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DIFFERENCE IN PERCEIVED QUALITY OF SERVICE AND PATIENT SATISFACTION BETWEEN GOVERNMENT AND PRIVATE HOSPITALS IN MEDAN, INDONESIA

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ABSTRACT

Background: Since the implementation of the National Health Insurance program, there has been significant growth in the number of hospitals in Indonesia, with the most notable growth occurring in private hospitals. This growth has been followed by increased competition between government hospitals (GH) and private hospitals (PH). **Methods:** The study is analytical quantitative research with a cross-sectional design, conducted at GH and PH in Medan City in May 2025. The sample for this study consisted of 422 respondents, selected using incidental sampling techniques. Data were collected using a valid and reliable questionnaire. This study has been approved by the Universitas Prima Indonesia Health Research Ethics Committee. **Results:** The study found that the majority of patients at GH perceived service quality as poor across all dimensions (>50%) and were largely dissatisfied with the services they received (53.4%). In contrast, the majority of patients at PH perceived service quality as good across all dimensions (>60%) and were generally satisfied with the services they received (89.4%). At GH, all dimensions of quality were found to be significantly related to patient satisfaction ($p < 0.001$), whereas at PH, only overall quality was related to satisfaction. Furthermore, there were significant differences between GH and PH in terms of the dimensions of tangibility, empathy, overall quality, and patient satisfaction, with satisfaction at PH being more than twice as high as at GH. **Conclusion:** It can be concluded that there are significant differences in the perceptions of service quality and patient satisfaction between GH and PH.

Keywords: government hospital; private hospital; quality; satisfaction**.**

INTRODUCTION

Since the transformation of P.T. Askes into the Badan Penyelenggara Jaminan Sosial Kesehatan/BPJS Kesehatan (Social Security Administration Agency for Health) through Law Number 24 of 2011 and supported by Presidential Regulation Number 82 of 2018, public health insurance is no longer only a privilege of government employees. However, it has become a right and obligation of all Indonesian citizens.[1–5] The presence of the National Health Insurance (Jaminan Kesehatan Nasional/JKN) program has increased the coverage rate of Indonesians who have health insurance (BPJS Kesehatan, private insurance, or company insurance), from 52.9% in 2014 to 71.6% in 2018.[6] In 2020, the coverage rate for JKN participation was 82%, or 222.4 million Indonesians, and by December 2024, the coverage rate reach 98.45%, or 278.1 million Indonesians.[7] This high increase in health insurance coverage was accompanied by high utilization of health services. In 2024, the total use of health services using BPJS Kesehatan reached 655.99 million outpatient visits, consisting of 512.52 million visits to primary health facilities and 143.47 million outpatient referral visits to advanced health facilities.[7]

In the JKN service system organized by BPJS Kesehatan, health facilities are classified into primary health facilities (Fasilitas Kesehatan Tingkat Pertama/FKTP) and advanced referral health facilities (Fasilitas Kesehatan Rujukan Tingkat Lanjutan/FKRTL), where FKTP consists of community health centers, primary clinics, doctor/dentist practices, and class D primary general hospitals. In contrast, FKRTLs consist of main clinics, class A-D general hospitals, and specialist hospitals (Rumah Sakit Khusus/RSK).[8] In practice, JKN participants can use health services through a tiered referral process in accordance with BPJS Kesehatan's internal regulations, whereby participants are required to obtain services at FKTP and can only obtain services at FKRTL if the patient's illness cannot be treated at FKTP (except for emergencies).[9,10] In practice, patients requiring referral care can choose a secondary healthcare facility from several options that provide the services needed based on data available in the BPJS Kesehatan *Aplicares* system. The reasons patients choose a particular hospital can be influenced by various factors, ranging from the patient's level of knowledge and perception of the

quality of services provided by the hospital to the patient's satisfaction with these services.[11,12]

This study aims to examine the differences in perceptions of service quality and patient satisfaction between government hospital and private hospital.

METHODS

This study is a quantitative analytical study using a cross-sectional research design with a survey approach. This study was conducted in May 2025 in two hospitals in Medan, Indonesia: one government hospital and one private hospital. The population of this study consisted of all outpatients at the two hospitals, which were selected using incidental sampling. During visits at both hospitals, researchers offer patients in the outpatients waiting room to participate in this study. Only patients who agreed to participate and patient who can independently answer the questionnaire were eligible to be included in this study. The sample size in this study was 422 samples, consisting of 204 patients from the government hospital and 218 patients from the private hospital. The minimum sample size in the study was calculated using the Lemeshow formula, with a minimum sample size of 385. Data collection in this study was conducted using the SERVQUAL questionnaire[13] and the 2017 Patient Satisfaction Questionnaire[14], which were valid and reliable. This study was declared ethically sound through Ethical Statement Letter No. 105/KEPK/UNPRI/II/2025.

RESULTS

A total of 422 patients participated as respondents in this study, consisting of 204 patients from government hospitals (RSP) and 218 patients from private hospitals (RSS). In government hospitals, the majority of respondents were female (57.8%), aged between 15 and 29 years (46.1%), had a secondary education (junior high school/high school) (70.1%), were still actively working (65.2%), were BPJS PPU participants (32.4%), and had an income between IDR 1,800,000 and IDR 3,000,000 per month (43.6%). Meanwhile, in private hospitals, the majority of respondents were female (54.6%), aged between 30-49 years (42.7%), had a secondary education (junior high school/high school) (62.4%), were still actively working (64.2%), were BPJS PBI participants (39.9%), and had an income between IDR 1,800,000 and IDR 3,000,000 per month (31.2%) (**Table 1**).

Table 1. Respondents' Demographic and Economic Characteristics

	Government Hospital		Private Hospital	
	n	%	n	%
Sex				
Male	86	42.2	99	45.4
Female	118	57.8	119	54.6
Age (Years)				
15-29	94	46.1	43	19.7
30-49	88	43.1	93	42.7
50-69	19	9.3	82	37.6
≥70	3	1.5	0	0.0
Education				
Primary Education	6	2.9	0	0.0
Secondary Education	143	70.1	136	62.4
Higher Education	55	27.0	82	37.6
Employment				
Employed	133	65.2	140	64.2
Unemployed	71	34.8	78	35.8
Financing				
BPJS PBI (subsidized by the government)	61	29.9	87	39.9
BPJS non-PBI (non-subsidized)	50	24.5	61	28.0
BPJS PPU (cooperation with the employer)	66	32.4	58	26.6
Out-of-pocket/Private Insurance	27	13.2	12	5.5
Monthly Income				
<IDR 1,800,000	21	10.3	56	25.7
IDR 1,800,001 - IDR 3,000,000	89	43.6	68	31.2
IDR 3,000,001 - IDR 4,800,000	69	33.8	48	22.0
IDR 4,800,001 - IDR 7,200,000	17	8.3	25	11.5
>IDR 7,200,000	8	3.9	21	9.6

Regarding their history of using services at the government and private hospitals, the majority of patients at the government hospital had previous experience using its services (99.9%) and had no experience using private hospital services (99.5%). The majority of respondents in the government hospital waited for registration for less than 30 minutes (50.5%) and for services between 30 minutes and 1 hour (52.0%). Meanwhile, among respondents in the private hospital, the majority had never used government hospital services (86.7%), and all had used services in private hospitals (100%). Although the majority of respondents in private hospitals waited less than 30 minutes

to register (80.7%), they reported waiting more than one hour to receive services (68.8%) (**Table 2**).

Table 2. History and Experience of Utilizing Government and Private Hospitals

	Government Hospital		Private Hospital	
	n	%	n	%
History of Utilizing Government Hospital				
Yes	202	99.0	29	13.3
No	2	1.0	189	86.7
History of Utilizing Private Hospitals				
Yes	1	0.5	218	100.0
No	203	99.5	0	0.0
Registration Waiting Time				
< 30 Minutes	103	50.5	176	80.7
30-60 Minutes	100	49.0	42	19.3
>60 Minutes	1	0.5	0	0.0
Consultation/Examination Waiting Time				
< 30 Minutes	91	44.6	3	1.4
30-60 Minutes	106	52.0	65	29.8
>60 Minutes	7	3.4	150	68.8

In government hospitals, the majority of respondents had a poor perception of all aspects of quality (>50%), and they were also dissatisfied with the services they received (53.4%). The opposite results were found in private hospitals, where the majority of respondents had a good perception of quality in all aspects (>60%), and the majority were satisfied with the services they received (89.4%).

A chi-square test was conducted to determine the relationship between the quality of health services and patient satisfaction in government hospitals. It was found that all aspects of service quality were significantly related to patient satisfaction ($p<0.001$) and that overall quality was also significantly related to patient satisfaction ($p<0.001$). Meanwhile, the chi-square test between the quality of health services and patient satisfaction in private hospitals found that overall quality is the only variable significantly related to patient satisfaction ($p<0.05$).

Table 3. Comparison Between Government and Private Hospital Perceived Service Quality and Patients' Satisfaction

	Government Hospital		Private Hospital	
	n	%	n	%
Tangibility				
Great	84	41.2	164	75.2
Poor	120	58.8	54	24.8
Reliability				
Great	83	40.7	153	70.2
Poor	121	59.3	65	29.8
Responsiveness				
Great	81	39.7	154	70.6
Poor	123	60.3	64	29.4
Assurance				
Great	76	37.3	143	65.6
Poor	128	62.7	75	34.4
Empathy				
Great	74	36.3	157	72.0
Poor	130	63.7	61	28.0
Overall Quality				
Great	74	36.3	139	63.8
Poor	130	63.7	79	36.2
Satisfaction				
Satisfied	95	46.6	195	89.4
Unsatisfied	109	53.4	23	10.6

Table 4. Relationship Between Service Quality and Patients' Satisfaction

	Satisfaction									
	Government Hospital					Private Hospital				
	Satisfied		Unsatisfied		*p-value*	Satisfied		Unsatisfied		*p-value*
	n	%	n	%		n	%	n	%	
Tangibility										
Great	10	10.5	74	67.9	<0.001	145	74.4	19	82.6	0.386
Poor	85	89.5	35	32.1		50	25.6	4	17.4	
Reliability										
Great	10	10.5	73	67.0	<0.001	133	68.2	20	87.0	0.063
Poor	85	89.5	36	33.0		62	31.8	3	13.0	
Responsiveness										
Great	8	8.4	73	67.0	<0.001	135	69.2	19	82.6	0.183
Poor	87	91.6	36	33.0		60	30.8	4	17.4	
Assurance										
Great	6	6.3	70	64.2	<0.001	124	63.6	19	82.6	0.069
Poor	89	93.7	39	35.8		71	36.4	4	17.4	
Empathy										
Great	6	6.3	68	62.4	<0.001	139	71.3	18	78.3	0.481
Poor	89	93.7	41	37.6		56	28.7	5	21.7	
Overall Quality										
Great	4	4.2	70	64.2	<0.001	120	61.5	19	82.6	0.047
Poor	91	95.8	39	35.8		75	38.5	4	17.4	

Referring to the results of the chi-square test in Table 4, all aspects of quality and overall quality in government hospitals should be included in the multiple logistic regression model to determine the effect of service quality on patient satisfaction ($p<0.25$). In Table 5, in the government hospital section, it can be seen that in the first model, all aspects of quality and overall quality collectively have no significant effect on patient satisfaction ($p>0.05$), so the variable with the most significant p-value is eliminated in the next model. This process was repeated until the most suitable model was obtained, namely the fifth model. In the fifth model, empathy quality and overall quality were found to be the only aspects that had a significant effect on patient satisfaction. Among these two variables, overall quality was the most significant predictor of patient satisfaction ($p<0.001$; β: 2.657; OR: 14.247). This result means that for every increase in overall quality, patient satisfaction will increase by 2.657, and the likelihood of satisfaction rising due to quality improvement is 14.245 times greater.

Based on the results of the chi-square test in Table 4 in the private hospital section, only the aspects of reliability, responsiveness, assurance, and overall quality are eligible to be included in the multiple logistic regression model to determine the effect of service quality on patient satisfaction ($p<0.25$). In the third model, only the aspects of reliability and assurance remained, but they still had no significant effect on patient satisfaction ($p>0.05$). Among these two variables, reliability is the most significant predictor of patient satisfaction (β: 1.099; OR: 3.001). This result means that for every increase in overall quality, patient satisfaction will increase by 1.099, and the probability of satisfaction increasing due to quality improvement is 3.001 times greater.

Table 5. Influence of Service Quality on Patients' Satisfaction in Government and Private Hospitals

		β	p-value	OR	CI 95%	
					Lower	Upper
		Government Hospital				
Step I	Tangibility	0.833	0.217	2.300	0.613	8.622
	Reliability	-0.511	0.554	0.600	0.111	3.250
	Responsiveness	0.240	0.757	1.271	0.279	5.788
	Assurance	0.859	0.222	2.361	0.595	9.371
	Empathy	1.240	0.062	3.454	0.939	12.708
	Overall Quality	1.782	0.103	5.941	0.697	50.660
	Constant	-3.360	0.000	0.035		
Step V	Empathy	1.569	0.007	4.801	1.532	15.047
	Quality	2.657	0.000	14.247	4.040	50.241

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	Constant	-3.239	0.000	0.039		
		Private Hospital				
Step I	Reliability	0.928	0.171	2.530	0.669	9.567
	Responsiveness	0.658	0.265	1.930	0.607	6.139
	Assurance	0.868	0.142	2.381	0.747	7.589
	Quality	0.434	0.493	1.543	0.446	5.335
	Constant	1.442	0.000	4.229		
Step II	Reliability	1.087	0.091	2.965	0.842	10.445
	Responsiveness	0.741	0.200	2.098	0.676	6.514
	Assurance	0.968	0.092	2.631	0.853	8.116
	Constant	1.476	0.000	4.378		
Step III	Reliability	1.099	0.086	3.001	0.855	10.537
	Assurance	0.966	0.092	2.628	0.855	8.077
	Constant	1.650	0.000	5.207		

This study aims to determine the differences between perceptions of service quality and satisfaction with services between government hospitals and private hospitals. To assess these differences, the Mann-Whitney test was performed. Among the seven variables compared between government hospitals and private hospitals, differences were found only in perceptions of tangibility, empathy, overall quality, and satisfaction ($p<0.001$). Specifically, satisfaction had the most significant effect (r: 0.702), while tangibility, empathy, and overall satisfaction had minor to moderate effects ($r_{tangibility}$: -0.181; $r_{empathy}$: -0.235; $r_{satisfaction}$:-0.242). Meanwhile, responsiveness and assurance between the two hospitals did not show significant differences ($p>0.05$) and had minimal and negligible effects.

Table 6. Differences in Perceived Quality and Satisfaction Between Government and Private Hospital Services

Variables	Mean-Rank		U	z-score	p-value
	Government	Private			
Tangibility	189.0	232.6	17646.0	-3.735	0.000
Reliability	204.1	218.4	20722.5	-1.237	0.216
Responsiveness	201.2	221.1	20135.0	-1.711	0.087
Assurance	201.8	220.5	20266.0	-1.621	0.105
Empathy	182.6	238.5	16341.0	-4.840	0.000
Overall Quality	181.1	239.9	16038.0	-4.975	0.000
Satisfaction	123.5	293.8	4292.0	-14.437	0.000

DISCUSSION

This study involved 422 patients, consisting of 204 patients in government hospitals and 218 patients in private hospitals. Bivariate analysis between service quality dimensions and patient satisfaction found that satisfaction among patients in government hospitals was significantly related to all quality dimensions and overall quality (*p-value* < 0.001). However, in the multivariate analysis, only the dimensions of empathy and overall quality had a significant effect, with overall quality being the factor that most influenced patient satisfaction (p-value <0.001; β: 2.657; OR: 14.247). These results are in line with various previous studies.[15–19] A study at Lahat Regional Hospital, which compared the relationship between service quality and nurse work discipline on patient satisfaction, found that both service quality and nurse work discipline were significantly related to and influenced patient satisfaction, independently and together.[15] This is because work discipline is an integral part of the reliability and assurance dimensions of service quality. Research at Ratokok Buyat General Hospital found that positive perceptions of quality in the dimensions of reliability, physical evidence, assurance, and empathy are closely related to patient satisfaction.[18] Researchers in a previous study argue that good reliability builds patient trust in the hospital, which in turn builds patient satisfaction. Low or poor reliability also increases waiting times, misdiagnosis, and patient management errors.[18]

Government hospital services in Indonesia are synonymous with poor service quality, complicated bureaucracy, inadequate facilities and infrastructure, and long waiting times. This perception was also found at the Piru Regional Hospital, which was marked by a decline in public interest in using its services.[17] These findings support this study, which found that the majority of patients in government hospitals have a poor perception of service quality, both in terms of different dimensions of service quality and overall quality (>55%), followed by a similar pattern in patient satisfaction, where the majority of government hospital patients are dissatisfied with the services they receive (53.4%). The relatively more complicated bureaucracy is also evident from the longer waiting time for registration at government hospitals, where 50.5% of patients waited less than 30 minutes, and 49.0% waited between 30 minutes and one hour. Research on three

government hospitals in Palembang City also found that patients felt that the quality of services provided by government hospitals was still not optimal.[19]

Bivariate analysis between the dimensions of service quality and patient satisfaction found that patient satisfaction in private hospitals was only significantly related to overall quality (p-value <0.05). Meanwhile, in multivariate analysis, no dimension of service quality or overall service quality had a significant effect on patient satisfaction (p-value >0.05). These findings contradict various previous studies that found that perceptions of the quality-of-service dimensions in private hospitals are related to and influence patient satisfaction.[20–25] A study conducted in a private hospital in the city of Sorong found that patients have a positive perception of private hospitals because they feel the services provided are commensurate with the effort required to access them. Research in several private hospitals in Rajasthan, India, found that all dimensions of service quality (tangibility, reliability, responsiveness, assurance, and empathy) had a significant relationship with patient satisfaction with the services they received.[21] A systematic review of inpatient service satisfaction in Indonesia also found that all dimensions of service quality were significantly related to patient satisfaction, both individually and collectively.[23] These conflicting results are most likely due to the difference in satisfaction levels found in this study. In this study, 89.4% of patients in private hospitals were satisfied with the services they received, even though the overall quality perception was only 63.8%. In addition, 94.9% of private hospital patients who felt that the overall quality was not good were still satisfied with the services they received. The higher level of satisfaction in private hospitals is likely related to shorter registration waiting times, which were less than 30 minutes (80.7%); while the number of patients waiting between 30 minutes and one hour for registration was only 19.3%, much lower than the number of patients in government hospitals, which reached 49.0%. However, the waiting time to receive services in private hospitals is much longer than in government hospitals, where 68.8% of patients wait more than one hour.

This study generally aims to determine the differences in patients' perceptions of service quality and satisfaction with services provided by government and private hospitals. The Mann-Whitney U analysis found significant differences in the dimensions of tangibility, empathy, overall quality, and patient satisfaction between government and private hospitals (p<0.001). In addition, the average score in private hospitals was higher than in government hospitals in all dimensions of service quality, overall quality, and patient satisfaction. These results are supported by Saudi Arabian research, which found significant differences in perceptions of service quality between public and private hospitals, both in the SERVQUAL model and in patient satisfaction.[26] Healthcare services in Saudi Arabia, which are free or at least financially affordable in public hospitals, are accompanied by good specialist services, keeping the level of public satisfaction with public hospitals high. The high quality of service in Saudi Arabian government hospitals is due to adequate government funding, allowing hospital management to focus on improving the quality of service provided to patients [26]

Meanwhile, in Indonesia, although government hospitals are often in the form of public service agencies that receive allocations from local governments and the Ministry of Health, and there is the BPJS Kesehatan program as the sole payer for the health services of the majority of the population, hospital management still focuses on hospital financial management, hence the focus on service quality becomes a lower priority.[27,28] Unlike government hospitals, private hospitals, especially those owned by corporations, generally have larger capital and higher service costs, allowing management to focus on optimizing service quality and innovating the healthcare services offered to the public. Private hospitals generally have more advanced biomedical technology than government hospitals, which is attributed to financial constraints.

In this study, significant differences were observed in the dimensions of tangibility and empathy in service quality, with scores for tangibility and empathy being higher in private hospitals compared to government hospitals. This result indicates that the quality of physical evidence, such as facilities and infrastructure, the appearance of hospital staff, and the cleanliness and comfort of the waiting room, is better in private hospitals than in government hospitals. Meanwhile, the higher empathy scores in private hospitals indicate that their staff have better communication and interpersonal skills than those in public hospitals. Research in 10 government and private hospitals in Central Sulawesi found that staff in private hospitals have better skills in handling complaints from patients/patients' families, as well as in behaviour and attention, compared to staff in government hospitals.[11] The aforementioned study's authors argue that this difference in attitude is also influenced by staff income levels, whereby staff at private hospitals earn higher incomes, allowing them to focus on providing optimal service.

Patient satisfaction at private hospitals in this study was significantly higher than patient satisfaction at government hospitals (more than double). The lower satisfaction in public hospitals is also likely due to lower incentives to provide optimal services.[11] This is because in public hospitals, the salaries and allowances of both medical and non-medical staff are regulated by the government that owns the hospital (central/local government). The same applies to medical services, which do not involve input from medical staff. This lower incentive contrasts with the bargaining power of medical staff in private hospitals, who determine salaries and medical services. Patients in private hospitals are generally willing to spend large amounts of money as long as the services they receive are commensurate with the costs incurred. This incentive

scheme allows medical staff in private hospitals to focus on providing quality services. It also explains why patients who pay out-of-pocket or have private insurance receive better services than BPJS Kesehatan patients [29–31] Because patient satisfaction in private hospitals is relatively higher than in government hospitals, private hospital management has more time and resources to improve the quality of their services, which in turn increases patient satisfaction (positive-loop). The opposite occurs in government hospitals, where, due to relatively lower service quality, patient satisfaction is lower, accompanied by a high financial management burden; efforts to improve quality are neglected, resulting in suboptimal service quality, so that patients are not interested in visiting government hospitals, thereby worsening the financial condition of government hospitals (negative loop).

CONCLUSION

According to the findings of this study, it can be concluded that patients tend to perceive better service quality in a private hospital, resulting in greater satisfaction. Poorer perceived quality in government hospitals is likely due to a lack of better infrastructure and human services compared to their private counterparts.

We suggested that government hospitals train their staff in hospitality and upgrade their infrastructure and facilities to enhance quality and, in turn, improve patient satisfaction.

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