

# Influence of Performance Health Social Insurance Security Administering Agency and Quality of Health Services on Community Satisfaction at DKI Jakarta Province

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## Abstract

*DKI Jakarta Provincial Government which oversees health service centers such as Class A, B, C, D Public Hospitals and Puskesmas has made efforts to improve the quality of services from various aspects, but BPJS beneficiaries are still heard complaining about differences in attitudes and service procedures with and without using BPJS Health. Meanwhile, important aspects of service that must be met by health service centers as BPJS partners are Tangibles, providing clean facilities, neat treatment rooms and the appearance of uniformed and neat health workers, as well as aspects of Assurance providing safe services, complete and capable medical records. provide information related to the actions taken. Referring to the description above, the researchers conducted an in-depth study through a study entitled The Effect of the Performance of the Social Security Administering Body (BPJS) on Health and the Quality of Health Services on Community Satisfaction, to be able to know clearly how big the influence is. This study aims to determine the effect of performance and quality on satisfaction. The research method uses quantitative research using a survey approach. The data collection technique used is by using a questionnaire distributed to respondents consisting of health workers and the community or patients as users of health services. From the results of the study, the coefficient of determination ( $R^2$  -adjusted = 0.561) means that 56.1% of the community satisfaction level is influenced by the performance of BPJS Kesehatan and the quality of health services and the remaining 43.9% is influenced by other variables not tested in this study.*

## Keywords

performance; service; satisfaction



## I. Introduction

Since its formation in 2013, BPJS Kesehatan has become the only public legal entity in the health sector that is directly responsible to the President. However, until now, the benefits and impact on public health insurance are pragmatically far from satisfactory, with cases of patient refusal still being heard and the complexity of the process and the established procedures. Not to mention the issue of basic tariffs that often change without adequate progress or upgrading services, which has become a complaint for the majority of the community until now.

The importance of a government keeping its promises by providing services that satisfy the public is closely related to the content of the relationship between the government and the community. The contents of the relationship are both transformational and transactional. Today, the development of transactional government relations is more marked by a pattern of promise and trust relationships (Ndraha, 2000:30) as "the relationship between the government and the governed which contains the relationship between producers and consumers".

The reform of health services through BPJS Kesehatan has brought positive implications or outcomes where it is hoped that all Indonesian citizens who already have health insurance will get satisfactory services in the service process, both from the financing aspect to the service process aspect. The government is expected to be able to bear the cost of treatment for all kinds of diseases suffered by the community and can be served by all hospitals, both private and government.

At the beginning of the establishment of BPJS Kesehatan, the government allocated funds sourced from public funds from Askes and Jamsostek participants in the amount of Rp. 15.9 trillion which was distributed through the APBD for 86 million poor people throughout Indonesia. According to the Chairman of the Indonesian Doctors Association, this figure is not yet ideal for realizing proper health services (Suara.com, 18 December 2015). Suara.com also reports that after a year of BPJS operation on January 1, 2015, a lot of evidence shows that BPJS services are still not optimal and are colored with yellow report cards. On the other hand, the number of BPJS participants continues to increase, and as of February 13, 2015 has reached 137 million members, (Sumut Pos, January 2, 2014). This means that the greater the amount of available funds so that BPJS is expected to be able to improve the quality of health services in Indonesia by not choosing the types of diseases served and the types of hospitals that serve.

Reports from online media, public complaints on social media and printed and electronic mass media as well as the many experiences of the community that occur in BPJS services, all provide an overview of the implementation of BPJS in Indonesia with the conclusion that it is still very far from what is expected by all people in Indonesia. Indonesia. There is still a lot of public ignorance, the number of community complaints that cannot be handled by BPJS itself, the non-service of various types of health services that are not covered on the grounds that they are not in the BPJS agreement and cannot be claimed and the community with certain illnesses is refused by the referral hospital and who have collaborated with BPJS. All of this shows that BPJS Kesehatan has not performed as expected by the community.

Institutionally, there are still many activists, practitioners and health institutions who reject the BPJS system because it causes a lot of harm to the community itself. BPJS applies uniform tariff patterns that can be claimed by health service providers such as hospitals or health centers. However, this is not in accordance with the situation and condition of the community and health service providers in various districts/cities throughout Indonesia. This is due to differences in operating costs in several places in Indonesia. BPJS pays claims for hospitals or health centers according to applicable regulations, but in reality the operational costs of these claims are much greater than the compensation payments by BPJS as the holder of rights granted by the government. This shows that the performance of BPJS Health is very low in meeting the needs of health care costs to public health service institutions. There are approximately 7 (seven) types of diseases that are still not covered by the financing of BPJS Health so that in the end many people are dissatisfied and disappointed with the performance of BPJS Health.

The difference in operational costs between hospitals that provide health services can actually be understood because of the different levels of community ability, the level of need for disease management is more complex so it requires complete equipment, more complex handling steps, and requires more measuring materials for medical devices. All of this adds to the operational costs of big city health care institutions in order to meet the demands of society's high needs. This fact cannot be adjusted by BPJS to change health financing service policies to the public.

The population of Jakarta, which is almost 9 million people, demands more quality, concrete, more complete, more sophisticated, faster, more comfortable, and safer health services from health service institutions such as hospitals and health centers. It should be underlined that the different conditions of each patient, the type of service, the total operational costs for one type of disease are uniformly valued by BPJS Kesehatan throughout Indonesia.

Based on the many reports of public complaints against BPJS services, the amount of waste of state finances, the large number of dissatisfaction from health service institutions, hospitals and health centers against the rules of the BPJS game and most importantly the community no longer expects that all diseases can be covered by BPJS are various forms of public dissatisfaction with health services as well as indicating the deteriorating performance of BPJS Health. Various conditions that cause public dissatisfaction with government services in the health sector, observing global developments in the progress of public health service management and observing the health service situation of the capital city of DKI Jakarta, which is very disadvantaged by BPJS, have caused public dissatisfaction with the government. Such conditions of disappointment, dissatisfaction and distrust of the public in the government will eventually trigger distrust and delegitimization of the existing government. Government promises are not kept, government relations which contain a transformational relationship between the government and the governed contain policies that are not in favor of the people.

The quality of government services as a modification of the term, is basically built from empirical reality or the phenomenon of the implementation of service delivery tasks carried out by the government which have not or if not wanted to be said to be qualitatively lacking/not qualified in the field. On the other hand, in analytical design research, the term can also be said as a concept based on the opinions of several experts. As a concept "specifically there is no accepted definition of quality, but universally, from the existing definitions there are several similarities in the following elements (Tjiptono, 1996:51): 1) Quality includes efforts to meet or exceed customer expectations. 2) Quality includes products, services, people, processes, and the environment. 3) Quality is a condition that is always changing (eg what is considered less qualified in the future).

Thus, whether or not the quality of service is good or not depends on the good will and the ability to consistently provide and deliver services to the community and this in turn will end in good and bad perceptions which have implications for the satisfaction of the community. This situation can be understood that a positive and good image is not based on the point of view of the organizer, the government apparatus as a service provider (provider), but must be seen from the point of view of the community as the holder of people's sovereignty (sovereign). Support for this statement can be adopted from Kotler's statement (1994:62), that it is customers who consume and enjoy services so that they are the ones who should determine the quality of services. The customer's perception of the service is a comprehensive assessment of the superiority of a service. However, it should be noted that service performance is often inconsistent, so customers use service intrinsic and descriptive cues as a reference.

Service is a process, while service is an output. Services include inputs (inputs), processes, out-comes (results) and out-puts (outputs), while services only include out-comes and out-puts (Ndraha, 1997:106). As an outcome, the service can be potential even though it is in the chain of work mechanisms of a product/service, and only gets an impression or response from users when it has become an output that is felt directly by the community. This is in line with the view of Parasuraman quoted by Tjiptono.

The presence of a government, especially in a democratic government system, carries out the function as stated by Osborne and Gaebler (in Rosyid 1996: 192) namely, "Democratic government is born to serve its citizens", this statement can be seen as the conceptual basis for experts in determining the position and urgency of service function that will provide various forms of government services and services to the community. Meanwhile, in the concept of Moenir (1998:91) it is stated that, "Service is a process of fulfilling needs through the activities of others". Service can also be defined as "an effort to help prepare (take care of) what others need" (Soetopo, 1999:4). Thus it is clear that the service is oriented to provide all the needs that are served in the form of services. On the other hand, the service itself can be in the form of a product/service and the process of providing the service itself (or service).

The dimensions of service quality according to Kotler (1994: 561) are divided into 5 (five) determinants of service quality, namely: 1) Reliability (reliability); the ability to perform the promised services accurately and reliably. 2) Responsiveness (responsiveness); the ability to help customers and provide services quickly or responsively. 3) Confidence; knowledge and courtesy of employees and their ability to generate trust and confidence or assurance. 4) Empathy; terms to care, pay personal attention to customers. 5) Tangible; appearance of physical facilities, equipment, personnel and communication media.

## **II. Research Method**

This study uses a quantitative approach with correlational analytic methods. The correlational analytic design aims to examine the extent of the influence of independent variables on the dependent variable as related to the research objectives and to test the proposed hypothesis using empirical data obtained from the field. By adopting this method, it will be sought to test the effect of the independent variable on the dependent variable, namely through the operationalization of the variables described in the questionnaire. The accumulation of calculations is carried out by quantitative analysis of statistical tests which is further assisted by qualitative analysis based on observations and interview methods used when distributing questionnaires. Based on these calculations, it is hoped that they will be able to answer the research problems that have been formulated in the future.

## **III. Results and Discussion**

### **3.1 BPJS Health Performance by Community**

The dimensions of performance in this study are communication, resources, attitude of implementers, bureaucratic structure and which are assessed by respondents with answers agreeing or in accordance with the achievement of BPJS Health work results as much as 88%. When viewed from the 12 BPJS performance indicators in this study, for health workers respondents who answered the highest agreement was the existence of SOPs at BPJS (92.9%), the atmosphere of the BPJS office was comfortable and calm (91.7%) and changes to BPJS regulations were always communicated (91%) and coordination between BPJS sections (91%).

Meanwhile, from community respondents, the highest agreeable answers were indicators that the officers gave the right information (97.5%) and the atmosphere of the BPJS office was comfortable and calm (97.5%), BPJS employees were experts in explaining (94.9%) and the existence of SOPs. in BPJS (94.5%).

The performance indicators that got the lowest score were that BPJS regulations and policies were always consistent (society 62.4% of health workers 87.1%) and changes to BPJS policies were always clear (society 70.5% of health workers 87.1%)

Human Resources (HR) is the most important component in a company or organization to run the business it does. Organization must have a goal to be achieved by the organizational members (Niati et al., 2021). Development is a change towards improvement. Changes towards improvement require the mobilization of all human resources and reason to realize what is aspired (Shah et al, 2020). The development of human resources is a process of changing the human resources who belong to an organization, from one situation to another, which is better to prepare a future responsibility in achieving organizational goals (Werdhiastutie et al, 2020).

In line with Boyatzis' theory that there are 3 main groups that affect performance, namely individuals, organizational environment and tasks carried out by human resources. The values, nature, style and knowledge of human resources supported by the role of leaders in completing their tasks and functions will be able to help achieve the best organizational goals. So looking at the results of this study, fulfilled the things that affect performance. Respondents rated the best BPJS performance on the ability of human resources in communication, a supportive organizational environment and the implementation of tasks carried out well by human resources. However, it is still necessary to pay attention to the clarity and consistency of the regulations and policies issued by BPJS considering that the public needs accurate and correct information.

Of course, there are many other things that can be investigated further apart from the twelve indicators presented in this study, and this will be the responsibility of BPJS Health to further improve its performance in serving the community, moreover, the community's need for health services is a basic right that must be fulfilled by the public. government.

### **3.2 Quality of Health Services in DKI Jakarta**

Dimensions of health service quality in this study are technical quality, corporate image, functional quality. From the results of this study, data obtained that the highest indicators agreed by the respondents were having complete and modern equipment (97.5%), having a clean and tidy building room (97.5%), having a spacious and comfortable waiting room (95, 1%) and have quiet and clean inpatient rooms (95.1%). For medical personnel serving in puskesmas and hospitals, it is considered to agree with a good percentage in the range of 92% to 94.9%.

And what is of concern to further improve the quality of services is the indicator of timely service (85.9%), not making patients wait too long (87.5%), emergency units have agile personnel (89.2%) and administration good and fast patient (89.2%)

According to Parasuraman (Lupiyadi: 2006), the assessment of service quality is grouped into five namely tangibles, reliability, responsiveness, assurance and empathy. The same thing is also stated by Kotler (1994: 561) who divides the determinants of service quality into five groups, namely: reliability, responsiveness, confidence, empathy and tangibles. The only difference is the use of assurance and confidence even though they are both about knowledge and courtesy and the ability of human resources to create trust and confidence.

This study produced the indicator with the highest value, namely tangibles such as the appearance of physical facilities and equipment at the puskesmas and hospital and the indicator with the lowest value, namely responsiveness (on time, fast and agile). The community as users of health services certainly requires timely, fast and agile health services. Even though the percentage value is not below 50%, it is still the concern of the

management at the puskesmas and hospital to continuously improve the quality of their services to the community, who expect a lot of getting the best service in order to improve and improve their health.

In line with the opinion of (Brown, 1992:31 and; Parasuraman, Zeithaml and Berry, 1985:42; Kotler, 1994:561; Fitzsimmons and Fitzsimmons, 1994: 189-190; Ndraha, 1997:62; Osborne and Gaebler in Rosyid, 1996: 191-213) which states that the quality factors of government services to the community consist of reliability, responsiveness, belief/understanding, empathy, guaranteed, fairness, understanding, cheap, quality, speed and fair. All of these are substantive dimensions that can be used as standards for maintaining government relations. Referring to these quality measures, the quality of government services is actually an advantage of a product/service that should be fulfilled in the context of carrying out government duties. Thus the quality of government services can be said to be government services that have superior service quality in all substantive aspects of the service elements received and do not cause various complaints from the people served, including aspects of reliability, responsiveness, confidence, empathy, assurance, fairness, understanding, cheap, quality, speed, fair, availability.

### **3.3 Analysis of Community Satisfaction on BPJS Health Performance and Health Service Quality**

The dimensions of community satisfaction in this study are service quality and service performance. Service quality according to A. Parasuraman (1985) is a measure of how well a service meets customer expectations, which requires service quality providers to compromise in a consistent manner. Meanwhile, service performance is a measurement of service quality based on customer perception or performance.

Garvin (Dorothea Wahyu Ariani.2004) divides satisfaction into ten dimensions, namely communication, trust, security, understanding customers, physical evidence, work consistency, responsiveness, ability, access and courtesy, which are summarized in the satisfaction indicators from this study which produces satisfaction data. 88.45% of the respondents who answered were satisfied with the public's satisfaction with BPJS Health, and 86.6% of the respondents who answered satisfied with the quality of health services were satisfied.

The highest indicator that makes respondents satisfied for BPJS Health is the ability of the implementer to be in accordance with the expertise (92.4% and 97.5%) and the lowest indicator is affordable cost or tariff (87.3%) and fast BPJS service time or process (81%). Meanwhile, the highest satisfaction indicator for health services is the ability of implementers according to expertise and standardized health services (94.5% each) and the lowest is fast service procedures (76.1%).

Community satisfaction is a very important factor and determines the success of an organization/business entity because the community is the consumer of the products/services produced, so that the obligation of public service providers according to Kasmir (2006:34) is to provide good service which has elements, among others: availability of good employees, availability of good facilities and infrastructure, responsible to every customer from start to finish, able to serve quickly and accurately, able to communicate, guarantee confidentiality, have good knowledge and abilities, try to understand customer needs and be able to provide trust in customers.

One of the reasons behind this research is the number of complaints from the public against the performance of BPJS, and cases of patient refusal are still heard and the complexity of the process, as well as the established procedures. Not to mention the issue of basic tariffs, which often change without adequate progress or upgrading services,

which have become complaints from the majority of the community until now, all of which indicate that the performance of the Health BPJS still does not meet the expectations and needs of the community.

Meanwhile, the results of community satisfaction with BPJS performance in the study were 88.45% satisfied. The most basic thing according to Kotler is satisfaction is a person's feeling of pleasure or disappointment that arises after comparing his perceptions or impressions of the performance or results of a product and his expectations. Regardless of the number of complaints against BPJS Health, it means that 88.45% of respondents in this study generally feel happy with the performance of BPJS Health that they receive when using health services.

For the results of the assessment of health services, as many as 86.6% of respondents were satisfied with the quality of health services. Patient satisfaction is one of the goals of improving the quality of health services. Patient satisfaction is a level of patient feeling that arises as a result of the performance of the health services they receive, from these results it can be said that 86.6% of the public are happy with the quality of health services they receive.

### **3.4 The Effect of BPJS Health Performance on Community Satisfaction in DKI Jakarta**

Oliver (Supranto, 2011) defines satisfaction as the level of one's feelings after comparing the performance or results he feels with his expectations. The level of satisfaction is a function of the difference between perceived performance and expectations. If the performance is below expectations, the customer will be very disappointed. If the performance matches expectations, the customer will be very satisfied. Meanwhile, if the performance exceeds expectations, the customer will be very satisfied, customer expectations can be formed by past experiences. Satisfied customers will be loyal longer, less sensitive to price and give good comments.

According to respondents, the performance of BPJS Health is in accordance with what they expected (answers agree with the BPJS Health performance indicators as much as 88%). And according to the results of the regression analysis, the value of R Square = 0.49 which means that 49% of community satisfaction in this study is influenced by the performance of BPJS Health itself, the remaining 51% is influenced by other variables.

### **3.5 The Effect of Health Service Quality on Community Satisfaction in DKI Jakarta**

Budiastuti (2002) suggests that in evaluating patient satisfaction with the services received, it refers to several factors, one of which is service quality because it plays an important role in the service industry. Customers, in this case, patients will feel satisfied if they get good service or as expected.

This study resulted in community satisfaction with the quality of health services by 86.6% of respondents who answered satisfied and obtained a value of R Square = 0.526 which means that 52.6% of community satisfaction with health services is influenced by the quality of health services itself. The remaining 47.4% is influenced by other variables.

### **3.6 The Effect of BPJS Health Performance and Health Service Quality on Community Satisfaction in DKI Jakarta**

Satisfied patients are a very valuable asset, because if patients are satisfied they will use the service of their choice, but if patients are not satisfied they will tell twice as much to others about their bad experience. To create patient satisfaction, puskesmas and hospitals must create and manage a system to obtain more patients and the ability to retain

patients. The meaning of patient satisfaction can be concluded is a feeling of pleasure, individual satisfaction due to the fulfillment of expectations or desires in receiving health services.

The factors that influence patient satisfaction according to Budiastuti (2002) are: 1) Quality of service. Plays an important role in the service industry. Customers, in this case, patients will feel satisfied if they get good service or as expected; 2) Emotional factors. Patients who feel proud and believe that other people are amazed by patients who choose a hospital that in the view of society is an expensive hospital, tend to have a higher level of satisfaction. 3) Price. It is an important aspect in determining quality in order to achieve patient satisfaction. However, this element affects the patient in terms of the costs incurred, usually the more expensive the treatment, the higher the patient's expectations. Meanwhile, hospitals with the same quality but low prices give higher value to patients. 4) Cost. Getting products or services that patients do not need to incur additional costs or do not need to waste time getting services, tend to be satisfied with these services. 5) Quality of products and services. Patients will feel satisfied if the results of their evaluation show that the product or service used is of high quality. Consumer perceptions of the quality of products or services are influenced by two things, namely the reality of the actual quality of the product or service and company communication, especially advertising in promoting the hospital.

From the research results, the coefficient of determination  $R^2$  adjusted in table 4.21, that the value obtained from the results of the study is 0.561 which means that 56.1% of the community satisfaction level is influenced by the performance of BPJS Kesehatan and the quality of health services and the remaining 43.9% is influenced by other variables.

In line with Budiastuti's opinion, that community satisfaction in this study is influenced by BPJS Health performance factors and the quality of Health services with a value of 56.1% and the remaining 43.9% is influenced by other factors not tested in this study.

#### **IV. Conclusion**

Based on the results of the discussion and analysis, there are several conclusions that can be drawn from this research, including the following: 1) Public satisfaction with the performance of BPJS Health is 88% with a value of  $RSquare = 0.49$  which means, 49% of community satisfaction in this study is influenced by the performance of BPJS Health itself. The remaining 51% is influenced by other variables. 2) Community satisfaction with the quality of health services is 86.6% and with a value of  $RSquare = 0.526$ , it means that 52.6% of community satisfaction with health services is influenced by the quality of health services themselves. The remaining 47.4% is influenced by other variables. 3) The performance variable of BPJS Health and the quality of health services affects public satisfaction by 56.1% with the value of the coefficient of determination  $R^2$  adjusted = 0.561 and the remaining 43.9% is influenced by other factors not tested in this study.



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