Service Quality and Patient Satisfaction on the Social Health Insurance (BPJS) At Public & Private Hospitals in Jakarta Indonesia

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Abstract
The purpose of this study is to investigate the function of the Indonesian Social Health Insurance (BPJS) system for the provision of medical services. The purpose of this study is to examine the differences and similarities between the public and private hospitals in Jakarta, Indonesia. According to the findings of the study, BPJS is a public service that can be classified as all different kinds of goods and services as well. This means that the Indonesian government is responsible for all of the actions that take place within the organisation. As a result, the population of the study will primarily consist of patients who are treated at Hermina Daan Mogot, a private hospital, and Pasar Minggu Public Hospital. Path analysis is being used in this study, which is a quantitative descriptive research approach. The goal of the study is to meet the research objectives by evaluating a set of hypotheses. The data collection is carried out through the use of a hardcopy questionnaire, and the primary data is gathered from four hundred patients spread across Jakarta's two hospitals. The outcomes of the research show that there is a favourable association between the BPJS and the level of satisfaction experienced by patients. In addition, the level of contentment expressed by patients regarding the quality of the treatment. On the other hand, the findings suggest that Cost does not influence Service Quality because it possessed a significant value of t-count greater than 0.05 for both Hermina Daan Mogot Private Hospital and Pasar MInggu Public Hospital.

Keywords: Service Quality, Patient Satisfaction, Social Health Insurance, Public & Private Hospital, Jakarta, Indonesia

INTRODUCTION

All activities to maintain and improve health with the goal of achieving optimal health degress to the public are considered health efforts (Siregar, 2017). There are several ways to determine how the image of patient satisfaction with the services provided by health workers, one of which is to develop and implement a programme of activities to manage patient complaints in hospitals. Complaints from patients about various types of services available in hospitals are collected and managed through the programme. Furthermore, this programme can assess how patients' satisfaction with the services received compares to the expected service. One indicator of the quality of the service is the patient's evaluation and assessment of the services received. The degree of perfection of health services to meet the needs and demands of each patient is referred to as the quality of health care provided. The higher the correspondence between the level of expectations and demands by the fact that the patient received in meeting the needs of health services, the better the quality of health care provided (Anwar, 2017). To create a loyal patient, hospitals should provide satisfactory service as expected by the patient. Because of the high cost of hospital operations, efforts are being made to increase the income of health services from medical, non-medical, and health-related services. As a result, in order to increase traffic and give the impression of quality and competence in dealing with each patient, the hospital must provide quality services. According to (Boone and Kurtz, 2017), the quality of service determines whether a patient is satisfied or dissatisfied. Patient satisfaction and loyalty begin with excellent service.

Social Health Insurance (BPJS) is a public legal entity established to administer the social security system. All Indonesian residents, including foreigners who have worked in Indonesia for at least six months and paid contributions, must be insured by BPJS (MoH RI, 2018). The issue

arises when the government creates health insurance for all people at their own rate and applies it nationally. The government essentially invites hospitals throughout Indonesia, both public and private, to participate in the implementation of public health insurance programmes. The government established the Bureau of Social Health Insurance (BPJS), which is in charge of running and managing the public health insurance programme. The National Health Insurance (JKN) programme and the newly launched Health Indonesian Card (KIS), which extend health insurance coverage to the poor, are not covered by tuition assistance. Patients who use the BPJS must follow the stages of the treatment flow, which begins with the Provider of First Instance. If the First Instance Provider was unable, they were referred to a higher level of service in accordance with their competence. Referrals should be made selectively so that healthy competition occurs among doctors in order to provide quality health care, health care is provided to meet or exceed the patient's expectations, and the BPJS to quality health services received.

Patients' satisfaction (reception upon arrival, during the registration service registration section, receiving medical care during this process, and receiving the final result (outcome) is expected, as is the trust that is formed). Interaction between health care providers, hospitals, workers - professional, and patients or patients is the main focus of the service industry. Such interactions have a significant impact on patient satisfaction and confidence in the quality of service. Among the types of health care services in hospitals, among others capable of handling the patient's illness quickly and accurately, it takes hospitality and the ability of the physician, the speed of service nurses and staff in the hospital is concerned, which is expected to be formed satisfaction and user loyalty on hospital services and patients will trust and commitment to the hospital and end up going back to using the services in hospitals.

Since the implementation of the national health insurance system on January 1, 2014, complaints from JKN patients about health care related to drug services have remained common. According to Kompasiana, there are several such complaints such as: drugs given and actions are not good so they do not feel appreciated, the drug is not available in full, must buy out because the drug is not available, the wait is very long, and getting a referral is difficult (Yalsis, 2016). The researchers wanted to see how the fact the field directly related to patient satisfaction JKN participants, especially inpatients at first-level health facilities with pharmacy services, after seeing the number of complaints from patients that JKN participants. Thus, the challenge is how to attract Patients in this case the patient is sick who requires health services and retain them (patients who have recovered) in context for further health care and care. which will attract Patients / patients and maintain them is level satisfaction Patient satisfaction with a hospital health service will be a driver of Patient / Patient loyalty, not only when sick, but also when healthy, for long-term health care. Understanding the needs and desires of consumers, in this case patients, is critical to patient satisfaction. Patients who are satisfied are very valuable assets because they will continue to use their chosen services, whereas patients who are dissatisfied will tell twice as many people about their bad experiences. To create patient satisfaction, a company or hospital must devise and manage a strategy for acquiring and retaining patients. Patient dissatisfaction with BPJS can be caused by two factors: external and internal factors. External factors affecting patients BPJS regards inspection procedures and patient BPJS tiered administration and validation of membership that requires time as convoluted or due to internal factors that services provided by health professionals to patients BPJS is not good, so patients are dissatisfied and hesitant to seek treatment.

Initially, the hospital was a social function institution, but with the presence of Private Hospitals, this hospital now refers to an industry engaged in the health service by management based on business entities management. Following hospital development to the present, there has been a competition between hospitals, whether government or private, all vying to attract

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patients or patients, so that prospective patients will use the hospitals' services. However, the hospital should strive for patient satisfaction. Patient satisfaction is a situation that a person perceives after suffering an act or the result of an action that meets the hope-hope. So satisfaction is the union of a hope and a perception of an action or result of an action. Patient satisfaction is what will contribute to the formation of a loyal patient. The overall goal of this study is to determine and comprehend the extent to which cost, facility, trust, and quality of service influence patient satisfaction of Social Health Insurance (BPJS) in hospital inpatient rooms at Hermina Daan Mogot Hospital and Pasar Minggu Public Hospital.

LITERATURE REVIEW
Patient Satisfaction

Satisfaction is a happy feeling that someone gets from comparing the impression of goods or services with their expectations. If the reality matches the hope, the service is said to be satisfactory; if the reality falls short of the expectations, the service is said to be unsatisfactory (Kim, et al., 2008, Kotler, 2009). Because there is an empirical relationship between patient satisfaction and benefit, providing high quality service can enhance the benefits (benefits). Patients who are satisfied and make a purchase will increase the benefits, forming an image (image) of the home hospital (Francken, et al., 1981, Anderson, 1994, Cronin, et al., 2000, Kang, et al., 2004, Alrubaiee, 20118). Relationship commitment is the eternal desire to maintain the relationship because it is important and appreciated, and you want it to last indefinitely and are willing to work to keep it. (Morgan, 2019), stating that successful marketing necessitates relationship commitment and trust, as it can motivate marketers to work for the sake of preserving relationship investments through collaboration with patients. Commitments made together form the foundation of relationships. Patient trust and satisfaction with the hospital can be achieved when doctors and hospitals can develop a relationship that meets the expectations of the patient in order to support and involve the patient in decision making (Montaglione, 1999; Kim, et al., 2017).

Patient satisfaction will be met when they get what they want, when they need it, where they want, and how they want it. The Journal of (Yeni Tri Sari Riswar, 2018: 89). Essentially, patient satisfaction and dissatisfaction with the product will influence the pattern of subsequent behaviour. This will be displayed to the Patient following the purchase process (post purchase action). If the performance of health services obtained meets or exceeds expectations, the new patient will be satisfied. Based on the description above, the following is an understanding of patient satisfaction. Patient satisfaction is the level of feeling that a patient has as a result of the health service performance that they receive after comparing it to what is expected (Pohan, 2018). Patient satisfaction becomes an integral and comprehensive part of health care quality assurance activity when using a health care quality assurance approach. This means that measuring patient satisfaction should be an inseparable part of determining the quality of health care services. As a result of such a mindset, one of the important dimensions of service quality is patient satisfaction (Pohan, 2018).

Health Quality Service

Quality of service or service quality centred on efforts to meet Patient needs and desires, as well as delivery accuracy to compensate for patient expectations According to (AN Andriana, 2018), the level of excellence expected and control over the level of excellence to meet Patient desires is the quality of service. If the services received are in line with what is expected, the quality of services is perceived as good and satisfactory; if the services received exceed Patient expectations, the quality of services is perceived as ideal. Quality of service provided to patients although it is a subjective value but there remains an objective basis based on past experience,

the phycological situation of service time and environmental influences, especially regarding the assessment of health service provider's performance (Azrul, 2017). This includes explanation and information, empathy, honesty, sincerity, sensitivity, and trust, as well as consideration for the patient's privacy (Foster Timothy, R.V. 2018).

Social Health Insurance (BPJS)

Health insurance is a guarantee of health protection for participants to benefit health care and protection in meeting basic health needs provided by the government to everyone who has paid their contributions or dues. Health is a legal entity formed to organise a health insurance programme known as Social Health Insurance (BPJS) (MOH RI, 2018). Community Health Insurance (Jamkesmas) is a social assistance programme for health services for poor and non-nationally managed communities, with the goal of achieving a comprehensive health service for the poor. Jamkesmas implementation efforts are a realisation of the fulfilment of people's right to health and Law No. 40 of 2004 on the National Social Security System (SJSN) and are one of the government's commitments in Indonesian health development. However, because the implementing regulations and institutions required by Law No. 40 of 2004 on National Social Security System (SJSN) have yet to be formed, the Ministry of Health issues health insurance programme policies for the poor as a form of fulfilment of people's right to health. The Jamkesmas policy is stated in the Minister of Health's Decree No. 125 / Menkes / SK / II / 2008 on Guidelines for the Implementation of Community Health Insurance Program.

The responsibility for providing health services to the poor is shared by the Central Government and the local governments. The obligation of the provincial/regency/municipal government to contribute to the production of optimal service. Participants receive benefits in the form of comprehensive (all-inclusive) medical services based on medical needs and in accordance with "cost-effective" and rational medical service standards, rather than cash (MOH RI, 2018). The National Social Security System is governed by Law No. 40 of 2004. According to Articles 2 and 3 of this Act, the purpose of guarantee is to allow participants to benefit from health care and protection in meeting basic health needs. Article 17 This law establishes the source of social security programme financing, as specified in point 4, as the government's contribution to the poor and unpaid. Article 19 states that health insurance for the poor is organised at the national level on the basis of social insurance. Maintenance of health for the poor through social insurance mechanisms as the beginning of the development of a social health insurance system as a whole that is mandatory for the entire society. The poor health-care guarantee system (Jamkesmas) can encourage fundamental changes such as service standardisation, standardised tariffs based on correct calculations, formulary arrangements, and rational drug use, all of which have an impact on quality control and cost control (MOH RI, 2018).

Cost Influence Against Patient Satisfaction on Social Health Insurance (BPJS)

(Kertajaya, 2020) reveals that the Cost assessment indicator can be viewed from the consumer's willingness to make a sacrifice for the value received after the purchase, and from there, the consumer's perception of the product or service. A positive perception is the result of a sense of fulfilment from a purchase, whereas a negative perception is a form of consumer dissatisfaction with the products or services purchased. If a company's cost does not correspond to the benefits of the product, it can reduce patient satisfaction; conversely, if a company's cost corresponds to the benefits received, it can increase patient satisfaction. Patient satisfaction will be maximised if their perceived value is higher (AD Astono, Suryanto, dkk. 2017)

Influence of Facility to Patient Satisfaction on Social Health Insurance (BPJS)

A facility is a support in the form of service products and physical resources that must be

present before a service can be provided to customers. Facilities are anything that enables consumers to meet a variety of needs in terms of the services they provide. In a service-oriented business, all existing facilities that condition facilities, completeness, interior and exterior design, and cleanliness of the facility should be considered, particularly those that are closely related to what is perceived or obtained directly by consumers (Agung, 2015). A facility is anything that is evaluated as a means of achieving a specific goal or meeting a specific need. According to Aan Surachlan Damyati, a facility is anything that is purposefully provided for public use or use and enjoyment and using it does not have to cost anything. Meanwhile, according to (Wasis Himawanto, 2017), a facility is the provision of physical equipment to make it easier for consumers to carry out activities and meet their needs.

The Influence of Trust on Patient Satisfaction of Social Health Insurance (BPJS)

When one person in an interpersonal relationship trusts the other, he or she relies on the other person and then expresses his or her intention to maintain the relationship in the form of purchasing loyalty. According to (Usman, 2017), trust is an important factor that influences the quality of a relationship. Consumer trust in service providers will increase the value of existing relationships with service providers. According to Agung (2018), "the Patient's commitment to stay in touch with the company because of the belief or trust in the company so that it will repurchase the company's product." 28 (D Cyr, McKnight, 2018) adds that high confidence will reduce the possibility of transferring to other service providers.

Effect of Service Quality Against Patient Satisfaction on Social Health Insurance (BPJS)

The relationship between service quality and patient satisfaction has been extensively documented in the literature, particularly in marketing, where the relationship is both theoretically and empirically positive (AD Astono, 2017). In theory, the Patient will be satisfied if the service provided meets or exceeds his or her expectations (AD Astono 2017). As a result, patient satisfaction is frequently defined as a gap paradigm between patient perceptions of service quality and patient expectations of the services provided. As a result, it is possible to explain that the quality of service has a significant relationship with patient satisfaction, with increased quality of service resulting in increased patient satisfaction (AD Astono 2017). Many empirical studies with diverse sample backgrounds and objects have demonstrated that service quality has a positive effect on patient satisfaction. According to the findings of (N Hijrah, 2017), the quality of patient service is related to patient satisfaction.

According to the findings of (AD Astono 2017), the higher the quality of service, the higher the consumer satisfaction. Further research from (Zawawi 2015) revealed that the quality of service has an impact on patient satisfaction. According to research (N Hijrah, AD Astono 2017), service quality has an effect on consumer satisfaction. The Patient's evaluation of the perfection of service performance is referred to as service quality. Furthermore, (Zawawi 2018) contends that if the service meets the Patient's expectations, the Patient will be satisfied. (Zawawi, 2018) demonstrates that the quality of service as perceived by the patient influences satisfaction,
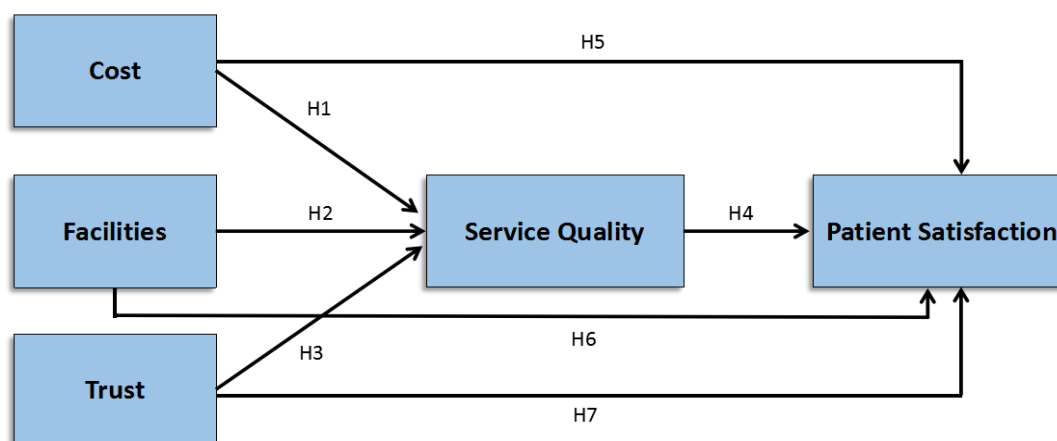
which in turn influences loyalty.

Conceptual Framework

Figure 1 Conceptual Framework

RESEARCH METHODOLOGY

This section will describe the methodology that will be employed in this study. A study contains a method that must be passed as a condition in research; thus, several procedures for conducting research will be described in this chapter by presenting the methods to be used as well as analytical techniques to answer the research problem. (2018 Formulation) demonstrates that the patient's perception of service quality influences satisfaction, and that patient satisfaction influences loyalty. The goal of the positivism philosophical approach to research is to explain, which ultimately allows for the prediction and control of phenomena, physical objects, or humans. The ability of "scientists" to predict and control (phenomena) should develop over time as the criterion for peak progress in this paradigm. The research was carried out at two Jakarta hospitals, Hermina Daan Mogot Hospital and Pasar Minggu Public Hospital. This hospital was chosen based on its performance as well as the location of the BPJS programme. Hermina Daan Mogot Hospital represents the private sector, while Pasar Minggu Public Hospital represents the public sector.

The study's conclusion is a description of the causal relationship. This study will look into the factors that influence patient satisfaction of Social Health Insurance (BPJS) users based on cost, facilities, trust, and service quality, so that they can get an idea of the level of satisfaction of patients with Social Health Insurance (BPJS) users in the two hospitals studied. This study used Social Health Insurance (BPJS) patients in the Inpatient Rooms of Hermina Daan Mogot Hospital and Pasar Minggu Public Hospital in Jakarta as the unit of analysis. Descriptive analysis and inferential statistics are among the data analysis techniques employed. Descriptive statistical analysis seeks to provide a high-level overview of each research variable. The Slovin technique is used to calculate sample size. As a result, the number of samples examined was 400 questionnaire respondents.

FINDING AND DISCUSSION

Respondent Profile

Before presenting the research data results for each variable investigated in this study, describe the characteristics of the respondents. The total number of respondents for this study is 200, with 85 male and 115 female respondents for Hermina Dan Mogot Hospital. Pasar Minggu Public Hospital received 200 responses, or 50%, with 92 male respondents and 108 female

respondents. According to the data above, the respondents in this study for Hermina Daan Mogot Hospital aged 20 numbered 10, 20-30 years totaled 34 people, 31-40 years totaled 57 people, 41-50 years totaled 83 people, and age> 50 years totaled 16. While Pasar Minggu Public Hospitals had 8 people under the age of 20, 40 people under the age of 30, 50 people under the age of 31, 87 people under the age of 50, and 15 people over the age of 50. This demonstrates that in this study, there were more respondents aged 41-50 years, and the percentage of Pasar Minggu Public Hospital and Hermina Daan Mogot Hospital each amounted to 200 people, or 50%.

Table 1: Demographics

Hospital	Gender		Age (year)					Total	%
	Male	Female	< 20 Year	20 - 30 Year	31 – 40 Year	41 – 50 Year	> 50 Year		
Hospital Daan Mogot	85	115	10	34	57	83	16	200	50%
Pasar Minggu Public Hospital	92	108	8	40	50	87	15	200	50%
Total								400	100%

Reliability Test

In reference to the Table 2 below one can observe that the value attained for Cronbach's alpha is .819, indicating that there is an adequate level of consistency among the items that are in the research instrument.

Table 2 Reliability Test

Variable	Cronbach's Alpha Hermina Daan Mogot Hospital	Cronbach's Alpha Pasar Minggu Public Hospital	N of Items
Cost	0.79	0.870	3
Facilities	0.873	0.912	5
Trust	0.856	0.901	3
Service Quality	0.955	0.959	6
Patient Satisfaction	0.961	0.970	6
Overall	0.887	0.922	23

Path Analysis of Hermina Daan Mogot Hospital

Path analysis was used to answer the research hypothesis. Path analysis is split into two sub-structure analyses. Sub-structure analysis I describes the impact of Cost, Facility, and Trust on service quality at the same time and in part. The effect of Cost, Facility, Trust, and Service Quality on Patient Satisfaction BPJS is explained in Sub-structure Analysis II. Whereas mediation testing was used to determine the significance of the effect of Cost, Facility, and Trust on Patient Satisfaction BPJS through Service Quality.

The structural equations for path analysis are as follows:

$Y = \rho y X_1 + \rho y X_2 + \rho y X_3 + \varepsilon_1$

$$Z = \rho zX_1 + \rho zX_2 + \rho zX_3 + \rho zY + \varepsilon_2$$

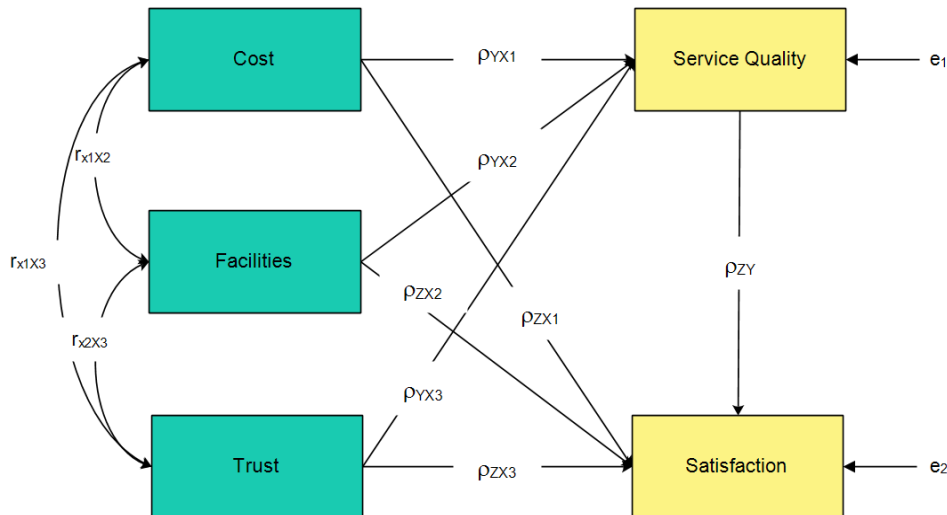The   following   is   an   overall   picture   in   the   path   analysis

Figure 2 Path Analysis Testing

Table 3 Overall Path Analysis Results

Inter-Variable Influences	Path coefficient	Influence		Total	Sig	Decision
		Directly	Not Directly Through Service Quality			
Facility to Service Quality	0.198	0.198	-	0.003	.001	Significant
Trust to Service Quality	0.512	0.512	-	0.000	.000	Significant
Cost to Patient Satisfaction BPJS	0.156	0.156	-	0.156	.003	Significant
Trust to Patient Satisfaction BPJS	0.502	0.502	-	0.502	.000	Significant
Service Qualityto Patient Satisfaction BPJS	0.247	0.247	-	0.247	.000	Significant
Trust to Patient Satisfaction BPJS	-	-	0.126	0.628	.000	Significant
ε_1	0.762	0.762	-	0.762	-	-
ε_2	0.644	0.644	-	0.644	-	-

Conclusions can be drawn from the table above to provide objective information directly and a total Facility influence on Service Quality of 0.198. The ratio of direct influence to total trust in service quality is 0.512. Directly Cost and Total have a 0.156 effect on Patient Satisfaction BPJS. The effect of Trust on Patient SatisfactionBPJS is 0.502, and the effect of Trust on Patient SatisfactionBPJS through Service Quality is 0.126, for a total influence of Trust on Patient SatisfactionBPJS through Service Quality of 0.628. The overall Quality Satisfaction Service BPJS is 0.247. The influence of other factors on Service Quality from the influence of Facility and Trust

is 0.507. and the influence of other factors from Cost, Trust, and Service Quality on Patient Satisfaction BPJS is 0.644. The following is the final model of the influence of Cost, Facility, and Trust on Service quality and its impact on Patient Satisfaction BPJS are as follows:
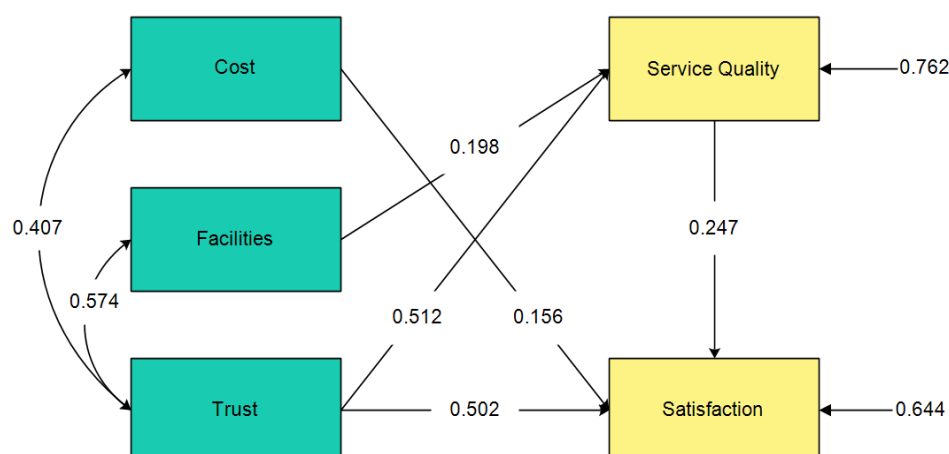

Figure 3 Overall Quality Service

The direct effect of trust toward patient satisfaction is 0.502 (50.2%). The undirect effect of trust through service quality toward patient satisfaction is 0.512 x 0.247 = 0.1265 (12.65%). So the total influence trust toward patient satisfaction is = direct effect + undirect effect = 0.02 + 0.1265 = 0.6285 (62.85%). Can be concluded that service quality is not be able to be the moderating variable because the value of direct effect is greater than undirect effect (0.502 > 0.126)

Analysis of Pasar Minggu Public Hospital

Table 4 Normality Test use One-Sample Kolmogorov-Smirnov Test

		Cost (X1)	Facility (X2)	Trust (X3)	Service Quality(X4)	Patient SatisfactionBPJS (Y)
N		200	200	200	200	200
Normal Parameters[a,b]	Mean	25,7200	45,3800	33,7600	71,0250	93,5050
	Std. Deviation	5,44609	6,36302	4,50933	9,75552	12,27614
Most Extreme Differences	Absolute	,161	,124	,148	,128	,137
	Positive	,068	,065	,083	,076	,090
	Negative	-,161	-,124	-,148	-,128	-,137
Test Statistic		,161	,124	,148	,128	,137
Asymp. Sig. (2-tailed)		,000c	,000c	,000c	,000c	,000c

Based on the table above, the value of the Test-Statistic Cost variable (X1) is 0.161, the Facility (X2) variable is 0.124, the Trust variable (X3) is 0.148, the Service Quality variable (X4) is 0.128, while the Patient SatisfactionBPJS variable (Y) equal to 0.137, meaning residual data is normally distributed.

Path Analysis of Pasar Minggu Public Hospital

In answering the research hypothesis used path analysis. In path analysis, it is divided into two sub-structure analyzes. Sub-structure analysis I describes the influence of Cost, Facility and Trust simultaneously and partially on service quality. Sub-structure analysis II explains the

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effect of Cost, Facility, Trust, Service Quality on Patient Satisfaction BPJS. Whereas to find out the significance of the effect of Cost, Facility and Trust on Patient Satisfaction BPJS through Service Quality using mediation testing.

The structural equations for path analysis are as follow

$$Y = \rho y X_1 + \rho y X_2 + \rho y X_3 + \varepsilon_1$$
$$Z = \rho z X_1 + \rho z X_2 + \rho z X_3 + \rho z Y + \varepsilon_2$$

The following is an overall picture in the path analysis test:
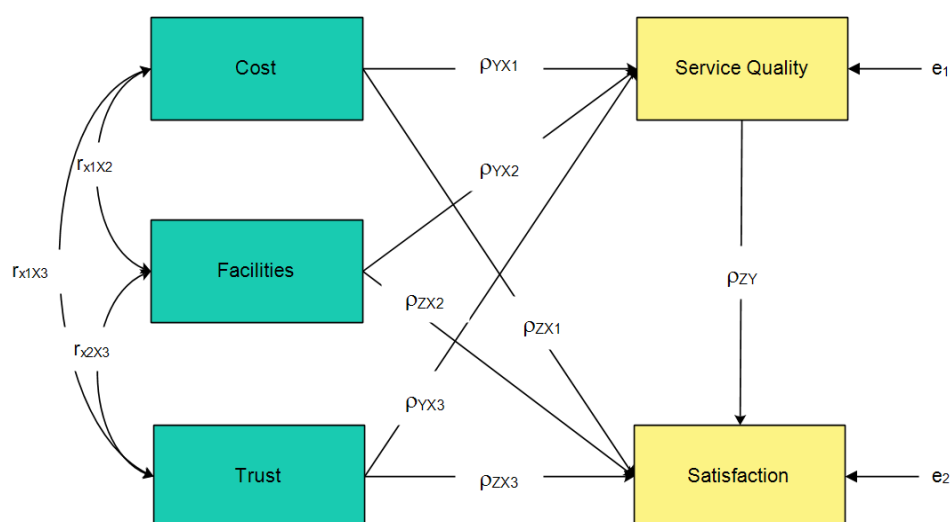

Figure 4 Path Analysis Testing

The overall influence of Facility, Trust and Service Quality on Patient Satisfaction can be illustrated in the following table:

Table 5 Overall Path Analysis Results

Inter-Variable Influences	Path coefficient	Influence		Total	Sig	Decision
		Directly	Not Directly Through Service Quality			
Facility to Service Quality	0.178	0.178	-	0.178	.001	Significant
Trust to Service Quality	0.723	0.723	-	0.723	.000	Significant
Facility to Patient Satisfaction BPJS	0.144	0.144	-	0.144	.005	Significant
Trust to Patient Satisfaction BPJS	0.315	0.315	-	0.315	.000	Significant
Service Qualityto Patient Satisfaction BPJS	0.485	0.485	-	0.485	.000	Significant
Facility to Patient Satisfaction BPJS	-	-	0.086	0.264	.002	Significant
Trust to Patient Satisfaction BPJS	-	-	0.350	1.073	.000	Significant

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$\varepsilon 1$	0.507	0.507	-	0.507	-	-
$\varepsilon 2$	0.469	0.469	-	0.469	-	-

Conclusions can be drawn from the table above to provide objective information directly and a total facility influence on service quality of 0.178. 0.723 direct influence and total trust in service quality The direct effect of the BPJS Facility to Patient Satisfaction is 0.315, and the indirect effect is 0.086, for a total effect of the BPJS Facility to Patient Satisfaction through Service Quality of 0.264. The effect of BPJS Trust to Patient Satisfaction is 0.315, and the indirect effect of Directly is 0.350, for a total effect of BPJS Trust to Patient Satisfaction through Service Quality of 1.073. and has a direct influence on total Quality Quality Satisfaction PBJS of 0.485. The influence of other factors on Service Quality from the influence of Facility and Trust is 0.507. Finally, the influence of other factors from the influence of Facility, Trust, and Service Quality on BPJS is 0.469. The final model of the Facility and Trust's influence on Service Quality and the impact on BPJS Patient Satisfaction is as follows:
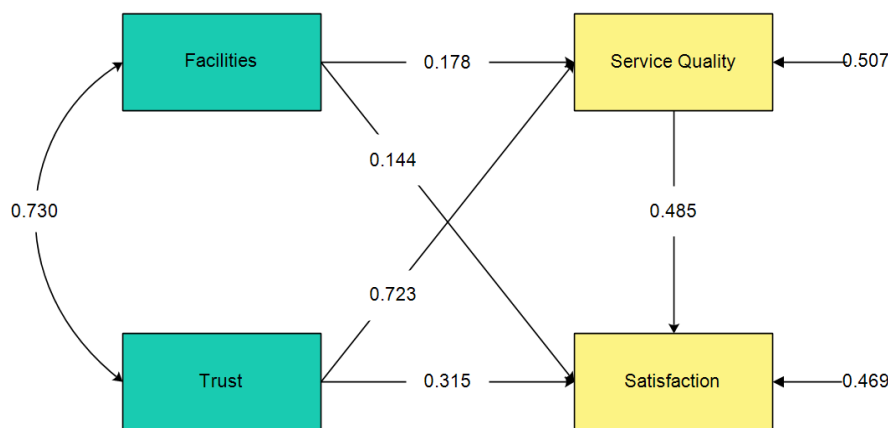

Figure 5 Final model

The direct effect of facility on patient satisfaction is equal to 0.144. (14,4 percent). The indirect effect of the facility on patient satisfaction through service quality is = 0,178 x 0,485 = 0,08633. (8,633 percent). As a result, the total effect of the facility on patient satisfaction is = direct effect + indirect effect = 0,144 + 0,08633 = 0,23033. (23,033 percent). It is possible to conclude that service quality cannot be a moderating variable in the effect of facility on patient satisfaction because the amount of direct effect is greater than the amount of indirect effect (0,144 > 0,0863). Trust has a direct effect on patient satisfaction of 0.315%. (31,5 percent). The indirect effect of trust on patient satisfaction through service quality is 0.723/0.485 = 0.351. (35,1 percent). As a result, the total effect of trust on patient satisfaction is 0.315 + 0.351 = 0.66. (66,6 percent). It is possible to conclude that there is a significant effect of trust toward patient satisfaction as a moderating variable because the direct effect is less than the indirect effect (0,315 0,351).

Table 6 Comparison between Hermina Daan Mogot Hospital and Pasar Minggu Public Hospital

Relationship	Hermina Daan Mogot Hospital				Pasar Minggu Public Hospital			
	Path coefficient	t-count	Sig	Ket	Path coefficient	t-count	Sig	Ket
Facility to Service Quality	0.198	2.985	0.003	Sig.	0.178	3.363	0.001	Sig.
Trust to Service Quality	0.512	7.702	0.000	Sig.	0.723	13.684	0.000	Sig.
Cost to Patient Satisfaction BPJS	0.156	3.053	0.003	Sig.	-	-	-	-
Facility to Patient Satisfaction BPJS	-	-	-	-	0.144	2.865	0.005	Sig.
Trust to Patient Satisfaction BPJS	0.502	8.247	0.000	Sig.	0.315	4.597	0.000	Sig.
Service Quality to Patient Satisfaction BPJS	0.247	4.138	0.000	Sig.	0.485	7.340	0.000	Sig.
Facility toward patient satisfaction through service quality	-	-	-	-	0.086	3.063	0.002	Sig.
Trust toward patient satisfaction through service quality	0.126	3.648	0.000	Sig.	0.350	6.479	0.000	Sig.

The difference in the results of the survey of 400 respondents conducted in the Hermina Daan Mogot hospital and the Pasar Minggu public hospital can be explained using the table above. Accounting for path analysis results in Hermina Daan Mogot hospitals revealed that the facility had no effect on patient satisfaction, either directly or indirectly through service quality. At Pasar Minggu Public Hospital, the cost has no direct impact on patient satisfaction, either directly or indirectly through service quality.

CONCLUSION

The consumer's level of comfort indicates whether the consumer's expectations are met or exceeded. Patient satisfaction is an evaluation after purchase in which the chosen alternative at least meets or exceeds the patient's expectations, whereas dissatisfaction occurs when the results obtained do not meet the patient's expectations. So, a facility is anything that is purposefully provided by a service provider for consumers to use and enjoy in order to provide the highest level of satisfaction. This means that if the facilities are good, patients' satisfaction as consumers will rise, and vice versa. If services deteriorate, so will consumer satisfaction. The fact that the correlation coefficient is positive indicates that the relationship between facilities and patient satisfaction is strong, which means that any minor change, either increased or decreased, on the facilities would result in a significant increase or decrease in patient satisfaction.

As a public health service, the Pasar Minggu Public Hospital has a major problem, which is whether the services provided are already in line with patient expectations. As a result, the hospital is required to always maintain patients' trust by improving the quality of services,

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where quality health services are defined as health services that can satisfy every user of health services in accordance with the average population's level of satisfaction, as well as implementation in accordance with the standards and code of ethics that have been established. Pasar Minggu Public Hospitals is a government hospital in terms of service implementation, which is entirely supported by the government, both in terms of financing, facility procurement of medical and non-medical, the source of the workforce, and the quality standard of the service, which is already regulated and established by the government, so that almost all dimensions of service can meet the desire and satisfaction of patients.

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