



DOI: <https://doi.org/10.38035/dijefa>
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The Influence of Service Quality Dimensions, Insurance System, and Sincerity on BPJS Patient Satisfaction, Trust, and Loyalty in Indonesian Hospitals

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Abstract: This study was conducted to determine the effect of service quality, insurance system, and sincerity of medical personnel on the level of satisfaction, trust, and loyalty of outpatients at XYZ Private Hospital. This study involved 450 outpatient BPJS patients. Data collection was carried out by distributing questionnaires containing 45 questions with a Likert Scale of 1-5 based on the judgmental sampling method. Data were analyzed using the SEM PLS method. The results showed that empathy, insurance system, and sincerity had a significant positive effect on patient satisfaction. Reliability had a significant negative effect on patient satisfaction. Assurance and responsiveness did not affect patient satisfaction. In addition, patient satisfaction and trust had a positive and significant effect on patient loyalty. Patient satisfaction had a positive and significant effect on patient trust in XYZ Private Hospital, while tangible assets had a negative and significant effect on loyalty. Assurance, responsiveness and reliability are further evaluated to ensure that resources are not over-utilized on aspects that are considered less important by respondents. Future studies can take a larger population including other Private Hospitals as well as Government Hospitals and record the diagnosis of diseases experienced by participating patients.

Keyword: Insurance System, Loyalty, Patient Satisfaction, Service Quality, Sincerity, Trust.

INTRODUCTION

National development goals in a country are generally used as a standard to evaluate the effectiveness of the government in fulfilling its responsibilities and operations. One of the benchmarks of good results is the level of public welfare. Public welfare refers to various comprehensive elements that contribute to a satisfactory quality of life, such as accessibility to basic education and health services. To achieve fair and equitable welfare, the Indonesian government prioritizes health issues as one of the main areas of national development. Article 34 paragraph (3) of the 1945 Republic of Indonesia Law states that "The state is responsible for providing adequate health service facilities and public service facilities" (Republic of Indonesia, 2019).

The Indonesian government has built a significant health insurance system by changing the name of PT ASKES (Health Insurance) to BPJS Kesehatan (Health Social Security Agency) on January 1, 2014. This modification is being implemented as part of an effort to provide broader health insurance coverage to all Indonesian people, especially civil servants, pensioners, and the general public (Cabinet Secretariat of the Republic of Indonesia, 2013).

BPJS Kesehatan is a public legal entity as established for the implementation of health insurance programs as mandated by Law Number 24 of 2011 concerning the Social Security Administering Body (Republic of Indonesia, 2011). Health insurance as defined by Law Number 40 of 2004 concerning the National Social Security System is a nationally applicable right that is based on the principles of social insurance and justice (Republic of Indonesia, 2004). The goal is to ensure that all Indonesian citizens benefit from health care and protection to meet their basic health needs. The involvement of BPJS Kesehatan is very important in implementing a national social security system in the health industry.

The number of people registered as BPJS Kesehatan participants as of July 2024 was 275,413,133, according to data collected by the National Social Security Council. The largest number of participants were Contribution Assistance Recipients (PBI), with 141,703,078 participants, which is 51.5% of all BPJS participants. The number of independent participants or Non-Contribution Assistance Recipients (Non-PBI) was 133,710,055, around 48.5% of the total (National Social Security Council Integrated Monitoring System, 2024).

BPJS Kesehatan as the managing institution of the National Health Insurance Program (JKN), has an important responsibility in ensuring the availability of quality and financially affordable health services. However, in practice, BPJS Kesehatan often experiences difficulties with the satisfaction, trust, and loyalty of its participants. These obstacles include a variety of problems including limited availability of health services, inadequate service quality, complicated administrative procedures, and inefficient communication.

BPJS Kesehatan in Indonesia is present as a health insurance system to ensure that all citizens have access to medical services without discrimination. Although this program has been running for quite a long time and involves most of the population, many users feel that the services provided are still not optimal. This dissatisfaction often covers various aspects, ranging from long queues at health facilities to unclear claim procedures. These problems show that the BPJS system still faces major challenges in realizing efficient and satisfactory health services.

One of the main reasons for dissatisfaction among BPJS users is the long waiting time and queues at health facilities that cooperate with BPJS. Users often have to wait for hours to get basic services, and in more serious cases, even have to queue for weeks to get specialist services. This not only reduces user comfort, but also has the potential to worsen their health conditions. This problem arises because of the limited number of health facilities and medical personnel available to accommodate the high number of BPJS users.

In addition to the queue problem, the BPJS claim procedure which is considered complicated and less transparent is also a source of dissatisfaction. Many users are confused by the complicated administrative requirements, as well as the lack of clear information about the steps for submitting a claim. This condition makes users feel ignored and sometimes even pay for health services from their own pockets because the claim process is too long or unclear. In the long term, this will further decrease public trust in BPJS.

In addition, dissatisfaction also arises due to differences in the quality of service between BPJS patients and general patients. Several users reported that they felt treated differently when using BPJS services, both in terms of priority and the facilities provided. There is an assumption that BPJS patients often receive slower and less adequate services than patients who pay directly. This discriminatory treatment creates a gap in health services that is contrary to the original purpose of BPJS as a guarantor of fair health for everyone.

By providing cheaper and more comprehensive health services, BPJS Kesehatan has provided significant benefits to the Indonesian people. However, there are still unresolved issues that require attention, including public complaints about inadequate registration procedures and the use of participant cards. Effective communication among employees and with the community is essential to improving performance and providing high-quality services. Implementing this approach can improve the quality of employee performance and ensure the provision of appropriate information during the execution of tasks.

Assessing participant satisfaction is an important indicator to evaluate the effectiveness of the implementation of the JKN program. Dissatisfaction among BPJS Kesehatan service participants generally stems from concerns about service accessibility, quality of medical care, complicated administrative processes, and long waiting times. Inadequate satisfaction can result in decreased participant trust in BPJS Kesehatan. In addition, trust plays a key role in building loyalty. Participants who have sufficient trust in the services provided by BPJS Kesehatan tend to show loyalty and commitment to maintain their participation in the long term.

With more than 200 million participants, BPJS Kesehatan strives to meet the demands of the community for accessibility and service excellence. However, the obstacles faced in increasing participant satisfaction, trust, and loyalty remain very significant. Participant satisfaction is determined by the quality of services provided as well as the level of transparency, accessibility, and response to concerns.

There are several criteria or indicators used to evaluate the quality of health services provided by an institution or health facility. These indicators serve as a reference point to evaluate the extent to which health services meet the expected standards and meet the needs and expectations of service users. Among several factors, patient satisfaction is the main criterion for evaluating the quality of health services provided. Patient satisfaction is a measurable indicator of the patient's overall experience when receiving health services, including medical components, administrative issues, and interactions with health staff (Verma et al., 2022).

Patient satisfaction assessments not only evaluate the extent to which health services have met the patient's clinical needs, but also include several other factors such as reasonable waiting times, friendliness and expertise of medical personnel, easy access to health facilities, and the provision of clear and comprehensive information. A high level of satisfaction indicates that the health services provided have met or even exceeded patient expectations, while a decreasing level of satisfaction generally reflects deficiencies or problems in the service system that require immediate attention. This is in line with a study conducted by Abekah-Nkrumah et al. (2021) which shows that patient satisfaction has a significant impact on patient loyalty.

Trust plays a critical role in the interaction between patients and healthcare professionals, exerting a significant influence on the quality of care and healthcare outcomes. In an increasingly complex healthcare system, where patients are required to interact with multiple professions, healthcare teams, organisations and financing systems, understanding the dynamics of trust becomes increasingly important. The concept of trust extends beyond the personal interaction between patients and clinicians to encompass broader levels of trust in healthcare organisations and the healthcare system as a whole. However, despite widespread recognition of the importance of trust, there is a lack of comprehensive studies on the various aspects and impacts of trust in the healthcare industry. Research by Calnan et al. (2006) highlights the continuing importance of trust in a range of healthcare settings.

Therefore, it is essential to develop a comprehensive and sustainable approach to improve these three elements. Improving the quality of health services, simplifying administrative processes, utilizing digital technology to improve accessibility of information, and promoting transparent and efficient communication are some of the steps that can be implemented. The

implementation of these steps is expected to enable BPJS Kesehatan to build stronger relationships with participants, thereby increasing their satisfaction, trust, and loyalty to this national health insurance program. Through a comprehensive analysis of the elements that influence participant satisfaction and trust, BPJS Kesehatan aims to achieve continuous innovation and improve the quality of its services. The purpose of this study is to provide valuable suggestions in formulating policies and strategies for BPJS Kesehatan, with the aim of achieving the improvement of national health insurance goals.

The purpose of this study is to conduct a comprehensive analysis of methods to improve satisfaction, trust, and loyalty of BPJS Kesehatan users in Indonesia, especially related to health services. Participant satisfaction, trust, and loyalty are three interrelated factors that are very important for the success of the National Health Insurance (JKN) program managed by BPJS Kesehatan using indicators that refer to the dimensions of service quality, insurance system, and sincerity.

Therefore, this study will not only provide academic contributions by improving the understanding of the dynamics of satisfaction, trust, and loyalty in the domain of health services, but also provide practical suggestions for BPJS Kesehatan and policy makers in their efforts to improve and advance the health insurance system in Indonesia. The importance of this improvement effort lies in its ability to ensure the achievement of BPJS Kesehatan's vision and goals in providing inclusive and equitable health services for all Indonesian citizens.

METHOD

This research is a type of quantitative research conducted using surveys as primary data collected from respondents. The existence of this research can also be classified as cross-sectional research if examined based on time. The number of samples used in this study is actually determined based on relevant recommendations. Based on the guidelines from references in multivariate research, the partial Square structure equation model is recommended to use power analysis or the inverse square root formula (Sarstedt et al., 2022). In this study, an analysis was conducted using partial least square PLS-SEM based on variance.

One of the software that can be used is G * Power® 3.1. So in this case the author uses this device. This study uses an a priori approach with power analysis through easier considerations and can be confirmed with clear output. The calculation of the minimum number was carried out using the help of this application and the results were found to be 173 respondents. The number of respondents obtained at least was 173, but then after data collection the author got different results. After distributing data or questionnaires, 450 respondents were found or obtained who met the requirements. Based on this, the number of samples used in this study was 450 respondents. The sampling method used in this study is non-probability sampling, specifically with the judgment sampling approach.

RESULTS AND DISCUSSION

Respondent Overview

Respondents with female gender occupy 54.4% of the total respondents. While in this case male respondents occupy 45.6%. In this case itself it was found that as many as 37.3% of respondents were those in the age range of 18-27 years, while as many as 20.9% were in the range of 44-50 years and the most confident representing 41.8% of respondents were in the 28 to 43 years. The most respondents' education in this case was at the undergraduate level of 31.3%, followed by high school education of 31.1%. While for the other three levels, namely elementary school at 11.6%, junior high school at 19.6%, and not attending school at 6.4%. Employment data shows that 26.2% of respondents are entrepreneurs, 10.7% of respondents are students, 22% of respondents are private employees, 7.6% of respondents are civil servants, 22% of respondents are housewives and the remaining 11.6% of respondents are those who

have other jobs. Respondents with married status occupy the position of 68.7% while unmarried respondents are at 31.7%. The largest number related to visits from respondents occupies the position of 2 to 5 times, which is 57.6%, followed by one time at 29.1% and finally more than 6 times at 13.3%. Respondents who have been treated for 1 to 3 years are at the level of 46%, then followed by those who have been treated for less than 1 year at 24%, then followed by those who have been treated for about 3 to 5 years at 23.8% and finally more than 5 years at 6.2%.

Outer Model

The initial stage in data processing is the analysis of the measurement model, also known as the outer model or measurement model. This stage aims to ensure that the indicators used in the study meet the reliability and validity criteria, so that they can be considered appropriate for measuring latent variables or constructs. Outer model analysis involves two types of tests carried out sequentially, namely reliability and validity tests. Data processing was carried out using SmartPLS® software on 450 samples, through the Calculation menu with the PLS Algorithm method which is arranged based on path analysis. The results of this analysis cover four main aspects, namely indicator reliability indicated by the outer loading value, construct reliability measured through Cronbach's alpha and composite reliability, construct validity assessed based on average variance extracted (AVE), and discriminant validity determined using the heterotrait-monotrait ratio (HTMT). In this study, there are a number of values that are above 5, so a new calculation is needed by eliminating several indicators. The indicators that were eliminated include STS 2, STS 4, TRT 2, TRT 4, and RSP 4.

Table 1. Validity And Reliability

Item	Outer Loading
Assurance (CA = 0.945, CR = 0.955, AVE = 0.754)	
ASS1: BPJS doctors at this hospital have a good reputation	0.893
ASS2: BPJS doctors at this hospital can provide good health services	0.874
ASS3: BPJS referral hospitals have a good reputation as a place for treatment	0.834
ASS4: Medical personnel at hospitals serving BPJS have extensive medical insight	0.875
ASS5: Medical personnel at hospitals serving BPJS are experienced in the medical field	0.872
ASS6: There is a guarantee of trust in the services at this hospital	0.859
ASS7: There is a guarantee of security in the services at this hospital	0.869
Empathy (CA = 0.879, CR = 0.913, AVE = 0.679)	
EMP1: Medical staff are friendly in providing services to BPJS participants	0.644
EMP2: Medical staff provide services without distinguishing the social status of patients	0.868
EMP3: The hospital pays attention to complaints from BPJS health patients	0.844
EMP4: The hospital is fair in serving patients	0.882
EMP5: The hospital can understand the needs of BPJS patients individually	0.858
Insurance System (CA = 0.904, CR = 0.926, AVE = 0.676)	
IS1: The amount of BPJS contributions per month is affordable	0.831
IS2: Information regarding BPJS user rights is clear	0.850
IS3: Information regarding BPJS user obligations is clear	0.846
IS4: I am free to choose a BPJS referral hospital to check myself	0.703
IS5: Bureaucracy of medical treatment with a BPJS card is easy	0.851
IS6: Procedures for medical treatment with a BPJS card are easy	0.841
Loyalty (CA = 0.896, CR = 0.928, AVE = 0.763)	

Item	Outer Loading
LYT1: I will use BPJS in this hospital again if I am sick	0.911
LYT2: I will recommend others to use BPJS health in this hospital	0.894
LYT3: I will spread positive news about the quality of BPJS services in this hospital	0.898
LYT4: I do not want to review my BPJS membership in this hospital	0.784
Reliability (CA = 0.883, CR = 0.919, AVE = 0.740)	
RLB1: BPJS doctors are right in examining (diagnosing) my illness	0.849
RLB2: There is ease of service procedures at BPJS referral hospitals	0.847
RLB3: There is ease in managing BPJS health patient care costs	0.870
RLB4: BPJS health is able to provide the promised services reliably	0.875
Responsiveness (CA = 0.842, CR = 0.905, AVE = 0.761)	
RSP1: Hospitals are trusted to serve BPJS participants	0.885
RSP2: Hospitals are responsible for completing tasks in serving BPJS participants	0.884
RSP3: Hospitals are responsive in handling complaints from BPJS health patients	0.847
Sincerity (CA = 0.930, CR = 0.950, AVE = 0.827)	
SNC1: Hospital staff are sincere in serving BPJS health patients	0.934
SNC2: Hospital staff are sincere in giving advice	0.907
SNC3: Hospital staff are polite in serving BPJS health patients	0.916
SNC4: Hospital staff give full attention to patients	0.879
Satisfaction (CA = 0.891, CR = 0.948, AVE = 0.901)	
STS1: I feel happy to check myself using BPJS health at this hospital	0.953
STS3: Overall, I am satisfied using BPJS health here	0.945
Tangible (CA = 0.714, CR = 0.840, AVE = 0.639)	
TGB1: Comfortable hospital building	0.701
TGB2: Clean hospital	0.869
TGB3: Advanced medical equipment facilities are available for BPJS health patients	0.818
Tangible (CA = 0.924, CR = 0.963, AVE = 0.929)	
TRT1: I think my hospital is trustworthy	0.966
TRT3: The medical staff at this hospital helped me solve my health problems	0.962

This study used 450 samples, while according to Hair et al. (2022), for a sample size of 350 people or more, a minimum outer loading value of 0.3 was used. Based on the table that has eliminated 5 indicators, namely in table 1, it is known that the outer loading value is above 0.3. This indicates that all data in the study from the indicator side can be said to be valid in the research model.

Table 1 above has shown the second construct reliability value, which is a value that has eliminated 5 indicators from several variables. The table shows that the Cronbach's alpha value of all variables is greater than 0.7 and the composite reliability value of all variables is also greater than 0.7 and less than 0.95. In addition, the reliability coefficient value is also between the Cronbach's alpha and composite reliability values. This has shown that from the data above it can be concluded that all of the indicators have shown consistency which means they are considered reliable to be able to measure the construction as a whole.

Table 1 shows the second average variance extracted (AVE) value, which is a value that appears after eliminating the 5 indicators that have been explained previously. In the table, it can be seen that the highest AV value is at 0.929 which is the Trust variable. On the other hand, the lowest value is the value of the Tangible variable with a value of 0.639. Based on this, the

overall value of all variables in the table is above 0.5, which indicates that all variables in this case have valid results.

Table 2. Discriminant Validity Value

	ASS	EMP	IS	LYT	RLB	RSP	SNC	STS	TGB	TRT
ASS										
EMP	0,868 (CI 0,818- 0,915)									
IS	0,848 (CI 0,802- 0,892)	0,892 (CI 0,846- 0,935)								
LYT	0,691 (CI 0,627- 0,752)	0,825 (CI 0,767- 0,880)	0,731 (CI 0,666- 0,793)							
RLB	0,709 (CI 0,634- 0,779)	0,807 (CI 0,744- 0,868)	0,807 (CI 0,748- 0,862)	0,765 (CI 0,704- 0,824)						
RSP	0,844 (CI 0,781- 0,904)	0,852 (CI 0,787- 0,912)	0,815 (CI 0,752- 0,875)	0,901 (CI 0,860- 0,941)	0,923 (CI 0,872- 0,970)					
SNC	0,724 (CI 0,663- 0,783)	0,799 (CI 0,739- 0,856)	0,682 (CI 0,615- 0,747)	0,942 (CI 0,906- 0,975)	0,772 (CI 0,709- 0,831)	0,925 (CI 0,884- 0,965)				
STS	0,799 (CI 0,752- 0,845)	0,913 (CI 0,872- 0,952)	0,815 (CI 0,764- 0,864)	0,861 (CI 0,809- 0,908)	0,726 (CI 0,662- 0,788)	0,861 (CI 0,811- 0,909)	0,855 (CI 0,805- 0,902)			
TGB	0,706 (CI 0,651- 0,758)	0,831 (CI 0,787- 0,874)	0,691 (CI 0,629- 0,750)	0,564 (CI 0,488- 0,636)	0,691 (CI 0,631- 0,749)	0,723 (CI 0,663- 0,780)	0,632 (CI 0,562- 0,700)	0,594 (CI 0,526- 0,660)		
TRT	0,811 (CI 0,768- 0,852)	0,879 (CI 0,837- 0,917)	0,772 (CI 0,721- 0,822)	0,838 (CI 0,786- 0,887)	0,646 (CI 0,577- 0,713)	0,829 (CI 0,778- 0,877)	0,824 (CI 0,771- 0,873)	0,950 (CI 0,916- 0,980)	0,616 (CI 0,551- 0,680)	

The HTMT testing process involves a comparison between heterotrait correlation, which is the relationship between an indicator and another construct, and monotrait correlation, which is the relationship between an indicator and its own construct. If the ratio obtained is less than 0.9, then the variable is considered to have no discriminant problems and is declared valid. If in an HTMT ratio calculation there is a value that is more than 0.9, then in this case the indicator must be confirmed with inferential HTMT. In this case, the existence of the HTMT ratio calculation uses inferential values or bootstrapping which are needed when there is a discrepancy or questionable results from the validity of the discriminant. The bootstrapping process itself in this case will obtain a range of confidence interval values to ensure that the HTMT ratio value can be accepted significantly. When the 95% interval consistency value has

an upper limit of more than one, its significance cannot be confirmed so that based on this, the measured indicator has not been discriminated properly.

Based on the results presented in table 2, it is known that the HTMT value 1 There is still a relationship between concepts that have a ratio value of more than 0.9. This value is reflected in several relationships, in which there are 4 relationships. The first relationship is the relationship between empathy and satisfaction which is at 0.913. The second relationship lies in loyalty and responsiveness which is at 0.901. The third relationship is loyalty and sincerity which is at 0.942. Finally, the relationship that is at a number above 0.9 is satisfaction and trust which is at 0.950. In this case itself, it can be said that several indicators in the independent variables have not been discriminated well. Based on the bootstrapping process that has been carried out, the range of confidence interval (CI) values will be obtained to ensure whether the HTMT ratio can be accepted significantly. If the upper limit of the 95% CI value exceeds 1, then its significance cannot be confirmed, which means that the measured indicators do not have good discrimination. Based on the measurement results in Table 2, it can be seen that all 95% CI values between constructs are no more than 1, so it can be concluded that the indicators measured in this study already have good discrimination.

Inner Model

The R-squared (R^2) and p-values for the Loyalty, Satisfaction, and Trust variables, it can be concluded that this model has a fairly good ability to explain the variability in the three variables. For the Loyalty variable, the R^2 value of 0.651 indicates moderate explanatory power, which means that around 65.1% of the variation in loyalty can be explained by the variables in the model, with a very small p-value (0.000) indicating high significance. Meanwhile, the Satisfaction variable has an R^2 value of 0.770, which indicates strong explanatory power, with around 77% of the variation in satisfaction can be explained by the model, and a very small p-value (0.000) confirms the significance of the relationship between the variables. The Trust variable also shows a fairly high R^2 value, namely 0.746, which indicates that the model is able to explain around 74.6% of the variation in the trust variable. The very small P-value (0.000) on the three variables indicates that the relationship between the variables in this model is very statistically significant. Overall, these results indicate that the model used in this study has good explanatory power and a significant relationship between the variables tested.

The influence of assurance, reliability, responsiveness on satisfaction is stated to have no effect size because it has an f square value of less than 0.02. The influence of insurance system, sincerity, tangible on satisfaction has a small effect size because it has an f square value greater than or equal to 0.02 and less than 0.15. The influence of empathy on satisfaction has a medium effect size because it has an f square value greater than or equal to 0.15 but less than 0.35. Satisfaction on loyalty has a small effect size while satisfaction on trust has a large effect size. The influence of trust on loyalty has a small effect size.

The loyalty variable has a Q^2 value of 0.711. Based on this, the number has passed the value of 0.5, which is getting closer to 1, so it can be said to be part of the large predictive relevance. Next, the satisfaction variable has a Q^2 value of 0.751. Based on this, the number has passed the value of 0.5, which is getting closer to 1, so it can be said to be part of the large predictive relevance. Finally, it can be seen that the trust variable has a value of 0.723. Based on this, the number has passed the value of 0.5, which is getting closer to 1, so it can be said to be part of the large predictive relevance.

Hypothesis Testing

Table 3. Hypothesis Testing

	Hypothesis	Original Sample	T statistics	P values	Results
H1	Assurance → Satisfaction	0.068	1.037	0.150	Not Supported
H2	Empathy → Satisfaction	0.437	5.314	0.000	Supported
H3	Insurance System → Satisfaction	0.190	2.867	0.002	Supported
H4	Reliability → Satisfaction	-0.108	1.835	0.033	Supported
H5	Responsiveness → Satisfaction	0.125	1.339	0.090	Not Supported
H6	Sincerity → Satisfaction	0.332	4.667	0.000	Supported
H7	Satisfaction → Loyalty	0.443	5.703	0.000	Supported
H8	Satisfaction → Trust	0.864	49.585	0.000	Supported
H9	Tangible → Satisfaction	-0.128	4.716	0.000	Supported
H10	Trust → Loyalty	0.392	4.991	0.000	Supported

The Effect of Assurance on Satisfaction

Through table 3, it can be seen that the p-value is 0.150. This shows that there is no significant influence of the independent variable on the dependent variable. The t-statistic value in this case is 1.037, which means that the result is not significant because it is below the minimum limit of 1.645. Next, the standard value of the standardized coefficient in this hypothesis is obtained at 0.068 which has a positive influence. This means that the existence of assurance has a positive effect on the presence of satisfaction but is not significant. Hypothesis H1 in this case is not supported if the assurance variable increases, it is not followed by a significant increase in the satisfaction variable.

The presence of these results certainly contradicts several studies, namely research conducted by Meesala & Paul (2018), Sutanto (2023), Suyono et al. (2022), and Hardiyansyah & Mukran (2016). In this case, several of these studies state that assurance has a positive effect on the presence of satisfaction or patient satisfaction in the hospital. This study itself has differences with these studies, which is a limitation of the research object. In general, the existence of assurance can indeed be said to be based on the services provided in the hospital. It should be able to provide satisfaction. However, in this case, the guarantee given may ultimately not be able to show what the existence of satisfaction itself is like so that in the end it does not support the satisfaction received by patients. This especially applies to XYZ Private Hospital which does not show any satisfaction from patients thanks to the guarantee.

Although in this study patients may come with the assumption that the emergence of high guarantees still affects how they ultimately cannot get satisfaction thanks to the guarantee. The average value of the input obtained for this variable is 3.844 which means strongly agree. This condition itself means that although it does not have a significant effect, respondents agree that XYZ Private Hospital is able to provide guarantees even though using BPJS payment services can be interpreted that although they consider this to be a good thing, it has not been able to provide satisfaction for them from the presence of the guarantee. Based on this, it can also be said that the existence of a high guarantee or proposal variable cannot be the main determinant of patient satisfaction at XYZ Private Hospital.

The Effect of Empathy on Satisfaction

Through table 3, it can be seen that the p-value is 0.000. This shows a significant influence of the empathy variable on the satisfaction variable. The t-statistics value in this case is 5.314, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.437, which indicates a

positive influence. This means that the higher the empathy given by the service provider, the higher the level of patient satisfaction. Thus, the H2 hypothesis is supported. If the empathy variable increases, it will be followed by a significant increase in the satisfaction variable.

The results of the existing research have supported several previous studies, including research conducted by Hasan (2021), Monika & Ardani (2021), Kismanto & Murtopo (2023), and Karmadi et al. (2023). In this case, in the world of health, it certainly states that the existence of empathy and caring for patients is a very important thing. In the study itself, it can be seen that patients consider the value of empathy given by employees or health workers in a hospital service to be able to make them feel satisfied. This supports several studies that have said that the existence of empathy can increase patient satisfaction.

The satisfaction of these patients can arise or be realized because when patients feel they are cared for, it will ultimately make them feel more considered. In this case, empathy refers to the ability after medical treatment to understand the feelings and individual needs of each patient in the hospital. In this case, the limitations of the hospital's ability and providing services are important factors that indicate how empathetic they are. So even though the service provided by the hospital may not be very good or there are some limitations, because of this empathy and caring, they become more satisfied. The descriptive value obtained from this variable is 3.545, which indicates that patients generally agree with the empathy provided by the hospital. This indicates that when the hospital seeks treatment at XYZ Private Hospital, patients feel cared for with this feeling of empathy.

The Effect of Insurance System on Satisfaction

Through table 3, it can be seen that the p-value is 0.002. This shows a significant influence of the insurance system variable on the satisfaction variable. The t-statistics value in this case is 2.867, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.190, which shows a positive influence. This means that a better insurance system will increase the level of patient satisfaction. Thus, hypothesis H3 is supported. If the insurance system variable increases, it will be followed by a significant increase in the satisfaction variable.

The results obtained in this study have supported several previous studies, including studies conducted by Ratnawati et al. (2023), Maimun & Rifqi (2020), Aditya & Yafiz (2022). In this case, it is known that several studies have stated that the insurance system plays a specific role in providing a positive influence on the face of patient satisfaction. The support provided through the presence of the results of this study has provided an understanding that the existence of an insurance system can play a role in resolving patient satisfaction.

An insurance system can be said to significantly influence the decision of Hospital patients for certain reasons. This is because when insurance is well designed and uses patients in the claim process, patients will feel more satisfied with the experience they get at the hospital. Insurance in this case can provide clear and easily accessible protection and guarantee transparent treatment costs contributing to patient satisfaction. This is what happened at XYZ Private Hospital where the insurance system in this case received a value in descriptive statistics in general or an average of 3.532 which means agree. This indicates that with the value said XYZ Private Hospital has provided services using an insurance system that is easy to claim, thereby increasing the satisfaction of patients who are treated at the hospital using BPJS payments.

The Effect of Reliability on Satisfaction

Through table 3, it can be seen that the p-value is 0.033. This shows a significant influence of the reliability variable on the satisfaction variable. The t-statistics value in this case is 1.835, which means the result is significant because it is above the minimum limit of

1.645. Furthermore, the standardized coefficient value in this hypothesis is -0.108, which indicates a negative influence. This means that an increase in service reliability actually has a negative influence on patient satisfaction levels. Thus, hypothesis H4 is supported, although the influence is negative.

The presence of these results certainly supports research conducted by Hardiyansyah & Mukran (2016), Meesala & Paul (2018), Sutanto (2023), and Suyono et al. (2022). In this case, it means that the existence of rehabilitation or reliability in health services is able to provide satisfaction to patients. Reliability or conditions in a health service include various hospital capabilities in an effort to provide services consistently and in accordance with what is promised. In this case, there should be no difference or discrimination against the health services provided. In this case, through the results of the study, it can be said that the existence of XYZ Private Hospital has provided services that are able to be the main factor determining the presence of satisfaction for patients.

The Effect of Responsiveness on Satisfaction

Through table 3, it can be seen that the p-value is 0.090. This shows that there is no significant influence of the responsiveness variable on the satisfaction variable. The t-statistics value in this case is 1.339, which means that the result is not significant because it is below the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.125, which indicates a positive influence. This means that the existence of responsiveness has a positive effect on the presence of satisfaction, but not significant. Thus, the H5 hypothesis is not supported.

The results of existing research have shown that this research is different from several previous studies, including the reality conducted by Kismanto & Murtopo (2023), Nanda (2018) and Rivai et al. (2020). The presence of these differences and conflicts can certainly occur due to research limitations and differences in research respondents or other certain conditions. Where it is important to realize that sometimes there are responses that may not be able to meet the standards of each patient, especially with demographic differences. The value of the descriptive statistics for this variable is 3.666 where patients said that they agreed with all the indicators presented. This indicates that in providing services, it can be said that the Private Hospital where the research was conducted has been able to provide responsive services to patients. However, in this case it may not be able to fully satisfy them due to certain limitations.

The Effect of Sincerity on Satisfaction

From table 3, it can be seen that the p-value is 0.000. This shows a significant influence of the sincerity variable on the satisfaction variable. The t-statistics value in this case is 4.667, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.443, which shows a positive influence. This means that better sincerity will increase the level of patient satisfaction. Thus, the H6 hypothesis is supported. If the sincerity variable increases, it will be followed by a significant increase in the satisfaction variable.

The results of this study have supported several previous assets, namely research conducted by Ratnawati et al. (2023), Irpani et al. (2024), and Woo & Choi (2021). This study shows that the existence of sincerity is one of the important factors that significantly influences patient satisfaction in hospitals. In this case itself, it can be seen that this sincere attitude is one of the important aspects that provide a positive experience to patients, especially in personal health services. The polite attitude of hospital staff is one of the main strengths in providing services. The sincerity of service shown by hospital staff has given a positive impression to BPJS patients. When information is delivered sincerely and politely, patients feel more

confident and involved in their care process. Sincerity helps build trust between patients and medical personnel, which in turn increases patient satisfaction with the services provided. Conversely, insincerity can cause disappointment and reduce patient satisfaction levels, because they feel they are not being treated fairly even though they are BPJS patients.

The Effect of Satisfaction on Loyalty

Through table 3, it can be seen that the p-value is 0.000. This shows a significant influence of the satisfaction variable on the loyalty variable. The t-statistics value in this case is 5.703, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.443, which indicates a positive influence. This means that a higher level of satisfaction will increase the level of loyalty. Thus, hypothesis H7 is supported.

The presence of this has supported several previous studies, namely research conducted by Sari (2020), Putri et al. (2024), and Munthe et al. (2022). Where these studies provide views and results that the presence of satisfaction can build loyalty that a person has towards a hospital. This can happen because the satisfaction received by a patient in the world of health is the key to whether they will continue to use the service or move.

The trust built during the care experience is critical in determining patient loyalty to a hospital. When patients feel confident in a hospital's capabilities and integrity, they are more likely to continue to choose that hospital for continued care and recommend it to others. Trust fosters loyalty because patients feel valued and confident that they will receive high-quality care. This loyalty is also demonstrated through patient compliance with medical recommendations and decisions to continue using the hospital's services in the future.

The Effect of Satisfaction on Trust

Through table 3, it can be seen that the p-value is 0.000. This shows a significant influence of the satisfaction variable on the trust variable. The t-statistics value in this case is 49.585, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.864, which indicates a positive influence. This means that a higher level of satisfaction will increase the level of trust. Thus, hypothesis H8 is supported.

The results of the existing study are in line with several previous studies, namely research conducted by Ula et al. (2021), Taufiq et al. (2022), and Sari (2020). Where the study has shown the influence of satisfaction on patient trust. In the world of health itself, patient satisfaction is closely related to trust in hospitals and medical staff. When patients are satisfied with the care they receive, such as quality of service, clarity of communication, and treatment outcomes, they tend to build greater trust in the hospital. Satisfaction creates confidence that the hospital is able to meet or exceed patient expectations. High trust affects patients' views of the quality and credibility of the hospital, which can strengthen their relationship with the institution and increase their likelihood of choosing the same hospital in the future.

The Effect of Tangible on Satisfaction

Through table 3, it can be seen that the p-value is 0.000. This shows a significant influence of tangible variables on satisfaction variables. The t-statistics value in this case is 4.716, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is -0.128, which indicates a negative influence. This means that the existence of physical elements can have a negative impact on patient satisfaction. Thus, the H9 hypothesis is supported, although the influence is negative. The negative impact can occur because the quality of the facilities at XYZ Private

Hospital is still inadequate. Based on this, many patients feel that with the quality of existing services, facilities that do not support reduce their value.

The results of the existing study are quite different from several previous studies, namely research conducted by Layli (2022), Hasan (2021), Sundoro & Purnomo (2022). Where the study has shown the influence of tangible on patient satisfaction. Referring to a physical aspect of a health facility including the cleanliness of the hospital and the modernity of the equipment to the professional appearance of the medical staff. Patients often judge the quality of service based on what they see and feel directly. In each service provided, of course, there are differences through the prices paid in each hospital. Patients with certain payments also get different facilities that are adjusted to the condition of the hospital and the payment ability used. Adequate facilities such as comfortable waiting rooms or the latest medical equipment and cleanliness maintained by the hospital in providing services will affect patient satisfaction. This is also supported by the physical appearance of the medical staff who build the perception or views of the patients.

The Effect of Trust on Loyalty

Through table 3, it can be seen that the p-value is 0.000. This shows a significant influence of the trust variable on the loyalty variable. The t-statistics value in this case is 4.991, which means the result is significant because it is above the minimum limit of 1.645. Furthermore, the standardized coefficient value in this hypothesis is 0.392, which shows a positive influence. This means that a higher level of trust will increase patient loyalty. Thus, the H10 hypothesis is supported.

The results of this study are in line with several previous studies, namely studies conducted by Wijaya (2024), Sari (2020), and Putri et al. (2024). Where the existence of a high level of trust tends to increase patient loyalty. The trust built during the care experience is very important in determining patient loyalty to the hospital. When patients feel confident in the ability and integrity of the hospital, they are more likely to continue to choose the hospital for further care and recommend it to others. Trust fosters loyalty because patients feel valued and confident that they will receive high-quality care. This loyalty is also demonstrated through patient compliance with medical recommendations and decisions to continue using the hospital's services in the future.

CONCLUSION

This study concludes that assurance has a positive and insignificant effect on satisfaction, empathy has a positive and significant effect on satisfaction, insurance system has a positive and significant effect on satisfaction, reliability has a negative and significant effect on satisfaction, responsiveness has a positive and insignificant effect on satisfaction, sincerity has a positive and significant effect on satisfaction, satisfaction has a positive and significant effect on loyalty, satisfaction has a positive and significant effect on trust, tangible has a negative and significant effect on satisfaction, trust has a positive and significant effect on loyalty.

The findings of this study can provide significant managerial implications for XYZ Private Hospital to continue to prioritize the maintenance and improvement of aspects that require improvement based on the findings of the Importance-Performance Matrix Analysis (IPMA). The results of the study indicate that the sincerity variable is considered an important factor by respondents whose implementation has been running with good performance and must be maintained so that patient satisfaction can continue to increase.

The results of this study explain that several dimensions of service quality, insurance system and sincerity have a significant positive influence on satisfaction, trust, and loyalty. The results of this study provide an important theoretical contribution by strengthening the idea that the dimensions of service quality, insurance system, and sincerity have a positive impact on

satisfaction, trust, and loyalty. This finding supports existing theories, which state that service quality is one of the main factors in creating customer satisfaction and building trust, which ultimately affects customer loyalty. In the context of healthcare, these results indicate that a reliable and efficient insurance system also affects patients' views on satisfaction and loyalty, strengthening the argument for the importance of integrated support system management.

Suggestions for further research are to collect data from several hospitals with different characteristics, both private and government, to gain a more comprehensive understanding. In addition, it is important to record the patient's disease diagnosis so that analysis can be carried out based on certain medical conditions. This broader and more diverse study is expected to produce more valid and reliable findings, as well as provide a deeper understanding of patient experiences in the context of health services in Indonesia.

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