The Effect of Service Quality on BPJS Patient Satisfaction in the Outpatient Installation at RSU Sinar Husni Medan

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ABSTRAK

Jaminan Kesehatan Nasional (JKN) adalah suatu program pemerintah dan masyarakat dengan tujuan memberikan kepastian jaminan kesehatan yang menyeluruh bagi rakyat indonesia agar penduduk Indonesia dapat hidup sehat, produktif, dan sejahtera. Jaminan Kesehatan berkaitan dengan kualitas pelayanan yang bersinggungan langsung dengan kepuasan pasien. Desain penelitian menggunakan metode kuantitatif yang dilakukan secara survei analitik dengan pendekatan cross sectional study. Populasi dalam penelitian adalah pasien rawat Jalan di Rumah Sakit Umum Sinar Husni Medan yang berjumlah 7.477 orang, dengan sampel 99, dengan accidental sampling. Berdasarkan hasil uji chi square diperoleh hubungan tangible, reability, responsiveness, assurance dan emphaty terhadap kepuasan pasien BPJS yaitu 0,002, 0,002, 0,001, 0,001, dan <0,001. Ada pengaruh antara kualitas pelayanan (tangible, reability, responsiveness, assurance, emphaty) terhadap kepuasan pasien BPJS di Instalasi rawat jalan.

Kata Kunci: BPJS; kualitas pelayanan; kepuasan pasien

ABSTRACT

The National Health Insurance (JKN) is a government and community program aimed at providing comprehensive health coverage for the Indonesian population, enabling citizens to live healthy, productive, and prosperous lives. Health insurance is closely related to service quality, which directly affects patient satisfaction. This study employed a quantitative design using an analytical survey with a cross-sectional approach. The population consisted of outpatient patients at Sinar Husni General Hospital, Medan, totaling 7,477 individuals, with a sample of 99 selected using accidental sampling. Based on the chi-square test, the relationship between tangible, reliability, responsiveness, assurance, and empathy with BPJS patient satisfaction yielded p-values of 0.002, 0.002, 0.001, 0.001, and <0.001 respectively. There is a significant effect of service quality (tangible, reliability, responsiveness, assurance, empathy) on BPJS patient satisfaction in the outpatient installation.

Keywords: BPJS; service quality; patient satisfaction

BACKGROUND

Indonesia is one of the countries that has implemented a social security program to help the community meet their health needs. However, a large portion of the population has not yet received adequate protection. Furthermore, the implementation of various social security programs has not been able to provide fair and sufficient protection to participants in accordance with the benefits entitled to them. Basic life necessities, for which the government is responsible, include health. According to Law No. 36 of 2009 concerning Health, every individual has the same right to access health services and obtain safe, quality, and affordable healthcare. This means that the government is obligated to provide health services in accordance with these legal standards.

As part of the health service system, hospitals broadly provide healthcare services to the community, including medical services, medical support services, medical rehabilitation, and nursing services. These services are delivered through emergency units, outpatient units, and inpatient units. Hospital healthcare services target not only individual patients but also extend to their families and the general public.

In hospitals, the service-producing units are the installations. As service-producing units, hospital installations serve as the operational frontline. Polyclinics are functional units in hospitals that provide outpatient services to patients. Currently, public demand for outpatient care (one-day care) is increasing, leading to a rise in patient visits to polyclinics. The increase in patient visits over time is also influenced by patient satisfaction. Satisfaction refers to the level of a person's feelings after comparing the performance or outcomes received (services delivered) with what was expected. Services are expected to make patients feel satisfied (customer satisfaction), meaning providing patients with what they truly need and want, rather than what we think they need.

According to the Indonesian Ministry of Health Regulation No. 129/MENKES/SK/II/2008, the hospital minimum service standards include an outpatient waiting time of ≤60 minutes and a patient satisfaction level of ≥90%. Services below 90% patient satisfaction are considered substandard or low-quality.

The National Health Insurance (JKN) is a government and community program aimed at providing comprehensive health coverage for Indonesians so that they can live healthy, productive, and prosperous lives. This social security program covers health maintenance costs and basic health needs, organized nationally in a mutual assistance system, where all Indonesians are required to pay contributions or have them paid by the government. To implement this, the Social Security Administration Agency (BPJS) was established as the institution responsible for organizing social security programs in

Indonesia, in accordance with Law No. 40 of 2004 on National Social Security and Law No. 24 of 2011 on BPJS. BPJS replaced several existing social security institutions in Indonesia and now consists of BPJS Health and BPJS Employment. Operationally, JKN implementation is regulated through Government Regulations and Presidential Regulations, such as Government Regulation No. 101 of 2012 concerning Contribution Assistance Recipients (PBI), Presidential Regulation No. 12 of 2013 on Health Insurance, and the JKN Roadmap.

According to BPJS Health Regulation No. 1 of 2014, health insurance is protection that allows participants to receive benefits for health maintenance and protection in fulfilling basic health needs, provided to anyone who pays contributions or whose contributions are paid by the government. Since the program's implementation in January 2014, all Indonesian citizens and foreigners residing in Indonesia for at least six months are required to be BPJS members. The aim is for all Indonesians to utilize available health services and facilities at Puskesmas, hospitals, or clinics affiliated with the program.

Based on data on health coverage and BPJS participants in North Sumatra Province (2023), the percentage of contribution assistance recipients among BPJS participants was approximately 32.03% in 2021, 28.70% in 2022, and 39.01% in 2023. For non-contribution assistance recipients, the percentages were 32.08% in 2021, 35.92% in 2022, and 34.79% in 2023.

Deciding to become a BPJS Health participant is the most appropriate action for responsible citizens, considering that BPJS Health membership is mandatory. Becoming a participant supports government programs and provides multiple benefits, including: (1) primary healthcare services covering non-specialist care, (2) advanced referral healthcare services including outpatient and inpatient care, and (3) ambulance facilities for referrals between healthcare facilities.

All healthcare providers, including hospitals, must participate in the JKN program. Hospitals, as health service facilities, play a critical role in improving public health. The physical presence of hospitals must be supported by excellent services in delivering healthcare to the community. Service quality is a key factor influencing public choice of healthcare facilities. Essentially, service quality is a factor in the competition among service providers, including hospitals. According to Manoppo and Gurning, factors affecting hospital service quality include timeliness of service, staff competence, and room cleanliness.

Patient satisfaction depends on the quality of healthcare services. Measuring patient satisfaction is closely related to service quality. Satisfaction occurs when customer needs, desires, and expectations are met. Patient satisfaction is a feeling of pleasure that services

or products received meet or exceed expectations. It is a key indicator of service quality and an asset for gaining more patients and ensuring patient loyalty. Loyal patients will reuse healthcare services when needed and may recommend the facility to others.

Satisfaction is considered optimal when it meets certain indicators: (1) congruence with expectations, meaning the services provided meet the customers' expectations, (2) performance perception, meaning the customer's view or evaluation of the service received, and (3) overall customer evaluation of the service received.

According to Parasuraman et al., services are based on five Service Quality (SERVQUAL) principles: reliability, assurance, tangibles, responsiveness, and empathy.

According to Nursalam, the quality of hospital services can be reflected in patient satisfaction. Patient satisfaction is an overall assessment of the quality of services received. Satisfaction is the feeling of pleasure resulting from the comparison between expectations and the actual service received. Kotler (2005) defines satisfaction as the feeling of pleasure or disappointment after comparing perception or impression of performance with expectations, including in BPJS administrative service quality.

Previous research by Khusnul Khotimah (2023) indicated that BPJS patients were satisfied with health services at Puskesmas Jayapura Utara, based on responses across all service quality dimensions, categorized as good. Research by Fitriana (2020) showed that some sub-dimensions received positive responses, while others were neutral, such as BPJS drug availability, patient admission procedures, and staff politeness. The best response was in the Assurance dimension, related to specialist doctor availability, while neutral responses were highest in doctors' efforts to alleviate patient anxiety. Negative responses were observed in Empathy, where nurses did not spend adequate time communicating with patients, and in Access, where staff were perceived as unequal in service regardless of patients' economic status.

However, a common problem in hospitals today is the inability to fully meet patients' expectations. Patients demand high-quality services, not only for physical recovery or health improvement but also for satisfaction with staff attitude, availability of adequate facilities, and a comfortable environment. Patient satisfaction depends on service quality. Service refers to all efforts made by staff to meet customer needs. Patient satisfaction is an indicator of service quality and a means to gain more loyal patients. Loyal patients will return for future services and recommend the facility to others. Initial data collection at RSU Sinar Husni Medan showed that outpatient BPJS patient visits from January to June 2024 totaled 7,477 patients.

METHOD

1. **Study Design**

   The research was conducted using a quantitative method through an analytical survey with a cross-sectional study approach. The study was carried out at RSU Sinar Husni from May 2024 to August 2024.

2. **Population and Sample**

   The population of this study consisted of outpatient patients at RSU Sinar Husni Medan, totaling 7,477 individuals. The sample consisted of 99 patients who visited the Outpatient Installation of RSU Sinar Husni Medan. The sampling technique used was accidental sampling.

3. **Study Variables**

   The study variables include service quality as the independent variable and BPJS patient satisfaction as the dependent variable.

4. **Operational Definition of Variables**

   a. **Reliability** is the ability to provide services according to promises and offered standards. Service quality assessment is based on the administrative unit's ability regarding timeliness of service, registration processing time, examination start time, and the alignment between patient expectations and actual service time.

   b. **Assurance** refers to the ability to provide services that instill confidence. Indicators include timely completion of procedures and being served by competent staff.

   c. **Tangibles** are the physical and tangible aspects of service, including the appearance and completeness of facilities such as waiting rooms, registration areas, medical support equipment (CT-Scan, endoscopy, X-ray, ultrasound), availability of parking, cleanliness, neatness, comfort of waiting and registration areas, communication equipment, and staff appearance.

   d. **Empathy** is the individual attention given by BPJS staff to patients and their families, including ease of contact, communication skills, staff attentiveness in reaching patients, and assistance in handling administrative matters.

   e. **Responsiveness** is the employees' readiness and willingness to help customers and provide fast and responsive services. This includes staff attentiveness in service delivery, speed in handling transactions, and addressing patient complaints.

   f. **Patient Satisfaction** refers to the satisfaction of patients regarding the administrative service quality provided by the hospital.

4. **Study Instruments**

The instruments used in this study were questionnaires consisting of two parts: one for service quality and one for patient satisfaction, each containing 25 questions.

5. **Data Analysis**

Bivariate analysis in this study was performed using the Chi-square test.

RESULT

1. **Univariate analysis**

Table 1. Frequency Distribution of Respondents Based on Tangibles on BPJS Patient Satisfaction at Outpatient Installation, RSU Sinar Husni Medan

Variabel	Frequency	Percent (%)
Tangible		
Good	43	43,4
Not Good	56	56.6
Total	**99**	**100**
Responsiveness		
Good	42	42,4
Not Good	57	57,6
Total	**99**	**100**
Assurance		
Good	38	38,4
Not Good	61	61,6
Total	**99**	**100**
Emphaty		
Good	43	43,4
Not Good	56	56,6
Total	**99**	**100**
Patient Satisfaction		
Good	39	39,4
Not Good	60	60,6
Total	**99**	**100,0**

The study conducted among 99 respondents showed that, regarding the tangible variable, the majority of respondents rated it as *Not Good / Unsatisfied* (56 respondents, 56.6%), while a smaller proportion rated it as *Good / Satisfied* (43 respondents, 43.4%). Frequency Distribution of Respondents Based on Responsiveness on BPJS Patient Satisfaction at Outpatient Installation, RSU Sinar Husni Medan show that among 99 respondents indicated that, regarding the *responsiveness* variable, the majority of respondents rated it as *Not Good / Unsatisfied* (57 respondents, 57.6%), whereas a smaller proportion rated it as *Good / Satisfied* (42 respondents, 42.4%).

Regarding the *assurance* variable, the majority of respondents rated it as *Not Good / Unsatisfied* (61 respondents, 61.5%), while a smaller proportion rated it as *Good / Satisfied* (38 respondents, 38.4%). The study conducted among 99 respondents indicated that, regarding the

empathy variable, the majority of respondents rated it as *Not Good / Unsatisfied* (56 respondents, 56.6%), while a smaller proportion rated it as *Good / Satisfied* (43 respondents, 43.4%), and regarding *patient satisfaction*, the majority of respondents were *Not Satisfied / Unpleased* (60 respondents, 60.6%), whereas a smaller proportion were *Satisfied / Pleased* (39 respondents, 39.4%).

2. **Bivariate analysis**

Table 2. Relationship between Tangible, Reliability, Responsiveness, Empathy, and Patient Satisfaction on BPJS Patient Satisfaction at Outpatient Installation, RSU Sinar Husni Medan

| Variables | Patient Satisfaction | | | | Total | | p (value) |
| | Satisfied | | Unsatisfied | | | | |
	f	%	f	%	f	%	
Tangible							
Good	25	25,3	18	18,2	43	43,4	0.002
Not Good	14	14,1	42	42,4	56	56,6	
Total	**39**	**39,4**	**60**	**60,6**	**99**	**100**	
Reliability							
Good	25	25,3	18	18,2	43	43,4	0.002
Not Good	14	14,1	42	42,4	56	56,6	
Total	**39**	**39,4**	**60**	**60,6**	**99**	**100**	
Responsiveness							
Good	25	25,3	17	17,2	42	42,4	0.001
Not Good	14	14,1	43	43,4	57	57,6	
Total	**39**	**39,4**	**60**	**60,6**	**99**	**100**	
Assurance							
Good	23	23,2	15	15,2	38	38,4	0.002
Not Good	16	16,2	45	45,5	61	61,6	
Total	**39**	**39,4**	**60**	**60,6**	**99**	**100**	
Tangible							
Good	25	25,3	18	18,2	43	43,4	0.001
Not Good	14	14,1	42	42,4	56	56,6	
Total	**39**	**39,4**	**60**	**60,6**	**99**	**100**	
Emphaty							
Good	26	26,3	17	17,2	43	43,4	<0.001
Not Good	13	13,1	43	43,4	56	56,6	
Total	39	**39,4**	**60**	**60,6**	**99**	**100**	

The study was conducted among 99 respondents (100%) to examine the effect of service quality on BPJS patient satisfaction at the outpatient installation of RSU Sinar Husni Medan. The analysis focused on five dimensions of service quality: Tangibles, Reliability, Responsiveness, Assurance, and Empathy.

Regarding the Tangible dimension, 43 respondents (43.4%) perceived the tangibles as

good, of whom 25 respondents (25.3%) reported being satisfied with the service, while 18 respondents (18.2%) were not satisfied. Conversely, among 56 respondents (56.6%) who rated tangibles as *not good*, only 14 respondents (14.1%) were satisfied, and 42 respondents (42.4%) were dissatisfied. Chi-square analysis revealed a p-value of 0.002 (<0.05), indicating a significant influence of tangibles on BPJS patient satisfaction. These results support the acceptance of the research hypothesis (Ha), confirming that tangible aspects of service positively affect patient satisfaction.

For the Reliability dimension, 43 respondents (43.4%) perceived the service as reliable, with 25 respondents (25.3%) satisfied and 18 respondents (18.2%) not satisfied. Among the 56 respondents (56.6%) who perceived reliability as *not good*, 14 respondents (14.1%) were satisfied, while 42 respondents (42.4%) were dissatisfied. Chi-square analysis indicated a p-value of 0.002 (<0.05), demonstrating a significant relationship between reliability and patient satisfaction. This finding confirms that service reliability significantly contributes to the satisfaction of BPJS patients.

In the Responsiveness dimension, 42 respondents (43.2%) rated the services as *good*, of whom 25 respondents (25.3%) were satisfied, and 17 respondents (17.2%) were not satisfied. Among 57 respondents (56.8%) who perceived responsiveness as *not good*, 14 respondents (14.1%) were satisfied, while 43 respondents (43.4%) were dissatisfied. The chi-square test yielded a p-value of 0.001 (<0.05), indicating a significant influence of responsiveness on patient satisfaction. This confirms that prompt and attentive responses from healthcare staff enhance BPJS patient satisfaction.

Regarding the Assurance dimension, 38 respondents (38.4%) perceived the services as *good*, with 23 respondents (23.2%) satisfied and 15 respondents (15.2%) dissatisfied. Among 61 respondents (61.6%) who rated assurance as *not good*, 16 respondents (16.2%) were satisfied, and 45 respondents (45.5%) were dissatisfied. Chi-square analysis revealed a p-value of 0.001 (<0.05), confirming that assurance significantly affects patient satisfaction. These findings suggest that patients value the competence, trustworthiness, and confidence

inspired by healthcare providers.

For the Empathy dimension, 43 respondents (43.4%) perceived the services as *good*, with 26 respondents (26.3%) satisfied and 17 respondents (17.2%) dissatisfied. Among 56 respondents (56.6%) who rated empathy as *not good*, 13 respondents (13.1%) were satisfied, while 43 respondents (43.4%) were dissatisfied. The chi-square test yielded a p-value of 0.000 (<0.05), indicating a highly significant relationship between empathy and patient satisfaction. These results demonstrate that the personalized attention, understanding, and care provided by healthcare staff play a crucial role in achieving patient satisfaction.

In summary, the findings of this study show that all five dimensions of service quality—tangibles, reliability, responsiveness, assurance, and empathy—have a significant positive influence on BPJS patient satisfaction at the outpatient installation of RSU Sinar Husni Medan. The research confirms that both physical aspects of the facility and interpersonal service quality contribute to patient perceptions, highlighting the importance of comprehensive quality improvement in healthcare services to enhance patient satisfaction.

DISCUSSION

The quality of healthcare services can also be directly perceived by users through the provision of adequate physical facilities and equipment. Tangibles refer to all visible aspects such as facilities, equipment, room comfort, and staff behavior. In this regard, service users rely on their senses to assess the quality of healthcare services they receive.

Based on the researcher's assumption, the tangible variable encompasses all visible aspects such as facilities, equipment, room comfort, and staff behavior. In this context, service users use their senses to evaluate the quality of healthcare services they receive. Generally, a person will perceive the potential of a hospital based on its cleanliness, orderliness, and organization, assuming that the hospital is capable of performing its functions effectively. The quality of healthcare services can therefore be directly experienced by consumers.

Reliability refers to the ability to provide promised services promptly, accurately, and satisfactorily. This dimension relates to the capacity of healthcare staff to deliver dependable services. To enhance reliability in healthcare services, management needs to cultivate a culture of high-quality, diligent work.

Based on the researcher's assumption, reliability represents the hospital's ability to provide services as promised accurately and dependably. Performance must meet patient

expectations, which includes timeliness, consistent service for all patients without errors, sympathetic attitude, and high accuracy. Fulfilling service promises reflects the hospital's credibility.

Responsiveness is the willingness of staff to assist customers and provide prompt service. It relates to employees' readiness to help and deliver optimal service to patients, including providing clear information and immediate attention.

Based on the researcher's assumption, responsiveness reflects the willingness of healthcare staff or doctors to assist patients when they need clear information, resolve patient complaints promptly, and deliver healthcare services efficiently—from registration to care delivery. This is crucial in providing satisfactory healthcare services, as patients require prompt and responsive support. Sensitivity to patient needs enhances healthcare service quality. From the user's perspective, quality healthcare services are those that meet all patient desires and needs politely, respectfully, responsively, and amicably.

Assurance refers to the dimension encompassing staff knowledge, competence, courtesy, and trustworthiness, ensuring services are free from danger, risk, or uncertainty. This dimension includes friendliness, competence, credibility, and safety. Meeting these criteria results in users feeling protected from risk.

According to the researcher, patient satisfaction in the assurance dimension includes healthcare staff knowledge, skills, and ability to provide services to consumers, maintaining patient confidentiality, and fostering a sense of safety, thereby building customer trust in the institution.

Empathy is the dimension related to effective communication and personalized attention of healthcare staff in understanding patient needs. Empathy, or interpersonal relationships, represents the interaction between healthcare providers and patients. Positive interpersonal relationships build trust and credibility through mutual respect, responsiveness, and attentiveness. Quality healthcare services must provide clear information regarding what, who, when, where, and how services will be or have been delivered. This dimension is critical at the level of primary health centers and hospitals.

Based on the researcher's assumption, empathy significantly influences patient satisfaction or dissatisfaction, as the empathy provided by healthcare staff can be directly perceived by patients throughout the service process. Essentially, every patient desire individual attention; thus, the empathetic attitude of staff in delivering healthcare is a primary tool to meet patient expectations for special treatment, ultimately resulting in patient satisfaction with the healthcare services received.

AUTHOR CONTRIBUTION

Nurmaya Sari served as the principal researcher, responsible for data collection, research article preparation, and data processing. Deli Theo and Mayang Sari contributed to the journal writing process and the research discussion.

CONFLICT OF INTEREST

There is no conflict of interest in this research.

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REFERENCE

Republik Indonesia. (2009). *Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan*. Jakarta: Pemerintah Indonesia.

Muninjaya, I. G. (2020). *Manajemen kesehatan*. Jakarta: Buku Kedokteran EGC.

Sari, I. D. (2019). *Manajemen pemasaran usaha kesehatan*. Yogyakarta: Nuha Med.

Kementerian Kesehatan Republik Indonesia. (2008). *Standar Pelayanan Minimal Rumah Sakit*. Jakarta: Kemenkes RI.

Kementerian Kesehatan Republik Indonesia. (2018). *Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 1 Tahun 2014 dan Peraturan Menteri Kesehatan Nomor 4 Tahun 2018*. Jakarta: Kemenkes RI.

Badan Pusat Statistik. (2023). *Statistik Indonesia*. Jakarta: Badan Pusat Statistik.

Kementerian Kesehatan Republik Indonesia. (2019). *Buku pegangan sosialisasi jaminan kesehatan nasional dalam sistem jaminan sosial nasional*. Jakarta: Kemenkes RI.

Kristina, P. J., & Wahyuni, T. D. (2022). Hubungan antara kualitas pelayanan dengan tingkat kepuasan pasien rawat jalan pengguna BPJS di RSI G Kabupaten Malang. *Nurs News J, 2*, 310–320.

Handayani, G. N. (2020). *Kualitas pelayanan kefarmasian dan kepuasan pasien*. Jakarta: Media Nusa Creative.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (2019). A conceptual model of service quality and its implications for future research. *Journal of Marketing, 49*(4), 41–50.

Nursalam. (2020). *Manajemen keperawatan: Aplikasi dalam praktik keperawatan profesional*. Jakarta: Salemba Medika.

Pohan, I. S. (2013). *Jaminan mutu layanan kesehatan*. Jakarta: EGC.

Fitriana, A. S. D. (2020). *Persepsi masyarakat tentang pelayanan kesehatan masyarakat yang menggunakan program Jaminan Kesehatan Nasional di RSUD Dr. H. Slamet Martodirdjo Pamekasan, Madura*. University of Muhammadiyah Malang.

Supriyanto, S., & Ernawati, M. (2021). *Pemasaran industri jasa kesehatan* (Ed. O. H. S.). Yogyakarta: Andi.

Rahayu, S. (2022). Analisis kualitas pelayanan BPJS dan kualitas pelayanan rumah sakit terhadap kepuasan konsumen di Rumah Sakit Natar Medika Lampung Selatan. *Jurnal Manajemen Magister, 2*(2), 173–194.

Prasojo, A. (2020). Pengaruh fasilitas, kualitas pelayanan, dan aksesibilitas terhadap kepuasan pasien di Rumah Sakit Gigi dan Mulut Institut Ilmu Kesehatan Bhakti Wiyata Kediri. *Simki-Economic, 1*(11), 2–6.

Puti, J. V. (2022). Hubungan waktu tunggu pelayanan dengan kepuasan pasien rawat jalan Rumah

Sakit Islam Ahmad Yani Surabaya.

Kristina, P. J. (2021). Hubungan antara kualitas pelayanan dengan tingkat kepuasan pasien rawat jalan pengguna BPJS di RSI G Kabupaten Malang. *Nurs News (Meriden)*.

Fahrozy, A. (2021). Hubungan kualitas pelayanan rumah sakit dengan kepuasan pasien pengguna BPJS Kesehatan. *Psikoborneo: Jurnal Ilmu Psikologi, 5*(1), 117–121.

BPJS. (2011). *Undang-undang No. 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial (BPJS)*, 16(22).

Kementerian Kesehatan Republik Indonesia. (2013). *Buku pegangan sosialisasi Jaminan Kesehatan Nasional (JKN) dalam sistem jaminan sosial nasional*. Jakarta: Kemenkes RI.

Herlambang, S. (2021). *Manajemen pelayanan kesehatan rumah sakit*. Yogyakarta: Gosyen Publishing.

Lupiyoadi, H. (2006). *Manajemen pemasaran jasa*. Jakarta: Salemba Medika.

Nursalam. (2011). *Manajemen keperawatan*. Jakarta: Salemba Medika.

Kotler, P., & Armstrong, G. A. (2012). *Prinsip-prinsip pemasaran* (13th ed.). Jakarta: Erlangga.

Supranto, J. (2020). *Pengukuran tingkat kepuasan pelanggan untuk menaikkan pangsa pasar* (4th ed.). Jakarta: Rineka Cipta.

Tjiptono, F., & Chandra, G. (2016). *Manajemen pemasaran jasa*. Yogyakarta: Tjiptono & Chandra.

Sondari, A., & Raharjo, B. B. (2022). Tingkat kepuasan pasien rawat jalan peserta Jaminan Kesehatan Nasional (JKN). *HIGEIA: Journal of Public Health Research & Development, 1*(1), 15–21.

Aritonang, L. R. (2018). *Kepuasan pelanggan* (1st ed.). Jakarta: PT Gramedia Pustaka Utama.

Sugiyono. (2022). *Metode penelitian kuantitatif, kualitatif & R&D*. Bandung: Alfabeta.

Suharsimi, A. (2010). *Prosedur penelitian*. Jakarta: Rineka Cipta.

Sugiyono. (2012). *Metode penelitian kualitatif dan kuantitatif*. Jakarta: Alfabeta.

Nursalam. (2008). *Konsep dan penerapan metodologi penelitian ilmu keperawatan*. Jakarta: Salemba Medika.

Notoatmodjo, S. (2012). *Metodologi penelitian kesehatan*. Jakarta: Rineka Cipta.

Agung, A. A. P., & Yuesti, A. (2019). *Buku metode penelitian bisnis kuantitatif dan kualitatif*. Noah Aletheia.

Anjani, A. D., Aulia, D. L. N., & Suryanti, S. (2022). *Metodologi penelitian kesehatan*.

Jaya, I. M. L. M. (2020). *Metode penelitian kuantitatif dan kualitatif: Teori, penerapan, dan riset nyata*. Anak Hebat Indonesia.

Iman, M. (2016). *Panduan penyusunan karya tulis ilmiah bidang kesehatan menggunakan metode ilmiah*. Bandung: Ciptapustaka Media Perintis.