



A Quest for Quality Health Care Workers a Nurses: The Case of Donggala Health Center Regency, Central Sulawesi, Indonesia

Sitti Rahmawati^{1*}, Suparman², Kalvin A. Parinding³, Santi Yunus⁴, Andi Herman Jaya⁵, Armin⁶

^{1,2,3,4,5,6} Universitas Tadulako, Indonesia.

(Received: 27 October 2025 Revised: 05 November 2025 Accepted: 04 December 2025)

KEYWORDS

Maternal and Child Health, Patient Satisfaction, Primary Healthcare, BPJS Insurance, Rural Indonesia.

ABSTRACT:

Introduction: Indonesia continues to face high maternal and infant mortality rates, ranking third in ASEAN. Challenges persist in providing equitable and quality maternal and child health (MCH) services, particularly in rural areas. While national programs like BPJS Health Insurance aim to improve access and affordability, disparities in patient satisfaction between insured and non-insured users remain understudied.

Methods: This descriptive-analytical study surveyed 100 respondents using a Likert scale-based questionnaire to assess service satisfaction across nine indicators from the MENPAN 2024 standard. Respondents included BPJS-insured and non-insured patients at community health centers in Donggala, Central Sulawesi. The analysis employed a mean difference t-test to examine differences in satisfaction levels between the two groups.

Results: The study found that overall service quality was rated as "Good" with a Community Satisfaction Index (IKM) score of 76.01. Seven indicators met reasonable performance thresholds, particularly in cost and service procedures. However, competencies of health workers (score = 2.63) and infrastructure quality (score = 2.70) were rated poorly. Statistical testing revealed no significant difference in satisfaction between BPJS and non-BPJS users (mean difference = 1.0), supporting Hypothesis H1.

Conclusions: There is no significant perceived difference in the quality of MCH services based on insurance status. However, targeted workforce competency and infrastructure improvements are urgently needed to enhance primary healthcare service quality in rural Indonesia.

1. Introduction

Indonesia's maternal and infant mortality rates remain high, ranking third in ASEAN. Causes of maternal death due to hypertension disorders and non-obstetric causes have increased from 8% to 19% and 10-49 percent, respectively ¹. The maternal mortality rate is 189 per 100,000 live births, higher than in Malaysia, Brunei, Thailand, and Vietnam. The infant mortality rate is 16.85 per 1,000 live births, making it the third highest in ASEAN. The Maternal Perinatal Death Notification (MPDN) for 2022 recorded 4,005 maternal deaths, increasing to 4,129 in 2023. In contrast, the number of infant deaths rose sharply to 29,445 in 2023, attributed to diseases related to low birth weight ². Law No. 17 of 2023 concerning health reveals that meeting the needs for midwives and nurses in Indonesia poses a challenge due to the high demand for maternal healthcare services ³. The competency of midwives needs to be improved evenly across Indonesia, and the health workforce, including nurses and village

midwives, must be placed in rural areas to reduce maternal and infant mortality ⁴.

The Central Statistics Agency of Indonesia highlights the significant role of midwives in maternal and infant health services at community health centers ⁵. Data from World Midwifery (WMy) in 2025 shows that midwives can significantly reduce maternal and infant mortality rates and stillbirths in developing countries. Countries with high maternal mortality rates between 2000 and 2017 saw an average decrease of about 7% ⁶. To enhance quality maternal care, skilled professional healthcare workers, including nurses and midwives, must provide services through health promotion and interventions starting from the postnatal period ⁷. Pregnant women must undergo prenatal check-ups at least six times during their pregnancy ⁸. WHO's policy recommendation is to provide quality prenatal care for pregnant women and mothers during childbirth ⁹. Midwives are expected to implement the Midwife-led Care model, providing quality services during



pregnancy and childbirth¹⁰. A t-test was used to compare the average between two patient groups: Group A, composed of users of BPJS Health Insurance, and Group B, consisting of non-insurance users of health services¹¹⁻¹³.

The research reveals that the quality of health services provided to BPJS Health and non-BPJS Health patients at community health centers is already good, aligning with the community's need¹⁴. Supporting factors for health services by nurses and midwives include friendly employee attitudes, politeness, simplicity, and the fact that most health workers have undergone soft skill training to improve the quality of primary health care services¹⁵⁻¹⁸. The cost of outpatient medical treatment has become a burden on the community in accessing health services^{19,20}, and one method used to alleviate this burden is through the use of health insurance^{21,22}. However, improvements are still needed to support infrastructure and access to primary health facilities. Some communities must travel up to three hours to reach health services, and support infrastructure such as public address systems, slow internet (Wi-Fi), and the mismatch between the large number of patients and the limited number of staff are also issues. Patient satisfaction is an integral and comprehensive part of quality assurance activities, and the healthcare system is expected to be more efficient. There is also a need to improve the quality of nursing care in rural areas to a higher standard²³. Research has shown that patient satisfaction with nursing care services during COVID-19 was excellent regarding primary maternal and child health services. In conclusion, patient satisfaction with healthcare services is essential for improving the quality of life for both BPJS Health and non-BPJS Health patients.

2. Methods

This research uses a descriptive-analytical study design, using a Likert scale measurement approach and a mean difference statistical test to compare the means of two groups: BPJS-insured patients and non-BPJS-insured patients²⁴. The aim is to address Hypothesis H1: there is no significant difference between health insurance users and non-insurance users in the context of primary maternal and child health care services²⁵. Sampling techniques include Nonprobability Sampling and Incidental Sampling. One hundred questionnaires were

distributed to 100 respondents to ensure accuracy in the index compilation results.

Data collection methods include observation, interviews, questionnaires, and research instruments. The community satisfaction index was developed based on the survey objectives and distributed to 100 respondents. The Likert Scale was used to assess attitudes, opinions, and perceptions of an individual or a group regarding social phenomena. The form of answers to questions from each service element generally reflects the level of satisfaction with the service. The indicators used to measure service quality in this research are based on MENPAN Number 14 of 2024, which uses nine indicators. The results aim to address Hypothesis H1: there is no significant difference between health insurance users and non-insurance users in the context of primary maternal and child health care services.

This research uses the Likert Scale to measure community satisfaction in nursing and village midwives' services in Indonesia. The IKM value is calculated using the weighted average of each service component, with each component carrying the same weight. The IKM of the service unit is obtained using a weighted average value approach. The assessment results are converted using a base value of 25, allowing interpretation of the IKM assessment. Service units can add relevant elements and assign different weights to the nine dominant elements within the unit, while keeping the total weight of all elements unchanged.

Table 1. Community Service Satisfaction Survey Elements

No	Elements
1	Q1 (Terms of Service)
2	Q2 (Systems, Mechanisms, and Procedures of midwife/nurse health workforce)
3	Q3 (Completion Time of village nurses and midwives)
4	Q4 (Economy / Cost / Patient rate)
5	Q5 (Product Specification type of nurse & midwife service)
6	Q6 (Competence of health workers, nurses & midwives)
7	Q7(Implementing behavior)
8	Q8 (Handling of Complaints, Suggestions and Feedback)



9	Q9 (Health Center Facilities and Infrastructure)
---	--

3. Results

Terms of Service

Table 2 presents the technical and administrative requirements for obtaining services, based on the responses of 100 respondents who have received maternal and child health services at the Donggala Health Center. The results show that the requirements for these services, particularly in the infant health service program, are easy to meet. Table 3 also shows that 84 respondents agreed with the researcher's statement, while 16 strongly agreed.

Table 2. Terms of Service

Question	Frequency				Total Score	Value
	4	3	2	1		
The requirements to get Maternal and Child Health (KIA) services, especially in the infant health service program, are very easy to meet	12	88	0	0	316	3,12
					316/100	3,12

System, Mechanism, and Procedure

Table 3 presents a survey of 100 respondents who received maternal and child health services under the posyandu program at the Tikke Raya Health Center. The survey focused on service procedures and the stages of activities used to deliver services. The results showed that none of the respondents strongly disagreed or disagreed with the service procedures. Eighty-one respondents agreed with the researcher's statement, while 10 respondents strongly agreed that the primary health service procedure is straightforward, easy to understand, and implemented according to the health service provider's administrative requirements. The overall score for the service procedure was 3.01, indicating a "Good" quality

Table 3. System, Mechanism, and Procedure

Question	Frequency				Total Score	Value
	4	3	2	1		
Are the procedures for maternal and child health services, especially baby service programs, very clear and uncomplicated;	10	81	9	0	301	3,01
					301/100	3,01

Source: Primary Data 2024

Completion Time

The completion time in this research refers to the timeliness of promised service completion, serving as a guideline for patients and the public. The community expects accurate completion times to save effort and costs. Table 3 responded to 100 respondents, with 69 agreeing with the researcher's statement and 31 strongly agreeing with the researcher's statement. Primary health services are scheduled and structured monthly and held in each household to avoid long queues. The implementing officer confirms the service on social media or information boards to ensure the recipient feels the service has been carried out well. The overall questionnaire score was 3.31, indicating a "Good" quality of completion time.

Table 4. Completion Time

Question	Frequency				Total Score	Value
	4	3	2	1		
The service schedule has been executed in accordance with the information described/written on the information board;	31	69	0	0	331	3,31
					331/100	3,31

Source: Primary Data 2024

Economy / Patient Rate Costs

Table 5 presents the economic value of patient tariffs set by service units, based on the responses from 100 respondents who have received maternal and child health services with primary health service programs.



The total score of the cost paid is based on the quality/satisfaction of the patient. Forty respondents answered yes, 52 strongly agreed, and 10 did not agree, indicating public dissatisfaction with the high cost. The total number of respondents who answered with a value of 3.26, indicating a "Good" quality of the price, indicates satisfaction with the high cost at health centers.

Table 5. Cost

Question	Frequency				Total Score	Value
	4	3	2	1		
The amount of the cost paid is in accordance with the quality/satisfaction of the patient that has been received.;	52	45	5	0	353	3,53
					353/100	3,53

Source: Primary Data 2024

Product Specification of Service Type

Table 6 reveals that maternal and child health services follow the requested standard, particularly in the infant health service program. The questionnaire result show that 80 respondents agreed and 20 strongly agreed with the researcher's statement, indicating that the appropriate and measurable service process is in accordance with their expectations. The quality of the product specification of the service type was rated "Good" by the respondents, with a total score of 3.20. The information is sourced from Primary Data 2024.

Table 6. Product Specification of Service Type

Question	Frequency				Total Score	Value
	4	3	2	1		
Information on maternal and child health services, particularly in the infant health service program, indicates that the services provided and received are in accordance with the requested standards.;	20	80	0	0	320	3,20

		320/100	3,20
--	--	---------	------

Source: Primary Data 2024

Service Competencies

Table 7 reveals that the level of expertise and skills nurses and midwives possess in delivering services for Maternal and Child Health (MCH), particularly in the infant health service program, is already very good. The respondents strongly agreed with the question, with 92 respondents answering yes and 1 responding no. However, one respondent disagreed, stating that the nurse/midwife had been traumatized in injecting the patient's child. The overall value of the service competency indicator is 3.04, indicating that the nurses and midwives have sufficient expertise, skills, and experience in their duties.

Table 7. Service Competencies

Question	Frequency				Total Score	Value
	4	3	2	1		
Is the level of expertise and skills possessed by nurses and midwives in delivering or providing services for Maternal and Child Health (MCH), particularly in the infant health service program, to patients already very good?	7	82	1	0	263	2,63
					263/100	2,63

Source: Primary Data 2024

Implementing Officers Behavior

Table 8 reveals that nurses and midwives service officers consistently provide services with a friendly attitude and mutual respect towards patients. The respondents' responses indicate that these officers are friendly, polite, and respectful towards patients. The overall quality of the service implementers' behavior was rated as "Good" with a value of 3.2, indicating a positive attitude towards patients in primary health services. The data was sourced from Primary Data 2024.



Table 8. Implementing Officers Behaviour

Question	Frequency				Total Score	Value
	4	3	2	1		
Nurse & midwife service officers always provide services with a friendly attitude and speak well as mutual respect and respect to patients;	20	80	0	0	320	3,20
					320/100	3,2

Source: Primary Data 2024

Handling of complaints and Feedback

Table 9 summarizes the procedures for handling complaints and feedback in Maternal and Child Health (KIA) services. The survey results show that nurses and midwives in these services, particularly in infant health programs, never discriminate in providing services to anyone. The researcher concluded that the handling of complaints and suggestions has been well facilitated by creating a suggestion box for patients or the public to express satisfaction or dissatisfaction with the health services provided. The overall questionnaire score was 3.20, indicating a "Good" quality of handling complaints, suggestions, and service inputs.

Table 9. Handling of Complaints and Feedback

Question	Frequency				Total Score	Value
	4	3	2	1		
Nurses and midwives in Maternal and Child Health (KIA) services, especially in infant health programs, never discriminate in providing services to anyone	20	80	0	0	320	3,20
					320/100	3,20

Source: Primary Data 2024

Facilities and Infrastructure

Table 10 provides information on the cleanliness and orderliness of service facilities and infrastructure in

Maternal and Child Health (KIA) services, particularly in the infant health program. The facilities owned by service workers include medical devices, scales, medicines, chairs, and other items. The infrastructure includes posyandu places, waiting rooms, and service rooms. The table shows that 270 respondents agreed, 97 said yes, and two said no, with one respondent strongly agreeing and 97 yes. However, two respondents were not satisfied with the facilities provided by officers due to the lack of seating provision.

Table 10. Facilities and Infrastructure

Question	Frequency				Total Score	Value
	4	3	2	1		
Is the condition of the facilities and infrastructure of Maternal and Child Health (KIA) services, especially in the infant health program, clean, neat, and orderly so that patients can feel comfortable?;	10	80	10	0	270	2,7
					270/100	2,7

Source: Primary Data 2024

The questionnaire results indicate that the quality of service facilities and infrastructure at the Posyandu place is not good, as facilities like chairs, waiting rooms, medicines, and toilets are still lacking. The researcher calculates the community satisfaction index per element, achieving an average score of 3.065. The service unit's performance is classified as Good, with the Infant and Child Health Service Program (Posyandu) at the Puskesmas (Community Health Center) service unit in

category B. The IKM value of the service unit after conversion is calculated to be 76.01. The results indicate that the service unit's performance is good, with the category of service quality showing good performance. Table 11 provides further information on the performance of the service unit.



Table 11. Results of the Index Processing regarding Element of Maternal and Child Health Services at the Donggala Health Center

No	Element of Service	Service Element Value	Average score	Performance Quality
1	Q1 (Terms of Service)	3,12	0,11	0,343
2	Q2 (Systems, Mechanisms, and Procedures of midwife/nurse health workforce)	3,01	0,11	0,331
3	Q3 (Completion Time of village nurses and midwives)	3,31	0,11	0,364
4	Q4 (Economy / Cost / Patient rate)	3,53	0,11	0,388
5	Q5 (Product Specification type of nurse & midwife service)	3,20	0,11	0,352
6	Q6 (Competence of health workers, nurses & midwives)	2,63	0,11	0,289
7	Q7(Implementing behavior)	3,20	0,11	0,352
8	Q8 (Handling of Complaints, Suggestions and Feedback)	3,20	0,11	0,352
9	Q9 (Health Center Facilities and Infrastructure)	2,70	0,11	0,297
IKM Value				3,065

Source: Primary Data Processing 2024

The graphic depicts the results of a questionnaire assessing the Customer Satisfaction Index (IKM) in primary health care for maternal and child health at the Donggala Health Center. The results show that two indicators, competence and infrastructure, perform poorly, requiring improvements and enhancements. The other seven indicators fall within the 'Good' category, such as Service Requirements, System, Mechanisms, and Procedures, Completion Time, Cost, Product Specification, Type of Service, Behavior of Executants, and Handling of Complaints, Suggestions, and Inputs.

The graphic concludes that the quality of maternal and child health service in the health center has a good score value, with the highest score value in Q4 being the economic value that provides good service quality. However, two indicators have low scores in competency and facilities and infrastructure, indicating poor service quality. The conclusion is that a government policy in the health sector is needed to improve the infrastructure and competency of village nurses and midwives in primary health care centers in Donggala central Sulawesi Indonesia.

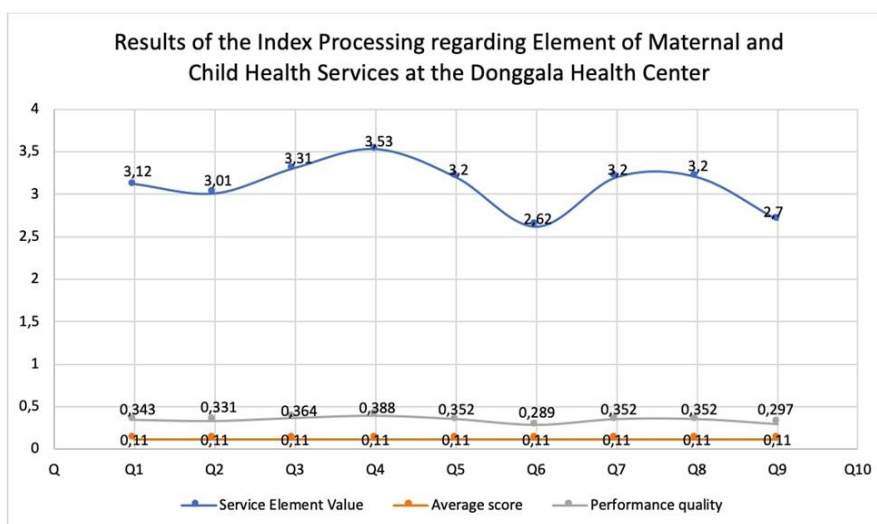


Figure 1. Results of the index processing regarding element of maternal and child health services at the Donggala Health Center



The study reveals two poor patient satisfaction index indicators in maternal and child health services, with a total IKM score of (2.60-3.064). The service implementation competency has a poor performance quality score of 2.88, while the infrastructure element has a poor performance quality score of 2.7. However, the economic indicator concerning patient costs and fees has an excellent patient satisfaction index of 3.53, indicating that patients do not incur charges for free treatment during pregnancy check-ups and childbirth, which is in line with Sustainable Development Goals 2025. The research suggests that periodic assessment of patient satisfaction and improvement of health service efficiency can improve patient satisfaction in basic level services..

4. Discussion

The study found no significant difference in the quality of primary health care services between BPJS Health Insurance and non-BPJS users in maternal and child primary health care services. The mean difference test result was 1.0, indicating no perceived difference based on the type of insurance used by the patient. Most patients affirm Hypothesis H1, which states that there is no significant difference between BPJS Health Insurance and non-BPJS Health Insurance users in maternal and child primary health care services. This indicates no perceived difference in patient satisfaction based on insurance type

5. Acknowledgement

This research was financially supported by the Faculty Economics and Business, Tadulako University through the Budget Implementation List (DIPA) funding scheme. The authors would like to express their sincere gratitude for this support, which played a vital role in enabling the successful completion on this study

References

- (1) Syairaji, M.; Nurdiati, D. S.; Wiratama, B. S.; Prüst, Z. D.; Bloemenkamp, K. W. M.; Verschueren, K. J. C. Trends and Causes of Maternal Mortality in Indonesia: A Systematic Review. *BMC Pregnancy Childbirth* **2024**, *24* (1), 515.
- (2) Rabiattunnisa, R.; Mujahadatuljannah, M. Analisis Tingkat Kepatuhan Konsumsi Tablet FE Pada Ibu Hamil Trimester III Di DAS: Analysis of the Level of Compliance with FE Tablet Consumption in III Trimester Pregnant Women in DAS. *J. Surya Med. JSM* **2024**, *10* (2), 236–241.
- (3) Gamalliel, N.; Fuady, A. Indonesia's New Health Law: Lessons for Democratic Health Governance and Legislation. *Lancet Reg. Health-Southeast Asia* **2024**, *23*.
- (4) Pomeo, W. R. R.; Winarti, E. Dinamika Implementasi Kebijakan Penempatan Tenaga Kesehatan Di Daerah Terpencil: Tantangan Dan Realitas Lapangan. *J. Kesehat. Tambusai* **2024**, *5* (1), 2309–2329.
- (5) Statistik, B. P. *Profil Kesehatan Ibu Dan Anak*; Badan tsb., 2002.
- (6) Sakeah, E.; Doctor, H. V; McCloskey, L.; Bernstein, J.; Yeboah-Antwi, K.; Mills, S. Using the Community-Based Health Planning and Services Program to Promote Skilled Delivery in Rural Ghana: Socio-Demographic Factors That Influence Women Utilization of Skilled Attendants at Birth in Northern Ghana. *BMC Public Health* **2014**, *14* (1), 344.
- (7) Wojcieszek, A. M.; Bonet, M.; Portela, A.; Alhabe, F.; Bahl, R.; Chowdhary, N.; Dua, T.; Edmond, K.; Gupta, S.; Rogers, L. M. WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience: Strengthening the Maternal and Newborn Care Continuum. *BMJ Glob. Health* **2023**, *8* (Suppl 2), e010992.
- (8) Finlayson, K.; Crossland, N.; Bonet, M.; Downe, S. What Matters to Women in the Postnatal Period: A Meta-Synthesis of Qualitative Studies. *PloS One* **2020**, *15* (4), e0231415.
- (9) Tunçalp, Ö.; Were, W. M.; MacLennan, C.; Oladapo, O. T.; Gülmezoglu, A. M.; Bahl, R.; Daelmans, B.; Mathai, M.; Say, L.; Kristensen, F. Quality of Care for Pregnant Women and Newborns—the WHO Vision. *Bjog* **2015**, *122* (8), 1045.
- (10) Machfudloh, M.; Susiloningtyas, I. HUBUNGAN PENGETAHUAN BIDAN TENTANG MIDWIFE-LED CARE TERHADAP PERAN BIDAN DALAM PENDAMPINGAN PRA KONSEPSI CATIN (CALON PENGANTIN) SEBAGAI UPAYA CEGAH STUNTING. *J. Kebidanan Indones.* **2024**, *15* (1), 97–105.



- (11) Simanjuntak, K. M. O.; Sariatmi, A.; Purnami, C. T. Comparison Of Patient Satisfaction Levels Between The Use Of National Health Insurance (Nhi) And Private Health Insurance (Phi) In Hospital Financing: A Systematic Review And Meta-Analysis. *OPSearch Am. J. Open Res.* **2023**, *2* (11), 158–765.
- (12) Fatimah, F. S.; Mars, S.; Sarwadhmana, R. J.; Mulyani, R.; Handayani, P. D. A Comparison of Patient Satisfaction When Using the Insured and Non-Insured in Public Health Center (Puskesmas Kasihan 1) Bantul, Indonesia. *Open Access Maced. J. Med. Sci.* **2022**, *10* (T8), 1–4.
- (13) Pertiwi, A. D.; Kurniawati, S. B.; Supartini, S. An Analysis of Economic Differences and Service Quality on Patient Satisfaction: A Case Study of BPJS and Non-BPJS Patients at Tawangmangu Public Health. *Int. J. Bus. Manag. Innov. Rev.* **2025**, *2* (2), 64–77.
- (14) Putri, R. A.; Hadriyanti, H.; Hariani, H.; Makkasau, A. K. A.; Astriana, M. Pengaruh Kualitas Pelayanan Kesehatan Terhadap Kepuasan Pasien Peserta Bpjs Di Puskesmas Benteng Kabupaten Kepulauan Selayar: The Influence of Health Service Quality on Patient Satisfaction of BPJS Participants at Benteng Selayar Islands Regency Community Health Center. *J. Aafiyah Health Res. JAH* **2024**, *5* (1), 30–39.
- (15) Setyowati, A. Pengaruh Pelatihan Soft Skills Terhadap Mutu Pelayanan Asuhan Kehamilan Bidan Praktik Mandiri. *J. Ilmu Kesehat.* **2022**, *13*.
- (16) Moropa, T. D.; Matshaka, L.; Makhene, A. Enhancing Effective Interpersonal Interactions through Soft Skills: Perceptions of Nurse Educators. *BMC Nurs.* **2025**, *24* (1), 380.
- (17) Mannava, P.; Durrant, K.; Fisher, J.; Chersich, M.; Luchters, S. Attitudes and Behaviours of Maternal Health Care Providers in Interactions with Clients: A Systematic Review. *Glob. Health* **2015**, *11* (1), 36.
- (18) Herliana, H. Midwife Professionalism and Patient Satisfaction in Reproductive Midwifery Services: A Quantitative Study. *J. Midpro* **2024**, *16* (2), 209–217.
- (19) Fattah, R. A.; Cheng, Q.; Thabrany, H.; Susilo, D.; Satrya, A.; Haemmerli, M.; Kosen, S.; Novitasari, D.; Puteri, G. C.; Adawiyah, E. Incidence of Catastrophic Health Spending in Indonesia: Insights from a Household Panel Study 2018–2019. *Int. J. Equity Health* **2023**, *22* (1), 185.
- (20) Cheng, Q.; Fattah, R. A.; Susilo, D.; Satrya, A.; Haemmerli, M.; Kosen, S.; Novitasari, D.; Puteri, G. C.; Adawiyah, E.; Hayen, A. Determinants of Healthcare Utilization under the Indonesian National Health Insurance System—a Cross-Sectional Study. *BMC Health Serv. Res.* **2025**, *25* (1), 48.
- (21) Erlangga, D.; Ali, S.; Bloor, K. The Impact of Public Health Insurance on Healthcare Utilisation in Indonesia: Evidence from Panel Data. *Int. J. Public Health* **2019**, *64* (4), 603–613.
- (22) Nugroho, S. T.; Ahsan, A.; Kusuma, D.; Adani, N.; Irawaty, D. K.; Amalia, N.; Hati, S. R. H. Income Disparity and Healthcare Utilization: Lessons from Indonesia’s National Health Insurance Claim Data. *Asian Pac. J. Cancer Prev. APJCP* **2023**, *24* (10), 3397.
- (23) Nursalam, N.; Pratiwi, P.; Hidayati, L. Model of An Increasing Quality of Nursing Service (Satisfaction) for Poor Patient in Public Health Center Indonesia. *J. Ners* **2013**, *8* (2), 301.
- (24) Susanti, R.; Palapessy, V. E. D. The Comparison of Service Quality for BPJS and Non BPJS Users in Batam Health Facilities. *Int. J. Sci. Technol. Manag.* **2021**, *2* (6), 2260–2266.
- (25) Darmawan, D.; Issalillah, F.; Khayru, R. K.; Herdiyana, A. R. A.; Putra, A. R.; Mardikaningsih, R.; Sinambela, E. A. BPJS Patients Satisfaction Analysis towards Service Quality of Public Health Center in Surabaya. *Media Kesehat. Masy. Indones.* **2022**, *18* (4), 124–131.