



## The Influence of the Service Process on Service Quality: A Study of BPJS PROLANIS Patients at Prodia Clinic Jambi

Adam Permana Yudha<sup>1</sup>, Boni Saputra<sup>2\*</sup>

<sup>1,2</sup>Departement of Public Administration, Faculty of Social Science, Universitas Negeri Padang, Air Tawar Barat, Padang City, Indonesia

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### Abstract

*The quality of healthcare services is a key indicator of the success of the National Health Insurance (JKN) system; however, the expansion of BPJS Kesehatan enrollment has not been fully accompanied by equitable service quality, as reflected by the gap in perceptions at the Prodia Clinic in Jambi, where 47% of PROLANIS patients rated the empathy aspect of service as only "fair," even though Standard Operating Procedures had been implemented. This study aims to analyze the influence of service processes on the quality of care for BPJS PROLANIS patients at the Prodia Clinic in Jambi. The study employed an associative quantitative approach, using simple random sampling of 99 patients from a population of 5,000, and a validated instrument measuring seven service process indicators and six dimensions of service quality, analyzed via simple linear regression in SPSS 26. The results showed that both service processes and service quality fell into the "good" category (TCR 80% and 79%), with the regression equation  $Y = 10.244 + 0.724X$ , calculated  $t = 8.923 > \text{critical } t = 1.984$ , significance 0.000 ( $p < 0.05$ ), and coefficient of determination  $R^2 = 0.451$ . These findings underscore the importance of strengthening communication effectiveness and the consistency of service safety procedures at Prodia Clinic Jambi to improve the quality of service for BPJS PROLANIS patients continuously.*

**Keywords:** Service Process, Service Quality, BPJS PROLANIS

\*Penulis Korespondensi

E-mail : bonisaputra@fis.unp.ac.id

### INTRODUCTION

The quality of healthcare services is one of the fundamental pillars in building a sustainable health system, as the success of a country's health insurance system is largely determined by the extent to which the services provided can meet public needs equitably. In Indonesia, the government has been committed to expanding access to healthcare since 2014 through the National Health Insurance (JKN) program managed by

the Social Security Administering Body for Health (BPJS Kesehatan), reaching more than 250 million participants by the end of 2024, covering nearly the entire Indonesian population (BPJS Kesehatan, 2024). However, this expansion of enrollment has not been fully accompanied by equitable service quality; Singgih et al. (2024) found that around 37% of BPJS participants still rated the services they received as unsatisfactory, particularly regarding



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long waiting times, inefficient administrative processes, and inconsistent service across facilities, while the Ministry of Health of the Republic of Indonesia (2024) also noted that waiting times, process efficiency, and the professionalism of healthcare workers remain the main obstacles to achieving national quality standards. This condition confirms that service quality depends heavily on the effectiveness of the service process across all healthcare facilities, making it a genuine and relevant social issue for further study.

Theoretically, healthcare service quality is understood as the level of service capable of improving individual and community health through actions that are safe, effective, patient-centered, timely, efficient, and equitable (Alshugeer et al., 2024), as also affirmed by the World Health Organization (2006), which states that service quality is measured not only by clinical outcomes but also by the extent to which the service process can comprehensively meet patients' needs and expectations. This service quality is strongly influenced by the service process, namely a series of activities carried out systematically to meet the needs of service users, from admission through to the completion of service (Sim & Atong, 2023). Menezes et al. (2022) affirm that a good service process is a fundamental foundation for creating superior, high-quality service, while Arabov et al. (2024) add that an effective, efficient service process that adheres to operational standards will be reflected in increased service quality, trust, and user loyalty. In this study, the service process is measured through seven indicators according to Lori Di Prete Brown (Brown, Franco, Rafeh, & Hatzell, 1992) technical competence, access to service, effectiveness, interpersonal relations,

efficiency, continuity of service, and safety while service quality is measured through six WHO/Institute of Medicine dimensions: safe, effective, patient-centered, timely, efficient, and equitable.

As part of efforts to improve quality, the government administers the Chronic Disease Management Program (PROLANIS) which, according to Alkaff (in Alkarina, 2023), aims to prevent complications of chronic disease through continuous, scheduled, and organized care between healthcare providers and patients, so that its success depends heavily on consistent procedure implementation and the quality of communication in the field (Gunawan et al., 2022; Dewi & Faozi, 2023). This program covers 20.5 million participants diagnosed with hypertension and 7.4 million participants diagnosed with diabetes mellitus, with a total cost of IDR 30.5 trillion in 2024, along with 4.8 million active participants as of August 2025 (BPJS Kesehatan, 2024; Antara News, 2025), making the quality of the service process a key variable determining the effectiveness of this large-scale program. Various prior studies have examined the factors influencing healthcare service quality, such as staff competence and facility completeness (Simanjuntak & Siallagan, 2017; Faiz et al., 2025), the satisfaction of PROLANIS participants at facilities with well-designed service systems (Setyaningsih et al., 2023), and the dimensions of the service process affecting inpatient satisfaction (Damanik, 2024); however, research specifically examining the influence of the service process on service quality in the context of BPJS PROLANIS patients at private laboratory clinics remains very limited, as most previous studies have focused on hospitals or

community health centers (puskesmas). This literature gap is reinforced by the actual phenomenon at Prodia Clinic Jambi, a private laboratory facility partnering with BPJS Kesehatan for PROLANIS participants in Jambi Province, which recorded 3.5 million BPJS participants as of January 2025 (BPJS Kesehatan, 2025). However, the clinic has implemented Standard Operating Procedures based on the 3S-TIPC principles; preliminary observations showed that 47% of respondents rated the empathy aspect of service, which includes personal attention and clarity of staff communication, as only "fair," with several patients complaining about hurried explanations of the service flow. This gap between normative standards and patients' experience forms the basis for the urgency of this study.

Based on this literature gap and empirical phenomenon, this article aims to analyze the influence of the service process on the quality of service for BPJS PROLANIS patients at Prodia Clinic Jambi. Achieving this objective is important because understanding the contribution of the service process will provide a basis for clinic management to formulate well-targeted quality-improvement strategies and serve as evaluative material for BPJS Kesehatan in overseeing service quality at partner facilities. To this end, this study employs an associative quantitative approach involving 99 patients drawn from a population of 5,000 BPJS PROLANIS patients through simple random sampling, with the sample size determined using the Slovin formula. It analyzes the data using simple linear regression in SPSS 26. Through this approach, this article is expected to produce a clear empirical picture of the determinants of service quality in the context of a BPJS partner

laboratory clinic, while complementing previous studies that have remained limited to hospital and community health center settings.

This article argues that an optimally implemented service process will significantly improve service quality. This argument is built on the premise that the service process is not merely an administrative procedure, but a series of interactions that shape patients' experience and perception of the quality of service they receive, as affirmed by Menezes et al. (2022) and Arabov et al. (2024), who state that an effective service process that adheres to standards will be directly reflected in increased quality, trust, and user loyalty. This logic is also supported by Damanik's (2024) findings, which demonstrated that the dimensions of the service process have a significant effect on inpatient satisfaction. Based on this argument, this study proposes the hypothesis that the service process has a positive and significant influence on service quality for BPJS PROLANIS patients at Prodia Clinic Jambi.

Further research on the relationship between service processes and service quality in the context of private laboratory clinics partnering with BPJS is urgently needed, given the continuously growing scale of PROLANIS enrollment and the substantial cost of chronic disease coverage borne by the state. At the same time, the gap between normative procedures and patients' actual field experience can hinder the program's overall effectiveness. The novelty of this article lies in the integration of service-process indicators, according to Lori Di Prete Brown, with service-quality dimensions, according to the WHO/Institute of Medicine, within the specific context of a private laboratory

clinic partnering with BPJS PROLANIS. This setting has not been widely explored in the public administration and healthcare service management literature, which has thus far focused more on hospitals and community health centers (Simanjuntak & Siallagan, 2017; Faiz et al., 2025). Academically, this study enriches the literature with empirical evidence on the relationship between service process and service quality at BPJS partner facilities; practically, its findings serve as recommendations for the management of Prodia Clinic Jambi in optimizing the service process, as well as evaluative material for BPJS Kesehatan in overseeing service quality at partner facilities.

## RESEARCH METHODS

The unit of analysis in this study is BPJS PROLANIS patients registered and receiving services at Prodia Clinic Jambi. This individual-patient-level unit of analysis was chosen because perceptions of the service process and service quality are constructs inherent to each patient's direct experience during routine check-ups. The material object of this study comprises two main variables: the service process (X), measured through seven indicators according to Lori Di Prete Brown (Brown, Franco, Rafeh, & Hatzell, 1992) technical competence, access to service, effectiveness, interpersonal relations, efficiency, continuity of service, and safety and service quality (Y), measured through six dimensions according to WHO/Institute of Medicine safe, effective, patient-centered, timely, efficient, and equitable. These two variables served as the primary references for designing the research instrument and determining the research design.

To examine the influence between these variables, this study

employs a quantitative approach using an associative research design to test the cause-and-effect relationship between the service process and service quality (Sugiyono, 2019). This approach was chosen because the study aims to identify the effect of the independent variable on the dependent variable and to measure the strength of their relationship objectively. Temporally, the study is cross-sectional, with data collected at a single point in time to capture patients' perceptions of the service process and quality experienced during the study. With this associative design, the causal relationship between the service process and service quality can be systematically tested through inferential statistical procedures, ensuring that the resulting findings have a robust evidentiary basis before being further interpreted in the subsequent stages of determining the population and sample.

The population of this study comprises all BPJS PROLANIS patients who received services at Prodia Clinic Jambi over 1 year, totaling 5,000 patients. Given the large population size and its homogeneity in terms of enrollment status and type of service received, the sample size was determined using the Slovin formula with a 10% margin of error, yielding 99 respondents, with a simple random sampling technique used to ensure that every member of the population had an equal chance of being selected (Subhaktiyasa, 2024). This sampling technique was chosen for its ability to provide proportional representation of the PROLANIS patient population while being efficient in research time and cost, without compromising the statistical validity of the results. This sample size and sampling technique subsequently formed the basis for designing the instrument and the

procedures for primary data collection in the field.

Primary data were collected through a structured survey using a questionnaire developed based on the variable indicators, consisting of 39 items: 21 for the service process variable and 18 for the service quality variable, rated on a five-point Likert scale. Before being used on the main research sample, the instrument was piloted separately with 30 respondents outside the research sample ( $n = 99$ ) to avoid data contamination between the instrument pilot testing and the main data collection.

Before use, the instrument's validity was first tested using Pearson Product-Moment correlation with an  $r$ -table threshold of 0.361 at a 5% significance level; the results showed that all items were valid (calculated  $r > 0.361$ ). The instrument's reliability was then tested using Cronbach's Alpha criteria, yielding coefficients of 0.981 for the service process variable and 0.992 for the service quality variable, both falling into the "highly reliable" category (Hayati et al., 2024).

The very high Alpha values for both variables warrant critical scrutiny, as they may indicate item redundancy, a condition in which several statement items measure essentially similar substance and therefore provide little additional information; future research is thus recommended to consider simplifying the number of instrument items through item-total correlation analysis or confirmatory factor analysis. This validity and reliability testing process was essential to ensure that the collected data accurately reflected the constructs under study before further processing during the data analysis stage.

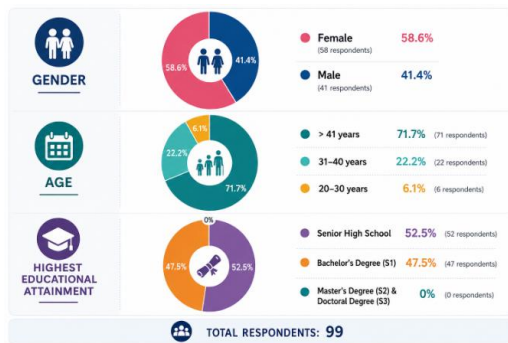
The collected data were analyzed using descriptive and

inferential statistics with IBM SPSS version 26. Descriptive analysis used the Respondent Achievement Level (TCR) to categorize each variable. In contrast, inferential analysis began with classical assumption tests comprising normality (Kolmogorov-Smirnov), linearity, heteroscedasticity (Glejser), and autocorrelation (Durbin-Watson) tests to ensure the data met the requirements for parametric analysis before being used for hypothesis testing. Hypothesis testing was then conducted using simple linear regression, followed by a  $t$ -test to examine the significance of the effect and the coefficient of determination ( $R^2$ ) to assess the magnitude of the service process's contribution to service quality, at a significance level of  $\alpha = 0.05$  (Sugiyono, 2021). This sequence of data-analysis procedures was arranged systematically to ensure that the resulting hypothesis-testing outcomes were valid, reliable, and methodologically defensible.

## RESULT AND DISCUSSION

### Demographic Characteristics of Respondents

The demographic profile of respondents is important to present first, as factors such as age and education level can influence patients' perceptions of the service process and the service quality experienced. This is due to the association between individual characteristics and the communication needs and service consistency that PROLANIS patients expect. The characteristics of the respondents are presented in Figure 1.



**Figure 1. Infographic of Respondent Characteristics**

*Source: Research results, 2026 (processed data)*

As shown in Figure 1, the majority of respondents were female (58.6%; 58 people), while male respondents accounted for 41.4% (41 people); this female predominance reflects the actual condition of PROLANIS participants, who are generally more active in undergoing routine health check-ups. In terms of age, the majority of respondents were over 41 years old (71.7%; 71 people), followed by the 31–40-year age group (22.2%; 22 people) and the 20–30-year age group (6.1%; 6 people), consistent with the characteristics of PROLANIS patients, who are dominated by adult to elderly groups

with chronic diseases. Respondents' education level was relatively balanced between senior high school/equivalent (52.5%; 52 people) and bachelor's degree (47.5%; 47 people). This demographic profile indicates that respondents were predominantly mature-age groups with a need for clear communication and service consistency, allowing the descriptive results for the study's two main variables to be interpreted more contextually in the following section.

### Respondent Achievement Level for the Service Process

Evaluating the service process using a multidimensional approach is important because each indicator contributes specifically to users' overall perception. The results of the Respondent Achievement Level (TCR) analysis show that the service process overall falls into the good category. This occurs because the achievement levels across all seven indicators (Brown et al., 1992) are relatively high and even, with the interpersonal relations indicator obtaining the highest score (83%) and the effectiveness indicator the lowest (78%), as presented in Table 1.

**Table 1. Description of TCR for the Service Process Variable (X)**

| Variable Indicator      | Mean | TCR (%) | N  | Category |
|-------------------------|------|---------|----|----------|
| Technical Competence    | 3.96 | 79      | 99 | Good     |
| Access to Service       | 3.95 | 79      | 99 | Good     |
| Effectiveness           | 3.90 | 78      | 99 | Good     |
| Interpersonal Relations | 4.14 | 83      | 99 | Good     |
| Efficiency              | 4.06 | 81      | 99 | Good     |
| Continuity of Service   | 4.00 | 80      | 99 | Good     |
| Safety                  | 4.01 | 80      | 99 | Good     |
| Average Service Process | 4.00 | 80      | 99 | Good     |

*Source: Research results, 2026 (processed data)*



These findings indicate that the main strength of the service process at Prodia Clinic Jambi lies in the quality of interpersonal interaction between staff and patients, while the effectiveness aspect, which encompasses the fit between service delivery and patients' examination needs, still leaves room for improvement. This pattern is consistent with patients' initial complaints that explanations of the service flow are sometimes delivered hurriedly. Hence, this finding needs to be examined alongside the service-

quality conditions described in the following section.

### **Respondent Achievement Level for Service Quality**

In line with the service-process results, the service quality experienced by patients also falls into the good category. This occurs because the score distribution across all six WHO/Institute of Medicine dimensions is relatively high, with the equitable dimension receiving the highest score (82%) and the safe dimension the lowest (76%), as presented in Table 2.

**Table 2. Description of TCR for the Service Quality Variable (Y)**

| Variable Indicator      | Mean | TCR (%) | N  | Category |
|-------------------------|------|---------|----|----------|
| Safe                    | 3.80 | 76      | 99 | Good     |
| Effective               | 3.90 | 79      | 99 | Good     |
| Patient-Centered        | 3.90 | 78      | 99 | Good     |
| Timely                  | 3.90 | 78      | 99 | Good     |
| Efficient               | 4.10 | 81      | 99 | Good     |
| Equitable               | 4.10 | 82      | 99 | Good     |
| Average Service Quality | 3.90 | 79      | 99 | Good     |

*Source: Research results, 2026 (processed data)*

The highest score on the equitable dimension reflects that BPJS PROLANIS patients feel they are treated equally without discrimination based on enrollment status. Conversely, the safe dimension, which received the lowest score, indicates that although the safety aspect of service is already good, its consistency still needs improvement so that all patients feel optimal assurance of safety during every routine visit. To ensure that the descriptive patterns of these two

variables could be tested causally, the data were subsequently analyzed through classical assumption testing as a prerequisite for regression.

### **Validity of the Regression Model through Classical Assumption Testing**

Prior to analyzing the relationship between variables, classical assumption testing was conducted to ensure that the regression model met the statistical requirements for valid inference. This

testing is important because violations of these assumptions can render the regression coefficient

estimates biased and inefficient. The test results are presented in Table 3.

**Table 3. Results of Classical Assumption Testing**

| Variable                                | Normality<br>(K-S) Sig. | Linearity<br>Sig. | Deviation<br>from<br>Linearity<br>Sig. | Heteroscedasticity<br>(Glejser) Sig. | Autocorrelation<br>(Durbin-<br>Watson) |
|-----------------------------------------|-------------------------|-------------------|----------------------------------------|--------------------------------------|----------------------------------------|
| Service Process<br>→ Service<br>Quality | 0.956                   | 0.000             | 0.617                                  | 0.122                                | 1.850                                  |

*Source: Research results, 2026 (processed data)*

Based on Table 3, the Kolmogorov-Smirnov normality test yielded a significance value of 0.956 ( $p > 0.05$ ), indicating normally distributed data. The linearity test in the ANOVA table produced two significance values that must be explicitly distinguished: the Linearity row yielded a significance of 0.000 ( $p < 0.05$ ), confirming a significant linear relationship between the service process and service quality, while the Deviation from Linearity row yielded a significance of 0.617 ( $p > 0.05$ ), indicating no significant deviation from the linear model. Together, these two values reinforce the conclusion that the relationship between the service process and service quality is linear.

The heteroscedasticity test using the Glejser method yielded a p-value of 0.122 ( $p > 0.05$ ), indicating no evidence of heteroscedasticity, and

the autocorrelation test yielded a Durbin-Watson statistic of 1.850, which falls within the autocorrelation-free range. With all these classical assumptions satisfied, the regression model is deemed valid for legitimately testing the effect of the service process on service quality in the following section.

### **The Influence of the Service Process on Service Quality**

With the classical assumptions satisfied, simple linear regression analysis confirms a positive and significant effect of the service process on service quality for BPJS PROLANIS patients at Prodia Clinic Jambi. This effect occurs because a good service process directly shapes patients' experience and perception of the service quality they receive. The hypothesis-testing results are presented in Table 4.

**Table 4. Hypothesis Testing Results**

| No. | Variable                             | Constant | B     | R<br>Square | t-value | Sig.  | Beta  |
|-----|--------------------------------------|----------|-------|-------------|---------|-------|-------|
| 1.  | Service Process →<br>Service Quality | 10.244   | 0.724 | 0.451       | 8.923   | 0.000 | 0.671 |

*Source: Research results, 2026 (processed data)*

Based on Table 4, the regression equation  $Y = 10.244 +$

$0.724X$  is obtained, with a coefficient of determination ( $R^2$ ) = 0.451

(45.1%), indicating that the service process explains 45.1% of the variance in service quality. In comparison, the remaining 54.9% is influenced by other factors outside the model. The significance test yielded a calculated t-value of 8.923, greater than the critical t-value of 1.984, with a p-value of  $0.000 < 0.05$ , so the research hypothesis is accepted. The positive regression coefficient indicates that a one-unit increase in the service process increases service quality by 0.724 units, with the relationship classified as strong (standardized Beta = 0.671). These findings confirm that the service process is the primary determinant that genuinely shapes patients' perception of service quality, consistent with the view of Menezes et al. (2022) that a good service process is a fundamental foundation for creating high-quality service, as well as Arabov et al. (2024), who state that an effective service process adhering to operational standards impacts increased quality, trust, and user loyalty.

When linked to the achievement levels of each indicator, a consistent internal pattern emerges. The interpersonal relations indicator had the highest TCR (83%), indicating that friendly, communicative interactions that respect patients are associated with better perceived quality, consistent with Faiz et al. (2025), who state that healthcare workers who interact empathetically make patients feel they are receiving higher-quality service. Conversely, the effectiveness indicator obtained the lowest TCR (78%) and corresponds directly with the low achievement of the patient-centered and timely quality dimensions, both at 78%, empirically demonstrating that when the service process is not fully effective, as reflected in patients'

complaints about hurried explanations, the perceived quality of service from a patient-centered perspective also declines. A similar association appears in the safe dimension, which obtained the lowest TCR among the quality variables (76%) and corresponds with the safety indicator of the service process (80%). However, the safety aspect of the process is already fairly good; there remains room for improvement so that all patients feel optimal assurance of safety, as mandated by Regulation of the Minister of Health Number 30 of 2022, which establishes compliance with hand hygiene and the use of personal protective equipment as mandatory quality indicators in clinics.

These findings are also consistent with various prior studies. Damanik (2024) demonstrated that the dimensions of the service process, encompassing technical competence, interpersonal relations, effectiveness, efficiency, continuity, and safety, have a significant effect on patient satisfaction, while Setyaningsih et al. (2023) found that PROLANIS participant satisfaction is higher at facilities with well-designed, patient-focused service systems, a condition achieved only when the service process runs optimally and consistently. The  $R^2$  value of 45.1% carries important implications, as the service process's contribution covering nearly half the variance in service quality shows that investing in improving process standards, from clarity of flow and consistent implementation of Standard Operating Procedures to enhanced technical competence and the quality of staff communication, is the most efficient and directly impactful intervention for improving service quality. In practice, the management of Prodia Clinic Jambi needs to

strengthen staff communication training, install visual information media to support the service flow, and conduct regular audits of compliance with patient safety procedures. At the same time, for BPJS Kesehatan, these findings provide a basis for strengthening quality evaluation mechanisms at PROLANIS partner facilities, not only in administrative aspects and enrollment coverage, but also in the dimensions of experience and perceived quality as experienced directly by patients.

Although the research model proved significant, several limitations must be acknowledged to keep the interpretation of the results proportionate. These limitations are important to disclose because the limited scope of variables and research design may affect the generalizability of the findings to broader contexts. Specifically, these limitations include: first, the study used only one independent variable, whereas 54.9% of the variance in service quality is influenced by other factors not examined, such as human resource competence, completeness of facilities and infrastructure, and organizational culture; second, the cross-sectional design and focus on a single facility limit the ability to draw definitive causal conclusions and generalize the findings; and third, data collection relying on self-report questionnaires may introduce response bias. Taking these limitations into account, future research is recommended to include additional independent variables, expand the research location and sample, adopt a mixed-methods approach, and incorporate service providers' perspectives to obtain a more comprehensive understanding.

## CONCLUSION

This study produced several important findings that address its initial objective concerning the influence of the service process on service quality for BPJS PROLANIS patients at Prodia Clinic Jambi. Descriptively, the service process falls into the good category (average TCR of 80%), with the interpersonal relations indicator the highest (83%) and effectiveness the lowest (78%). In comparison, service quality also falls into the good category (average TCR of 79%), with the equitable dimension highest (82%) and the safe dimension lowest (76%). Inferentially, the regression equation  $Y = 10.244 + 0.724X$ , with a calculated t-value of  $8.923 > \text{the t-table value of } 1.984$  and a significance of  $0.000 < 0.05$ , demonstrates that the service process has a positive and significant effect on service quality, with a coefficient of determination of  $R^2 = 0.451$  (45.1%). These findings confirm that the service quality experienced by BPJS PROLANIS patients at Prodia Clinic Jambi is empirically determined by the extent to which the service process is carried out consistently and to a high standard, as predicted by the theoretical framework used in this study.

These findings offer a meaningful scholarly contribution at both the theoretical and contextual levels. Theoretically, this study empirically validates the relationship between service-process indicators, as defined by Lori Di Prete Brown, and service-quality dimensions, as defined by the WHO/Institute of Medicine, while also demonstrating that both frameworks are relevant when applied to the context of a private laboratory clinic partnering with BPJS PROLANIS. This setting has not been widely explored in the public administration and healthcare service

management literature, which has thus far focused more on hospitals and community health centers (Simanjuntak & Siallagan, 2017; Faiz et al., 2025). The study's main contribution lies in the quantitative demonstration that optimizing the service process, particularly in the aspects of communication effectiveness, consistent implementation of Standard Operating Procedures, and procedural safety, is a cost-effective strategy for improving service quality. This study thus enriches the body of evidence-based healthcare service literature, particularly for facilities that partner with the national health insurance program.

Despite its contributions, this study still has several limitations that must be considered when interpreting the results proportionately: the use of a single independent variable, so that 54.9% of the variance in service quality remains explained by other factors outside the model; the cross-sectional design and single-facility scope, which limit the generalizability of the findings; and self-report data, which may introduce response bias. Nevertheless, the findings regarding the relatively low achievement of the effectiveness and safe dimensions provide clear practical implications for the management of Prodia Clinic Jambi, namely, the need to strengthen staff communication training, provide visual information media for the service flow, and conduct regular audits of patient safety procedure compliance, as well as for BPJS Kesehatan to strengthen quality-evaluation mechanisms at PROLANIS partner facilities. Based on these limitations and implications, future research is recommended to include other independent variables such as human resource competence and organizational culture, expand the

research location and sample, adopt a mixed-methods approach, and involve the perspective of service providers to obtain a more comprehensive understanding of the determinants of healthcare service quality at BPJS partner facilities.

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