

The Influence of Promotion and Service Quality on BPJS Patient Satisfaction at Clinic "X"

Aulia Putri¹; Siti Nur Manah²; Supriyadi³; Zahrudin⁴

^{1,2,4}Program Studi Magister manajemen, Universitas Mitra Bangsa Jakarta, ³Prodi Pendidikan Ekonomi, Universitas Panca Sakti Bekasi

¹auliaputriap@gmail.com; ²nurmanah17@gmail.com; ³supriyadi@panca-sakti.ac.id;

⁴zahrudin@umiba.ac.id

ABSTRACT

First-Level Health Facilities (Fasilitas Kesehatan Tingkat Pertama/FKTP) play a critical role in delivering healthcare services to participants of the National Health Insurance (BPJS) program in Indonesia. Every BPJS participant has the right to select an FKTP that collaborates with BPJS Health based on their preference. Therefore, FKTPs, including clinics partnering with BPJS Health, must actively promote their services and continuously enhance the quality of care to improve patient satisfaction and attract more BPJS participants. This study employs a quantitative, causal approach to examine the influence of promotion and service quality on BPJS patient satisfaction. Using a cross-sectional design and random sampling technique, data were collected through questionnaires from 63 BPJS patients at clinic "X." The data were analyzed using descriptive analysis and multiple linear regression, resulting in the regression equation $Y = 1.245 + 0.077 X_1 + 0.844 X_2$. The findings indicate that promotion and service quality significantly influence BPJS patient satisfaction, both individually and jointly, at clinic "X." These results highlight the importance of strategic promotion and continuous quality improvement by FKTPs to ensure optimal healthcare delivery and patient satisfaction among BPJS participants.

Keywords:

Promotion; Service Quality; Patient Satisfaction; BPJS

INTRODUCTION

Health is a fundamental aspect of human well-being, encompassing physical, mental, and social dimensions that enable individuals to lead productive and meaningful lives (UU No. 23 of 1992 in Iskandar A et al.). Recognizing the pivotal role of health in national development, the Indonesian government established the National Social Security System (Sistem Jaminan Sosial Nasional/SJSN) to ensure access to basic needs and improve the quality of life for all citizens. The Social Security Administering Body (Badan Penyelenggara Jaminan Sosial/BPJS) was subsequently formed to implement this system, with the National Health Insurance (Jaminan Kesehatan Nasional/JKN) as its primary program (UU No. 24 of 2011).

The JKN program grants participants the right to access healthcare services through First-Level Health Facilities (Fasilitas Kesehatan Tingkat Pertama/FKTP), which include community health centers, private clinics, doctor and dentist practices, and Class D primary hospitals (PERMENKES No. 28 of 2014). According to BPJS Health data (2024), over 27,606 health facilities currently collaborate with BPJS Health, including 7,480 primary clinics. The ability of JKN participants to select their preferred FKTP introduces competition among these facilities, emphasizing the need for healthcare providers to adopt innovative strategies to attract and retain patients while ensuring high-quality care.

Despite the rapid expansion of the JKN program, patient satisfaction remains a critical challenge, particularly in FKTP settings. Patient satisfaction is influenced by various factors, including promotion and service quality. Promotion, as part of the

marketing mix, plays a key role in communicating the value and advantages of health services to consumers (Kotler & Keller, 2016). Innovative and effective promotional strategies, such as integrated marketing communications, are necessary to increase public awareness and engagement, particularly in an era of digital transformation where health literacy and consumer expectations are evolving.

Service quality is equally critical in shaping patient satisfaction. Drawing on Parasuraman's RATER framework—responsiveness, assurance, tangibles, empathy, and reliability—service quality is not only a determinant of satisfaction but also a driver of trust and loyalty (Parasuraman, 2001 in Fatrida et al., 2023). The Expectancy Disconfirmation Model further elucidates that satisfaction arises from the alignment between patient expectations and actual service performance (Oliver, 2009 in Saputra, 2018). When service quality is perceived as superior, it fosters patient loyalty, whereas unmet expectations can result in dissatisfaction, treatment non-compliance, and even patient migration to other facilities, negatively impacting FKTP capitation revenues (Rahmi et al., 2019).

What sets this study apart is its focus on the dual role of promotion and service quality in influencing patient satisfaction within the context of FKTPs collaborating with BPJS Health. While previous studies have explored these factors independently, this research aims to provide a more comprehensive understanding by examining their combined effects. Additionally, the study highlights the evolving landscape of healthcare delivery in Indonesia, where competitive dynamics and patient-centered care have become increasingly prominent due to the JKN program's expansive reach.

By integrating insights from marketing and healthcare quality theories, this study seeks to bridge the gap between theoretical frameworks and practical applications in healthcare management. The findings are expected to offer novel contributions by demonstrating how tailored promotional strategies and service quality enhancements can address patient expectations, thereby fostering satisfaction and loyalty among BPJS participants. This research also underscores the strategic importance of FKTPs in achieving the broader goals of the JKN program and ensuring equitable access to quality healthcare for all citizens.

METHOD

This study employs a quantitative research design with a causal approach to examine the impact of promotion and service quality on BPJS patients' satisfaction after receiving healthcare services at clinic "X". The cross-sectional design is chosen to capture a snapshot of the variables at a single point in time. To obtain a representative sample, the study utilizes a random sampling technique, which ensures that each BPJS patient has an equal chance of being selected for the survey. The sample size consists of 63 patients, with data collected through a Likert scale questionnaire (1-5 scale). This questionnaire includes items adapted from established theories in marketing and healthcare service quality: the promotion theory by Kotler and Keller (2016), the "RATER" model of service quality by Parasuraman et al. (1998), and the patient satisfaction theory based on the Expectancy Disconfirmation Model (Oliver, 2009).

The collected data are analyzed using descriptive statistics to summarize the characteristics of the sample, followed by multiple linear regression analysis to test the hypotheses regarding the relationship between the independent variables (promotion and service quality) and the dependent variable (patient satisfaction). The use of

multiple linear regression allows for a detailed assessment of how promotion and service quality jointly influence patient satisfaction, accounting for the potential interaction between these variables. The theories guiding this research provide a robust framework: Kotler and Keller's promotion theory emphasizes the role of communication in shaping consumer perceptions; Parasuraman et al.'s "RATER" model offers a comprehensive measure of service quality through five critical dimensions—Responsiveness, Assurance, Tangibles, Empathy, and Reliability; and Oliver's Expectancy Disconfirmation Model explains satisfaction as a function of the comparison between expected and perceived service outcomes. These theories collectively form the basis for analyzing the factors influencing BPJS patient satisfaction at clinic "X".

RESULTS AND DISCUSSION

Table: I Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
PROMOTION	63	8	40	26,65	8,563
QUALITY	63	5	25	20,48	4,885
SATISFACTION	63	5	25	20,59	5,05
Valid N (listwise)	63				

From the table above it can be described as follows, for the promotion variable the number of respondents was 63, with a minimum score of 8, a maximum score of 40 with an average value of 26.65, a standard deviation of 8.563, for the service quality variable, the number of respondents was 63, a minimum score of 5, a maximum score of 25 with an average value. -average 20.48 standard deviation 4.885, for patient satisfaction variable number of respondents 63 minimum score 5 maximum score 25 with average value 20.59 standard deviation 5,050.

Table: II Uji Kolmogorov-Smirnov

One-Sample Kolmogorov-Smirnov Test		
N		Unstandardized Residual
63		
Normal Parameters ^{a,b}	Mean	0E-7
	Std. Deviation	1,98527838
Most Extreme Differences	Absolute	,129
	Positive	,115
	Negative	-,129
Kolmogorov-Smirnov Z		1,025
Asymp. Sig. (2-tailed)		,244
a. Test distribution is Normal.		
b. Calculated from data.		

In the Kolmogorov-Smirnov normality test, the Asymp sig (2 tailed) value shows the significance level of the normality test results, data is considered to be normally distributed if the Asymp value. signature. Greater than 0.05. The results of tests carried out on the data obtained the Asymp value. Sig (2-tailed) is 0.244 (>0.05), so it can be concluded that the data is normally distributed because the significance value obtained is greater than 0.05.

Table III: Multicollinearity

Coefficients ^a							
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF
1 (Constant)	1,245	1,104		1,127	,264		
PROMOTION	,077	,046	,131	1,688	,097	,429	2,330
QUALITY	,844	,080	,817	10,543	,000	,429	2,330

a. Dependent Variable: SATISFACTION

Multicollinearity was tested by calculating the VIF (Variance Inflation Factor) value. The data distribution is declared normal and there are no symptoms of multicollinearity if the tolerance value is > 0.100 and $VIF < 10.00$. based on the results of data analysis, it is stated that the Tolerance value of the PROMOTION variable and the SERVICE QUALITY variable is 0.429, which is more than (>0.100) and the VIF of the PROMOTION variable and the SERVICE QUALITY variable is 2.330, which is less than (<10.00). So it can be concluded that the multicollinearity assumption has been fulfilled or there are no symptoms of multicollinearity.

Table IV: Hipotesa

Coefficients ^a					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1,245	1,104		1,127	,264
PROMOTION	,077	,046	,131	1,688	,097
QUALITY	,844	,080	,817	10,543	,000

a. Dependent Variable: SATISFACTION

Table IV of the coefficients above shows that the B0 constant is 1.245. The regression coefficient $b_1 = 0.077$ means that for every 1 unit increase in the promotion variable (X1), patient satisfaction will increase by 0.077 assuming the quality (X2) is constant. The regression coefficient $b_2 = 0.844$ means that for every 1 unit increase in the quality variable (X2), patient satisfaction will increase by 0.844 with the assumption that promotion (X1) remains constant. So the multiple linear regression equation obtained is $Y = 1.245 + 0.077 X_1 + 0.844 X_2$

The results of the analysis in the table above show the statistical values for the coefficient X1, in the calculations $t = 1,688$ dan $p\text{-value} = 0,097/2 = 0,0485 < 0,05$ or H_0 is rejected, which means promotion has a positive effect on increasing patient satisfaction. Meanwhile, for the statistical value of the coefficient of the variable X2, in the calculation $t = 0,000/2 = 0 < 0,05$ or H_0 is rejected, which means there is a positive influence of service quality on increasing patient satisfaction.

Table V

ANOVA ^a						
Model	Sum of Squares	Df	Mean Square	F	Sig.	
1 Regression	1336,907	2	668,454	164,130	,000 ^b	
Residual	244,362	60	4,073			
Total	1581,270	62				

a. Dependent Variable: SATISFACTION

b. Predictors: (Constant), QUALITY, PROMOTION

Based on the results of the ANOVA analysis in table V above, statistical values are obtained where the calculation results are $F = 164.130$ and the P value = $0.000 < 0.05$ or it can be interpreted as H_0 being rejected, which means there is a parallel in the influence of promotional variables which have a positive effect on satisfaction. Be patient. This also means that there is a mutually beneficial and simultaneous relationship between promotion and service quality, where both have a significant positive influence on the patient satisfaction variable.

TABLE VI:

Model Summary								
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistic			
					R Square Change	F Change	df	Sig. F Change
1	.919 ^a	.845	.840	2,018	.845	164,130	2	.000 ^b

a. Predictors: (Constant), QUALITY, PROMOTION

The multiple correlation coefficient significance test is obtained from the table above. It can be seen that the double correlation coefficient $RY_1 = 0.919$ F count = 164.130 and p -value = $0.000 < 0.05$ or the same as H_0 is rejected, therefore the double correlation coefficient between X_1 and X_2 with Y is significant, while the determination of the coefficient is shown by the R square value = 0.845 which can be interpreted as 84.5% variation in the variable. Patient satisfaction (Y) can be explained by Promotion (X_1) and Service Quality (X_2), so it can be concluded that the relationship between promotion and service quality together has an influence of 84.5% on patient satisfaction.

Discussion

The findings of this study indicate that promotion has a positive effect on patient satisfaction, as reflected by the regression coefficient value of 0.077 and a p -value of 0.0485 . This supports the hypothesis that promotion plays a significant role in enhancing patient satisfaction by influencing their perception of the healthcare services provided. According to Kotler and Keller (2016), promotion is a key element in the marketing mix those shapes customer perceptions, stimulates demand, and reinforces the value proposition of a service. When patients are exposed to effective promotional strategies, such as informative advertisements or referral programs, they are more likely to feel valued and confident in their decision to choose the clinic. This finding aligns with Iskandar et al.'s (2023) research, which found that marketing communication positively influenced patient satisfaction, particularly among National Health Insurance (JKN) participants.

Service quality was found to be a more dominant factor influencing patient satisfaction, with a much higher regression coefficient value of 0.844 compared to promotion. This suggests that service quality has a stronger impact on patient satisfaction in the context of this study. Based on the "RATER" model proposed by Parasuraman et al. (1998), service quality can be measured through five dimensions: Reliability, Assurance, Tangibles, Empathy, and Responsiveness. In healthcare settings, these dimensions reflect how well a clinic meets the needs and expectations of its patients. This study is consistent with the findings of Rahmi et al. (2019), which also demonstrated that service quality in healthcare services significantly influenced BPJS patients' satisfaction. At Clinic "X," consistent service quality, skilled staff, and

the comfort of the clinic facilities seem to play crucial roles in shaping patient satisfaction levels.

This study also reveals the simultaneous influence of both promotion and service quality on patient satisfaction, with an R-squared value of 0.845. This means that nearly 85% of the variation in patient satisfaction can be explained by these two variables combined. These findings emphasize the interdependent relationship between promotion and service quality, where both must work in tandem to achieve optimal results. Effective promotion not only attracts patients but also sets expectations that must be met or exceeded by the quality of service provided. According to Oliver's (2009) Expectancy Disconfirmation Model, if the expectations set by promotion align with the actual service experience, patient satisfaction will increase. Conversely, any discrepancy between expectations and reality may lead to dissatisfaction. This study suggests that Clinic "X" could benefit from an integrated approach between promotion and service delivery to build trust, improve patient loyalty, and ultimately enhance overall patient satisfaction.

CONCLUSION

Based on the results of the research that has been conducted on the influence of promotion and service quality on patient satisfaction at clinic X, it can be concluded that promotion has a positive effect on patient satisfaction, service quality has a positive effect on patient satisfaction, and promotion and service quality have a positive effect simultaneously on patient satisfaction at clinic X. So that the promotion carried out by the clinic is expected to be in accordance with the needs of the target market and stable service quality can be an important factor in increasing patient satisfaction at clinic X so that clinic managers are advised to increase the effectiveness of promotion and maintain service quality in order to maintain and increase patient satisfaction.

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