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Original Article

The Influence of Service Quality on Outpatient Satisfaction of National Health Insurance Participants Who Are Not Beneficiaries of Contribution Assistance at Sultan Sulaiman Regional Hospital

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ABSTRACT
Background: In the era of National Health Insurance, hospitals must improve their services for patient satisfaction and increase access to health services. National Health Insurance patients have been treated at one of the government-owned hospitals, Sultan Sulaiman Regional General Hospital, Serdang Bedagai Regency. The number of outpatient visits for National Health Insurance participants who are Non-Recipients of Contribution Assistance (Non-PBI) at Sultan Sulaiman Regional General Hospital has decreased by 31.4% over the past two years, namely 2014 and 2015.
Objective: The purpose of this study was to evaluate the effect of service quality on the satisfaction of National Health Insurance participant outpatients at Regional public hospital Sultan Sulaiman.
Method: The research method was an explanatory survey. This study involved 243 non-PBI National Health Insurance participant outpatients, and 71 samples were taken by chance. The data, collected through questionnaire interviews, were analyzed using multiple linear regression tests with $\alpha = 0.05$.
Results: The results showed that the satisfaction of non-PBI National Health Insurance participant outpatients at Regional public hospital Sultan Sulaiman was statistically influenced by the quality of doctor services, which included aspects of physical evidence, reliability, and responsiveness.

INTRODUCTION

Hospitals must be able to provide excellent service to their patients according to the needs and desires of the patients. Many Indonesians go abroad to get treatment due to the fact that hospitals in Indonesia do not provide services that satisfy patients overall. Often, low hospital utility is associated with unsatisfactory service. According to Nadesul (2008), one of the reasons why Indonesian patients choose to seek treatment abroad is the poor hospital health care system in Indonesia. Kaffashi et al. (2014) found that patient perceptions of reliability were the most different from the five dimensions of service quality studied and overall.

One of the social security programs is health insurance. National Health Insurance is a health insurance that is organized nationally based on the principle of social insurance and aims to ensure that participants receive health care benefits and protection to meet their basic health needs. People who have paid contributions or who are paid by the government are considered health insurance participants. In accordance with the Regulation of the Minister of Health Number 71 of 2013, the Social Security Administering Body was formed to manage the National Health Insurance program in Indonesia (Permenkes No.71 Tahun 2013).

In the National Health Insurance era, access to health services at the Hospital is getting easier. The National Health Insurance Social Security Administrator Health program has been operating for two years since it began on January 1, 2014. National Health Insurance patients have been treated at one of the regional

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government hospitals in North Sumatra Province, the Sultan Sulaiman Regional General Hospital in Serdang Bedagai Regency. This hospital functions as a class C hospital with most of the general practitioners and specialists, and has twelve polyclinics. This hospital organizationally provides outpatient services (outside the patient) and inpatient services (inside the patient).

Outpatient polyclinics are part of the service. Over the past two years, the number of outpatient visits by non-PBI (independent) National Health Insurance participants has decreased by 31.4%. The average number of visits per month in 2014 was 319 people and in 2015 was 243 people (Profile of Sultan Sulaiman Regional General Hospital, 2016). The decrease in the number of outpatient visits by non-PBI (independent) National Health Insurance participants was also followed by an increase in complaints from patients about the quality of services provided. Considering that the use of hospitals in the era of National Health Insurance is increasingly open, it is necessary to conduct a study on the Influence of Service Quality on the Satisfaction of Outpatients of Non-PBI National Health Insurance Participants at Sultan Sulaiman Regional General Hospital in Serdang Bedagai Regency.

LITERATURE REVIEW

Patient Satisfaction

According to Parasuraman et al. (1988), customer satisfaction can be defined as a comparison between expected service and its performance. However, Engel said that customer satisfaction is a post-purchase evaluation when the chosen option at least provides the same results or exceeds customer expectations (Tjiptono, 2005). In general, customer satisfaction is a feeling after purchasing goods or services. In this case, people who receive medical care are called patients. Patients often need medical help for recovery because they suffer from illness or injury. In addition, consumer perceptions of the services they receive can determine patient satisfaction. As previously mentioned, a person's interest in reusing hospital services is greatly influenced by the length of time they have used the same service (Supranto, 2001).

Factors Affecting Satisfaction

Product quality, service quality, emotional factors, price, and convenience are five components that can drive customer satisfaction, according to Irawan (2010). Jacobalis (2000) stated that the attitudes and behaviors of hospital staff are often associated with patient dissatisfaction. Some examples of these attitudes and behaviors include late service by nurses and doctors, certain doctors who are difficult to find, doctors who are less communicative and informative, nurses who are less friendly and responsive to patient needs, long admission processes, and hospital security.

Quality of Service

Hospitals (companies) face increasingly fierce competition to attract their loyal customers. The quality of service provided by the hospital is one of the elements that must be prioritized. Service quality is centered on meeting customer needs and desires and the accuracy of delivery to meet customer expectations. Service quality is influenced by two components: expected service and perceived service.

Quality should start from customer needs and end in customer views (Adunair, 2007). In other words, a good quality image is based on the customer's view rather than the service provider's. Consumer perception of service quality is a comprehensive assessment of the service's excellence. The Service Quality Model is one of the most popular service quality approaches and is still widely used as a reference in marketing research (Parasuraman et al., 1988). Brahmbhatt et al. (2011) made changes to the ServQual method to assess hospital service quality.

Program National Health Insurance

Based on Law Number 40 of 2004, everyone has the right to National Health Insurance. Everyone must be present without exception. The health insurance program is the most important social security program to cover the entire population. Health Insurance is a guarantee that protects participants from health care and protection to meet basic health needs as provided to everyone who pays contributions. The National Social Security System consists of the National Health Insurance Program, which is a procedure used by several social security administering bodies to manage social security programs. (Kementerian Kesehatan RI, 2013).

The Social Security Administration Agency is responsible for managing the National Health Insurance program. The establishment of the Social Security Administrator is based on Law Number 24 of 2011 concerning the Social Security Administration Agency, which is an implementation of Article 5 paragraph (1) and Article 52 of Law Number 40 of 2004 concerning the National Social Security System. This law stipulates the establishment of the Social Security Administration Agency and the institutional transformation of PT Askes

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(Persero), PT Jamsostek (Persero), PT TASPEN (Persero) and PT ASABRI (Persero) into Social Security Administration Agencies. According to this law, there are two types of Social Security Administrators: the Health Social Security Administrator and the Employment Social Security Administrator. The Health Social Security Administrator offers health insurance programs, while the Employment Social Security Administrator offers work accident insurance programs, old age insurance, pension insurance, and other health insurance programs..

National Health Insurance participants can obtain two types of benefits from the National Health Insurance Program: health services (medical benefits) and accommodation and ambulance (non-medical benefits). Only referral patients from health facilities who have certain conditions determined by the Social Security Administrator of Health are entitled to receive an ambulance (Kemenkes RI, 2013).

The Social Security Health Administrator is required to provide compensation if there are no health facilities in an area that meet the requirements to meet the medical needs of a number of participants. Compensation can be in the form of cash reimbursement, sending health workers, or providing certain health facilities. Cash reimbursement can only be used for health care and transportation costs (Kemenkes RI, 2013). The benefits offered by the National Health Insurance program consist of two (2) categories: medical benefits, which cover health services, and non-medical benefits, such as accommodation and ambulance.

National Health Insurance participants are individuals who have paid contributions and have worked in Indonesia for at least six months. Every person who works with a salary, wage, or other compensation is called a worker. On the other hand, an Employer is an individual, entrepreneur, legal entity, or other body that employs workers, or a state administrator who employs civil servants with a salary, wage, or other compensation (Kemenkes RI, 2013).

METHOD

This cross-sectional study used an explanatory approach. The purpose of this study was to explain the effect of service quality on the satisfaction of outpatients participating in National Health Insurance Non-PBI at Sultan Sulaiman Regional General Hospital, Serdang Bedagai Regency. The study was conducted for three months. This study analyzed all 2,913 outpatients participating in National Health Insurance non-Recipients of Contribution Assistance who came to the Children's Polyclinic, Obgyn Polyclinic, Internal Medicine Polyclinic, and Surgery Polyclinic in 2015. There were 243 patients who came every month. This study took samples from 71 non-PBI outpatients who met the sample criteria. The sample determination formula for this study was unexpected sampling, which means the sample was taken by chance.

Method of collecting data

The primary data of this study were obtained through direct interviews with respondents in the outpatient installation room, using a questionnaire that had been prepared in advance as a reference for the interviewer in conducting the interview. The focus of the interview included the identity of the respondents, the quality of services provided, and the satisfaction of outpatients participating in the National Health Insurance non-PBI. Secondary data were obtained from reports and other official documents, especially from data from the Sultan Sulaiman Regional General Hospital, which consisted of a questionnaire that had been prepared in advance. Data collection in the study used a Likert scale with categories Strongly agree, Agree, Disagree, Strongly disagree.

RESULT

Respondent Identity

Respondents' identities include age, gender, income, status, education, occupation and polyclinic. The results showed that the respondents with the lowest age were 25 years and the highest were 68 years, with the most aged 40-54 years, which was 37 people (52.1%). The most gender was female, which was 40 people (56.3%). The income was higher in the ≤UMK group of Serdang Bedagei Regency (Rp.1,037,000), which was 45 people (63.4%). Based on status, more were married, which was 64 people (90.1%). The level of education was more junior high school, which was 30 people (42.3%) with the most employment status being farmers, which was 28 people (39.4%) and with polyclinic patients, more were internal diseases, which was 41 people (57.7%).

Quality of Service

The quality of service provided to outpatients of National Health Insurance Non PBI participants at

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Sultan Sulaiman Regional General Hospital in this study consists of 6 dimensions of service quality including: physical evidence, reliability, and responsiveness. The description of each dimension of service quality is as follows:

Appearance

The results of the appearance dimension research showed that as many as 47 people (66.2%) of respondents stated that they strongly agreed that doctors looked neat, as many as 40 people (56.3%) of respondents stated that they strongly agreed that nurses looked neat, as many as 32 people (45.1%) of respondents stated that they strongly agreed that non-medical staff looked neat and as many as 31 people (43.7%) of respondents stated that they did not agree that the hospital building looked clean.

As many as 28 people (39.4%) respondents stated that they disagreed that the hospital had clean toilets, as many as 22 people (31.0%) respondents stated that they disagreed that the hospital had clear signs in providing directions/available places, as many as 21 people (29.6%) respondents stated that they disagreed that there were sufficient seats in the waiting room. The distribution based on the appearance dimension can be seen in Table 1.

Table 1. Distribution of Respondents Based on Appearance

No	Statement	Strongly agree		Agree		Don't agree		Strongly Disagree		Total	
		n	%	n	%	n	%	n	%	n	%
1	Doctors with neat appearance	47	66,2	10	14,1	0	0,0	14	19,7	71	100,0
2	Nurses with neat appearance	40	56,3	13	18,4	4	5,6	14	19,7	71	100,0
3	Non-medical staff look neat	32	45,1	10	14,1	15	21,1	14	19,7	71	100,0
4	The hospital building looks clean	19	26,8	6	8,4	31	43,7	15	21,1	71	100,0
5	The hospital has clean toilets	21	29,6	7	9,9	28	39,4	15	21,1	71	100,0
6	The hospital has clear signage to provide directions/available places. There is sufficient seating in the waiting room.	20	28,2	14	19,7	22	31,0	15	21,1	71	100,0
7	The hospital has clear signage to provide directions/available places. There is sufficient seating in the waiting room.	20	28,2	15	21,1	21	29,6	15	21,1	71	100,0

The results of the appearance dimension measurements were then categorized. Appearance in the bad category was 38 people (53.5%). The distribution of appearance categories can be seen in Table 2.

Table 2. Distribution of Respondents Based on Appearance Category

No	Appearance Category	Amount	Percentage
1	Not good	38	53,5
2	Good	33	46,5
	Amount	**71**	**100.0**

Reliability

The results of the reliability dimension research showed that 38 people (53.5%) of respondents strongly agreed that administrative officers understood the service procedures correctly, 35 people (49.3%) of respondents disagreed that doctors explained the illness/diagnosis well/clearly, 31 people (43.7%) of respondents disagreed that doctors provided clear information about the prescribed medications, and 20 people (28.2%) of respondents strongly disagreed that nurses re-informed the type of illness in full, how to treat it, and how to take the medication clearly.

As many as 27 people (38.0%) respondents stated that they did not agree that the doctor's visit schedule was on time, as many as 23 people (32.4%) respondents stated that they did not agree that the doctor could answer questions in easy-to-understand language and as many as 21 people (29.6%) respondents stated that they did not agree that the administrative staff were agile in taking patient medical records. The distribution based on the reliability dimension can be seen in Table 3.

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Table 3. Distribution of Respondents Based on Reliability

No	Statement	Strongly agree		Agree		Don't agree		Strongly Disagree		Total	
		n	%	n	%	n	%	n	%	n	%
1	Administrative officers understand service procedures properly	38	53,5	6	8,5	24	33,8	3	4,2	71	100,0
2	The doctor explained the disease suffered/diagnosis well/clearly	23	32,4	4	5,6	35	49,3	9	12,7	71	100,0
3	The doctor provides clear information about the drugs that will be prescribed.	22	30,9	9	12,7	31	43,7	9	12,7	71	100,0
4	The nurse re-informs the type of disease in full, how to treat it and how to take the medicine clearly.	19	26,8	14	19,7	18	25,3	20	28,2	71	100,0
5	Doctor's visit schedule on time	20	28,2	10	14,1	27	38,0	14	19,7	71	100,0
6	Doctors can answer questions in easy-to-understand language.	17	23,9	12	16,9	23	32,4	19	26,8	71	100,0
7	Administrative officers are agile in serving medical records/taking patient status	16	22,5	16	22,5	21	29,6	18	25,4	71	100,0

The results of the reliability dimension measurement were then categorized. Reliability in the poor category was 44 people (62.0%). The distribution of reliability categories can be seen in Table 4.

Table 4. Distribution of Respondents Based on Reliability Category

No	Reliability Category	Amount	Percentage
1	Not good	44	62,0
2	Good	27	38,0
	Amount	**71**	**100.0**

Responsiveness

The results of the research on the responsiveness indicator (appearance) showed that 29 people (40.8%) of respondents stated that they did not agree that doctors immediately provide the services needed by patients, 25 people (35.2%) of respondents stated that they did not agree that doctors could be asked for assistance with their presence and could be easily contacted (for example via SMS/telephone) in handling patient complaints, 26 people (36.7%) of respondents stated that they did not agree that doctors were friendly and always smiled in responding to patient complaints, and 27 people (38.0%) of respondents stated that they did not agree that nurses were responsive and quick in providing assistance when needed. The distribution based on the responsiveness dimension can be seen in Table 5.

Table 5. Distribution of Respondents Based on Responsiveness

No	Statement	Strongly agree		Agree		Don't agree		Strongly Disagree		Total	
		n	%	n	%	n	%	n	%	n	%
1	The doctor immediately provides the services the patient needs	25	35,2	2	2,8	29	40,8	15	21,2	71	100,0
2	Doctors can be asked to be present and can be contacted easily (for example via SMS/telephone) in handling patient complaints.	16	22,5	14	19,8	25	35,2	16	22,5	71	100,0
3	The doctor is friendly and always smiles when responding to patient complaints.	17	23,9	12	16,9	26	36,7	16	22,5	71	100,0
4	Nurses are responsive and quick to provide assistance when needed.	14	19,7	13	18,4	27	38,0	17	23,9	71	100,0

The results of the responsiveness dimension measurement were then categorized. Responsiveness in the poor category was 53 people (76.6%). The distribution of responsiveness categories can be seen in Table 6.

Table 6. Distribution of Respondents Based on Responsiveness Category

No	Responsiveness Category	Amount	Percentage
1	Not good	53	76,6

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2	Good	18	25,4
	Amount	**71**	**100.0**

Satisfaction

The satisfaction of outpatients participating in National Health Insurance Non PBI at Sultan Sulaiman Regional General Hospital, Serdang Bedagai Regency in this study refers to the services received by patients including: physical evidence, reliability, and responsiveness. In detail, each dimension of service received is described as follows:

Physical Evidence (Appearance)

The results of the study on physical evidence (appearance) showed that 26 people (36.6%) of respondents stated that they were dissatisfied with the appearance of doctors, 28 people (39.4%) of respondents stated that they were dissatisfied with the appearance of nurses, 24 people (33.8%) of respondents stated that they were dissatisfied with the appearance of non-medical personnel, 26 people (36.6%) of respondents stated that they were dissatisfied with the appearance of the hospital building, and 27 people (38.0%) of respondents stated that they were dissatisfied with the appearance of the hospital's waiting room and toilets. 26 people (36.6%) of respondents stated that they were dissatisfied with the appearance of the hospital on the signs in providing information and 29 people (40.8%) of respondents stated that they were dissatisfied with the appearance of the hospital on the availability of seats in the waiting room.

Reliability

The results of the study on reliability showed that 34 people (47.9%) of respondents stated that they were satisfied with the service of administrative officers because they understood the service procedures correctly, 86 people (38.7%) of respondents stated that they were satisfied with the availability of the doctor's time in consultation, 35 people (49.3%) of respondents stated that they were dissatisfied with the doctor's service in diagnosing the patient's illness, 31 people (43.7%) of respondents stated that they were satisfied with the doctor's service in providing information about the prescribed medicines. 29 people (40.8%) of respondents stated that they were dissatisfied with the nurse's service in re-informing the type of illness completely, how to treat it and how to take the medicine, 28 people (39.5%) of respondents stated that they were dissatisfied with the doctor's visit schedule, 24 people (33.8%) of respondents stated that they were dissatisfied with the doctor's explanation of the patient's questions, and 28 people (39.4%) of respondents stated that they were satisfied with the reliability of administrative officers in serving the patient's medical status records.

Responsiveness

The results of the study on responsiveness showed that 30 people (42.3%) of respondents stated that they were dissatisfied with the doctor's service when needed by the patient, 30 people (42.3%) of respondents stated that they were dissatisfied with the doctor's nurse service because it was not easy to contact in communicating with the patient, 29 people (40.8%) of respondents stated that they were dissatisfied with the friendliness of the doctor in providing services, and 29 people (40.8%) of respondents stated that they were dissatisfied with the nurse's service in providing assistance when needed.

Table 7. Distribution of Respondents Based on Satisfaction

No	Statement	Very satisfied		Satisfied		Not satisfied		Very Dissatisfied		Total	
		n	%	n	%	n	%	n	%	n	%
	Appearance										
1	The doctor looks neat and clean	22	31,0	17	23,9	26	36,6	6	8,5	71	100,0
2	Nurses look neat and clean	18	25,4	18	25,4	28	39,4	7	9,8	71	100,0
3	Non-medical personnel must be neat and clean in appearance	18	25,4	21	29,6	24	33,8	8	11,2	71	100,0
4	The hospital building looks clean and beautiful	18	25,4	16	22,5	26	36,6	11	15,5	71	100,0
5	The hospital has sufficient, comfortable waiting rooms, toilets and running water.	18	25,4	15	21,1	27	38,0	11	15,5	71	100,0
6	The hospital has clear and easy-to-find	18	25,4	12	16,9	26	36,6	15	21,1	71	100,0

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	signs providing directions/available places.										
7	Availability of sufficient benches or seats in the waiting room	18	25,4	11	15,5	29	40,8	13	18,3	71	100,0
	Reliability										
1	Administrative officers understand service procedures properly	19	26,8	34	47,9	12	16,8	6	8,5	71	100,0
2	The doctor explained the disease suffered/diagnosed well	18	25,4	11	15,5	35	49,3	7	9,8	71	100,0
3	The doctor provides clear information about the drugs that will be prescribed.	17	23,9	31	43,7	15	21,1	8	11,3	71	100,0
4	The nurse re-informs the type of disease in full, how to treat it and how to take the medicine clearly.	18	25,4	14	19,7	29	40,8	10	14,1	71	100,0
5	Doctor visits on time	16	22,5	15	21,1	28	39,5	12	16,9	71	100,0
6	Doctor can answer questions in easy to understand language	16	22,5	17	23,9	24	33,8	14	19,8	71	100,0
7	Administrative officers are agile in serving patient status medical records	16	22,5	28	39,4	13	18,3	14	19,8	71	100,0
	Service Responsiveness										
1	The doctor immediately provides the services the patient needs	18	25,4	13	18,2	30	42,3	10	14,1	71	100,0
2	Doctors can be requested to be present easily or can be contacted easily (for example via SMS/telephone) in handling complaints.	19	26,7	11	15,5	30	42,3	11	15,5	71	100,0
3	The doctor is friendly and always smiles when responding to complaints.	18	25,4	12	16,9	29	40,8	12	16,9	71	100,0
4	Nurses are responsive and quick to provide assistance when needed.	18	25,4	11	15,5	29	40,8	13	18,3	71	100,0

The results of the satisfaction measurement were then categorized. The satisfaction variable in the dissatisfied category was 47 people (66.2%). The distribution based on the satisfaction category can be seen in Table 8.

Table 8. Distribution of Respondents Based on Satisfaction Category

No	Satisfaction Category	Amount	Percentage
1	Not good	47	66,2
2	Good	24	33,8
	Amount	**71**	**100.0**

Bivariate Analysis

The relationship between each indicator of service quality variables (physical evidence, reliability, and responsiveness) with satisfaction is carried out using the Pearson correlation statistical test. The test results for each dimension can be seen in detail as follows:

Relationship between Appearance and Satisfaction

Hasil uji statistik korelasi Pearson menunjukkan hubungan signifikan antara penampilan dan kepuasan pasien rawat jalan Peserta National Health Insurance Non PBI di Rumah Sakit Umum Daerah Sultan Sulaiman, Kabupaten Serdang Bedagai. Nilai r=<0,885, p=<0,001, dan p=<0,05. Ini menunjukkan bahwa ada korelasi kuat sebesar 88,5% antara kualitas pelayanan dimensi keandalan dan kepuasan pelanggan.

Relationship between Reliability and Satisfaction

The results of the Pearson correlation statistical test showed a significant relationship of 89.9% between the reliability and satisfaction of outpatients of National Health Insurance Non PBI Participants at Sultan Sulaiman Regional General Hospital. This indicates that there is a significant relationship between reliability and patient satisfaction. Table 9 shows the results of the Pearson Correlation statistical test.

Relationship between Responsiveness and Satisfaction

The results of the Pearson correlation statistical test showed a significant relationship of 66.4% between responsiveness and outpatient satisfaction of National Health Insurance Non PBI Participants at

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Sultan Sulaiman Regional General Hospital. This indicates that there is a significant relationship between responsiveness and outpatient satisfaction. Table 9 shows the results of the Pearson Correlation statistical test.

Table 9. Relationship between Service Quality and Satisfaction

No	Dimensions	*r*	*p*
1	Appearance	0,885	<0,001
2	Reliability	0,899	<0,001
3	Responsiveness	0,664	<0,001

Multivariate Analysis

Multivariate analysis in this study is in the form of hypothesis testing using statistical tests, including the stages; (a) model feasibility test, (b) t-test and (c) F-test. The detailed hypothesis testing is as follows:

Model Feasibility Test

Goodness of Fit test is used to evaluate the feasibility of a regression model. The R Square value is obtained from the results of multiple linear regression statistical tests; the results show a determinant coefficient value (R2) of 94.4% (Table 10) and (Appendix 4), which indicates that the independent variable of service quality can be responsible for changes in the satisfaction variable.

Table 10. Model Feasibility Test

Model	*R*	*R Square*	*Adjusted R Square*
1	0,972	0,944	0,939

Source: Appendix 4

Simultaneous Testing

Table 11. Simultaneous Testing Results

Model		*F*	*Sig.*
1	*Regression*	180,021	<0,001

The significance values of p=0.001 and p=0.05 were obtained based on the results of hypothesis testing. The calculation of multiple linear regression analysis was carried out using a computer program with the F test. This shows that simultaneously, the service quality variable has a positive and significant impact on outpatient satisfaction. Therefore, the hypothesis that states "Service quality consisting of physical evidence, reliability, and responsiveness has an effect on outpatient satisfaction of National Health Insurance Non PBI Participants at Sultan Sulaiman Regional General Hospital, Serdang Bedagai Regency" is accepted.

Partial Testing

This partial test aims to determine how service quality variables such as physical evidence, reliability, and responsiveness impact patient satisfaction (Y). The results of the partial test are presented in Table 12.

Table 12. Results of Multiple Regression Test of the Effect of Service Quality on Patient Satisfaction

Quality of Service	*Unstandardized Coefficiens*		*T*	*p (Sig,)*
	B	*Std. Error*		
(Constant)	0,290	3,008	0,096	0,924
Appearance	0,597	0,276	2,168	0,034
Reliability	0,864	0,323	2,675	0,009
Responsiveness	1,120	0,303	3,701	0,000

Based on Table 12. above, the results of the regression test can be written with the equation: = 0.290 + 0.597X1 + 0.864X2 + 1.120X3 + 0.850X4 + 1.183X5 + 1.828X6. The results of the multiple linear regression equation show that an increase in service quality, including appearance (X1), reliability (X2), and

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responsiveness (X3), will lead to an increase in patient satisfaction (Y). Based on the probability value p <0.05, the results of the multiple regression statistical test indicate that the appearance dimension has a positive and significant effect. Furthermore, based on the results of the multiple regression statistical test above, the responsiveness dimension partially has a probability value of p <0.05, this indicates that the responsiveness dimension has a positive and significant effect on satisfaction. The results of this test provide the meaning that the better the responsiveness dimension (X3), the more satisfied the patient (Y).

DISCUSSION

The Influence of Service Quality on Patient Satisfaction

In this study, factors such as the dimensions of physical evidence, trust, and response affect the satisfaction of outpatients of non-PBI JKN participants. The determinant coefficient (R-Square) of 94.4 percent indicates that the satisfaction variable is influenced by service quality by 94.4 percent. Additional factors of 5.6 percent are influenced by factors not discussed in this study. With a B coefficient of 1.828, the policy dimension has the most significant influence. The results of this study are in accordance with the theory proposed by Brahmbhatt et al. (2011), which states that service quality affects multi-dimensional satisfaction, forming six dimensions of service quality.

Patient satisfaction is the level of patient feelings resulting from the performance of the health services they receive and compared to what they expect from the service (Pohan, 2006). One of the government programs that guarantees that all citizens will receive health care is the National Health Insurance. One thing that must be considered when doing so is patient satisfaction. By using the principle of quality control, the National Health Insurance program can operate according to the objectives that have been set and the community feels satisfied and feels the benefits of the program. Next, we will discuss partially the influence of service quality for each dimension, such as physical evidence, reliability, and responsiveness.

The Influence of Appearance on Patient Satisfaction

The quality of service in the appearance dimension is 53.5% in the poor category, according to the results of the univariate study. This shows that patients are dissatisfied because the hospital does not have the organizational capacity to maintain its service appearance. Of the seven questions asked to respondents, four of them were answered with answers that disagreed or strongly disagreed. These questions include the hospital building, toilets, signs, and the availability of seats in the waiting room.

Observation results show that some patients continue to complain about their appearance. As shown by the results of the study, the comfort of the waiting room is the first perception felt by patients. It is very important for patients, their families who accompany them, and anyone who visits the hospital to feel comfortable while waiting for examination in the waiting room. Based on the respondents' answers above, the comfort of the waiting room, cleanliness of the hospital, trash bins, and smoke-free signs must be met. The layout should also include information images, lighting, cleanliness of the toilet, freshness of the room, and directions.

On the contrary, the interview results showed that patients still complained about the services of doctors, nurses, and non-medical personnel, including friendliness, appearance, and friendliness in communicating. As a result, patients were dissatisfied. To improve patient satisfaction, hospital management must be able to improve appearance.

This is in line with Pohan's opinion (2006), which states that the comfort aspect related to the physical appearance of health services, service providers, and medical and non-medical equipment is very important. The quality of service in the appearance dimension is related to the satisfaction of outpatients of non-PBI JKN participants, with significant bivariate and multivariate statistical test results (p <0.05). This shows that the quality of service in the appearance dimension has a positive and significant effect on outpatient satisfaction (Lukito, 2012). In addition, Cong and Mai (2014) argue that there are three dimensions of service quality that affect patient satisfaction.

Patients are not loyal due to imperfect appearance. Appearance affects the quality of service (Irawan, 2010). Good appearance affects patient perception, which in turn affects patient or customer expectations. The appearance dimension of service quality includes form or appearance through physical, equipment, officer appearance, and communication equipment (Brahmbhatt et al., (2011).

The Influence of Reliability on Satisfaction

The results of the study showed that there was an increase in reliability in the poor category, which was 62.0%, indicating that the services provided to outpatients participating in the National Health Insurance non-PBI were not fully in accordance with their expectations. The ability of the hospital to provide services as promised is known as the reliability of hospital services. One dimension of service quality, according to

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Zeithaml and Berry (1990), is reliability, which shows how well health workers can provide services with the same quality at all times and accurately, including the speed and accuracy of the services provided.

The results of interviews with outpatients who participated in non-PBI National Health Insurance showed that most patients complained about the ability of doctors to explain the results of their examinations, the ability of doctors to determine the diagnosis of their diseases, and untimely doctor visits. As a result, patients were dissatisfied with hospital services (Ginting, 2012). Poorly performing doctors caused dissatisfaction among inpatients at Sultan Sulaiman Regional General Hospital. The reliability of outpatient services for JKN patients is still far from satisfactory (Sondari, 2015).

In general, based on the demographics of respondents, 52.1% were people aged 40 to 54 years, older age indicates a decline in important organ function. People experience more frequent body disorders, so they visit doctors more often. As a result, health conditions must be maintained properly as they age (Nugroho, 2008).

Observation results at Sultan Sulaiman Hospital showed that outpatients who are non-PBI JKN participants are more demanding of reliable services. As a result, most patients are dissatisfied. This is related to the level of non-PBI National Health Insurance participation (self-paid insurance premiums), and the quality of education in most junior and senior high schools. The results of Widiatusti (2015) are supported by the findings of this study, which concluded that there is a significant relationship between National Health Insurance patient satisfaction in Denpasar City and membership status and education level. Patients with PBI status tend to be satisfied compared to non-PBI. The results of Nurkholiq's (2011) study also showed the same thing: patients who pay for health services tend to be dissatisfied compared to patients who receive free health services.

To improve the satisfaction of outpatients participating in the National Health Insurance non-PBI, efforts that need to be made are to improve the ability of doctors to communicate and explain the results of disease examinations, disease diagnoses, and the benefits of supporting examinations to patients. This is in line with research conducted by Baequny (2009), which found that ten percent of patients who received care from family doctors said that they did not receive sufficient information about their illness. They were only given information about the results of vital signs such as blood pressure and temperature; the diseases they may suffer from were mentioned without explaining the causes, prevention, and further treatment.

The results of the multivariate statistical test showed that the reliability dimension was positively and significantly correlated with the satisfaction of outpatients of non-PBI National Health Insurance participants ($p<0.05$). This indicates that patients are more satisfied with more reliable doctors. Doctors' clinical competence has less influence on patient satisfaction than their interpersonal skills in treating various patient diseases (Cheng et al., 2003). In contrast, technical competence is a more significant predictor of doctors' recommendations for treating patient diseases. One of the five dimensions of service quality is patients' perceptions of reliability (Kaffashi et al., 2014). Reliability—or dependability—is a relatively more important factor when assessing service quality related to people (Parasuraman et al., 1988).

The Influence of Responsiveness on Satisfaction

The results of the study showed that 76.6% of respondents were in the poor category. The interview results showed that patients still complained about the responsiveness of doctors and nurses in providing services to inpatients that were not fully in accordance with patient expectations. This responsiveness includes responding to patient complaints, conveying examination results to patients, and providing information about the patient's illness. Most patients want to get a detailed and accurate explanation of their condition to help them find the right solution for their illness.

The quality of National Health Insurance services at Regional General Hospitals does not satisfy patient complaints. Outpatients who are non-PBI National Health Insurance participants expect that doctors and nurses also pay attention to their complaints. In relation to the demographics of respondents, 52.1% were people aged 40 to 54 years; this indicates that people at this age are more critical and have greater needs for health services. Theoretically, the responsiveness dimension emphasizes how service providers can resolve patient problems and complaints quickly, increasing patient satisfaction (Bustami, 2011).

Getting clear and comprehensive information about what, who, when, where, and how health services will be provided is part of high-quality health services with elements that affect patient satisfaction (Pohan, 2006). The management of Sultan Sulaiman Regional General Hospital must improve the responsiveness of doctors when providing services. This can be achieved by creating local standard operating procedures (SOPs) specifically for doctors and nurses. These local SOPs will help doctors and nurses understand their roles and responsibilities in providing services to outpatients participating in the National Health Insurance non-PBI.

The results of statistical tests show that the quality of service in the responsiveness dimension is positively and significantly correlated with the satisfaction of outpatients participating in the National Health Insurance non-PBI ($p<0.05$). The quality of doctor services, including responsiveness, affects the satisfaction of inpatients (Siringo-ringo, 2015; Lukito, 2012). Dissatisfaction in the daily lives of patients is often associated with the behavior and attitudes of health workers in hospitals, delays in services by doctors, certain doctors who

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are difficult to find, and doctors who are not communicative. More important factors in assessing health services are the response of officers to patient needs, smooth communication with patients, and the friendliness of officers in helping patients recover from their illnesses, as well as their ability to provide services in accordance with the promises made (Parasuraman, et al., 1988; Brahmbhatt et al., 2011).

Outpatient Satisfaction of National Health Insurance Non-PBI Participants at Sultan Sulaiman Regional General Hospital

In this study, the satisfaction of outpatients participating in National Health Insurance non-PBI is related to the quality of service received, which consists of six (six) dimensions: physical evidence, reliability, and responsiveness. The results of the study showed that 66.2% of outpatients were in the dissatisfied category, and the rest were in the satisfied category. This indicates that outpatients participating in National Health Insurance non-PBI are not fully satisfied with outpatient services because the services do not meet their expectations.

Previous research background shows that most outpatients of non-PBI National Health Insurance participants complained about several things: (a) very little time to consult a doctor, (b) the doctor's arrival schedule is not on time, (c) the doctor is slow to explain their diagnosis, (d) unfriendly nurses, and (e) unfriendly drug officers. The quality of service provided by the service provider, patient perception, health worker behavior, and costs incurred are all factors that affect patient satisfaction (Naidu, 2009). Patient dissatisfaction with the quality of health services is caused by the patient's expectations not being in line with the quality of health services provided by the provider.

Because non-PBI National Health Insurance patients pay their own premiums, unlike PBI National Health Insurance participants whose premiums are paid by the government, outpatients participating in non-PBI National Health Insurance will demand poor service. According to Kotler (2009), satisfaction can be defined as the level of a person's feelings after comparing the performance (results) they experience and their expectations. Consumers are said to be dissatisfied if the performance expectations before purchasing are greater than the performance perceptions after purchasing. Conversely, if the performance expectations before purchasing are smaller than the performance perceptions after purchasing, then the consumer is satisfied.

CONCLUSION

The results of the study showed that outpatients of non-PBI National Health Insurance participants at Sultan Sulaiman Regional General Hospital, Serdang Bedagai Regency, 66.2% were in the dissatisfied category. Meanwhile, the quality of service, including physical evidence, reliability, and responsiveness, had a significant positive impact on the satisfaction of outpatients of non-PBI National Health Insurance participants. so it can be said that all research variables are very important. this can be seen from the number of dissatisfied patients based on the specified variables.

REFERENCES

Adunair, Nurhasyim. 2007, Manajemen Kualitas Pelayanan http://www.damandiri.or.id dikutip tanggal 11 maret 2024

Baequny, A 2009, Analisis Tingkat Kepuasan Peserta Askes Sosial PT. Askes terhadap Pelayanan Dokter Keluarga di Kota Pekalongan, Tesis Program Pasca Sarjana, Universitas Diponegoro diakses tanggal 13 Januari 2017 http://eprints.undip.ac.id/24321/1/Ahmad_Baequny.pdf

Cong & Mai. 2014. Service Quality and its Impact on Patient Satisfaction: An Investigation in Vietnamese Public Hospitals. Journal of Emerging Economies and Islamic Research .2 (1).

Ginting (2012) Esensi dan praktis pembelajaran (disiapkan untuk sertifikasi guru-dosen).Bandung: Humaniora.

Irawan, B. 2010. Peningkatan Mutu Minyak Nilam dengan Ekstraksi dan Destilasi pada Berbagai Komposisi Pelarut. Tesis Magister Teknik Kimia Universitas Dipenogoro, Semarang.

Irawan, B. 2010. Peningkatan mutu minyak nilam dengan ekstrkasi dan destilasi pada berbagai komponen pelarut, Tesis, Universitas Diponegoro.

Jacobalis. 2000. Kumpulan Tulisan Terpilih tentang Rumah Sakit di Indonesia dalam Dinamika Sejarah, Transformasi, Globalisasi dan Krisis Nasional. Yayasan Penerbit IDI. J

Kemenkes RI. 2013. Riset Kesehatan Dasar. Jakarta : Badan Penelitian dan Pengembangan Kesehatan

Kotler, Philip (2009), Manajemen Pemasaran. Indeks, Jakarta. Kotler, Philip dan Kevin Lane Keller (2009), Manajemen Pemasaran, Edisi 13. Jakarta.

Lukito, G.A, Suwarastuti, dan Hintono, 2012. Pengaruh berbgai metode pengasinan terhadap kadar NaCl,

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kekenyalan dan tingkat kesukaan konsumen pada telur.

Nadesul, H. 2008. Makanan Sehat Untuk Ibu Hamil. Jakarta: Puspawara.

Nugroho. (2008). Keperawatan Gerontik. Jakarta: Buku Kedokteran EGC.

Nurkholiq S, 2011. Perbandingan Tingkat Kepuasan Pasien Umum dengan Pengguna Askes dipelayanan Dokter Keluarga PT Askes. Artikel Ilmiah. Semarang: Universitas Diponegoro

Parasuraman. Et, al.. 1988. Zeithmal and Bitner (1996). Konsep dan Teknik Pengukuran Kualitas Produk Jasa. Kajian Bisnis dan Manajemen. Vol 4, No I, Hal 5

Parasuraman. Et, al.. 1988. Zeithmal and Bitner (1996). Konsep dan Teknik Pengukuran Kualitas Produk Jasa. Kajian Bisnis dan Manajemen. Vol 4, No I, Hal 55-56

Pohan, I.S., 2006, Jaminan Mutu Layanan Kesehatan Dasar-Dasar Pengertian dan Penerapan, Hal. 146, Penerbit Buku Kedokteran, EGC, Jakarta.

Siringoringo. 2015. Pengaruh Penerapan Good Governance dan Whistleblowing System Terhadap Kepatuhan Wajib Pajak Orang Pribadi Dengan Resiko Sanksi Pajak Sebagai Variabel Moderating (Studi Empiris Terhadap Wajib Pajak Orang Pribadi Di Kota Bekasi). Jurnal Akuntansi. Volume XIX No. 02.

Sondari, Aer. (2015). Analisis Kepuasan Pasien Rawat Jalan Peserta Jaminan Kesehatan Nasional (Jkn) Di Rumah Sakit Umum Daerah (Rsud) Kabupaten Brebes Tahun 2015. Universitas Negri Semarang.

Supranto, J. 2001. Pengukuran Tingkat Kepuasan Pelanggan untuk Menaikkan Pangsa Pasar. Jakarta: Rineka Cipta.

Tjiptono, Fandy, (2005). Pemasaran Jasa, indikator kepuasan pelanggan. Malang: Bayumedia Publishing. 7 maret 2020.

Widiastuti. Tes Dan Pengukuran Olahraga. 1st ed. Jakarta: PT Raja Grafindo Persa

Zeithaml, 1990, ‘Usulan perbaikan kualitas pelayanan jasa dengan menggunakan metode service quality di baraya travel bandung’, vol. 02, no. 03, Juli, hal. 190.

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