

DOI URL: <https://doi.org/10.68295/SRJ/GRHL8480>

| RESEARCH ARTICLE

ASSESSING THE ASSOCIATION BETWEEN HEALTHCARE SERVICE QUALITY AND PATIENT SATISFACTION AMONG PRIVATE HEALTH INSURANCE USERS AT “X” HOSPITAL

Muh. Taufik Saddam H

Assistant Professor, Department of Economy, IIC University of Technology, Phnom Penh, Kingdom of Campodia.,

| ABSTRACT

Despite continuous improvements in the healthcare sector, deficiencies in healthcare service delivery are still frequently encountered, which may negatively affect public perception and patient trust in healthcare institutions. Given the diversity and complexity of healthcare services, standardized service guidelines are essential to ensure the delivery of effective, efficient, and patient-centered care. Health insurance plays an important role in supporting access to healthcare services by covering part or all medical expenses resulting from illness or other health-related risks.

| KEYWORDS

Healthcare Service Quality, Patient Satisfaction, Private Health Insurance, Hospital Services, Healthcare Management

| ARTICLE INFORMATION

Received: 02 APRIL 2026

ACCEPTED: 19 MAY 2026

PUBLISHED: 03 JUNE 2026

INTRODUCTION

Every individual requires access to high-quality healthcare services. Hospitals, community health centers, and clinics provide a variety of services, including medical examinations, treatment, pharmaceutical care, and laboratory services. Therefore, healthcare institutions are expected to deliver services that meet patients' expectations and needs. Hospitals, in particular, offer inpatient, outpatient, and emergency care services. Inpatient care refers to healthcare services in which patients are required to stay in the hospital for at least one day for observation and treatment (Siswati, 2017).

Copyright: © 2026 the Author(s). This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) 4.0 license (<https://creativecommons.org/licenses/by/4.0/>). Published by SRJ Publication and Research LLP.

Patient satisfaction is widely recognized as an important indicator of healthcare service quality. The quality of healthcare services can be measured by the extent to which services fulfill patients' expectations and needs. High-quality healthcare services are generally characterized by reliability, responsiveness, assurance, empathy, and tangible aspects of care and facilities. All patients, including new patients, returning patients, and those covered by BPJS or private insurance, are entitled to receive equal and fair healthcare services (Supartiningsih, 2017).

Private health insurance providers and non-BPJS healthcare organizers are expected to provide accurate health information and reliable healthcare services. However, shortcomings in the implementation of healthcare services are still frequently encountered, which may negatively affect the quality of healthcare delivery and public trust in healthcare institutions. If these issues are not properly addressed, the image and credibility of healthcare services may deteriorate. Consequently, healthcare institutions require clear operational guidelines to ensure the delivery of standardized and effective healthcare services. Health insurance serves as a financial protection mechanism that covers health-related risks and medical expenses resulting from illness. With increasing public awareness of healthcare needs, the use of health insurance services has continued to grow significantly.

According to a survey conducted by the Danareksa Research Institute in 2019, approximately 91% of respondents and their family members were covered by health insurance. Among them, 98.66% were enrolled in government-sponsored health insurance or BPJS Kesehatan, while some respondents also possessed private health insurance coverage. Private health insurance has become an alternative and complementary option to BPJS because it offers additional benefits, lower service limitations, and broader hospital networks. Inpatient healthcare services are one of the important components supported by health insurance schemes. Both government and private sectors are responsible for ensuring healthcare access as a fundamental human right. Therefore, collaboration and continuous improvement efforts are necessary to achieve healthcare service standards that align with public expectations (Yanuart et al., 2021).

BPJS Kesehatan routinely conducts patient satisfaction surveys among hospital service users in Indonesia. In 2020, approximately 89.13% of respondents expressed satisfaction with hospital outpatient services, an increase from 86.48% in 2019. However, the number of respondents declined by 64.18% compared to the previous year, with 13,617 respondents participating in 2020 compared to 36,672 in 2019. Similarly, satisfaction with inpatient services reached 89.84% in 2020, exceeding the 2019 figure of 86.64%. Nevertheless, the number of respondents for inpatient service surveys also decreased significantly, from 20,981 respondents in 2019 to 8,586 respondents in 2020. Outpatient accessibility satisfaction declined from 87.74% in 2019 to 83.93% in 2020. This decrease was largely associated with the COVID-19 pandemic, which disrupted healthcare service accessibility as healthcare institutions prioritized the treatment of COVID-19 patients, while many participants experienced concerns regarding direct access to healthcare services.

Previous studies have highlighted the relationship between healthcare service quality and patient satisfaction. Research conducted by Ulfa and Zulkarnain (2016) regarding inpatient satisfaction among users of the National Health Insurance program found that patients expressed dissatisfaction with aspects related to reliability, responsiveness, assurance, and empathy, although overall satisfaction remained relatively positive. Similarly, Yuniarti (2015) reported that higher-quality healthcare services were associated with greater patient satisfaction. Another study by Yanuart et al. (2021) demonstrated that demographic factors such as age, gender, education level, and occupation influenced hospital patient satisfaction levels. Furthermore, research in the field of Health Services Research conducted by Henke et al. (2018) revealed that hospital systems often provide superior healthcare services to private insurance users compared to other patients due to higher reimbursement and service fees associated with private insurance schemes. In addition, findings reported by Ginting (2019) showed that the Patient Satisfaction Survey conducted at Dr. Wahidin Sudirohusodo Hospital in Makassar did not fully meet the Minimum Service Standards established under Regulation No. 129 of 2008, although the Community Satisfaction Index exceeded the "Good Service" standard based on the Decree of the Minister of Administrative Reform No. 25 of 2004.

According to data published by the Indonesian Central Bureau of Statistics (BPS), approximately 68% of the Indonesian population had health insurance coverage in 2021, slightly increasing from 68.36% in the previous year. Most insured individuals were covered under the BPJS Kesehatan Contribution Assistance Program (PBI). Meanwhile, approximately 2.93% of Indonesians employed in formal sectors had employment-based health insurance, while only 0.76% possessed private health insurance coverage. The report also indicated that 72.80% of insured individuals resided in urban areas, whereas 62.52% of rural residents had health insurance coverage.

Approximately 794 out of every 1,000 Indonesians had health or public health insurance coverage in 2021, according to data from the Central Bureau of Statistics (BPS). In the same year, 3,433,938 out of 275,361,267 residents in DKI Jakarta were covered by private health insurance.

This study examines the relationship between healthcare service quality and patient satisfaction among private insurance users by applying the five dimensions of service quality. The research focuses on evaluating the quality of healthcare services and the level of patient satisfaction among patients using private health insurance. In addition, this study is expected to complement previous related studies and contribute to institutional evaluations regarding patient satisfaction.

I. RESEARCH METHODS

This study employed a descriptive cross-sectional research design. The research was conducted from January 16, 2023, to April 16, 2023, at “X” Hospital. The study population consisted of patients using private health insurance who received treatment at “X” Hospital between August and December 2022, totaling 150 patients.

The inclusion criteria included patients who used private health insurance, were willing to participate as respondents, were able to read and write, and had undergone hospitalization for more than 2×24 hours. Meanwhile, the exclusion criteria included patients who refused to participate, patients who died during treatment after being hospitalized for more than 2×24 hours, patients who discharged themselves against medical advice after hospitalization exceeding 2×24 hours, and patients who were not fully conscious.

The sample consisted of 60 respondents selected after the required calculations were performed using the Slovin formula. Data were collected using a structured questionnaire. Prior to conducting the analysis, the researcher ensured that the research instrument met validity and reliability standards. After establishing the validity of the instrument, data analysis techniques, including univariate and bivariate analyses using the Chi-Square test, were applied.

RESULTS AND DISCUSSION

A. Univariate Results

Based on the information presented in Table 1, the majority of respondents were female, accounting for 42 respondents (70%), while male respondents totaled 18 individuals (30%). Most respondents were aged 30 years or younger, representing 61.7% of the sample, indicating that the respondents were predominantly within the younger age group.

Based on occupation, the majority of respondents were private employees, totaling 38 respondents (63.3%), whereas the smallest occupational category consisted of book writers, represented by only 1 respondent (1.7%). Furthermore, the educational background of respondents showed that most participants held a bachelor’s degree (S1/D4), accounting for 53.3% of the total respondents.

The highest educational level attained by respondents was a Bachelor’s Degree (S1/D4), represented by 32 respondents (53.3%), while the lowest educational categories were Doctoral Degree (S3) and Master’s Degree (S2), each represented by 1 respondent (1.7%). Regarding hospitalization experience, most respondents had been hospitalized twice, accounting for 41.7% of the sample. In terms of insurance providers, Prudential was the most frequently used provider, with 14 respondents (23.3%), while the least represented providers were BLPM, Owlexa, Sequis Life, and Spicaputra Sarana, PT, each represented by 1 respondent (1.7%).

A. Table 2. Descriptive Statistical Results of Service Performance Levels Category	Tangibles f (%)	Reliability f (%)	Responsiveness f (%)	Empathy f (%)	Assurance f (%)
Very Dissatisfied	–	1 (1.7%)	–	–	–
Dissatisfied	1 (1.7%)	1 (1.7%)	2 (3.3%)	3 (5.0%)	1 (1.7%)
Fairly Satisfied	3 (5.0%)	15 (25.0%)	6 (10.0%)	7 (11.7%)	–
Satisfied	41 (68.3%)	34 (56.7%)	42 (70.0%)	39 (65.0%)	45 (75.0%)
Very Satisfied	15 (25.0%)	9 (15.0%)	10 (16.7%)	11 (18.3%)	14 (23.3%)

The descriptive analysis of service performance levels across all service quality dimensions was predominantly categorized as “satisfied.” The tangible dimension showed 68.3% satisfaction, reliability 56.7%, responsiveness 70.0%, empathy 65.0%, and assurance 75.0%. These findings indicate that, overall, respondents or insurance participants perceived the quality of healthcare services provided by the hospital as good and satisfactory.

<i>B. Table 3.</i> <i>Descriptive Statistical Results of Service Expectation Levels</i> Category	Tangibles f (%)	Reliability f (%)	Responsiveness f (%)	Empathy f (%)	Assurance f (%)
Very Dissatisfied	–	–	1 (1.7%)	1 (1.7%)	–
Dissatisfied	–	3 (5.0%)	1 (1.7%)	2 (3.3%)	–
Fairly Satisfied	28 (46.7%)	26 (43.3%)	28 (46.7%)	27 (45.0%)	28 (46.7%)
Satisfied	32 (53.3%)	31 (51.7%)	30 (50.0%)	30 (50.0%)	32 (53.3%)
Very Satisfied	–	–	1 (1.7%)	1 (1.7%)	–

findings, it can be concluded that insurance participants had strong expectations regarding the delivery of high-quality healthcare services at the hospital.

<i>C. Table 4.</i> <i>Descriptive Statistical Results of Service Gap Analysis</i> Category	Tangibles f (%)	Reliability f (%)	Responsiveness f (%)	Empathy f (%)	Assurance f (%)
No Gap	38 (63.3%)	32 (53.3%)	37 (61.7%)	38 (63.3%)	38 (63.3%)
Very Low Gap	17 (28.3%)	19 (31.7%)	15 (25.0%)	15 (25.0%)	16 (26.7%)
Low Gap	4 (6.7%)	7 (11.7%)	6 (10.0%)	5 (8.3%)	5 (8.3%)
Moderate Gap	1 (1.7%)	1 (1.7%)	2 (3.3%)	2 (3.3%)	1 (1.7%)
High Gap	–	–	1 (1.7%)	–	–

The descriptive analysis of service gaps, defined as the difference between service expectations and actual service performance, showed that the majority of respondents experienced no significant gap across all service dimensions. The percentage of respondents reporting no gap was 63.3% for the tangible dimension, 53.3% for reliability, 61.7% for responsiveness, 63.3% for empathy, and 63.3% for assurance. These findings indicate that, in general, respondents or insurance participants were satisfied with the healthcare services provided by the hospital.

<i>A. Table 5.</i> <i>Descriptive Statistical Results of Insurance User Satisfaction</i> Descriptive Statistics	Tangibles	Reliability	Responsiveness	Empathy	Assurance
Minimum	2	2	2	2	2
Maximum	5	5	5	5	5

Standard Deviation	0.8	0.8	0.8	0.8	0.8
Mean	3.5	3.4	3.5	3.6	3.5
A. Table 5. Descriptive Statistical Results of Insurance User Satisfaction					
	Tangibles		Reliability	Responsiveness	
Descriptive Statistics					

The descriptive analysis of patient satisfaction levels showed that the minimum score across all dimensions was 2, while the maximum score was 5. The standard deviation ranged around 0.8, with mean scores varying between 3.4 and 3.6. Based on the average values, the empathy dimension recorded the highest satisfaction score (3.6), whereas the reliability dimension had the lowest average score (3.4). Overall, the total satisfaction level had a mean score of 3.5 with a standard deviation of 0.7 and a score range between 2 and 5. On a scale of 1 to 5, an average score of 3.5 indicates that insurance users were generally fairly satisfied with the healthcare services they received.

Bivariate Results

B. Table 6. Relationship Between Healthcare Service Quality and Patient Satisfaction Among Insurance Users	Dissatisfied n (%)	Satisfied n (%)	Total n (%)	p-value
Service Quality				
Low	17 (51.5%)	16 (48.5%)	33 (100%)	0.000

REFERENCES

- KEPMENKES. (2022). *Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/MENKES/1128/2022 tentang Standar Akreditasi Rumah Sakit*. Keputusan Menteri Kesehatan, 1–342.
- Kosanke, R. M. (2019). *Hukum asuransi kesehatan*, 1–4.
- Machmud, R. (2008). Manajemen mutu pelayanan kesehatan. *Jurnal Kesehatan Masyarakat Andalas*, 2(2), 186–190. <https://doi.org/10.24893/jkma.2.2.186-190.2008>
- Maftuhah, I., & Bramantoro. (2013). Faktor yang mempengaruhi kepuasan pasien. *Fakultas Ilmu Kesehatan UMP*, II.
- Mahfudhoh, M., & Muslimin, I. (2020). Pengaruh kualitas pelayanan terhadap kepuasan pasien pada Rumah Sakit Umum Daerah Kota Cilegon. *Jurnal Ilmiah Manajemen Kesatuan*, 8(1), 39–46. <https://doi.org/10.37641/jimkes.v8i1.310>
- Parasuraman, & Zeithaml, D. (2007). Analisis kepuasan konsumen (SERVQUAL model). *Jurnal Media Ekonomi*, 7(1), 1–20. <http://id.portalgaruda.org/?ref=browse&mod=viewarticle&article=9606>
- Puji Pertiwi Ilahi. (2016). *Hubungan kepuasan pasien pengguna BPJS terhadap kualitas pelayanan kesehatan di Puskesmas Nagrak Sukabumi*. Jakarta.

-
- Purbandari, E., Sugandini, D., & Sutiono, H. T. (2018). Word of mouth sebagai konsekuensi kepuasan pelanggan. *Jurnal Manajemen dan Pemasaran Jasa*, 11(1), 111–124. <https://doi.org/10.25105/jmpj.v10i1.2355>
- Ramadhany, L. N. (2019). *Gambaran dimensi pengalaman pasien berdasarkan Importance Performance Analysis (IPA) di instalasi rawat inap RS Islam Faisal Makassar* (Skripsi, pp. 1–39).
- Rombon, L. A. Y., Podung, B. J., & Mamujaja, P. P. (2020). Pengaruh mutu pelayanan kesehatan terhadap kepuasan pasien di Puskesmas Papakelan. *Nursing News*, 2(2), 1–6. <https://ejurnal-mapalus-unima.ac.id/index.php/epidemia/article/download/1125/576>
- Sari, A. N. (2021). Tingkat kepuasan pasien terhadap pelayanan kesehatan di Praktik Mandiri Bidan Dyah Gonilan Sukoharjo. *Avicenna: Journal of Health Research*, 4(2), 1–12. <https://www.jurnal.stikesmus.ac.id/index.php/avicenna/article/view/525>
- Silvana, I., & Soegir, H. (2021). Analisis pengaruh bukti fisik, keandalan, daya tanggap, jaminan dan empati terhadap kepuasan pasien yang melakukan pemeriksaan laboratorium di Laboratorium RSUD Jaraga Sasameh Buntok. *Kindai*, 17(2), 178–191.
- Siswati. (2017). *Manajemen mutu informasi kesehatan II: Akreditasi dan manajemen risiko* (F. Zamil & N. Suwarno, Eds., 2nd ed.). Kementerian Kesehatan Republik Indonesia. https://bppsdmk.kemkes.go.id/pusdiksdmk/wp-content/uploads/2017/11/MMIK-II_FINAL_SC_26_10_2017.pdf
- Sulistiyorini, N., Jati, S. P., & Agushybana, F. (2021). The effect of healthcare quality toward patient satisfaction in Indonesia. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 6(3), 687–692.
- Sulviandani, Bachri, S., & Mubaraq, R. (2018). Pengaruh dimensi kualitas layanan terhadap kepuasan pasien rawat inap di Rumah Sakit Umum Daerah Morowali. *Jurnal Ilmu Manajemen Universitas Tadulako*, 4(3), 265–270.
- Supartiningsih, S. (2017). Kualitas pelayanan dan kepuasan pasien rumah sakit: Kasus pada pasien rawat jalan. *Jurnal Medicoeticolegal dan Manajemen Rumah Sakit*, 6(1), 9–15. <https://doi.org/10.18196/jmmr.6122>
- Suryono, A. (2009). Asuransi kesehatan berdasarkan Undang-Undang Nomor 3 Tahun 1992. *Jurnal Dinamika Hukum*, 9(3), 213–221. <https://doi.org/10.20884/1.jdh.2009.9.3.232>
- Suwardi. (2017). *Analisa persepsi pasien BPJS kesehatan terhadap kualitas pelayanan kesehatan program pengelolaan penyakit kronis*. Kesehatan.
- Thabrany, H. (2016). *Konsep dan jenis asuransi kesehatan*. *Introduksi Asuransi Kesehatan*, 26–87.
- Ulfa, S. F., & Zulkarnain, K. A. (2016). Analisis kepuasan pasien rawat inap pengguna Jaminan Kesehatan Nasional terhadap kualitas pelayanan di bangsal kebidanan dan kandungan RSUD Sleman Yogyakarta. *Majalah Farmaseutik*, 12(2), 412–430.
- Ulumiyah, N. H. (2018). Meningkatkan mutu pelayanan kesehatan dengan penerapan upaya keselamatan pasien di puskesmas. *Jurnal Administrasi Kesehatan Indonesia*, 6(2), 149–155. <https://doi.org/10.20473/jaki.v6i2.2018.149-155>
- Widodo, R. I. (2018). Periode dewasa muda jadi masa paling stres. *Republika.co.id*.
- Widodo, S. M., & Sutopo, J. (2018). Metode Customer Satisfaction Index (CSI) untuk mengetahui pola kepuasan pelanggan pada e-commerce model business to customer. *Jurnal Informatika Upgris*, 4(1), 2460–4801.