



Analysis of BPJS Patient Satisfaction on the Quality of Outpatient Health Services Using the IPA (*Importance Performance Analysis*) Method at the Wajo Community Health Center

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ABSTRACT

Importance Performance Analysis (IPA) method is a survey method used to measure patient satisfaction (*expectations*) and patient satisfaction (*reality*). The quality of health services is closely related to patient satisfaction, which is a patient's feeling resulting from the performance of the health services they receive. In the last three years, outpatient visits at the Wajo Community Health Center outpatient unit tended to fluctuate. This study aims to analyze the level of BPJS patient satisfaction with the quality of outpatient health services using the *Importance Performance Analysis* (IPA) method at the Wajo Community Health Center. This type of research is a descriptive survey study using a quantitative approach. The sample in this study was 100 JKN outpatients. The sampling technique in this study used *accidental sampling*. The results of this study indicate that the average value of the satisfaction level is 86.75%, where the level of conformity of the *reliability dimension* (62.25%), the *tangible dimension* (58.5%), the *empathy dimension* (113%), the *responsiveness dimension* (100%), and the *assurance dimension* (100%) so that the *reliability* and *tangible* dimensions have not been able to satisfy patients. Based on the analysis of the Cartesian diagram of 5 variables, 2 variables were found in quadrant I, 2 variables were found in quadrant II and 1 variable was found in quadrant IV. The conclusion of this study is that the highest level of suitability is the *empathy dimension* (113%) and the lowest level of suitability is the *reliability dimension* (62.25%) and *tangible* (58.5%). There are still services that need to be prioritized for evaluation and improvement, so that they can improve the quality of service and patient satisfaction and give a good impression to patients .

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INTRODUCTION

Patient satisfaction is a patient's feelings resulting from the performance of the healthcare services they receive, after comparing the service received with their expectations. Quality healthcare is essential for patients and the community, and is affordable based on the community's purchasing power, while adhering to standards and interventions deemed safe and potentially beneficial. The Indonesian Ombudsman has highlighted various issues within the BPJS Kesehatan (Social Security Agency for Health) services, including the quota for healthcare services for BPJS Kesehatan patients. From 2021 to 2022, the Indonesian Ombudsman received 700 public reports regarding healthcare delivery across Indonesia, identifying four potential instances of

maladministration related to service quotas. The Ombudsman observed implementation outside of regulations, practices inconsistent with standards/regulations, discrimination, neglect of legal obligations, and procedural irregularities.

Based on a public satisfaction survey at the Wajo Community Health Center in Baubau City in 2022, the service quality satisfaction index was category B (Good) at 82.25% and in 2023 it increased to 83.02%, but the public satisfaction index seen from outpatient services in 2022 showed a satisfaction index of 82% and in January to June 2023 it decreased by 3% or 79%. Based on the satisfaction standards set by the Wajo Community Health Center referring to the regulation of Permenpan RB Number 14 of 2017 that the standard for the public satisfaction index is 76.60%. This means that the public satisfaction index related to outpatient service units is still in the fairly good category.

In addition to the fluctuating number of patient visits, researchers also conducted direct interviews, from the survey results showed that the community believes that the service system at the Wajo Community Health Center is not optimal for outpatient services, where the lack of administrative service staff causes the waiting time for outpatient services at the patient registration section to take > 60 minutes. In addition, many people still think that the reduction in service opening hours from the original eight working hours to five working hours causes queues to build up so that patients have difficulty waiting due to limited seating facilities provided by the Community Health Center. Based on the data above, it shows that the high accreditation of the health center provides recognition that the quality of Wajo health center services is in the good category and is proven through a survey of public satisfaction at the Wajo health center which has increased, but data on JKN participant coverage and JKN patient visits at the Wajo health center has decreased and facts in the field show that some services have not been optimal in outpatient services, so researchers are interested in conducting research on the Analysis of BPJS Patient Satisfaction Levels Based on the Quality of Outpatient Services at the Wajo Health Center in 2022, which compares the level of importance/expectations desired by patients and the services received at the outpatient service unit at the Wajo Health Center, Baubau City.

RESEARCH METHODS

This type of research is a descriptive survey research using a quantitative approach using the IPA (*Importance Performance Analysis*) analysis method. This research was conducted at the Wajo Community Health Center, Baubau City from January to February 2024. The population in this study were outpatients using BPJS at the Wajo Community Health Center from January to December 2023, totaling 11,000 participants. The sample in this study was 100 respondents from JKN patients at the Wajo Community Health Center, Baubau City, obtained through the Slovin formula. The data collection technique in this study used *accidental sampling*.

RESULTS

Table 1 shows the frequency distribution of each characteristic in the 100 patients in this study, including age group, gender, occupation, and last education. Based on Table 1, it can be seen that the distribution of respondents based on the highest age group was in the age range of 17 to 28 years with a total of 47 people (47%), while the lowest frequency distribution was in the age range of 66 to 72 years with a total of only 4 people (4%).

Table 1. Frequency Distribution of Respondent Characteristics

Respondent Characteristics	n	%
Age		
17-28	47	47
29-40	25	25
41-55	21	20
56-65	4	4
66-72	4	4
Gender		
Man	36	36
Woman	64	64
Work		
Civil Servants/TNI/Polri	11	11
Farmer	1	1
Private employees	11	11

Self-employed	12	12
Housewife	45	45
Students	14	14
Daily Freelance Hunt	3	3
Retired	3	3
Last education		
Elementary School	4	4
JUNIOR HIGH SCHOOL	10	10
High School/Vocational School	52	52
D3/D4	6	6
Bachelor's/Master's/Doctoral Degree	28	28

Then from Table 1 it can also be seen that the distribution of respondents based on the largest gender group is female respondents, amounting to 64 people (64%), while the lowest frequency distribution is male respondents, amounting to 36 people (36%). Furthermore, based on Table 1, information is obtained regarding respondents based on occupational groups with the largest number being housewives, amounting to 45 people (45%), while the jobs with the lowest number are retirees and casual daily workers, each with only 3 people (3%). The last characteristic is the highest level of education, according to the data presented in Table 1. This shows that the distribution of respondents based on the highest level of education with the largest number is high school/vocational school, amounting to 52 people (52%), while the lowest number is elementary school respondents, amounting to only 4 people (4%).

Table 2 Cartesian Diagram Analysis of Expected Levels and Realized Levels

No	Variables	Average Expected Level Score (Y Point Coordinate)	Average Reality Level Score (X Point Coordinate)
1	Reliability	4.00	2.49
2	Physical Evidence (Tangible)	4.00	2.34
3	Empathy	3.51	4.00
4	Responsiveness	4.00	4.00
5	Assurance	4.00	4.00
	Overall Average	3.90	3.36



Figure 1. Cartesian Diagram of Expected Level and Realized Level

From the Cartesian diagram above, the location of the variable items that affect BPJS patient satisfaction based on the quality of outpatient services at the Wajo Community Health Center is spread into 3 quadrants, namely Quadrant I, Quadrant II and Quadrant IV, while in Quadrant III there are no variable items. The following is the distribution of variables in each quadrant based on the Cartesian diagram above, namely:

1. Quadrant I (Top Priority)

Quadrant I is in the *high importance*, *low performance* position. The variables in this quadrant are Reliability and Tangible. This means that handling these variables needs to be prioritized

because their existence is very important for patients, but the service performance is still below patient expectations. Therefore, the health center needs to improve services on this variable.

2. Quadrant II (Maintain Achievement)

Quadrant II is in the *high importance* and *high performance position*, the variables in this quadrant are Responsiveness and Assurance, meaning that Variable Services need to be maintained because in general the level of implementation is considered very important and has been in accordance with patient expectations so that it can satisfy patients. Therefore, the performance of services in this quadrant must be maintained so that it can continue to be better and continue to meet patient expectations.

3. Quadrant III (Low Priority)

Quadrant III is in the *low importance position*, *low performance* indicates factors that have less important influence on patients and according to patients the implementation is mediocre and does not really satisfy patients, but there are no service variables in this quadrant.

4. Quadrant IV (Excessive)

Quadrant IV shows service factors that are not considered very important, but the service provided is considered excessive by patients and satisfies patients. The variable in this quadrant is the Empathy Variable.

DISCUSSION

Analysis of Outpatient Satisfaction Based on *Reliability* Variables

Reliability, namely the ability to deliver promised services quickly and satisfactorily. This dimension means that services are provided on time and accurately, in accordance with what is offered (Safitri et al., 2022). Reliability referred to in this study is the ability of service providers to provide services promptly and in accordance with SOPs, such as the speed and accuracy of administrative services, pharmaceutical services, service procedures, and examinations for JKN outpatients at the Wajo Community Health Center in Baubau City.

Based on Table 2, it shows that based on *the importance performance analysis* through the level of conformity between expectations and reality of the *Reliability* variable, it is known that the number of respondents who assessed high expectations and the reality of the service provided was good was 49 respondents (49%) and respondents who assessed high expectations and the reality of the service provided was not good were 51 respondents (51%). So the *Reliability Variable* said to not be able to satisfy patients, this is evidenced by the average level of conformity between the expectations and reality of respondents to the *Reliability* variable of 62.25% which is less than the overall level of conformity (86.75%), this is caused by patients who want treatment and have taken an online queue number cannot be served because the Wajo Health Center has not maximized the online queue even though there are respondents who stated that they are satisfied with the manual queue number but this has an impact on the accumulation of queues and increases the waiting time for registration services until examination by the doctor so that the waiting time for taking medicine will also increase, and there are still people who think that the patient acceptance procedure is complicated where sometimes patients are rejected and are not checked through the patient's NIK. Respondents who have high expectations and the reality of good service are 49 respondents (49%), This is due to the accuracy of the service opening schedule at the health center and officers are always there during service opening hours.

Based on the Cartesian diagram analysis of the *Reliability* variable In Figure 1, the X-axis value is 2.49 and the Y-axis is 4.00, indicating that the perceived service reality is lower than the patient's expectations of the *Reliability* variable service so that the *Reliability Variable* is in quadrant I (one), which is the main priority, which means that the *Reliability Variable Service* is considered very important by patients, but in reality the perceived service is still below the patient's expectations, even though patients feel that the service on this variable has a significant impact on patient satisfaction. Therefore, the health center needs to improve the service on the *Reliability* variable, namely the patient admission procedure, availability of queue numbers, clear queue number calls, punctuality in waiting time for registration services and taking drugs at the Wajo health center because patients have high expectations for this service and feel that this service greatly affects their satisfaction but has not been implemented well by the Wajo health center.

According to (Azahra et al., 2022) health services are said to be effective if the services provided are quite easy and not complicated, health services at the Tangsel Regional Hospital still have a few obstacles related to the ease of service users in accessing health services at the Tangsel Regional Hospital. Often new patients come to the hospital but are rejected because the online queue is not optimal, besides that there are

a few complaints felt regarding BPJS patient procedures, where there are patients who cannot claim to pay with BPJS without clear reasons from the officers, besides that, seen from the level of efficiency of the Tangel Regional Hospital service, officers are always there during service operating hours, but the waiting time for registration services until examination by a doctor has been good, which is less than 60 minutes.

This is in line with research conducted by Djuwa (2020) on outpatient services for JKN participants at the Bakunase Community Health Center, namely patient perceptions of reliability *showed* that most respondents had poor perceptions with a level of conformity (75.3%) less than the overall level of conformity, seen from the location of the Cartesian diagram of the reliability variable. The reliability dimension *is* the main priority for improvement.

This study is not in line with research (Chairul Umam et al., 2019) on the quality of outpatient services at the Central Bogor Community Health Center, namely patient perceptions of reliability, showing that patient registration is sequential from those who arrive earlier, the examination room is clean, respondents have a good perception with a level of conformity (102.66%) more than the overall conformity level (98.58%) and seen from the location of the Cartesian diagram of the reliability variable. The reliability dimension *is* to maintain achievement. Based on research (Indriani Wahyu, 2018) the quality of service on the interest in reusing and the willingness of recommendations to patients at Siloam Asri Hospital, the reliability dimension *with* a p value = (0.042) has a positive influence on the interest of patients to reuse and recommend Siloam Asri Hospital services.

Analysis of Outpatient Satisfaction Based on *Tangible* Dimensions

Tangibles are *tangible* forms of physical reality that include the appearance and completeness of physical facilities such as treatment rooms, comfortable waiting rooms, available parking, cleanliness, tidiness, and comfort of various rooms, especially examination rooms, communication, and appearance. Service performance is not only limited to the physical appearance of magnificent buildings and structures but also the appearance of staff and the availability of supporting facilities and infrastructure (Safitri et al., 2022).

The physical evidence (*tangible*) referred to in this study is the physical facilities, cleanliness, tidiness, information and comfort of the waiting room and examination room as well as the appearance of the JKN outpatient health workers at the Wajo Community Health Center, Baubau City.

Based on Table 2 shows that based on *the Importance Performance Analysis Analysis* through the level of conformity between expectations and reality obtained Physical Evidence (*Tangible*) variable is known the number of respondents who assess high expectations and the reality of the service provided is good as many as 34 respondents (34%) and respondents who assess high expectations and the reality of the service provided is not good as many as 66 respondents (66%) So that the Physical Evidence Variable (*Tangibles*) is said to have not been able to satisfy patients, this is evidenced by the average level of conformity between expectations and reality of respondents to the Physical Evidence variable (*Tangibles*) of 58.5% which is less than the overall level of conformity (86.75%), this is because patients assess that the service hours for registration are limited only from 08.00-11.00 so that patients come in large numbers during that hour, so that with a narrow parking lot, limited registration hours, and a high number of patient visits, it is not enough to accommodate patient vehicles and of course has an impact on the availability of inadequate seating so that it is not uncommon for visitors/patients to just stand in line while waiting for their turn to be examined, This also has an impact on patient discomfort, Patients also assess the need for renewal of information on the types and schedules of services that have faded so that it makes it easier for patients to obtain information through the existing information board, in addition, special attention is needed to the cleanliness of the toilets in the Wajo Community Health Center, especially the water used must be clean and sufficient and the need to pay attention to the availability of adequate trash cans so that patients do not reach further access to waste disposal, and respondents who have high expectations and the reality of good service are 34 respondents (34%), This is because the waiting room and examination room are clean and tidy according to patient expectations and the officers have a clean and tidy appearance so as to provide comfort to patients.

Based on the Cartesian diagram analysis of the Physical Evidence (*Tangibles*) variable In Figure 1, the X-axis value is 2.34 and the Y-axis is 4.00, indicating that the perceived service reality is lower than the patient's expectations of the Reliability variable service. So the Reliability Variable is in quadrant I (one), which is the main priority, which means that the Physical Evidence Variable Service (*Reliability*) is considered very important by patients, but in reality the perceived service is still below the patient's expectations, even though patients feel that the service on this variable has a significant impact on patient satisfaction. Therefore, the health center needs to improve the service on the Physical Evidence Variable, namely the availability of seating, adequate trash cans, toilet cleanliness must be considered, the availability

of parking spaces and the availability of information on the types of services and service schedules that are clear and easy to understand, because the service on this variable greatly affects patient satisfaction.

This is in line with research conducted by (Chairul Umam et al., 2019) on JKN patient satisfaction at the Bogor Tengah Community Health Center, namely patient perceptions of the Tangible Variable, which showed that most respondents had poor perceptions where the *tangibles dimension* with a level of conformity (95.05%) was below the overall level of conformity (98.58%) and was located in the main priority quadrant so that it could not satisfy patients. Whereas this dimension is important as a measure of service because a form of service cannot be seen, smelled, and touched.

Based on research (Indriani Wahyu., 2018) the quality of service on the interest to reuse and the willingness to recommend Siloam Asri Hospital patients, the Physical Evidence (*Tangible*) dimension with a p value = (0.042) has a positive influence on patient interest to reuse and recommend Siloam Asri Hospital services.

Analysis of Outpatient Satisfaction Based on the Empathy Dimension

Empathy consists of ease in communicating effectively and understanding the needs of patients. This dimension also relates to the care and special attention healthcare workers show to each patient, understanding their needs (Safitri et al., 2022).

The empathy referred to in this study is the concern of medical staff in this case ease of communication, the ability of staff to understand the needs and desires of patients and not being selective in providing services to JKN outpatients at the Wajo Community Health Center, Baubau City.

Based on Table 2 shows that based on the *importance performance analysis* through the level of conformity between expectations and reality on the Empathy variable, it is known that the number of respondents who assess high expectations and the reality of the service provided is good as many as 100 respondents (100%) said to have satisfied patients. This is proven by the average level of conformity between expectations and reality of respondents on the Empathy variable of 113% where this value is greater than the Overall conformity level (86.75%) so that it shows that the service at the Wajo Community Health Center for outpatient services on the Empathy Variable has satisfied patients. This is assessed by respondents that doctors listen to patient complaints well and provide motivation for client recovery and always give patients the opportunity to ask questions and convey complaints, respondents also assess that pharmacists always explain drug use information clearly and easily understood and officers provide equal treatment to all patients.

Based on the analysis of the Cartesian diagram of the Empathy variable in Figure 2, the X-axis value is 4.00 and the Y-axis is 3.51, indicating that the Assurance variable is in quadrant four, which is excessive, which means that the Empathy Variable Service is considered less important but its implementation has been excessive or has satisfied the patient. The service that is felt to be less important by the patient is that the doctor gives motivational words for the client's recovery, but the patient feels that in its implementation the doctor has carried it out well, even excessively, but still satisfies the patient.

This is in line with research conducted by (Aulia Rahmawati., 2022) on the level of satisfaction of outpatient JKN patients at Kediri City Hospital, namely respondents have a good perception where the Empathy Variable (*Empathy*) gets satisfactory results because the level of conformity is above average (80.3%). The attention given by officers in understanding the problems experienced by patients is in accordance with what is expected by patients. The Empathy Variable (*Empathy*) is included in quadrant IV where the implementation according to patients is less important but in reality the service is considered excessive but satisfactory to patients. As stated by Supranto (2011) in (Safitri et al., 2022), Health Services are said to have an empathy dimension if they care about patient complaints, care about patient needs and desires, are not selective in providing services to all patients and the sympathy of doctors and officers towards patients. In this case, Wajo Health Center officers have paid attention to all patients, regardless of social status.

Based on research (Indriani Wahyu., 2018) the quality of service on the interest to reuse and the willingness to recommend Siloam Asri Hospital patients, the Empathy dimension with a p value = (0.042) has a positive influence on patient interest to reuse and recommend Siloam Asri Hospital services.

Analysis of Outpatient Satisfaction Based on Responsiveness Dimension

Responsiveness encompasses the responsiveness of healthcare workers in providing necessary health services and responding quickly and appropriately. The speed of healthcare delivery reflects the responsiveness of healthcare workers in providing the necessary care. This responsiveness is a reflection of the rationality and thoughtfulness shown to patients (Safitri et al., 2022).

Responsiveness referred to in this study is that the service provider fully provides services during treatment, including the ability of outpatient medical staff to help and respond to patient requests, is easily accessible, does not wait long and is willing to listen to complaints from JKN outpatients at the Wajo Community Health Center in Baubau City.

Based on table 2 shows that based on the Analysis of *importance performance analysis* through the level of conformity between expectations and reality obtained Responsiveness (*Responsiviness*) is known the number of respondents who assess expectations for the variable Responsiveness Very Important as many as 100 respondents (100%) and respondents who assess the reality of the service provided Very Good as many as 100 respondents (100%) so that it is said to be very satisfied by the patient this is proven by the average level of conformity between expectations and reality of respondents to the variable Responsiveness (*Responsiviness*) of 100% which is more than the overall level of conformity (86.75%), This is due to responsive doctor services in conducting examinations/treatments of patients. Responsiveness such as patients assessing officers and doctors are responsive in providing services when patients need, the speed and alertness of doctors and nurses conducting examinations to patients and not letting patients wait long when it is their turn to be examined can be a supporting factor for patient satisfaction at the Wajo Health Center because in reality it exceeds patient expectations.

Based on the analysis of the Cartesian diagram of the Responsiveness variable in Figure 1, the X-axis value is 4.00 and the Y-axis is 4.00, indicating that the Expectation value and the reality of the service felt in the Reliability variable are high, thus indicating that the Responsiveness variable is in quadrant two, namely maintaining performance, which means that the Responsiveness Variable Service needs to be maintained because in general the level of implementation is considered very satisfying for patients where doctors are responsive in providing services when patients need them, the speed and alertness of doctors and nurses in examining patients and not making patients wait long when it is their turn for examination and the service is in accordance with patient expectations so that it can satisfy patients, therefore the service performance in this quadrant must be maintained so that it can continue to be better and continue to meet patient expectations.

This is in line with research conducted by (Aulia Rahmawati., 2022) on the level of satisfaction of JKN outpatients at Kendari City Hospital, namely respondents have a good perception where the *Responsiveness Variable* gets satisfactory results because the level of conformity is above average (80.4%) and shows the location of the Responsiveness variable is in quadrant II (Maintain Achievement).

This is not in line with Wisnilili's (2020) research regarding the quality of services at the Kenali Besar Community Health Center in Jambi City, namely respondents have a poor perception where the *Responsiveness Variable* gets unsatisfactory results because the level of conformity is below the average level of total conformity, namely (90.95%) where Community Health Center officers do not provide information to patients when they are late coming to the Community Health Center or when there are activities outside the Community Health Center. When asking other officers about the service, the officer only said that the officer had not arrived and the patient was told to wait. There is no clarity about the waiting time/length of waiting time making patients feel dissatisfied with the service they receive.

Based on research (Indriani Wahyu., 2018) the quality of service on the interest to reuse and the willingness to recommend Siloam Asri Hospital patients, the Responsiveness dimension with a p value = (0.042) has a positive influence on patient interest to reuse and recommend Siloam Asri Hospital services.

Analysis of Outpatient Satisfaction Based on the Assurance Dimension

Assurance is the ability of officers, especially health officers, in terms of knowledge of appropriate and fast health services, quality, friendliness, speech or courtesy in providing services, skills in providing information and the ability to provide patient trust in related companies/agencies, for example community health centers in providing health services (Safitri et al., 2022).

The assurance referred to in this study is the behavior of officers in their ability to deliver services, building patient trust in the services provided so as to create a sense of security, politeness and how good the security of information is for JKN outpatients at the Wajo Community Health Center, Baubau City.

Based on table 2 shows that based on the *importance performance analysis analysis* through the level of conformity between expectations and reality obtained Assurance Power (*Assurance*) is known the number of respondents who assess expectations as Very Important and the reality felt by patients as Very Good as many as 100 respondents (100%) with the level of conformity of the Assurance variable (100%) this value is greater than the Overall conformity level (86.75%) so that it shows that the service at the Wajo Health Center for outpatient services on the Assurance Variable has satisfied patients, This is assessed by respondents that officers are always ready to serve when patients need it, Doctors have been able to examine

the patient's illness, Doctors are also assessed as being polite to patients and families and when patients need medicine is always available and respondents assess that officers have been able to maintain the confidentiality of patient information this is a supporting factor for patient satisfaction at the Wajo Health Center because in reality it exceeds patient expectations.

Based on the analysis of the Cartesian diagram of the assurance variable (*Assurance*) in Figure 1, the X-axis value is 4.00 and the Y-axis is 4.00, indicating that the Expectation value and the reality of the service felt in the assurance variable (*Assurance*) are high, thus indicating that the Assurance variable is in quadrant two, namely maintaining performance, which means that the Assurance Variable Service needs to be maintained because in general the level of implementation is considered very important and has been in accordance with patient expectations so that it can satisfy patients, where officers are always ready to serve when patients need it, Doctors have been able to examine patients' illnesses, Doctors are also considered to be polite to patients and families and when patients need medicine it is always available and respondents assess that officers have been able to maintain the confidentiality of patient information.

According to (Azahra et al., 2022) stated that good health services provide a sense of security to patients. It can be seen that respondents assessed that the Tangel Regional Hospital had been careful or careful with the staff when working and their sense of security in conveying personal data/information to staff, safe when carrying out treatment, and safe in the hospital environment. It is known that both doctors and nurses work carefully when treating patients. As well as the service focuses on patients (*People-centered*) where the staff's friendly and polite attitude when serving them. This shows that respondents tend to strongly agree that the quality of outpatient services at the Tangel Regional Hospital is safe.

This research is in line with the research conducted by Bolla et al., (2021) at the Sonimanu Health Center, Rote Ndao Regency, the results of the study showed that the Assurance dimension *was* said to be very satisfying by patients. This is evidenced by the average level of conformity between respondents' expectations and satisfaction with the Assurance dimension of 98.14%, which is more than the overall conformity level (92%), which means very satisfied and is in quadrant II (Maintain Achievement).

This study is not in line with Chairul Umam's (2020) research at the Central Bogor Community Health Center, which is said to have not satisfied patients where the average level of conformity of the assurance variable (96.79%) is less than the total conformity level (98.58%) where patients assess that doctors have not been able to make a diagnosis according to client complaints, officers do not receive patients in a friendly manner. Based on the analysis of the Cartesian diagram, the assurance variable (*Assurance*) is located in quadrant I (Top priority), which means that health services in this variable are very important for patients but based on the level of implementation, they have not been able to satisfy patients.

Based on research (Indriani Wahyu., 2018) the quality of service on the interest to reuse and the willingness to recommend Siloam Asri Hospital patients, the assurance dimension *with* a p value = (0.042) has a positive influence on patient interest to reuse and recommend Siloam Asri Hospital services.

CONCLUSION

The level of satisfaction of JKN outpatients at the Wajo Community Health Center based on the level of conformity between expectations and reality shows that the reliability variable *is* 62.25%, the tangible variable *is* 58.5%, the empathy variable *is* 113%, the responsiveness variable *is* 100%, the assurance variable *is* 100%. *While the overall level of conformity is 86.75%, so there are two variables that have not satisfied patients, namely the reliability and tangibility variables.* This is because the value of the variable conformity level is below the overall level of conformity (86.75%), while the variables that have satisfied patients are *empathy* , responsiveness and *assurance* variable .

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