

## **Service Quality Dimension and Its Importance for Indonesia Health Care Provider Improvement**

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### **Abstract**

*Access to healthcare is basic human right as highlighted by WHO and adopted into law in many countries including Indonesia. The law may not specified specific standard of quality of care that need to come with the accessibility of the care it self, but it call for ease of access and ease of care. Indonesia established a KARS or accreditation body for hospital in 1995 to help hospital to maintain their standards. Hospitals by nature are embarking on social mission to improve the quality of health of people, although from the survivability of hospital the commercial aspects need be included in the equation. Hospital like other business institutions have adopted business strategy process into their organization in order to ensure their survivability and to some organization to comply to regulatory requirements. Approach such as Balanced Scorecard and service quality are very common in organizations including in Hospitals. The purpose of this qualitative research will look at how the healthcare service providers perceive the importance of service quality to be adopted into their balanced scorecard strategy. Insights from Interviews with the healthcare providers indicates that healthcare providers are focusing service quality as part of their balanced scorecard. This insight ensures that while healthcare providers fights for their survival in the mid of rising healthcare cost, demand of better and fair care service quality dimension is still at the core of their strategy.*

**Keyword:** *Quality of Service, Improvement of Health Service Providers*

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## **INTRODUCTION**

Few months or about a year after the height of Covid 19 period passed, the consumer behavior toward health care services shifted dramatically. During Covid, Patient would avoid visiting healthcare facilities for the purpose of avoiding contamination this of course led to significant deterioration of the healthcare business (Rinaldi, 2020). During these time several services which were introduced during covid period started to diminish, from testing lab which were established all of the cities, vaccines center and telemedicine as well as teleconsultation services started to fade away. Certainly numerous industry were impacted during Covid, for healthcare it certainly was challenge. Positively, Covid 19 urges the healthcare services to innovate toward better respond to pandemic situations, pharmaceutical research and biosafety laboratory capacity (Audah, 2022).

What happened post Covid? Increased awareness of the importance of sanitization, better healthcare facilities should be the result, better patient safety toward contagious diseases and better care should be expected. The number from the Health Care Insurance Industry shows significant increase and continue to increase until first quarter of 2024 where it is showing 29.4% increment from the same period in 2023 (Ardianto, 2024). Patients would prefer to visit health care service providers as opposed to leveraging the teleconsultation services, these behavior drive the increment of health insurance claims in 2024 which present a different challenge for the market and the healthcare service providers.

This situation certainly would be an opportunity for the healthcare industry to take advantage from. Conducting health care services today have shifted from its original purpose of religious purpose of care services, where commercial become a top of mind (Rinaldi, 2020).

Have the health care industry really took advantage of the situation today to improve their care, their services and come up with a proper strategy to optimize their potential in the growing demand of patient care?

BPJS Kesehatan or the Indonesian universal health care administrator recorded 1,420 complaints in 2022 relating to the quality of service from the healthcare service providers, 2,595 complaints about the unclear queuing of services at the healthcare providers as reported by Antara (2024). This situation certainly not what we expected after the long learning curve of healthcare services in Indonesia.

Another situation that health care industry is challenged with is the use of technology, with the access of teleconsultation and telemedicine, do we still need the presence of healthcare networks, do we still need to pay attention to patient experience? An article by Bajwa et.al., (2021) suggest the following timeline in AI adoption in Healthcare.

1. 0 – 5 Years : AI will add value to addressing repetitive task and precision imaging
2. 5 – 10 Years : AI will be leverage to drive precision therapeutics
3. >10 Years : AI will achieve a state of precision medicine and augmented healthcare and connected care.

It seems to be quite a long time to evolve but there is none of the predictions whereby the patient care which involve nursing care will be replace by AI.

Strategy management in healthcare and in any other industry is not a simple undertaking as Huebner and Flessa (2022) highlighted in their research regarding Strategic Management in Healthcare, where they suggested that Healthcare strategy need to start from a reflection of the requirements as a result of changes in political, social and economic value systems.

Another research regarding the use of balance scorecard in healthcare industries to maintain quality by Prenestini et.al., (2024) found that there are challenges in implementing balanced scorecard in the healthcare industry. Challenges such as lack of commitment from internal sponsor, lack of technological skills and the disconnect between management and professionalism logic during implementation of balanced scorecard.

The Indonesia Ministry of Health (2024) in their presentation on Indonesia's Health Transformation highlighted the three areas of transformation which are: Primary Care Transformation, Secondary Care Transformation and Health System Resilience Transformation. In all of the areas of transformation it calls for Healthcare Service Deliver strategy and specifically calls for Improvement of Quality and Accessibility of Healthcare.

With all the challenges in emerging health technology, recovery of Covid expenses, expectations from the health ministry, the growing concern of high medical inflation and the need to sustain financial soundness are hospital or healthcare service provider still uphold the service quality concern as their core strategy as part of their balanced scorecard strategy or they have different focus? This question will be the main focus of this research.

This paper aims to look at how the healthcare service provider are optimizing their care capabilities strategy. We will look at the perspective of Health Care service provider strategy in improving service quality of their hospital, what are the focus that health care service provider have and in the view of balance scorecard approach are they aligned in delivering the care from the perspective of strategy plan best practices? Are they service dimensions which are considered less important and need to be left out from their focus?

### **Service Quality and Customer Loyalty**

There are several factors that can contribute to customer loyalty and customer loyalty is an important part of the health care industry. In a research by Siswadi et.al., (2019) who focuses to explore the relationship between Service Quality, Customer Satisfaction and Customer loyalty, whereby the research concluded that there is a positive coefficient between service quality and customer satisfaction and further there is a direct positive impact of customer satisfaction to

customer loyalty. These point may apply to service industry in general but is it the same for healthcare industry?

### Healthcare Service Quality and Loyalty

A research by Fatima et.al., (2018) highlighted that healthcare service quality dimension which cover physical environment, customer friendly environment, responsiveness, communication, privacy and safety are to be improved and delivered to expect better quality in services which will incline to satisfaction and ultimately loyalty. Another research by Dewi et.al., (2023) highlighted that while there are about 80% of hospital in Indonesia who still needs to look at how they can improve their service quality, but what is more dire is to have a continuous service quality improvement in order to attract and obtain customer and patient loyalty. The first step will be to adopt and embed service quality improvement as part of the healthcare service strategy and then maintain the momentum moving forward.

Indonesian government establish KARS or Komisi Akreditasi Rumah Sakit/ Hospital Accreditation Commission in 1995. KARS conducted accreditation for service quality standard for hospitals in Indonesia which certainly help to maintain the healthcare service quality standard in Indonesia in coordination with the Indonesian Ministry of Health.

### Balance Scorecard

Balanced Scorecard is a performance assessment approach which cover both financial aspect and non financial aspect, it proposed that financial measure alone is not enough. Customer aspect of company operation is critical part and equally important to achieve company aspiration as explained by Hilton and Platt (2020). Balanced Scorecard introduced the four dimension model which are Financial Perspective, Internal Business Process Perspective, Learning and Growth Perspective and Customer perspective.

Balanced Scorecard have been used by healthcare service providers in order to improve their business. A research by Jaber & Nashwan (2022) suggest that the balanced scorecard perspective to be used by hospital providers are to cover the following:

1. Patient Perspective
2. Financial Perspective
3. Quality of Care Perspective
4. Internal Business Perspective
5. Learning & Growth Perspective

This approach certainly will cover all aspects of the hospital activities and with a balanced approach the hospital will be able to address and to tackle which perspective to be resolved to deliver better hospital performance.



Figure 1. Aspects of Activities in Hospitals

Is balanced scorecard beneficial for health care organizations? According to Amer et.al., (2022) the use of balanced scorecard have a positive impact when utilized by health care providers. In the area of patient satisfaction balanced scorecard can be utilized to identify areas which need to be improved to bring the optimized result.

This research seeks to collect the perspective of the healthcare service providers in the view of aspects that they feel important to be part of their balanced scorecard for improvements.

### **Service Quality Improvement**

Quality Improvement in healthcare is not just about sustaining the business or all about commercial side of the healthcare industry. Service Quality is about making an impact on people's lives, for those working in the healthcare facilities and those needing of care as explained by Bryan Jones, Esther Kwon and Will Warburton (2021). They further explained that making the improvements possible there are underlying principles need to be fulfilled. Understanding the problem, Designing improvement, Data and Measurement for improvement, Involving and engaging staff, Co Producing improvement and collaborations are deemed to be the foundation for improvement. This research will look for the perception from the healthcare service provider on how they see areas which are important for the service quality improvement of their organization.

### **Previous Research**

#### **Service Quality Research**

In a descriptive research by Ramya et.al., (2019) it was highlighted that Service Quality certainly can not be perceived like measuring a quality of tangible goods. Service Quality should be looked at from the perspective of service delivered and services received which led to five distinct gaps which are Gap between Customer Expectation and Management Perception, gaps between management perception and service quality specifications, gaps between service quality specification and service delivery, gaps between service deliver and external communication, gap between expected quality and perceived quality. The purpose of this research is to identify the management perception of which aspect of service quality is most important in order to improve healthcare services providers performance.

In an international journal by D'Cunha and Suresh (2015) utilized Perception of Patients about the tangible Dimension, Accessibility, Courtesy Dimension, Reliability Dimension, Communication Dimension, Competency Dimension, Understanding Dimension, Responsiveness Dimension, Caring Dimension, Collaboration Dimension, Outcome Dimension, Quality Care Dimension (Physician, Nurses and Facilities) which are to be considered as critical aspects to be able to compete in such a competitive health care industry today. This research will be looking at all aspects of service quality in healthcare service providers to identify how different hospitals or healthcare service providers prioritize their initiatives in the area of service quality.

In a research by Irawan et.al., (2020) which focused on Physical Dimension, Reliability Dimension, Respond Dimension, Assurance Dimension and Empathy Dimension highlighted that service quality study would result in improvement initiatives, whereby bottom three gaps are prioritized to be resolved. While identifying what is important from the view of the healthcare providers, this research will also point out which area perceived to be less important for the time being in the healthcare industry.

A review by Ferreira et.al., (2023) the commonly used serviced quality factors in hospital care research are Cleanliness, Accommodations, Hospital Characteristics, Nursing Care, Communication with Patient, Nurse' Characteristics, Staff Characteristics, Information Provided, Medical Care, Waiting Time, Doctor's Characteristics. This very recent research highlighted that these aspects of service quality is very important and relevant in the current time.

In a research to determine the effect of service quality, trust and hospital image by Pujarini and Darma (2024) identifies that reputation of the hospital does not come hand in hand with the credibility of medical professional at the hospital who deliver the medical services. This research highlights the importance of service quality to be at the forefront for healthcare service strategy aside from having brand and good reputations.

## **RESEARCH METHODS**

### **Type of Research**

This research is a descriptive research which is an approach to explain a factual condition (Sudaryono, 2017). A descriptive research aims to explore or test a hypothesis in a certain group of people or research object to observe or obtain their insight, perspective and their feedback on the observed experience. Descriptive research can be combine with both qualitative research and quantitative research. According to Prof. Burhan Bungin (2021) this kind of research would eventually pave a way to a new knowledge and understanding.

Prof. Burhan Bungin (2021) further explains that qualitative research leverage on the capabilities of the research to analyze the respond of the research object thus the researcher plays a critical role in the quality of a qualitative research or the outcome of the qualitative research.

### **Research Object**

This research aims to obtain insight from health care service providers in Indonesia. Health care service providers usually made up of Hospitals, Clinics, Pharmacy and laboratory, for the purpose of this research, the health care service provider is limited to Hospitals.

According to Ministry of Health of Indonesia (2021) there are three classification of hospitals in Indonesia which are: Hospital Owned by Central Government (Ministry of Health, Police/Arm Forces and State Owned Enterprises), Hospital Owned by Regional Government (Province, District and City) and Hospital Owned by private.

This research aim to obtain insight from selected hospitals in Indonesia. The number hospitals or respondents are selected with the following criteria:

1. Group hospitals which are classified as Hospital Owned by Private
2. Hospitals which are classified at Hospital Owned by Private but do not belong to a certain group hospital
3. Hospitals which are classified as Hospital Owned by Central Government

The research questionnaire was sent to the selected hospital in June 2024 and the responds from the hospitals were collected both through electronic communication and through interviews. Follow up interviews were conducted in order to obtain further insight from the respondent or when clarification are needed by the respondent.

The respondent or representative responding to the questionnaire are expected to be Board Member level and C Level who can represent the organization and at the least a marketing manager of the hospital or healthcare service provider.

## **RESULT AND DISCUSSION**

### **Research Questions**

The data collection approach of this research is through questionnaires as well as indepth interview when necessary to obtain more insight from the respondents. D’Cunha and Suresh (2015) Scholars from Father Muller Medical Collect and Reva University conducted a research to measure the service quality of health care providers and utilized sets of questionnaire that the researcher will be leveraging on this research. The following questionnaire to obtain insight from

the research object regarding their perspective of which service quality dimension are most important for their hospital.

The first part of the survey is to identify the identity of the hospital which covers the type of hospital and its location, this will allow the researcher to categorize the respondent by the type of hospital by private hospital, group hospital or government owned hospital.

**Table 1. Hospital Name**

Type of hospital	State owned
	Ministry of Health
	National Group Hospital
	International Group Hospital
	No Affiliation
Position of the respondent	
Hospital Location	

The second part of the survey is to identify the dimension of service quality which the respondent feels to be important to their strategy and should be further surveyed by the researcher to their patients or to the families of patient who have visited their premises or facilities and have obtain services.

The first dimension that the hospital need to contemplate on is on the dimension of Perception of patients about the tangible dimension which discusses about the visibility of the healthcare facilities infrastructure:

**Table 2. Dimension of Perception of Patients**

Infrastructure of the hospital is visually appealing	Yes	No	Doesn't matter
Opinion about the space in the hospital	Very congested	Reasonably good space	Quite Spacious
Cleanliness of the room	Yes	No	Doesn't matter
Neat appearance of the staff	Always	Often	Rarely

The second dimension that the hospital need to contemplate on is on the dimension of Availability of the following facilities in the hospital.

**Table 3. Dimension of Availability of The Following Facilities**

Water Facility	Adequate	Need Improvement	Inadequate
Electricity facility	Adequate	Need Improvement	Inadequate
Security Services	Adequate	Need Improvement	Inadequate
Food Services	Adequate	Need Improvement	Inadequate
Up to date equipment	Adequate	Need Improvement	Inadequate

The third dimension that the hospital need to contemplate on is on the dimension of Perception of patients about the accessibility of the hospital itself or the ease of access to the services and facilities.

**Table 4. Dimension of Perception of Patients about The Accessibility of The Hospital**

Patient come to this hospital	Nearer to the house	Prefer a private hospital	Satisfied with care
Easy to make appointments	Yes	Sometimes	No
Department in which waiting time is more	Registration/ admission		
	Waiting the doctor		
	Laboratory		
	Xray		
			Pharmacy
Visiting Hours for relatives and friends	Good	Inadequate	Should be reduced

The fourth dimension that the hospital need to contemplate on is on the dimension of Perception of Patients about courtesy dimension.

**Table 5. Dimension of Perception of Patients about Courtesy Dimension**

Attended by staff on arrival to facilities	Immediately	After sometime	Neglected
Attention of the doctors on arrival	Immediately	After sometime	Neglected
- Courteus	Yes	Need Improvement	No
- Prompt	Yes	Need Improvement	No
- Approachable	Yes	Need Improvement	No
Attention of the Nurses on arrival	Immediately	After sometime	Neglected
- Courteus	Yes	Need Improvement	No
- Prompt	Yes	Need Improvement	No
- Approachable	Yes	Need Improvement	No

The fifth dimension that the hospital need to contemplate on is on the dimension of Perception of Patients about the reliability dimension of quality, which covers areas such as treatment, charges and administration.

**Table 6. Dimension of Perception of Patients about The Reliability Dimension of Quality**

Whether any part of the treatment given was doubtful	Yes	Sometimes	Never
Hospital provides consistent treatment to patients without discrimination	Yes	Sometimes	Never
Hospital charges were	Low	Reasonable	Very High
Accurate medical records	Yes	No	Scope for improvement
Medical billing and test reports	Yes	No	Scope for improvement

The sixth dimension that the hospital need to contemplate on is on the dimension of Perception of Patients about the communication dimension of quality, which covers communication with every aspect of care staff.

**Table 7. Dimension of Perception of Patients about the Communication Dimension of Quality**

Freedom to talk to doctors regarding worries and anxieties	Always	Sometimes	Never
Freedom to talk to nurses regarding worries and anxieties	Always	Sometimes	Never

Response of staff when it was requested	Heard and met promptly	Heard but not met	No attention was paid
Information about financial insurance matters	Adequate	Less	Nil
Information was given about illness, reason for admission and treatment planned by the doctor	Always	Sometimes	Never

The seventh dimension that the hospital need to contemplate on is on the dimension of Perception of Patients about the understanding dimension of quality, understanding and capabilities of staff in responding to patients.

**Table 8. Dimension of Perception of Patients about the Understanding Dimension of Quality**

Listening to patient by the doctors and nurses	Listening attentively	Partially Listening	Not Listening
Staff shows sincere interest to solving problems patients/ attenders	Always	Sometimes	No
Hospital staff treated you with respect	Always	Sometimes	No
Complaints were handled quickly	Always	Sometimes	No

The eight dimension that the hospital need to contemplate on is on the dimension of Perception of patient about the caring dimension of quality, which emphasizes on attitude of the caregivers.

**Table 9. dimension of Perception of Patient about the Caring Dimension of Quality**

Caring attitude of the doctors	Good	Needs Improvement	No
Caring attitude of the Nurses	Good	Needs Improvement	No
Staff's behavior towards you	Polite and courteous	Gentle and Caring	Indifferent
Adequacy of the staff in providing nursing care	Sufficient	Adequate	Very Less

The ninth dimension that the hospital need to contemplate on is on the dimension of Perception of patients about the collaboration dimension of quality.

**Table 10. Dimension of Perception of Patients about the Collaboration Dimension of Quality**

Staff in the war help when required consultation with other department	With difficulty	with great difficulty	Easily
Doctors, nurses and other staff of this hospital provide service as a team	Yes	Sometimes	No
Management of this hospital ensures coordination between departments	Strongly agree	Can't say	Disagree

The tenth dimension that the hospital need to contemplate on is on the dimension of Perception of patients about the outcome dimension.

**Table 11. Dimension of Perception of Patients about the Outcome Dimension**

Treatment given	Good	Low	Adequate
Complications because of faults, carelessness or lack of knowledge	Yes	Sometimes	No
Outcome of the procedures had been provided	Very often	Often	Rarely
Satisfaction with the overall process of the hospital	Fully satisfied	Partially satisfied	Dissatisfied
Discharged from the hospital at appropriate time	Yes	Maybe	No

## Discussion

The researcher received feedback from the respondent from the targeted hospitals such as :

1. Siloam Group Hospitals (consist of over 41 hospitals around Indonesia)
2. Mayapada Group Hospitals (consist of 6 hospitals around Indonesia)
3. Primaya Group Hospitals (consist of 15 hospitals around Indonesia)
4. Hermina Hospital (consist of 45 hospitals around Indonesia)
5. Jogja International Hospital JIH (consist of 3 hospital in Jogja and surrounding area)
6. Brawijaya Hospital
7. Persada Hospital
8. Rumah Sakit Ibu dan Anak Stella Maris
9. Rumah Sakit Santo Borromeus
10. Rumah Sakit MMC
11. Rumah Sakit Umum Pemerintah Dr Sardjito
12. Rumah Sakit Umum Pemerintah Fatmawati

In total the research questionnaire received feedback representing a total of 117 hospitals. All of the hospitals responded or claimed that Service Quality Dimensions in the questionnaire are adopted in their balanced scorecard or in their company strategy. None of the 117 hospitals felt there are any of the dimensions are less important.

Therefore the researcher decided to further conduct field research to validate some of the feedback in order to gain confidence to draw conclusion of the result. Results of the additional field research will be discussed in the following section.

### 1. Group Hospitals

Group Hospitals that are surveyed are mostly JCI compliant. JCI or Joint Commission International Accreditation is known to evaluate health organization to adopt high standard processes (Shawan, 2021). JCI compliant healthcare organization are being measured with the following KPIs:

- a. Hand Hygiene Compliance
- b. Rate of hospital acquired infections
- c. Patient identifications
- d. Radiology reporting
- e. Lab reporting
- f. Pressure ulcer
- g. Operating Room (OR) cancelations
- h. Patients Leaving ER without being seen
- i. Mortality Rate
- j. Patient Falls
- k. Length of Stay
- l. Bed Occupancy

These KPIs practically cover the Perception of Patients about the reliability dimension of quality, Perception of patient about the caring dimension of quality, Perception of patients about the collaboration dimension of quality and Perception of patients about the outcome dimension. Naturally all the group hospitals have a very high standard.

Respondent from Group Hospitals which are JCI compliant are

- a. Siloam Group
- b. Mayapada Group
- c. Primaya Group

The researcher visited several hospital in this group to validate the respond and found that all of the hospitals are implementing the service quality standards with highest commitment by also conducting an active survey or research of their performance and some hospital also establish a dedicated Directorate or a team who looks after the service quality.

## 2. Private Stand Alone Hospital

The hospitals within this group are a mixed of large and small hospitals. Rumah Sakit Santo Borromeus is considered to be a large and other maybe consider large to medium size hospitals. The researcher found that theses hospitals inspite of not being part of the group hospitals these hospital also adopt high standard of service quality in their strategy.

These hospitals are not accredited internationally but they are accredited locally through KARS accreditation. All of these hospitals have among the highest KARS accreditation such as MMC Hospitals. All the hospitals adopt the service quality standards and are also conducting customer survey to validate their effort. Although the communication of service standards may not be as visible as the group hospitals and or the Hospital Owned by Central Government.

## 3. Hospital Owned by Central Government

Several hospitals owned by Central Government or the Ministry of Health have also received internation accreditation such as JCI. Respondent from Hospital owned by Central Government who have received JCI accreditation are:

- a. Rumah Sakit Umum Pemerintah Dr. Sardjito/ Dr. Sardjito General Hospital
- b. Rumah Sakit Umum Pemerintah Fatmawati/ Fatmawati General Hospital

The Hospitals owned by Central Government are also strictly governed by the ministry of health when it comes to service quality standards, therefore it is natural that the researcher obtain agreement from the respondent from this group that they have the service quality standards in the survey questionnaire. Furthermore the researcher found that the respondents are taking the next step to conduct customer survey from their patients to find out or measure the satisfaction level from their customers.

The researcher also took the opportunity to visit a couple of hospital within this respondent group to further learn about their commitment on the service quality aspect and during the site visit it is apparent that these hospitals adopt and implement the service quality standard and conduct active reinforcement and socialization of these values as part of their culture.

On the people quality dimensions especially on expertise of the medical personnel, the hospital owned by central government are at the forefront in upgrading their personnel to attain sub specialist expertise in emerging health issues or unique medical expertise areas. So the service standard is reaching beyond the current issues or standard but anticipating what the future may require of them.

## CONCLUSION

Service Quality strategy when incorporated into company strategy can deliver value for the companies. Several researchers have proven that Service Quality can influence customer loyalty therefore ensure the future return of customers or repeat purchases from customers. The same principle can be applied to Health Care Industry. Hospitals included in this research have indicated that service strategy is a key component to their balanced scorecard strategy which includes service and people at the very core of their strategy. Service relates to the experience and ambience of the hospital which is key in providing sense of comfort and ease of service to the patient and family during visits to the healthcare facilities. People qualities or capabilities relates to the ability to delivery quality services from communication, empathy and medical efficacy. All of this factors are perceived as important for the better outcome of hospital providers or health care institutions. Having a strategy or a balanced scorecard strategy which embed Service Quality Standard is only the first step on actually having the value delivered and realized. All of the hospitals claims and proven to have service quality to be part of their strategy, although the level of communication and commitment among these hospitals may not be the same. Communicating the service quality value and actually measuring the service quality performance would be the next critical step to establish and harvest the benefit that these principles can give to health care service providers

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