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Analysis of Service Quality, Insurance Services and Patient Experience on Patient Satisfaction at Hospital X Semarang

Irene Yunita Prihandini[1], Sri Winarni[2], Sapto Pawelas Arso[3]
[1,2,3] Faculty of Public Health, Diponergoro University, Semarang

Email correspondence : ireneyunitaprihandini@gmail.com

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Abstract

This research is motivated by the dynamics of patient visits at X Semarang Hospital, where in the January-June 2025 period the number of patients with private, public, and corporate insurance guarantors decreased by around 5%, while BPJS patients increased by around 8% compared to the same period the previous year. This condition shows a change in public preferences in choosing health services, accompanied by initial findings in the form of complaints about the length of the administrative process, the comfort of facilities, and service communication that is not optimal. The study aims to analyze the influence of service quality, insurance services, and patient experience on patient satisfaction at X Semarang Hospital. The research uses a quantitative approach with explanatory research and cross-sectional design. The study population was all adult inpatients using BPJS and private insurance at RS X Semarang. A sample of 262 respondents was determined using the Lemeshow formula with a purposive sampling technique, with the criteria of age 20-40 years, undergoing a minimum of three days of hospitalization, and willing to be a respondent. Data collection was carried out through a five-point Likert scale questionnaire that has been tested for validity and reliability. Data analysis using IBM SPSS through descriptive statistics, classical assumption tests, multiple linear regression, t tests, F tests, and determination coefficients (R^2). The results showed that partially the quality of service had a positive and significant effect on patient satisfaction ($p<0.05$), insurance services had a positive and significant effect on patient satisfaction ($p<0.05$), and patient experience had a positive and significant effect on patient satisfaction ($p<0.05$). Simultaneously, the three variables had a significant effect on patient satisfaction with a Fcal value of 268.661 > Ftable of 2.65 and a significance of 0.000. A determination coefficient value of 0.758 indicates that 75.8% of the variation in patient satisfaction can be explained by the quality of service, assurance service, and patient experience, while 24.2% is influenced by other factors outside the model. This study emphasizes that improving patient satisfaction requires an integrated strategy through improving service quality, facilitating a guarantee system, and managing the patient experience on an ongoing basis.

Keywords: service quality, insurance services, patient experience, patient satisfaction, hospital.

INTRODUCTION

Health services are strategic sectors that play an important role in the social and economic development of a country. Hospitals as health service institutions are required not only to be able to provide good clinical results, but also to provide quality, efficient, safe, and patient-oriented services. In recent decades, the healthcare paradigm has shifted from provider-centered care to patient-centered care, where patient perception and experience are the main indicators in assessing the quality of services (Doyle et al., 2013). Therefore, patient satisfaction is one of the important measures of the success of a hospital organization, because

it is related to patient loyalty, institutional image, and sustainability of hospital performance (Purwadhi et al., 2024).

In Indonesia, the implementation of National Health Insurance (JKN) through BPJS Kesehatan has significantly increased public access to hospital services. However, the expansion of access also presents new challenges in the form of increasing patient volume, pressure on service capacity, and demands to maintain the quality of service evenly in all patient segments. In addition to BPJS patients, the hospital also serves patients with private insurance guarantors, companies, and independent payments who have different characteristics of needs and expectations. These differences in the guarantee system have the potential to affect patients' perception of service quality and experience while receiving services (Khairuman et al., 2024). Thus, patient satisfaction analysis needs to consider the variation of insurance services as a relevant contextual factor.

Conceptually, patient satisfaction is explained through Expectation–Disconfirmation Theory, which is a condition when patients compare initial expectations with the performance of services received. If the service meets or exceeds expectations, then the patient will feel satisfied; on the contrary, if the service is below expectations, dissatisfaction will arise (Serrano et al., 2018). In the context of hospitals, patient satisfaction is influenced by various factors, including service quality, speed of administrative processes, communication of health workers, staff empathy, facility comfort, and overall service experience (Sitepu & Kosasih, 2024). Therefore, hospitals need to comprehensively understand the determinants of patient satisfaction in order to be able to design effective quality improvement strategies.

One of the widely used approaches to assess service quality is the SERVQUAL model which consists of five dimensions, namely tangibles, reliability, responsiveness, assurance, and empathy. Previous research has shown that service quality has a significant effect on patient satisfaction. Pulungan et al. (2023) found a positive relationship between service quality and patient satisfaction of outpatient BPJS users. Rustendi et al. (2025) also reported that service quality is significantly related to BPJS inpatient satisfaction. In addition, Aroni and Sari (2025) show that the assurance and empathy dimensions are the dominant factors in increasing BPJS patient satisfaction in regional hospitals.

However, the results of previous studies have not shown the same consistency. Pulungan* et al. (2023) stated that the dimensions of responsiveness and empathy do not have a signifi cant effect on certain contexts. On the other hand, Azzahra et al. (2025) found that tangibles, reliability, and responsiveness are the main determinants of outpatient satisfaction. Hidayah et

al. (2024) through a systematic review also emphasized that the strength of the relationship between service quality and patient satisfaction is greatly influenced by the type of hospital, region, service load, and respondent characteristics. The inconsistency of these findings suggests that the effect of service quality on patient satisfaction is not universal, requiring further testing in different hospital contexts and patient segments.

In addition to service quality, patient experience is also increasingly recognized as an important determinant in the modern healthcare system. The patient experience includes all patient perceptions during interaction with the hospital, starting from the registration process, waiting time, interaction with health workers, clarity of information, to the comfort of the service environment (Triyono et al., 2025). Asiye (2025) found that patient experience has a significant effect on BPJS patient satisfaction through trust mediation. The findings confirm that the quality of the interaction process has a great contribution to the formation of patient satisfaction.

However, most previous studies still analyzed the quality of service and patient experience separately. Research that tests these two variables simultaneously on patient satisfaction is still relatively limited, especially in the context of private hospitals in Indonesia. In addition, studies that compare patient satisfaction based on the type of assurance service in one empirical model have also not been widely conducted. In fact, BPJS patients and private insurance patients have different expectations, perceptions of value, and service standards. This condition shows that there is an important research gap to be filled through more integrative and contextual research.

This phenomenon is relevant to the condition of RS X Semarang. Internal hospital data shows that the number of patients with private, public, and corporate insurance underwriters in the January-June 2025 period decreased by around 5% compared to the same period the previous year, while the number of BPJS patients increased by around 8%. This shift in the structure of patients shows the dynamics of people's preferences in choosing health services. On the other hand, the results of initial observations indicate that there are still complaints related to the length of the administrative process, the comfort of facilities, and service communication that is not optimal. If this condition is not managed properly, it has the potential to reduce patient satisfaction and visit loyalty, especially in the non-BPJS segment which has an important financial contribution to hospitals.

Based on this description, this study has a novelty in the simultaneous analysis of the influence of service quality and patient experience on patient satisfaction by considering

insurance services (BPJS and insurance) as a differentiating variable in the context of private hospitals. This study aims to analyze the influence of service quality on patient satisfaction, analyze the influence of patient experience on patient satisfaction, and analyze differences in patient satisfaction based on the type of assurance service at RS X Semarang. The results of the research are expected to make a theoretical contribution to the development of the health service management literature and become a practical basis for hospital management in formulating a strategy to improve service quality that is more targeted, competitive, and sustainable.

METHODS

This study uses a quantitative approach with an explanatory research design and a cross-sectional approach to analyze the influence of service quality, insurance services, and patient experience on patient satisfaction at X Semarang Hospital. The quantitative approach was chosen because it allows for objective measurement of variables through numerical data as well as hypothesis testing using statistical analysis (Creswell, 2018). Explanatory design is used to explain the causal relationship between independent variables and dependent variables, while a cross-sectional approach is carried out through data collection at a specific period so as to be able to describe the condition of respondents simultaneously (Sekaran & Bougie, 2020). The study population was all adult inpatients using BPJS and private insurance at RS X Semarang. The sampling technique used purposive sampling with the criteria of respondents aged 20–40 years, undergoing a minimum of three days of hospitalization, and being willing to become respondents. Based on the calculation of the Lemeshow formula with a confidence level of 95% and a margin of error of 5%, a sample of 262 respondents was obtained after non-response adjustment (Lemeshow et al., 1997).

The research instrument uses a structured questionnaire that is compiled based on theory and previous research. The service quality variables were measured using the SERVQUAL dimension which included tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988). The guarantee service variables are measured based on the patient's perception of the ease of the procedure, clarity of information, and suitability of services based on the type of guarantor used. Patient experience variables include experience during the service process, interaction with health workers, the hospital environment, and the patient discharge process (Wolf et al., 2014). Meanwhile, patient satisfaction is measured through the suitability of expectations, ease of access to services, comfort during treatment, and satisfaction

with service results. All statement items use a five-point Likert scale, ranging from 1 = strongly disagree to 5 = strongly agree. Before use, the instrument was tested for validity using Pearson Product Moment correlation and reliability using Cronbach's alpha with a minimum limit of .70 (Hair et al., 2019).

Data collection was carried out directly to respondents who met the inclusion criteria after obtaining research approval. The collected data was analyzed using IBM SPSS Statistics through the stages of editing, coding, and tabulating data. Descriptive analysis is used to describe respondent characteristics and the distribution of answers in the form of averages, and percentages. Furthermore, hypothesis testing was carried out using multiple linear regression analysis to assess the partial or simultaneous influence of service quality, insurance services, and patient experience on patient satisfaction. Before the regression analysis, a classical assumption test was carried out which included normality, multicollinearity, and heteroscedasticity tests so that the model meets statistical requirements (Ghozali, 2021). Significance testing was performed through the t-test and the F-test at a significance level of 5%, while the determination coefficient (R^2) was used to explain the magnitude of the contribution of independent variables to patient satisfaction.

RESULTS

Characteristics of Repondent and Test Instruments

The characteristics of the respondents were used to provide an overview of the profile of adult inpatients at Hospital X Semarang who were the research sample. The number of respondents was 262 patients who used health insurance services, both BPJS and private insurance. The characteristic variables analyzed included gender, age, length of hospitalization, and type of guarantor, because these factors have the potential to affect patients' perceptions of service quality, patient experience, and patient satisfaction (Sugiyono, 2022).

Table 1 Characteristics Respondents (n=262)

Features	Category	Frequency	Percentage (%)
Gender	Male	154	58,8
	Women	108	41,2
Age	20–27 Years	90	34,4
	28–34 years old	98	37,4
	35–40 Years	74	28,2
Length of Stay	3–4 Days	125	47,7
	5–7 Days	137	52,3
Types of Guarantors	BPJS	183	69,8

Private Insurance	79	30,2

Source: Primary data processed (2026)

Based on Table 1, respondents were dominated by men (58.8%), were in the age range of 28–34 years (37.4%), underwent hospitalization for 5–7 days (52.3%), and used BPJS as the main guarantor (69.8%). These findings show that the majority of respondents are productive-age patients with relatively high service needs, so it is relevant in assessing service quality, insurance services, patient experience, and patient satisfaction.

Before further analysis was carried out, the research instrument was tested through validity and reliability tests. The validity test used the Pearson Product Moment correlation with the table r value of 0.121 (n = 262). The test results show that all statement items on the variables of service quality, assurance service, patient experience, and patient satisfaction have a value of r calculated > r table, so that all items are declared valid. This shows that each indicator is able to measure the research construct appropriately (Ghozali, 2021).

Table 2 Validity Test Results

Variabel	Number of Items	Range r calculation	R table	Remarks
Quality of Service (X1)	10	0,540–0,755	0,121	Valid
Insurance Services (X2)	6	0,613–0,700	0,121	Valid
Patient Experience (X3)	14	0,444–0,700	0,121	Valid
Patient Satisfaction (Y)	8	0,510–0,671	0,121	Valid

Source: Primary data processed (2026)

Furthermore, the reliability test was carried out using Cronbach's Alpha with a minimum limit of 0.70. The test results showed that all variables had an alpha value above 0.70, namely service quality of 0.822, assurance service of 0.741, and patient experience of 0.836. Thus, all research instruments are declared reliable and have good internal consistency so that they are suitable for use in follow-up analysis.

Classic Assumption Test

The classical assumption test is performed to ensure that the multiple linear regression model meets the statistical requirements so that the results of the coefficient estimation can be interpreted appropriately. The tests in this study include normality, multicollinearity, and heteroscedasticity tests. Regression models that meet classical assumptions will produce estimators that are unbiased, efficient, and consistent (Ghozali, 2021).

The normality test aims to find out whether the residual regression model is normally distributed. The test was carried out using the Normal Probability Plot (P-P Plot) graph

approach and the Kolmogorov-Smirnov statistical test. Based on the results of the Kolmogorov-Smirnov test, an Asymp value was obtained. Sig. of 0.200, greater than 0.05, so that residual is declared to be normally distributed. Visually, the P-P Plot graph also shows the dots spreading around the diagonal line and following the direction of the line, indicating the absence of significant residual distribution deviations.

Table 3 Results of the Kolmogrov Smirnov Normality Test

Test Statistics	Value
N	262
Kolmogorov-Smirnov Z	0,050
Asymp. Sig. (2-tailed)	0,200

Source: Primary data processed (2026)

Based on these results, it can be concluded that the regression model has met the assumption of normality so that it is suitable for further analysis.

The multicollinearity test aims to find out whether or not there is a high correlation between independent variables. Detection is carried out through Tolerance and Variance Inflation Factor (VIF) values. The regression model is declared to be free of multicollinearity if the Tolerance value is > 0.10 and VIF is < 10.

Table 4 Multicollinearity Test Results

Variabel	Tolerance	LIVE	Remarks
Quality of Service (X1)	0.326	3.066	Multicollinearity does not occur
Insurance Services (X2)	0.309	3.234	Multicollinearity does not occur
Patient Experience (X3)	0.263	3.801	Multicollinearity does not occur

Source: Primary data processed (2026)

All independent variables have a tolerance value above 0.10 and a VIF below 10. Thus, there are no symptoms of multicollinearity in the regression model, so that each independent variable can explain the dependent variable well without excessive linear relationships between variables.

Heteroscedasticity tests were performed to determine whether there was a residual variance disparity between observations. The test uses the Glejser method with the basis of decision if the significance value is > 0.05, then the model is free from heteroscedasticity.

Table 5 Heteroscedasticity Test Results

Variabel	B	t	Say.	Remarks
Quality of Service (X1)	-0.007	-0.279	0.781	Heteroscedasticity does not occur
Insurance Services (X2)	0.016	0.407	0.684	Heteroscedasticity does not occur

Patient Experience (X3)	-0.039	-1.771	0.078	Heteroscedasticity does not occur

Source: Primary data processed (2026)

The test results showed that all independent variables had a significance value above 0.05. Therefore, the regression model is stated to not experience heteroscedasticity or to have a constant residual variance (homoskedasticity).

Overall, the results of the classical assumption test show that the regression model in this study has met the assumptions of normality, is free of multicollinearity, and is free of heteroscedasticity. Thus, the regression model is feasible to test the influence of service quality, insurance services, and patient experience on patient satisfaction at Hospital X Semarang.

Multiple Linear Regression Test and t-Test

Multiple linear regression analysis was used to determine how much influence Quality of Service (X1), Assurance Service (X2), and Patient Experience (X3) had on Patient Satisfaction (Y). This method was chosen because the study involved more than one independent variable that was thought to affect one bound variable. In addition to knowing the direction of the relationship, this analysis can also show which variables are the most dominant in improving patient satisfaction. At the same stage, a t-test is carried out to determine the influence of each variable partially.

Table 6 Multiple Linear Regression Test Results

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	3.181	.909		3.501	.001		
	Kualitas Pelayanan (X1)	.131	.038	.186	3.466	.001	.326	3.066
	Layanan Penjamin (X2)	.323	.063	.281	5.095	.000	.309	3.234
	Pengalaman Pasien (X3)	.273	.035	.464	7.765	.000	.263	3.801

a. Dependent Variable: Kepuasan Pasien (Y)

Source: Primary data processed (2026)

Based on the results of the analysis, regression equations were obtained:

$Y = 3.181 + 0.131X1 + 0.323X2 + 0.273X3$

A constant value of 3.181 indicates a baseline level of satisfaction when all independent variables are considered fixed. All regression coefficients have positive values, so that the increase in each variable will be followed by an increase in patient satisfaction.

Partially, the Service Quality variable has a significance value of 0.001 < 0.05, so it has a significant effect on patient satisfaction. The Insurance services variable has a significance value of 0.000 < 0.05, which means that it has a significant effect on patient satisfaction. The

Patient Experience variable also has a significance value of 0.000 < 0.05, so it has been proven to have a significant effect on patient satisfaction. Based on standard beta values, the Patient Experience variable is the most dominant variable in influencing patient satisfaction.

F Test (Simultaneous)

The F test is performed to find out whether all independent variables together have an influence on the dependent variables. This test is important to see if the regression model used is feasible to explain the relationship between Quality of Service, Insurance services, and Patient Experience to Patient Satisfaction.

Table 7 F Test Results (ANOVA)

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3391.935	3	1130.645	268.661	.000[b]
	Residual	1085.779	258	4.208		
	Total	4477.714	261			

a. Dependent Variable: Kepuasan Pasien (Y)

b. Predictors: (Constant), Pengalaman Pasien (X3), Kualitas Pelayanan (X1), Layanan Penjamin (X2)

Source: Primary data processed (2026)

Based on Table 7, the F value of 268,661 was obtained with a significance value of 0.000. Since the significance value is less than 0.05, it can be concluded that all independent variables simultaneously have a significant effect on patient satisfaction. This means that the quality of service, insurance servicess, and patient experience together can explain changes in patient satisfaction levels. These results also show that the regression model used in the study is appropriate and feasible for further analysis. In other words, the increase in patient satisfaction is not only influenced by one factor, but is the result of a combination of service quality, the ease of the guarantee system, and the patient's experience during treatment.

Determinant Coefficients

The determination coefficient is used to find out how much the ability of all independent variables to explain the variation of dependent variables. This value demonstrates the strength of the research model in explaining changes in patient satisfaction.

Table 8 Simultaneous Determinant Coefficients

Model	R	R Square	Adjusted R Square	Std. Error
1	0.870	0.758	0.755	2.05145

Source: Primary data processed (2026)

Based on Table 5.3, the R Square value is 0.758. This means that 75.8% of the variation in patient satisfaction can be explained by the variables of Service Quality, Insurance services, and Patient Experience. While the remaining 24.2% was explained by other factors outside the research model, such as the price of additional services, hospital image, location, and personal factors of the patient. This value shows that the research model has a strong explanatory ability, so that the three independent variables used are relevant in explaining patient satisfaction.

Table 9 Partial Determination Coefficients

Variabel	R	R Square	Std. Error	Kontribusi
Quality of Service (X1)	0.770	0.593	2.64889	59,3%
Insurance servicess (X2)	0.798	0.637	2.50004	63,7%
Patient Experience (X3)	0.840	0.706	2.24880	70,6%

Source: Primary data processed (2026)

Based on Table 5.4, each variable has a different contribution to patient satisfaction. The Service Quality variable contributed 59.3%, which shows that service quality remains an important factor. The Insurance services variable contributed 63.7%, which means that the ease and effectiveness of the health insurance system also had a strong influence.

Meanwhile, the Patient Experience variable had the largest contribution, which was 70.6%. These results confirm that the patient's direct experience during receiving services, such as comfort, communication of health workers, caregiver attention, and impressions during treatment, are the most dominant factors in shaping overall patient satisfaction.

DISCUSSION

The Effect of Service Quality on Patient Satisfaction at Hospital X Semarang

The quality of service was proven to have a positive and significant effect on patient satisfaction at X Semarang Hospital, which was shown by a significance value of 0.001 ($p < 0.05$). These findings confirm that service quality is a key determinant in the formation of patient satisfaction, because patients not only assess the clinical results of treatment, but also the overall service experience from the process of registration, examination, treatment, to final administration. In the perspective of expectancy-disconfirmation theory, satisfaction arises when the services received meet or exceed the patient's expectations. Therefore, the better the quality of service felt by the patient, the higher the level of satisfaction formed. On the other hand, service that is slow, unfriendly, inconsistent, or does not provide a sense of security will

lower the patient's perception of the hospital. The results of this study are in line with the findings of Akin (2025), Salam et al. (2024), and Hutabarat et al. (2025) who stated that service quality has a direct and significant relationship with patient satisfaction at various health facilities.

Descriptively, the service quality variable obtained an average score of 3.61 which was in the medium category. This shows that X Semarang Hospital has been able to meet most of the basic expectations of patients, but has not yet achieved a very satisfactory level of service. In the tangible dimension, patients assessed that hospital facilities were quite clean and organized, but there was still a perception that the modernization of medical devices was not optimal. This condition is important to pay attention to because the public is now increasingly sensitive to the quality of physical facilities and medical technology used by hospitals. In the reliability dimension, hospitals are considered quite capable of providing services according to schedule, but procedural consistency and service accuracy still need to be strengthened. Mismatches of information between officers, changes in doctors' schedules, or convoluted administrative flows can reduce patient trust in the institution. Thus, even though the foundation of service quality has been established, hospitals still need system improvements to make the patient experience more stable and predictable.

In the responsiveness dimension, patients assessed that the officers were quite quick to help when needed, but the speed of response to patient needs was still not optimal, especially during peak hours, pharmacy queues, or doctors' waiting times. This aspect is very important because patients tend to judge the quality of the hospital by the speed of service they feel directly. Meanwhile, in the assurance dimension, health workers are considered to have good competence, but the patient's sense of security during treatment still needs to be improved. This shows that technical competence alone is not enough; Patients also need clear communication, certainty of information, and fair and professional treatment. In the empathy dimension, the personal attention of health workers is quite felt, but the understanding of the individual needs of patients is still not optimal. In the context of modern services, patients want to be treated as individuals, not just queue numbers. Therefore, strengthening the patient-centered care culture is a strategic need so that the relationship between patients and health workers is of higher quality.

The value of the determination coefficient (R Square) of 0.593 shows that the quality of service is able to explain the variation in patient satisfaction by 59.3%, while the remaining 40.7% is influenced by other factors such as service costs, health insurance system, hospital

image, previous patient experience, and service accessibility. This value indicates that service quality is the dominant factor in the research model. The managerial implication of this finding is that X Semarang Hospital needs to make improving service quality a strategic priority through modernizing facilities, simplifying administrative flows, accelerating waiting times, improving communication competencies of health workers, and strengthening a culture of empathy in services. These findings are consistent with the research of Kaukaba and Aini (2025), Puspita and Paramata (2024), Siregar et al. (2024), Sukmawati and Pebrianti (2024), and Alysia et al. (2025) who affirm that the quality of service contributes greatly to hospital satisfaction, trust, loyalty, and competitiveness. Thus, continuous improvement of service quality not only has an impact on patient satisfaction, but also on the sustainability of health service institutions.

The Effect of Insurance Services on Patient Satisfaction at X Semarang Hospital

Insurance services have been shown to have a positive and significant effect on patient satisfaction at Hospital X Semarang, as shown by a significance value of 0.000 ($p < 0.05$). These findings show that the health insurance system is not just a financing mechanism, but has become an important part of the overall patient service experience. In the context of modern health services, patients not only assess the success of medical procedures, but also the ease of access, cost certainty, clarity of procedures, and smooth administration during the treatment process. Based on the perspective of perceived value theory, patients will feel satisfied if the benefits obtained from insurance services are greater than the administrative burden that must be undertaken. Therefore, when the verification process is fast, the benefits are clear, and medical services are not hampered by the administration, then the patient's perception of the hospital will increase. These results are in line with the research of Prasetiyo and Rahayu (2025), Putri and Berlianto (2025), and Dahlan et al. (2023) which confirm that the quality of the BPJS system and health insurance have a real contribution to patient satisfaction in hospitals.

Descriptively, the guarantee service variable obtained an average value of 3.50 and was in the medium category. This value shows that the patient assesses that the guarantee system at Hospital X Semarang has run quite well, but is not fully optimal. Patients in general have* experienced the main benefits of health insurance in the form of medical cost relief, certainty of financing for medical procedures, and a sense of security during treatment. The item with the highest score indicates that the guarantee scheme used is considered adequate in accordance

with the patient's medical needs and generally provides satisfaction. This indicates that hospitals have been able to accommodate the needs of patients using BPJS and private insurance functionally. However, the medium category indicates that there is still a gap between the patient's expectations and the reality of the services received. In field practice, patients still expect a simpler administrative process, more transparent benefit information, and shorter waiting times so that the assurance system is truly an instrument to support services, not barriers to service.

Some aspects that still need attention are the perception of administrative obstacles and inequality in the quality of services between types of guarantors. Items with low scores indicate that some patients still feel that the use of collateral can slow down the medical service process or cause a difference in service experience. In BPJS patients, this condition can appear in the form of long validation queues, tiered referrals, or limited treatment classes. Meanwhile, in private insurance patients, obstacles are often related to the approval process, benefit ceiling, or coordination between hospitals and insurance companies. Theoretically, this condition is related to the concept of service convenience, which is the easier and more practical a service is accessed, the higher the level of user satisfaction. If patients have to deal with repetitive procedures, slow digital systems, or inconsistent information, then the perception of hospital quality will decline even though clinical services are good. Therefore, hospitals need to ensure that the differences between types of guarantors are only administrative in accordance with regulations, not touching the core quality of health services.

The value of the determination coefficient (R Square) of 0.637 indicates that insurance services are able to explain the variation in patient satisfaction by 63.7%, while the remaining 36.3% is influenced by other factors such as the quality of medical services, hospital facilities, communication of health workers, and patient characteristics. This figure shows that insurance services are a very strong determinant in the formation of patient satisfaction at Hospital X Semarang. The managerial implications of this result are the need to strengthen the insurance services unit through digitization of membership verification, simplification of administrative flows, improvement of officer communication competence, acceleration of the approval process, and integration of information systems with BPJS and private insurance. These findings are consistent with the research of Indahwati et al. (2023), Wardani et al. (2025), Palupi et al. (2024), and Putri and Manah (2025) which states that the quality of guarantee administration services has a direct effect on patient satisfaction. Thus, improving the quality of insurance services needs to be positioned as a priority strategy for hospitals to increase

patient satisfaction, strengthen loyalty, and increase the competitiveness of health service institutions.

The Influence of Patient Experience on Patient Satisfaction at Hospital X Semarang

Patient experience was proven to have a positive and significant effect on patient satisfaction at Hospital X Semarang, as shown by a significance value of 0.000 ($p < 0.05$). These findings confirm that patient satisfaction is not only determined by the success of medical procedures, but also by how patients feel the entire patient journey from arrival, undergoing treatment, to discharging from the hospital. In the patient-centered care paradigm, patient experience is positioned as an indicator of quality that is as important as clinical outcomes, because experience reflects the quality of interpersonal interaction, communication effectiveness, environmental comfort, and a sense of security while receiving services. Patients who have a positive experience tend to form the perception that the hospital is able to meet their needs as a whole, while negative experiences such as long lines, unclear communication, or an uncomfortable environment can lower satisfaction even if the treatment results are good. These results are in line with research by Park et al. (2022) which states that the experience of hospitalization has a direct effect on patient satisfaction and willingness to recommend hospitals to others.

Descriptively, the patient experience variable obtained an average value of 3.54 and was in the medium category. This value shows that the patient assesses that the service experience at Hospital X Semarang is quite good, but has not reached the optimal level. These conditions indicate that the hospital has been able to meet most of the basic expectations of patients, but there is still room for improvement at some service points. In the dimension of nurse and doctor services, patients consider that friendliness, attention, and involvement in decision-making are quite good, but the clarity of communication still needs to be improved. This is important because communication is the foundation of the therapeutic relationship between healthcare workers and patients. Easy-to-understand medical explanations can reduce anxiety, improve therapy adherence, and strengthen patients' trust in the hospital. These findings are in line with Tian et al. (2024) and Jameel et al. (2025) who affirm that participatory and patient-oriented communication is significantly associated with increased patient satisfaction.

In the dimension of the hospital environment, patients consider the cleanliness of the facilities to be quite good, but the overall atmosphere is not completely comfortable. This shows that the patient's experience is not only influenced by clinical aspects, but also by

physical factors such as room noise, air temperature, lighting, privacy, and bed comfort. A calm and comfortable inpatient environment allows patients to rest better, reduce stress, and support the recovery process. In addition, the emotional experience during treatment is also an important component. Even though the service is considered positive, some patients still feel anxiety due to illnesses, limited activities, or being away from family. Therefore, hospitals need to develop a more humane and supportive approach to service, such as empathic communication, personal attention, and psychosocial support for patients and families. Guan et al. (2024) through a systematic review confirmed that the physical environment and staff interaction are the main factors shaping the patient experience in hospitals.

The value of the determination coefficient (R Square) of 0.706 indicates that the patient's experience is able to explain the variation in patient satisfaction by 70.6%, while the remaining 29.4% is influenced by other factors such as service costs, hospital image, patient health conditions, and initial expectations. This figure indicates that patient experience is the most dominant variable in shaping patient satisfaction at Hospital X Semarang. The managerial implications of these results are the need to systematically manage the patient experience through patient journey evaluation, periodic feedback surveys, communication training of health workers, improving facility comfort, optimizing discharge planning, and post-treatment follow-up services. These findings are supported by Rosilawati et al. (2025), Cui et al. (2025), Szewczyk and Hoque (2026), and Bragge et al. (2025) who state that patient experience contributes strongly to hospital satisfaction, quality of service, and reputation. Thus, Hospital X Semarang needs to make patient experience a strategic indicator of service quality to increase patient satisfaction in a sustainable manner while strengthening the competitiveness of health institutions.

The results of the simultaneous test showed that the quality of service, insurance services, and patient experience together had a significant effect on patient satisfaction at Hospital X Semarang. This finding is evidenced by an F value of 268.661 which is much larger than the F of table 2.65 at a significance level of 0.05. Statistically, these results indicate that the regression model built has a strong ability to explain the relationship between independent variables and dependent variables. In other words, patient satisfaction is not formed by chance, but is a logical consequence of the quality of the service system that patients receive during interaction with hospitals. From a health management perspective, patient satisfaction is an indicator of service outcomes that reflects the success of the organization in meeting the needs, expectations, and perceptions of service users. Therefore, when these three variables are proven

to be significant simultaneously, it can be understood that hospitals need to manage services holistically, not partially. This approach is in line with the concept of integrated healthcare service which places the entire service process as a chain of interconnected patient experiences.

Theoretically, service quality is a fundamental component that determines the initial perception of patients with hospital quality. Parasuraman et al. (1988) through the SERVQUAL model explained that reliability, responsiveness, assurance, empathy, and tangible are the main dimensions that affect the satisfaction of service users. In the context of hospitals, reliability is reflected in the accuracy of diagnosis and consistency of service, responsiveness can be seen from the speed of health workers responding to patient needs, assurance is related to competence and a sense of security, empathy is seen in the care of officers, while tangible is realized through the cleanliness of facilities and the completeness of facilities. When all these dimensions go well, patients will rate the hospital as a professional and trustworthy institution. Mosadeghrad (2014) added that the quality of health services is influenced by a combination of technical and interpersonal factors, so that human interaction between health workers and patients is as important as clinical ability. Therefore, the simultaneous influence in this study shows that service quality remains the main foundation for shaping patient satisfaction, but the effect becomes stronger when supported by a good assurance system and a positive patient experience.

In addition to the quality of service, insurance services have an important contribution because the financing aspect is often the main source of anxiety for patients and families. In the modern health system, patients not only demand healing, but also expect cost certainty, ease of administration, procedural transparency, and protection of rights as health insurance participants. If the verification process is complicated, the queues are long, or the cost information is unclear, then patient satisfaction may decrease even if the medical procedure has been well administered. Prasetiyo and Rahayu (2025) explained that the quality of service, price, facilities, and ease of BPJS procedures are important determinants of hospital patient satisfaction in Indonesia. These findings strengthen the results of this study that insurance services are not just an administrative function, but an integral part of the quality of hospital services. For X Semarang Hospital, these results show the need to digitize the claim system, accelerate membership verification, provide assurance assistance officers, and coordination between units so that patients feel a simple and not psychologically burdensome process. Thus, an effective assurance system is able to increase the perception of service fairness while strengthening overall patient satisfaction.

On the other hand, patient experience is a broader concept than momentary satisfaction because it covers the entire patient journey from seeking information, registration, consultation, hospitalization, to the discharge process and post-treatment follow-up. Park et al. (2022) found that the experience of hospitalization had a direct effect on patient satisfaction and increased the intention to recommend the hospital to others. Tian et al. (2024) also show that clear physician communication and patient involvement in shared decision-making improve outpatient satisfaction. Guan et al. (2024) added that the comfort of the hospital's physical environment, patient privacy, the tranquility of the treatment room, and staff interaction are important factors that shape the patient experience. This shows that patients judge hospitals not only by clinical outcomes, but by how they are treated during the service process. Therefore, the simultaneous influence found in this study indicates that patient experience acts as a link between the technical quality of service and the patient's emotional perception. When the patient's experience is positive, the perception of the quality of service and the guarantee system also tends to increase.

A determination coefficient value (R Square) of 0.758 indicates that 75.8% of the variation in patient satisfaction can be explained by a combination of quality of service, assurance service, and patient experience, while the remaining 24.2% is influenced by factors other than the model such as clinical outcomes, hospital image, location, price of additional services, individual expectations, and the patient's social characteristics. This figure shows the clear power of a very strong model and confirms that these three variables are the main determinants of patient satisfaction at Hospital X Semarang. Managerially, this finding has strategic implications that efforts to improve patient satisfaction cannot be carried out sectorally between units, but must be through cross-functional coordination. Hospitals need to build unified service standards, strengthen a culture of empathetic communication, improve assurance service efficiency, and create a consistent patient experience at every point of service. If this strategy is carried out sustainably, patient satisfaction will increase, patient loyalty will be formed, and the reputation of Hospital X Semarang will be stronger in the midst of increasingly competitive healthcare competition. Thus, the results of this study confirm that patient satisfaction is a strategic outcome that can be managed through the synergy of service quality, insurance services, and patient experience simultaneously.

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The Effect of Service Quality, Insurance Services, and Patient Experience Simultaneously on Patient Satisfaction at Hospital X Semarang

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CONCLUSIONS

Based on the results of the research, it can be concluded that: (1) the quality of service has a positive and significant effect on patient satisfaction at Hospital X Semarang, which means that the better the quality of service, the higher the patient satisfaction; (2) insurance services have a positive and significant effect on patient satisfaction, so that ease of administration, clarity of information, and smooth assurance process are important factors in increasing satisfaction; (3) patient experience has a positive and significant effect on patient satisfaction, which shows that experience during the service process greatly determines the patient's perception of the hospital; and (4) the quality of service, insurance services, and patient experience simultaneously have a significant effect on patient satisfaction with a contribution of 75.8%, so that these three variables are the main factors in shaping patient satisfaction at Hospital X Semarang.

X Semarang Hospital is advised to continue to improve the quality of service through communication training, staff friendliness, response speed, and improvement of supporting facilities. In addition, hospitals need to simplify insurance services through digitization of administration, transparency of cost information, and acceleration of the verification process. The patient experience also needs to be strengthened by creating services that are comfortable, empathetic, and oriented to the patient's needs. For the next researcher, it is recommended to add other variables such as patient loyalty, hospital image, or digital services so that the research results are more comprehensive.

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REFERENCE

Akin, T. (2025). Assessing quality of health care in the context of patient satisfaction from patients' perspective among a physical therapy and rehabilitation unit. BMC Health Services Research. https://doi.org/10.1186/s12913-025-12214-w

Alysia, N., Putri, P., & Berlianto, M. P. (2025). The influence of service quality dimensions, insurance system, and sincerity on BPJS patient satisfaction, trust, and loyalty in Indonesian hospitals. 5, 6095–6109.

Aroni, D., & Sari, A. (2025). The Effect of Health Service Quality on BPJS Patient Satisfaction at the Regional General Hospital of Aceh Besar Regency. Journal of Maritime Public Health, 1(2), 258–264.

Asiye, N. (2025). The Effect Of Customer Expectations, Perceived Value, And Patient Experience On Bpjs Patient Satisfaction: The Role Of Trust And Social Media Usage. Journal Of Healthcare Management Studies, 5(4), 12873–12886.

Azzahra, S., Ningsih, D., & Nursanty, O. (2025). The relationship between the dimension of service quality and patient satisfaction in the outpatient unit at Grha Permata Ibu Hospital in 2024. Indonesian Journal of Health Sciences, 6(3), 3446–3453.

Bragge, P., et al. (2025). Relationship between staff experience and patient outcomes in hospital settings: An overview of reviews. 1–11. https://doi.org/10.17605/OSF.IO/VCXFU

Creswell, J. W. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). Sage Publications.

Cui, J., Du, J., Zhang, N., & Liang, Z. (2025). National patient satisfaction survey as a predictor for quality of care and quality improvement: Experience and practice.

Doyle, C., Lennox, L., & Bell, D. (2013). A Systematic Review Of Evidence On The Links Between Patient Experience And Clinical Safety And Effectiveness. Bmj Open, 3(1), E001570. Https://Doi.Org/10.1136/Bmjopen-2012-001570

Ghozali, I. (2021). Application of multivariate analysis with the IBM SPSS 26 program (10th ed.). Publishing Agency of Diponegoro University.

Guan, T., Chen, X., Li, J., & Zhang, Y. (2024). Factors influencing patient experience in hospital wards: A systematic review. 1–16.

Guan, T., Chen, X., Li, J., & Zhang, Y. (2024). Factors influencing patient experience in hospital wards: A systematic review. Healthcare Review, 1(1), 1–16.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). Multivariate data analysis (8th ed.). Cengage Learning.

Hidayah, N., Bachtiar, A., & Candi, C. (2024). The relationship between health service quality and patient satisfaction in hospitals: a systematic review. Journal of Tampiasih, 1(1), 22–32.

Hutabarat, A., Manurung, K., Lina, F., Nababan, D., & Sipayung, R. (2025). Evaluation of the relationship between health service quality and patient satisfaction in the outpatient department of Tarutung Regional Public Hospital in 2023. 480–493.

Jameel, A., Sahito, N., Guo, W., & Khan, S. (2025). Assessing patient satisfaction with practitioner communication: Patient-centered care, hospital environment and patient trust in the public hospitals. https://doi.org/10.3389/fmed.2025.1544498

Kaukaba, I. L., & Aini, Q. (2025). Patient satisfaction and hospital service quality: Analysis of trends, gaps, and organizational influences. 32, 555–567.

Khairuman, K., Juliani, A., & Fajira, E. (2024). Analysis Of Patient Satisfaction With Bpjs (Social Security Administration) And Non-Bpjs Health Services. Journal Of Humanities Research Sustainability, 1(2), 126–133.

Lemeshow, S., Hosmer, D. W., Klar, J., & Lwanga, S. K. (1997). Adequacy of sample size in health studies. John Wiley & Sons.

Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. International Journal of Health Policy and Management, 3(2), 77–89.

10 Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.

Park, H. N., et al. (2022). Effect of inpatient experiences on patient satisfaction and the willingness to recommend a hospital: The mediating role of patient satisfaction: A cross-sectional study. https://doi.org/10.1002/hsr2.925

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Prasetiyo, W. G., & Rahayu, M. N. (2025). BPJS patient satisfaction: A systematic literature review on service quality, price, and facility in Indonesian hospitals. Journal of Health Management Review, 10(1), 60–73.

Pulungan, N., Fannya, P., Sonia, D., & Indawati, L. (2023). The Relationship of Service Quality to Patient Satisfaction of Outpatient Bpjs Users at Bhakti Mulia Hospital in 2023. Tambusai Health Journal, 4(3), 2168–2176.

Purwadhi, P., Widjaja, Y., Clara, A., & Ilham, R. (2024). The Role of Strategic Management in Improving Operational Efficiency and Patient Satisfaction in Private Hospitals: A Systematic Literature Review. Economics: Journal of Economics, Management, Accounting, 3(4), 2697–2706.

Puspita, M., & Paramata, V. (2024). The influence of service quality and patient satisfaction on inpatient loyalty in the hospital service industry. 4, 118–124.

Rosilawati, Ariawaty, R. N., & Syahidin, R. (2025). The influence of service quality and patient experience on inpatient satisfaction. Jurnal La Medihealtico, 06, 1322–1336.

Rustendi, T., Muslimin, M., & Hikhmat, R. (2025). The Relationship between Health Service Quality and the Satisfaction Level of BPJS Patients Hospitalized at Puri Asih Jatisari General Hospital, Karawang Regency in 2025. Journal of Social and Science, 5(6), 1545–1552.

Salam, F. M., Waspodo, N. N., & Ningsih, I. W. (2024). The impact of service quality factors on inpatient satisfaction at Ibnu Sina Hospital in 2023. 3, 947–954.

Sekaran, U., & Bougie, R. (2020). Research methods for business: A skill-building approach (8th ed.). Wiley.

Serrano, C. I., Shah, V., & Abràmoff, M. D. (2018). Use Of Expectation Disconfirmation Theory To Test Patient Satisfaction With Asynchronous Telemedicine For Diabetic Retinopathy Detection. International Journal Of Telemedicine And Applications, 2018, Article 2050971. Https://Doi.Org/10.1155/2018/2050971

Siregar, N., Girsang, E., & Wau, H. (2024). Strategic hospital health promotion on patient satisfaction through healthcare services quality. 12.

Sitepu, M., & Kosasih, K. (2024). Analysis of Patient Loyalty and Patient Satisfaction: A Literature Review Approach with Hospital Service Quality as an Intervening Variable. Journal of Innovation Research, 4(2), 2047–2058.

Sukmawati, T., & Pebrianti, W. (2024). Enhancing patient satisfaction by healthcare service providers: A systematic literature review. 24, 342–356.

Szewczyk, T., & Hoque, F. (2026). Improving patient experience in healthcare. 5, 1–6.

Tian, C. Y., et al. (2024). Patient experience and satisfaction with shared decision-making: A cross-sectional study among outpatients. Patient Education and Counseling, 129, 108410.

Tian, C. Y., et al. (2024). Patient experience and satisfaction with shared decision-making: A cross-sectional study among outpatients. Patient Education and Counseling, 129, 108410.

Triyono, A. H., Syaodih, E., & Widjaja, Y. R. (2025). The strategy to improve the quality of service at Wijayakusuma Hospital Purwokerto uses patient experience analysis. Riggs Journal Of Artificial Intelligence And Digital Business, 4(2), 1634–1639.

Upadhyai, R., Jain, A. K., Roy, H., & Pant, V. (2019). A review of healthcare service quality dimensions and their measurement. Journal of Health Management, 21(1), 102–127. https://doi.org/10.1177/0972063418822583

Wolf, J. A., Niederhauser, V., Marshburn, D., & LaVela, S. L. (2014). Defining patient experience. Patient Experience Journal, 1(1), 7–19.

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