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RESEARCH ARTICLE

Analysis of The Relationship Between Service Quality, Health Facilities, Satisfaction, and The Desired Migration of Bpjs Patients to Other Health Facilities at The Wonokusumo Community Health Center

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ABSTRACT

This study examines the influence of service quality, healthcare facilities, and patient satisfaction on the intention of BPJS patients to migrate to other healthcare facilities at Wonokusumo Community Health Center. The results indicate that service quality has a positive and significant effect on patient satisfaction, with key factors such as staff friendliness, timeliness of service, and ease of administration contributing significantly to patient satisfaction. The availability of high-quality healthcare facilities, such as clean and comfortable rooms, also positively influences patient satisfaction. However, while service quality and healthcare facilities enhance patient satisfaction, they do not significantly impact the likelihood of patient migration. Other factors, including personal relationships with healthcare workers, location, and external factors such as BPJS bureaucracy, play a more substantial role in patients' decisions to migrate. The study emphasizes the importance of a holistic approach in healthcare service delivery, highlighting the need for better communication, empathy, and administrative efficiency to retain patients and reduce migration intentions.

INTRODUCTION

Health is one of the key indicators of a nation's progress, alongside education and the economy, as reflected in the Human Development Index (HDI). This reason justifies placing health as one of the most important human needs. Without health, humans would be unable to engage in various productive activities, especially in building a better and more qualified future generation. "Health is not everything, but everything without health is nothing" – WHO (Dinkes, 2020).

Patient satisfaction depends on the quality of service. Service is the effort made by employees to meet the desires of customers through the services provided. A service is considered good by patients based on whether the service meets their needs, using their

perception of the service received (satisfactory or disappointing, including the duration of the service). Satisfaction starts from the moment the patient is accepted upon arrival until they leave the healthcare center. Service is based on five principles of Service Quality: speed, accuracy, friendliness, and comfort.

Prime service literally means excellent or the best service. Prime service is a key factor for the success of health centers, where this service can maintain and retain existing patients while attracting new ones. Good service quality enhances customer satisfaction, contributing to loyalty and retention. Satisfied patients are more likely to return to the same healthcare facility. Prime service reflects customer care by providing the best services to facilitate the fulfillment of their needs and ensure satisfaction. According to previous research (Widada H, 2019), the quality of service affects patient satisfaction, explained by variables such as procedures, time, staff attitudes, fairness, staff skills, costs, and facilities.

In addition to prime service, healthcare facilities are also a benchmark in determining patient satisfaction. Healthcare facilities, including infrastructure, are important elements in the healthcare system that directly affect customer satisfaction. The availability of adequate and quality facilities can enhance the patient's experience and contribute to positive perceptions of the services provided. Primary Healthcare Facilities (FKTP) are healthcare facilities that provide basic promotive, preventive, curative, and rehabilitative services for JKN participants (Permenkes, 2022). Health centers (Puskesmas) have a mission to improve the health status of the community. Health centers play a significant role in improving and maintaining the health of the population (Yesinda, 2018). Along with their mission to develop comprehensive healthcare services for the community, health centers are located closest to the community and are more accessible compared to other healthcare units. Health centers are facilities easily accessible by all layers of society and are responsible for providing healthcare services and ensuring trust to improve patient satisfaction (Lestari et al., 2023).

Patient satisfaction is the response of patients to the discrepancy between their prior expectations and the actual performance they perceive after receiving services. Patient satisfaction is the core of patient-oriented marketing. Patient loyalty will form with satisfactory and quality service. Satisfactory service will attract new patients and subsequently enhance the image of the health center (Setianingsih, 2021).

The National Health Insurance (JKN) is a guarantee of health protection to ensure that the public receives healthcare benefits and protection in meeting their basic health needs, given to everyone who has paid contributions or whose contributions are paid by the government.

The JKN system develops a tiered service concept with primary healthcare facilities including health centers, primary clinics, doctor practices, dental practices, and type D hospitals or equivalent as gatekeepers. These primary healthcare facilities play the role of providing medical services according to their competencies. To support the role of FKTP as the frontline of healthcare in Indonesia, the government supports financing through the JKN capitation fund. According to the Minister of Health Regulation of the Republic of Indonesia Number 28 of 2014, JKN participants must register with one FKTP and have the right to choose the FKTP they wish to use as their healthcare provider. The income from JKN capitation determines the ability of Puskesmas Wonokusumo to improve its infrastructure, medical supplies, and service quality.

Puskesmas Wonokusumo is one of the government-owned healthcare providers in Wonokusumo, located at Jalan Wonokusumo Tengah No. 55, Wonokusumo Village, Semampir District. Wonokusumo Village consists of 16 RW (neighborhood associations), 168 RT (community units), with an area of 1.68 km2, and a population of 68,631. Wonokusumo Village is part of Semampir District, which has 4 health centers, namely Puskesmas Wonokusumo, Puskesmas Pegirian, Puskesmas Sawah Pulo, and Puskesmas Sidotopo. Puskesmas Wonokusumo is one of the outpatient health centers in Semampir District that operates 24/7.

METHODOLOGY

Data

In this study, the researcher used primary data. Primary data refers to data collected directly by the researcher from the primary sources or subjects of the research for a specific purpose. The scale of measurement used is interval data, utilizing a 5-point Likert interval scale.

Data Collection Methods

In this study, the method used by the researcher is a survey technique, where questionnaires are distributed to be filled out by respondents. The questionnaire is created in the form of a Google Form, containing data, classification, and item questions for the respondents. The questionnaire is distributed via WhatsApp to facilitate the completion by respondents and to make the completion time more efficient.

Data Analysis Techniques

In this study, data analysis will be performed using descriptive analysis techniques and statistical data analysis, which will be explained as follows:

Descriptive Analysis

Descriptive analysis is a crucial initial step in any research. Descriptive analysis is used to describe the characteristics of respondents, such as age, gender, education level, frequency, etc. Additionally, descriptive analysis also serves to describe the distribution of answers and detect outliers, which are data points that deviate from the general pattern (Ghozali, 2021). The variables tested in this study are the analysis of the relationship between service quality, healthcare facilities, satisfaction, and the desire for BPJS patients to migrate to other healthcare providers. The data processing results in this analysis will include the mode, mean, and median.

Statistical Analysis

The statistical analysis in this study will be performed using a software tool known as Partial Least Squares Structural Equation Modeling (PLS-SEM). According to Ghozali (2021), to measure the structural model, the relationships between latent constructs are tested simultaneously.

1. Conceptualizing the PLS-SEM Model

   Conceptualizing the PLS-SEM model is the first step that researchers must take to define the concepts being studied, the dimensions of each construct, and the creation of latent factors in reflective, formative, or a combination of both.

2. Determining the Algorithm Analysis Method

   The next step in statistical analysis is the algorithm analysis method. The benefit of this analysis is to observe the linear combinations between variables. The Algorithm Analysis is used to design or create the inner model.

3. Determining the Resampling Model

   The next statistical analysis involves resampling the model. Resampling is necessary because the initial estimates in the model may be incorrect or the

significance values unknown. This is why resampling of the research model is performed (Ghozali, 2021).

4. Drawing Path Diagrams

   The next step in statistical analysis is to draw path diagrams with circles or ellipses representing the models, and arrows are used to connect the variables so that the relationships between the variables are visible (Ghozali, 2021).

5. Designing the Structural Model (Inner Model and Outer Model)

   In PLS, it is necessary to conduct tests on both the outer and inner models to understand the results. The outer model analysis describes the relationship between variables and their indicators, and vice versa (Hanif & Suyanto, 2023). The outer model is tested with convergent validity, discriminant validity, and reliability tests as explained in the previous chapter.

   The inner model analysis in SEM PLS describes the causal relationship between latent variables (constructs) in the research model. The evaluation of the inner model includes path coefficients, coefficient of determination (R-square), and predictive relevance (Q-square). The path coefficient is a numerical value that indicates the strength and direction of the relationship between two variables. The value of the path coefficient ranges from -1 to 1. A positive value indicates that the higher the independent variable, the higher the dependent variable, while a negative value indicates the opposite. The closer the value is to 1 (whether positive or negative), the stronger the influence of the independent variable on the dependent variable. The t-statistic is used to test the significance of the path coefficient. If the t-statistic value is greater than 1.96, the relationship between the two variables is considered significant.

   The coefficient of determination (R-square) in SEM PLS is a statistical measure that shows how much of the variance in the dependent variable can be explained by the independent variables. The R-square value is used to measure how much the endogenous variables are influenced by other variables. If the R2 value is 0.67 or higher for endogenous latent variables in the structural model, it indicates a strong influence of exogenous variables on the endogenous variable. If the result is between 0.33 and 0.67, it is considered moderate, and if it is between 0.19 and 0.33, it is considered weak (Ghozali, 2021).

   Predictive Relevance or Q-Square is a measure used in SEM PLS to assess how well the model predicts the values of endogenous latent variables (dependent

variables). In simple terms, Q-Square indicates how relevant our model is in predicting the desired outcomes. Q-Square is calculated by comparing the values predicted by the model with the actual data values. The closer the predicted values are to the actual values, the higher the Q-Square value. Q-Square ranges from 0 to 1. If the Q-Square value is close to 1, it indicates that the model has very good predictive ability, while a Q-Square value close to 0 means that the model has poor predictive ability and cannot predict the values of endogenous variables well.

The f-square value is used to determine the effect of an independent variable on a dependent variable. The f-square has several criteria, where a value of 0.02 indicates a weak effect, 0.15 indicates a medium effect, and 0.35 indicates a strong effect.

RESULT AND DISCUSSION

Result

Validity and Reliability Test Results

The questionnaire administered by the researchers consisted of 33 questions, with the following details: 14 questions on service quality, 8 on patient satisfaction, 7 on patient migration, and 4 on health facility. The questionnaire was piloted on 30 patients, and all variables were found to be valid and reliable.

Convergent Validity Test

Convergent validity testing uses outer loading or loading factor values and AVE (Average Variance Extracted). An indicator is considered to meet good convergent validity if the outer loading value is >0.7 and the significance value is less than 5%. The following are the results of the convergent validity test in this study:

Table 4.1

Outer Loading

No	Variables	Item	*Outer Loading*	Information
1	Service Quality (X1)	SQ1	0.711	Valid
		SQ2	0.703	Valid
		SQ3	0.722	Valid
		SQ4	0.855	Valid
		SQ5	0.770	Valid
		SQ6	0.832	Valid
		SQ7	0.797	Valid

No	Variables	Item	*Outer Loading*	Information
		SQ8	0.816	Valid
		SQ9	0.809	Valid
		SQ10	0.707	Valid
		SQ11	0.709	Valid
		SQ12	0.713	Valid
		SQ13	0.711	Valid
		SQ14	0.704	Valid
2	Health Facilities	HF1	0.807	Valid
		HF2	0.829	Valid
		HF3	0.849	Valid
		HF4	0.784	Valid
3	Patient Satisfaction	PS1	0.851	Valid
		PS2	0.898	Valid
		PS3	0.743	Valid
		PS4	0.907	Valid
		PS5	0.895	Valid
		PS6	0.897	Valid
		PS7	0.885	Valid
		PS8	0.912	Valid
4	Patient Migration Desire	MF1	0.816	Valid
		MF2	0.864	Valid
		MF3	0.908	Valid
		MF4	0.868	Valid
		MF5	0.920	Valid
		MF6	0.920	Valid
		MF7	0.910	Valid

Source: Processed Primary Data (2025)

Based on the results of outer loading measurements on reflective indicators, it is known that most of the research indicators have met the criteria to be used as variable measurement indicators with an outer loading value greater than 0.7 (outer loading > 0.7),

so that all indicators are declared suitable or valid for further research analysis.

The next test, convergent validity, is performed by examining the AVE output. A construct has good discriminant validity if the AVE value exceeds 0.50. The following are the AVE values for this research variable:

Table 4.2

Average Variance Extracted (AVE)

Variables	AVE	Information
Quality of Service	0.572	Valid
Health Facilities	0.668	Valid
Patient Satisfaction	0.766	Valid
Patient Migration Desire	0.787	Valid

Source: Processed Primary Data (2025)

Table 4.2 shows that all research variables met the AVE standard value above 0.5 (AVE>0.5). The AVE value for the service quality variable was 0.572, the AVE value for the health facility variable was 0.688, the AVE value for the patient satisfaction variable was 0.766, and the AVE value for the patient migration intention variable was 0.787.

Discriminant Validity Test

Discriminant validity is assessed by cross-loading. Each indicator should have the highest loading value on the construct being measured compared to other constructs. If an indicator's loading value is higher on another construct, it indicates a problem with discriminant validity. Discriminant validity is essential to ensure the accuracy and clarity of the interpretation of the measurement model.

Table 4.3

Cross Loading

Variable/ Item	HF	MF	PS	SQ
HF1	0.807	0.002	0.289	0.234
HF2	0.829	-0.013	0.290	0.230
HF3	0.849	-0.076	0.696	0.444
HF4	0.784	-0.024	0.232	0.189
MF1	-0.002	0.816	-0.035	0.087
MF2	-0.054	0.864	-0.048	0.047
MF3	-0.087	0.908	-0.320	-0.108

Variable/ Item	HF	MF	PS	SQ
MF4	-0.069	0.868	-0.141	-0.007
MF5	-0.024	0.920	-0.278	-0.068
MF6	-0.031	0.920	-0.248	-0.057
MF7	-0.024	0.910	-0.164	-0.003
PS1	0.455	-0.211	0.851	0.459
PS2	0.540	-0.181	0.898	0.575
PS3	0.256	-0.154	0.743	0.435
PS4	0.535	-0.263	0.907	0.550
PS5	0.507	-0.219	0.895	0.509
PS6	0.566	-0.196	0.897	0.552
PS7	0.527	-0.279	0.885	0.537
PS8	0.511	-0.243	0.912	0.510
SQ1	0.358	-0.012	0.325	0.711
SQ10	0.286	-0.073	0.322	0.703
SQ11	0.237	-0.014	0.297	0.722
SQ12	0.364	-0.064	0.612	0.855
SQ13	0.319	-0.044	0.482	0.770
SQ14	0.282	-0.024	0.614	0.832
SQ2	0.292	-0.028	0.519	0.797
SQ3	0.279	-0.088	0.556	0.816
SQ4	0.297	-0.051	0.556	0.809
SQ5	0.270	-0.081	0.327	0.707
SQ6	0.270	0.035	0.281	0.709
SQ7	0.325	-0.014	0.252	0.713
SQ8	0.351	-0.011	0.364	0.711
SQ9	0.255	-0.012	0.340	0.704

Source: Processed Primary Data (2025)

Table 4.3 shows the loading values of each statement item against the latent variables

identified through cross-loading. All cross-loading values for each statement item met the criteria by exceeding 0.6. It is concluded that each statement item effectively differentiated variables that should have been different from each other. In other words, each statement item was correctly placed within its corresponding construct.

Discussion

The Influence of Service Quality on Patient Satisfaction at Wonokusumo Community Health Center

The results of this study indicate that service quality has a positive and significant effect on patient satisfaction. Service quality is a very important determinant of patient satisfaction in primary healthcare facilities such as community health centers. This is in line with the findings of Kamalo et al. (2024) who stated that improving service quality, particularly in aspects of staff friendliness, timeliness of service, and ease of administrative processes, contributes significantly to increasing patient satisfaction. The service quality indicator score, which is dominated by a score in the very good category with an average of 4.44, strengthens empirical evidence regarding the effectiveness of responsive services, particularly the responsiveness indicator of counter staff, which is considered very satisfactory by patients (Ardian et al., 2022; Anggraeni & Adriansyah, 2022).

Andaleeb et al. (2019) and Donabedian (2021) emphasized that service quality not only influences patient satisfaction but also plays a role in building long-term loyalty. In the context of service quality theory, the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988) remains relevant as a theoretical foundation, suggesting that service quality is the primary determinant of customer satisfaction in public services (Wulaisfan & Fauziah, 2019; Utami, 2019).

Practically, patients at the Wonokusumo Community Health Center reported good service experiences, characterized by a sense of comfort and satisfaction during service delivery, which contributed to increased loyalty to the healthcare facility. Therefore, it can be concluded that improving service quality, focusing on interpersonal and administrative aspects, is a key strategy in maintaining and enhancing patient satisfaction. Analytical data showing a high level of significance and positive evaluations of service quality support the assumption that improved service quality will directly impact patient behavior in choosing healthcare facilities in the future (Yunita et al., 2024).

The Influence of Health Facilities on Patient Satisfaction at Wonokusumo Community Health Center

The results of this study revealed that healthcare facilities have a positive and significant impact on patient satisfaction. The healthcare facility variable received an average score of 4.70, with the highest rating for the comfort of a cool and clean room. The availability of complete and adequate facilities, such as a comfortable waiting room and sufficient medical equipment, is crucial in providing a pleasant service experience and making patients feel cared for and safe during treatment (Pasaribu, 2024).

Previous research supports these findings by showing that good quality healthcare facilities increase patients' positive perceptions of the services they receive (Alrubaiee & Alkaa'ida, 2011). Studies by Kosnan (2020) and Rahayu et al. (2021) also confirmed that adequate facilities not only contribute to comfort but also significantly influence patient satisfaction.

The presence of high-quality facilities significantly increases patient satisfaction and contributes to patient loyalty to the institution (Marhenta et al., 2018; Dewi & Nurjannah, 2020). Furthermore, Rahayu et al. (2021) emphasized that the availability and accessibility

of facilities are components of service quality that significantly influence patient satisfaction. Based on these findings, the research assumption that adequate healthcare facilities can strengthen patient satisfaction and support the continuity of effective healthcare services becomes highly relevant. Improving facility quality is not only a strategy to increase patient satisfaction but also has the potential to increase patient loyalty and the frequency of continued healthcare use (Widiyastuty et al., 2023).

The Influence of Patient Satisfaction on BPJS Patients' Desire to Migrate to Other Health Facilities at Wonokusumo Community Health Center

The study results showed that patient satisfaction had a negative and significant influence on BPJS patients' intention to migrate to other healthcare facilities. In other words, the higher the patient's level of satisfaction with the service they received, the lower their tendency to switch to another healthcare facility. This suggests that patients who are satisfied with the service provided tend to maintain their loyalty to that facility.

Setiawati and Lailiyah (2023) confirmed a positive relationship between patient satisfaction and patient loyalty in healthcare facilities. A study by Sertan et al. (2023) added that patients' trust in healthcare providers also plays a significant role in increasing patient satisfaction, suggesting that patients who feel their healthcare needs are met are less likely to seek alternative services. This is in line with research by Mbuwel et al. (2023), which asserts that patient satisfaction acts as a crucial mediator in the relationship between patient relationship management and patient loyalty, effectively reducing patient migration intentions.

This study assumes that patient satisfaction is the end result of the quality of healthcare services and facilities provided, thus potentially reducing patient migration intentions. However, patient satisfaction is a subjective aspect; researchers assessed it based on the respondents' employment levels, with the majority being housewives. This indicates respondents' education levels, which indirectly influence patient satisfaction with healthcare services.

Empirical evidence shows that increasing patient satisfaction not only meets immediate health needs but also strengthens long-term relationships between patients and healthcare facilities, thereby reducing the likelihood of patients switching to other services (Hussain et al., 2025). Therefore, maintaining and improving patient satisfaction is a key strategy for healthcare facilities to retain service users and increase long-term patient commitment.

The Influence of Health Facilities on the Desire of BPJS Patients to Migrate to Other Health Facilities at Wonokusumo Community Health Center

The study results indicate that healthcare facilities do not significantly influence BPJS patients' desire to migrate to other healthcare facilities. Although the facilities at the Wonokusumo Community Health Center were considered excellent, they were not the primary factor determining patients' decision to move. This can be explained by several other factors underlying this phenomenon, including subjective factors such as overall satisfaction, personal relationships with medical personnel, and external factors such as location and ease of access.

Researchers assume that good facilities alone are not enough to deter patients from moving if subjective satisfaction is not met. Therefore, service quality is measured not only by medical infrastructure but also by the communication, empathy, and responsiveness of healthcare workers in meeting patient needs (Gusbet, 2023).

Other external factors such as location and ease of access also play a significant role in determining patient choice (Nuryanto et al., 2024). Ineffective communication and

orientation within a healthcare facility can lead to dissatisfaction, ultimately leading patients to choose other facilities perceived as closer, more accessible, or more suited to their personal preferences (Noviyani et al., 2023).

This is in line with the findings of researchers in the field regarding the health facilities provided, including limited parking and rooms that are too narrow, resulting in poorly classified service processes. These conditions emphasize that the availability of good health facilities is a basic requirement that must be met, but it is not sufficient to prevent patient migration. A quality patient experience, which includes responsive, personalized, and communicative service, is a key determinant in maintaining patient loyalty. Therefore, further research focused on optimizing the patient experience through a holistic service approach is urgently needed to reduce the number of unwanted patient migration.

The Influence of Service Quality on BPJS Patients' Desire to Migrate to Other Health Facilities at Wonokusumo Community Health Center

The analysis results show that service quality does not significantly influence patients' intention to migrate to other healthcare facilities. Although respondents rated the service quality at this community health center as excellent, this aspect did not directly determine patients' decision to move to another facility. This phenomenon can be explained by other, more dominant factors in migration decisions, such as unmet patient expectations, personal experiences outside the context of formal services, and the complexity of BPJS administration, which acts as a barrier.

Service quality is a crucial element in shaping patient satisfaction, but contextual and emotional factors such as unmet expectations and personal experiences outside of formal care play a significant role in patient migration decisions (Nuryanto et al., 2024). Furthermore, the complexity of healthcare administration processes, particularly those related to the BPJS (Social Security Agency) bureaucracy, also influences patient perceptions of overall service quality (Susilawati et al., 2024). This indicates that good service quality may not necessarily directly reduce migration intentions if these mediating variables are not taken into account. Therefore, research on patient migration needs to pay more attention to the subjective emotional, social, and contextual factors of patients' experiences.

Field research indicates that the quality of service at this community health center is considered excellent. This does not directly guarantee patient loyalty and non-transfer to other facilities. Further research is needed to identify other variables that could potentially mediate or moderate patient migration decisions, allowing more effective and holistic healthcare interventions to be designed.

CONCLUSION

The findings of this study highlight the significant role that service quality and healthcare facilities play in influencing patient satisfaction and their intentions to migrate to other healthcare facilities. Service quality was shown to have a positive impact on patient satisfaction at Wonokusumo Community Health Center, with friendly staff, timely services, and ease of administration contributing to a satisfying experience, which in turn enhanced patient loyalty. Moreover, the availability of high-quality healthcare facilities, such as clean and comfortable rooms, was also positively associated with increased patient satisfaction. However, the study found that although service quality and healthcare facilities influenced patient satisfaction, they did not significantly affect patients' intentions to migrate to other health centers. This suggests

that other factors, such as personal relationships with healthcare workers, location, ease of access, and external bureaucratic issues related to BPJS, play a larger role in migration decisions. The study underscores the importance of considering both tangible and intangible aspects of service delivery, as well as the complex interplay of factors that shape patient behavior and satisfaction. Therefore, improving overall patient experience through better communication, empathy, and administrative efficiency, alongside maintaining high-quality facilities, is crucial for reducing patient migration and fostering long-term loyalty.

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