularly in the dimensions of responsiveness and responsiveness. Responsiveness refers to a facility's ability to provide personalized attention and understanding to patients (Noviyanti et al., 2025). Furthermore, although BPJS patients dominate the number of visits, patient satisfaction levels have yet to reach optimal levels.

Based on the researcher's observations at the Jakarta Islamic Hospital Sukapura (RS X), services to BPJS patients are still not fast and responsive in their handling, while non-BPJS patients receive much better and more satisfactory services. Based on this phenomenon, further research is needed at RS X to evaluate the perception of service quality between BPJS and non-BPJS patients. By using the SERVQUAL model approach and in-depth interviews, this study is expected to provide a comprehensive picture of service quality and become the basis for recommendations in realizing equal, inclusive, and satisfaction-oriented services for all patients without differentiating participant status (KA Dewi, 2023). This evaluation is very important so that the BPJS Health program not only improves access, but also the quality of health services for the entire community.

2. Materials and Method

This study is a qualitative study with a comparative descriptive design, which aims to describe and compare the perception of the quality of health services between BPJS Kesehatan participant patients and non-BPJS Kesehatan patients at Hospital X. And this study uses a cross-sectional approach, where data is collected at a certain time without any intervention. This study was conducted at the Jakarta Islamic Hospital Sukapura Kelapa Gading, North Jakarta because the hospital is a hospital that accepts patients with BPJS cards and treatment referrals. Purposive sampling is the sampling strategy used in this study. This research method uses information collected from observations or interviews to provide answers to research problems. The research instrument used in this study is an instrument modified from Zeithaml's SERVQUAL theory and from the journal *Participant Satisfaction and Quality of BPJS Services* and Quality of Health Services for BPJS Participant Patients at Hasanuddin University Hospital cited by (Rahman, 2017) and (Lasut et al., 2021).

The participants of this study were BPJS user patients at the Jakarta Islamic Hospital Sukapura Kelapa Gading, North Jakarta, selected using *purposive sampling techniques* with inclusion and exclusion criteria. The inclusion criteria in this study were BPJS users at the Jakarta Islamic Hospital Sukapura Kelapa Gading, North Jakarta, while the exclusion criteria in this study were BPJS user patients and non-BPJS users who had verbal communication disorders due to health problems, BPJS user patients and non-BPJS users with clinical conditions in/moderate acute phase, BPJS card user patients and non-BPJS users who only came for control at the Jakarta Islamic Hospital Sukapura Kelapa Gading, North Jakarta and domiciled outside the JABODETABEK area (Jakarta-Bogor-Depok-Tangerang-Bekasi).

The research applies four criteria for data validity, namely: *credibility* (internal validation), *dependability* (reliability), *confirmability* (objectivity) and *transferability* (external validity) (Creswell & Creswell, 2019). To maintain the validity and credibility of the data, this study uses triangulation techniques, namely data collection techniques from various sources and methods; (1) Source Triangulation: Using information sources from various informants, such as BPJS patients, non-BPJS patients and medical personnel; (2) Method Triangulation: Combining data from interviews, direct observation and documentation while in hospital x; (3) Time Triangulation: Data collection was carried out at several different times to ensure the consistency of the findings at hospital x; (4) Researcher Triangulation: discussion and confirmation of analysis results with colleagues or supervisors to avoid errors.

3. Results and Discussion

Interviews with seven participants of varying ages, education levels, and occupations revealed varying experiences regarding the quality of administrative services at the Jakarta Islamic Hospital in Sukapura. Based on the SERVQUAL theory, service quality can be measured through five main dimensions: tangibles, reliability, responsiveness, assurance, and empathy. Participants with diverse educational and occupational backgrounds, ranging from housewives (P1, P2, P4, P6), private sector employees (P3), entrepreneurs (P5), to factory workers (P7), provided a comprehensive overview of their perceptions of these dimensions. For example, non-BPJS participants (P3, P5, P7) tended to appreciate responsiveness and empathy due to faster and more personalized service, while BPJS users focused more on reliability and assurance related to procedural accuracy and affordability. The in-depth interview approach, guided by a semi-structured guide based on the COREQ standard, ensured that the collected data was not only narratively rich but also valid and credible. COREQ emphasizes the importance of transparency in the qualitative data collection and analysis process, including the purposive sampling technique used to select participants with relevant experiences. With interviews lasting approximately 59 minutes to 1 hour, and non-verbal context recording, researchers were able to capture nuanced details that enriched the understanding of service quality according to the SERVQUAL dimensions. Furthermore, data validation through source triangulation, member checks, and audit trails increased the reliability of the findings. The combination of SERVQUAL theory with a rigorous methodology based on COREQ provides a strong foundation for describing the quality of administrative services at this hospital holistically. This is crucial in identifying which aspects need improvement, especially for BPJS users who desire more responsive services without compromising the assurance and reliability of procedures :

3.1 Tangibles (Physical Evidence)

Based on the interview results, BPJS patients tend to feel that the physical facilities of the hospital are inadequate. Patients complained about cramped and uncomfortable waiting rooms, outdated medical equipment, and poorly maintained bathrooms. Meanwhile, non-BPJS patients felt a much more comfortable and clean atmosphere, and the presence of more complete supporting facilities. According to Parasuraman et al. (1988), the Tangibles dimension refers to the physical appearance of facilities, equipment, and staff. This difference in description indicates that hospital X still applies service differentiation based on membership status, which has a direct impact on the image of BPJS Kesehatan patients and non-BPJS Kesehatan patients regarding the physical quality of the service environment.

Analysis such as (The very long waiting time makes it very stuffy, the seats are narrow, the air conditioner is not cold and often breaks down, and there is a lack of adequate medical equipment) and meanwhile non-BPJS Kesehatan patients actually conveyed a different experience when receiving treatment at Hospital X. Where the service room was more comfortable and served quickly by health workers.

Furthermore, previous research at Aliyah 1 General Hospital in Kendari City in 2024 showed a difference in the level of satisfaction with service quality between BPJS Kesehatan patients and non-BPJS Kesehatan patients. The results showed that the majority of BPJS Kesehatan respondents, 18 people (40.9%) expressed satisfaction with the tangible dimensions of service quality. This was due to the positive image of nurses and doctors, the cleanliness and tidiness of inpatient rooms, and the cleanliness of toilets that met respondents' standards, all of which contributed to their satisfaction. The ability of a business to prove its existence to external parties is known as tangible evidence. The condition of the surrounding environment and the reliable infrastructure and physical facilities of an agency or hospital are concrete evidence of the services provided by the service provider. Physical facilities (buildings, warehouses, etc.), equipment and related technology, and staff appearance are included (Zumria et al., 2020) . Furthermore, the results of a study in the International Journal of Public Health Science stated that based on the results of the study, there was no significant difference in satisfaction between BPJS Kesehatan patients and non-insured patients with health services at the State General Hospital. The highest satisfaction among non-insured patients was with the Assurance variable (-1.002), and the lowest satisfaction was with the Tangibles variable (-1.357). The highest satisfaction among BPJS Kesehatan patients was with the Assurance variable (-1.085), and the lowest satisfaction was with the Responsiveness variable (-1.367). (Dewi & Ramadhan, 2016)

3.2 Reliability

Administrative officers are not punctual in handling patients

BPJS patients reported frequently experiencing delays in services and felt procedures were inconsistent. Some patients even reported that service appointments were not kept on time. Conversely, non-BPJS patients tended to receive prompt service, according to procedures, and with minimal delays. This complaint was frequently encountered at Hospital X. For example, a patient was scheduled for an 8 a.m. appointment, but the health care provider only called at 11:00 a.m., but this was different from services at the non-BPJS Health unit. The service was very regular and scheduled, rarely resulting in delays in check-ups.

Responsiveness

BPJS patients complained about the lack of responsiveness from medical personnel and administrative staff. There was a perception that BPJS patients were given lower priority. Meanwhile, non-BPJS patients felt they were served quickly, often without having to wait long. In SERVQUAL theory, responsiveness is the readiness of staff to assist patients and provide prompt service. This imbalance/injustice in responsiveness indicates that there is still differential treatment in terms of service speed, which can lead to dissatisfaction and reduce the public's perception of the quality of BPJS Kesehatan services (Pratama et al., 2022).

According to a preliminary study conducted/researched, 4 out of 5 general patients reported long wait times during registration, not to mention the long wait to enter the examination room during treatment. Furthermore, further findings revealed that 3 out of 5 BPJS Kesehatan patients reported poor staff friendliness at BKIM, with many healthcare workers appearing indifferent and often unavailable when needed, making BPJS Kesehatan patients feel underserved (FATMASARI et al., 2021). Meanwhile, research by Reyvinnta Azka revealed that the majority of articles, 13 out of 15, reported the highest level of patient satisfaction with BPJS Kesehatan outpatient services (Agnaty et al., 2025). Therefore, responsiveness is a highly sensitive dimension to insurance status. It is possible that patient input regarding "standard BPJS services" contributes to low staff responsiveness, both consciously and unconsciously (Badri et al., 2021).

Assurance (Guarantee and trust)

BPJS patients felt that medical personnel provided insufficiently detailed explanations and rushed their examinations. This made them feel unsafe and lacked complete trust in the personnel's competence. Meanwhile, non-BPJS patients felt that medical personnel were professional, patient, and provided clear information. The Assurance dimension relates to the competence and courtesy of personnel, as well as the extent to which patients feel confident and secure in the service (Faeni, 2024). This inequality in treatment suggests that perceptions of personnel professionalism are heavily influenced by membership status, which should not be the basis for differences in healthcare coverage.

Case analysis: The assurance dimension shows differences in communication approaches and patient engagement, which can be influenced by the patient's economic status or insurance (Pratisara Putri & Pink Berlianto, 2025). The results of previous research, in general, BPJS Health patients at the Halmahera Community Health Center have a positive view of the assurance dimension. The ease of building relationships and communicating with patients, including in providing services to patients, is evidence of the staff's ability to position themselves before patients at the Halmahera Community Health Center in Semarang. The Halmahera Community Health Center also has doctors and medical personnel based on indicators of doctor behavior that foster a sense of security, reasonable medical costs, patient confidentiality, patients can discuss their illnesses privately, and sufficient security personnel to maintain the security of the community health center environment (Arviyanto, 2016).

Furthermore, the research results showed that 50% of patients showed patient satisfaction in the reliability dimension $\geq 90\%$. A total of 7 of 16 literatures or 43.75% showed patient satisfaction in the responsiveness dimension $\geq 90\%$. A total of 7 of 16 literatures or 43.75% showed patient satisfaction in the assurance dimension $\geq 90\%$. A total of 8 of 16 literatures or 50% showed patient satisfaction in the empathy dimension $\geq 90\%$. Accurate patient satisfaction levels are very important in efforts to improve the quality of health services. Therefore, measuring patient satisfaction levels needs to be done periodically, regularly, accurately, and continuously (Arviyanto, 2016).

Empathy

BPJS Kesehatan patients feel treated "differently" compared to non-BPJS Kesehatan patients, particularly in terms of the friendliness of administrative staff and the way healthcare workers speak (Andini et al., 2023). Some stated they did not feel personally cared for. Meanwhile, non-BPJS Kesehatan patients reported experiencing more personalized, humane,

and empathetic service. Non-BPJS Kesehatan patients felt well-treated by healthcare workers (Kurniawan & Purwanto, 2024). There is an empathy gap that indicates the potential for subtle injustice. Although not directly acknowledged by the hospital, this can impact the satisfaction and trust of BPJS Kesehatan users (Evandinnartha et al., 2023).

From the results of previous research, it was stated that the results obtained data that there is a significant relationship between BPJS patient satisfaction with the empathy dimension. Most respondents who expressed dissatisfaction with BPJS services also expressed empathy. BPJS patients sometimes feel that the services provided by the hospital are sometimes good and sometimes not good, such as medical staff who appear well, patients receive clear information about their health status to patients say that medical staff have arrived on time according to the informed schedule, sometimes also the health service when busy, patients receive unsatisfactory feedback (Dyanti et al., 2024).

The results of previous research stated that the indicators used to measure the quality of service reviewed from the empathy aspect include prioritizing the interests of service users over personal interests, serving users with a friendly and polite attitude, providing services regardless of status, and serving and respecting each service user. (13) Other indicators that can also be used in the empathy dimension are the ease of contacting officers, the ability of officers to build communication, high attention from officers and the attention of medical personnel to ask about the condition and development of the patient's condition. (14). The results of the literature study obtained as many as 10 (66.7%) articles showing that services in the empathy dimension have met patient expectations. Patients feel satisfied due to several factors including service without discrimination, officers who always serve and respect patients, attention given by officers, friendliness of officers, and officers who prioritize patient interests. Furthermore, the results of the literature study also found that as many as 5 (33.3%) articles showed patient dissatisfaction in the empathy dimension. Similar to the factors causing patient satisfaction, some patients still feel that there is discriminatory service and officers who do not provide full attention, which makes patients dissatisfied (Mukaromah et al., 2022).

4. Conclusion

Based on the results of qualitative research regarding the description of the quality of service for BPJS Kesehatan users and non-BPJS Kesehatan users at Hospital X, it can be concluded that the quality of service received by both groups of patients is not entirely equal, both in terms of speed, clarity of information, and the attitude of officers. Analysis using the SERVQUAL theory which includes five main dimensions of Tangibles, Reliability, Responsiveness, Assurance, and Empathy reveals a service gap, the Tangibles dimension (physical evidence), non-BPJS patients get access to more comfortable and modern facilities, while BPJS patients feel limited facilities such as crowded waiting rooms and inadequate general services, the Reliability dimension (reliability), services to non-BPJS patients are considered more consistent and timely. On the other hand, BPJS patients often face schedule inconsistencies, complicated administrative processes, and delays in service, the Responsiveness dimension shows that BPJS patients often experience delays in obtaining information and assistance from officers, while non-BPJS patients are served more quickly and receive proactive treatment, Assurance, although the competence of medical personnel is considered good by both groups, non-BPJS patients feel more confident and safe because they receive more detailed explanations and more open communication, and finally the Empathy dimension is one of the biggest gaps in services for BPJS patients. They often feel treated generally without personal attention, in contrast to non-BPJS patients who feel more appreciated, heard, and cared for individually.

Overall, this study shows that the quality of service at Hospital X still tends to favor non-BPJS patients, particularly in terms of service speed, staff attitude, and comfort. This indicates the need for improvements in the service system so that the values of professionalism, justice, and humanism can truly be implemented regardless of patient health insurance status. Improving service standards and staff training is urgently needed to create equitable services that are oriented towards the satisfaction of all patients.

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