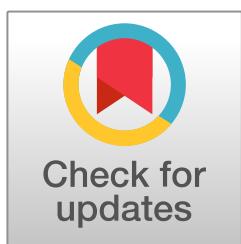


## ARTICLE



# A Comparative Study of Healthcare Service Standards Between Public and Private Hospitals in Kupang City

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**Abstract:** Universal Health Coverage in Indonesia is implemented through the National Health Insurance (JKN) managed by BPJS Kesehatan. In East Nusa Tenggara, RSUD Prof. Dr. W. Z. Johannes and RSU Siloam Kupang serve as top referral centers for BPJS patients, yet variations in public service standards persist. In this study, the researcher used a sequential explanatory mixed-method design, combining quantitative factor analysis with qualitative exploration using NVivo. The study involved BPJS patients in inpatient, outpatient, and emergency units at RSUD Prof. Dr. W. Z. Johannes (n = 13,958) and RSU Siloam Kupang (n = 10,192) during 2023, with stratified samples surveyed and interviewed on dimensions of public service standards. Factor analysis indicated RSUD Prof. Dr. W. Z. Johannes excelled in requirements, procedures, and service time, while RSU Siloam Kupang outperformed in facilities, complaint handling, and performance evaluation. NVivo outputs highlighted recurring issues of “complaints,” “time,” and “information,” signaling systemic gaps in both institutions. RSUD Prof. Dr. W. Z. Johannes reflects stronger procedural clarity and timeliness consistent with public service norms but requires modernization of infrastructure and complaint systems. RSU Siloam Kupang demonstrates superior physical resources and digital complaint management yet faces delays and complex administrative flows for BPJS patients. Institutional structures and managerial approaches shape these differences, emphasizing the need for alignment with Law No. 25/2009 and New Public Service principles to ensure equitable, responsive care.

**Keywords:** Public Service; Health; Governance.

## 1. Introduction

Health is a fundamental human right that is recognized internationally and nationally. Health can be viewed as the right of every person to achieve the highest attainable standard of health, without discrimination (United Nations, 2015). Health insurance is a very important social right that ensures protection of the community from health losses and poverty due to high medical costs.

Fair and equitable health care is one of the main objectives of the National Social Security System (SJSN) implemented through the Social Security Organizing Agency (BPJS). The Indonesian government established the National Health Insurance (JKN) as a form of state presence in providing health insurance to the community (Law Number 40 of 2004 on the Social Security System).

JKN is a global program that has been running in several countries and is known as Universal Health Coverage (UHC). UHC programs run in each country have different implementation patterns, but basically have the same goal of ensuring The UHC programs for all citizens.

The implementation of the UHC program in Indonesia, in the form of BPJS Kesehatan (Law No. 24 of 2011 on the Social Security Administration Agency), which has been running since 2014, and is known as the National Health Insurance (JKN). According to the regulation (Law No. 40 of 2004 on the National Social Security System), it is targeted that all Indonesian citizens become active participants of BPJS Kesehatan. According to data from the National Statistics Agency, the Indonesian population in 2023 reached 278.70 million people, and this number is a challenge for the government to be able to run the UHC program in the form of BPJS Health in accordance with the goals and ideals of the state constitution.

The implementation process of the BPJS Health program applies to all provinces of Indonesia, including the East Nusa Tenggara province. Health services in the East Nusa Tenggara region are an important factor in improving the health status of the community. According to BPJS Kesehatan (2023), data on BPJS Health participants in Indonesia, both independent payers and contribution assistance recipients (PBI), amounted to 262,865,343 people as of September 1, 2023, where this figure covers 94.64 per cent of the total population of Indonesia. For the East Nusa Tenggara region in May 2023, it reached 5,507,264 people, or 99.87% of the total population of 5,514,216, with the distribution of PBI participants from both APBN and APBD funds totaling 4,319,511 people and 1,187,753 independent participants. Looking at the number of participants in BPJS Health in East Nusa Tenggara, it can be determined that participants in government assistance, both central and local governments, make up the largest proportion, reaching 78.83% (Sismonev National Social Security Council, 2024). The demographics of the East Nusa Tenggara population indicate that the largest source of health financing is BPJS Kesehatan, so it is of particular concern to ensure that the health services received by the BPJS health participants are in accordance with public service standards.

Looking at the distribution of hospitals in East Nusa Tenggara shows that there is no type A hospital as the highest referral center in health services, but with the existence of two type B hospitals both RSUD Prof. Dr. W. Z. Johannes and RSU Siloam Kupang are expected to be able to serve the various health services needed by the community as the highest referral center in the East Nusa Tenggara region. These two type B hospitals serve the largest proportion of patients with BPJS Health financing. By looking at the largest proportion of patients who get services at these two hospitals with BPJS health, it must be ensured that the public service standards provided are met to ensure the quality of service.

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Medical record data from Siloam Hospital and W. Z. Johannes Hospital in Kupang for the year 2024 show an upward trend in patient visits by BPJS Health participants at Prof. Dr. W. Z. Johannes General Hospital and Siloam Hospital in Kupang during the 2021–2023 period across all types of services, namely Outpatient Care, Inpatient Care, and Emergency Care. Prof. Dr. W. Z. Johannes General Hospital saw a significant increase in outpatient visits, rising from 60,732 visits in 2021 to 88,492 in 2023, representing an increase of approximately 45.7% over three years. Inpatient services increased from 7,641 in 2021 to 11,044 in 2023 (a growth of approximately 44.6%), and emergency services also showed a positive trend from 9,079 in 2021 to 15,014 in 2023 (an increase of approximately 65.3%). Overall, over the past three years, outpatient services accounted for the majority of visits (229,324 visits), followed by emergency room visits (38,503) and inpatient admissions (29,536). Meanwhile, at Siloam Kupang Hospital, outpatient services saw a sharp increase, from 83,222 in 2021 to 158,467 in 2023, nearly doubling (an increase of approximately 90.3%), Inpatient care increased from 7,073 to 11,023 during the same period (growth of approximately 55.8%), and emergency cases rose from 11,698 in 2021 to 17,643 in 2023 (an increase of approximately 50.8%). Over three years, the total number of outpatient visits was significantly higher (349,295) compared to emergency room visits (44,884) and inpatient admissions (27,378).

If you look at the number of visits by patients participating in BPJS Kesehatan from 2021 to 2023 at RSUD Prof. Dr. W. Z. Johannes and RSU Siloam Kupang, you will see an increase in the number of visits, which can be interpreted as organic growth from the growth of health services in type B hospitals in East Nusa Tenggara. Seeing an increase in the number of visits in all outpatient, inpatient, and emergency services shows that the needs of the East Nusa Tenggara population for health services continue to increase, both for preventive, curative, and rehabilitative services. Based on further information from the data on the number of visits in the two hospitals, the proportion of patients with financing using BPJS Health is the highest proportion, where in 2023, at RSUD Prof. Dr. W. Z. Johannes Kupang, it is 90% and at Siloam Kupang Hospital, it was 85%.

The results of a google rating search of RSUD Prof. Dr. W. Z. Johannes Kupang in March 2024 received a rating of 3.2 with several complaints in the reviews section related to services such as the attitude of less friendly officers, the response time of the service is quite long, the service flow is not clear, the administration is not running well, the lack of facilities for elderly patients and the lack of information and education related to BPJS Health services. RSU Siloam Kupang's search on Google got a rating of 4.7, but there are still reviews related to services that are still lacking, such as service flow, officer attitude, and long waiting times for doctors.

Based on a survey conducted in February 2024 at Siloam Kupang Hospital, three outpatients receiving BPJS Health services complained that administrative officers were less friendly in providing services and the directions given were less clear about the requirements that must be met for administration. They consider that BPJS Health participants receive different services and treatment from other patients who are not BPJS service users. During the observation, it was found that the waiting room for the outpatient registration for BPJS services was very crowded and several patients had waited more than 2 hours for the officer to call them. There was a tendency for patients to come early to be served first, even though reservations had been made the previous day. This happened because, according to the patient, even though he had a reservation, the service number was called based on the queue number taken on the morning of arrival. Furthermore, a patient with BPJS Kesehatan interviewed in the Emergency Department (IGD) said that he was dissatisfied with

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the service because the information provided by the medical staff did not match expectations, where the patient's family needed inpatient treatment, but no hospitalization was performed because it was felt that he only needed to rest at home.

A similar thing was also found during observations at the Prof. Dr. W. Z. Johannes Hospital in March 2024, where, during interviews at the BPJS Health outpatient registration section, several patients said that the number of registration officers was not too large, so that the waiting time to register was also prolonged, and the attitude of the officers was also less friendly. It did not provide easy to understand explanations and, when further observed, there was no BPJS Health registration flow information board or other educational media that patients participating in BPJS Health could see and read. The interviews conducted in the emergency room found that some patients said that the attitude of the officers was less friendly, the administrative procedures were less clear, the long wait to be examined and given action, and the flow of services made patients go back and forth. Inpatients said that for family medicine services, patients had to take their own in the pharmacy, the room was less comfortable, the bathroom was less clean, security was lacking so that other people were free to go in and out of the inpatient room, while waiting for the doctor to examine the patient was very long and some actions had to be called first, which the response of health workers was felt to be very long.

As for further findings from the NTT Ombudsman in April 2023 at Siloam Kupang Hospital for the administrative service process at BPJS Health outpatient registration which is long so that it makes the practice of brokers who collect fees for BPJS health patient registration assistance services which shows a gap in hospital services that is utilized by a certain group of people which shows an administrative process that does not run according to standard operating procedures ([Lewokeda, 2023](#)).

While the Ombudsman's findings at RSUD Prof. Dr. W. Z. Johannes Kupang were related to BPJS Health patient registration services in outpatient care so that RSUD Prof. Dr. W.Z. Johannes Kupang was asked to improve outpatient registration services for BPJS Health participants to make it easier and faster so that patients do not need to come too early to get faster service ([Hoi, 2023](#)).

Various studies on patient service standards for BPJS Health participants in hospitals have been extensively discussed and published in numerous journals, both national and international. Studies related to minimum patient service standards for BPJS Health participants in hospitals include [Puspitasari et al. \(2021\)](#), [Taufik \(2024\)](#), [Irtanto \(2013\)](#), [Rahayuningsih et al. \(2018\)](#), [Media \(2014\)](#), and several studies from abroad, including [Bosque-Mercader and Siciliani \(2023\)](#) and [Kwan et al. \(2023\)](#). From 2018 to 2023, many studies have specifically examined the quality of service for BPJS Health participants, each analyzing specific units such as inpatient care, outpatient care, emergency departments, pharmacy, laboratory, radiology, and other hospital units.

The difference between the proposed study and previous studies lies in the research indicators and units of analysis, where the research indicators used are related to public service standards according to Law No. 25 of 2009, which focuses on service delivery, and the units of analysis are inpatient care, outpatient care, and emergency rooms (ER). This study examines the importance of meeting the quality of public health services in hospitals for BPJS Health patients as part of public health service management implemented through the application of service standards.

[Osborne and Gaebler \(1992\)](#) state that effective public services can be achieved through the application of clear and measurable standards, which direct

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performance and provide a framework for accountability. Prof. Dr. W. Z. Johannes Regional General Hospital and Siloam Kupang General Hospital are hospitals in East Nusa Tenggara Province that serve patients with the largest proportion of BPJS Kesehatan participants. The increasing number of patients from year to year shows that the community's need for health services continues to increase and poses a greater challenge in providing health services due to the positioning of these two hospitals as the highest referral centers in East Nusa Tenggara. Seeing the importance of fulfilling quality health services to patients of BPJS Health participants in type B hospitals in East Nusa Tenggara as the highest referral for health services, a further analysis is needed regarding public service standards for patients of BPJS Health participants in East Nusa Tenggara, focusing on studies at Prof. Dr. W. Z. Johannes Hospital and Siloam Kupang Hospital.

## 2. Methods

The method used in this research is a combination research method/mixed method (mixed methods), which combines quantitative and qualitative methods. The population of this research is all BPJS Health Patients at Prof. Dr. W. Z. Hospital. Johannes Kupang and RSU Siloam Kupang, where there is data in medical records and perform health services in the inpatient unit, outpatient and emergency room installation in 2023, each of which amounted to 13,958 patients at RSUD Prof. Dr. W. Z. Johannes Hospital and 10,192 patients at Siloam Kupang Hospital. The samples taken in these two hospitals came from three service units, namely the inpatient unit, outpatient unit and emergency unit, the number of samples taken at each hospital according to the results of the calculation as follows for RSUD Prof. Dr. W. Z. Johannes each inpatient unit 20 patients, outpatient 162 patients, emergency unit 22 patients and for RSU Siloam Kupang each inpatient unit 12 patients, outpatient 173 patients and emergency unit 19 patients. In this study, using variable operationalization that focuses on latent variables, namely Public Service Standards consisting of dimensions of Requirements, Systems, mechanisms and procedures, Service timeframes, Costs/tariffs, Service products, Facilities and infrastructure, Implementer competence, Internal supervision, Handling complaints, suggestions and input, Number of implementers, Service guarantees and Service performance evaluation. Furthermore, measuring these indicators is then processed quantitatively using factor analysis to obtain significant dominant factors in the two hospitals, namely Prof. Dr. W. Z. Hospital. Johannes and Siloam Kupang Hospital, then the results of the quantitative analysis are continued to be analyzed qualitatively with N-Vivo analysis. Data collection techniques can be done with interviews (interviews), questionnaires (questionnaires), observation (observation) and a combination of the three. To achieve the objectives of this study, a mixed analysis was conducted using a sequential explanatory mixed methods approach combining quantitative and qualitative methods.

The statistical hypothesis is:

$H_0$ : There is no difference in the implementation of public service standards for patients of BPJS Health Participants at Prof. Dr. W. Z. Johannes Hospital and Siloam Kupang Hospital.

$H_1$ : There is a difference in implementing public service standards for patients of BPJS Health Participants at Prof. Dr. W. Z. Johannes Hospital and Siloam Kupang Hospital. Johannes Hospital and Siloam Kupang Hospital.

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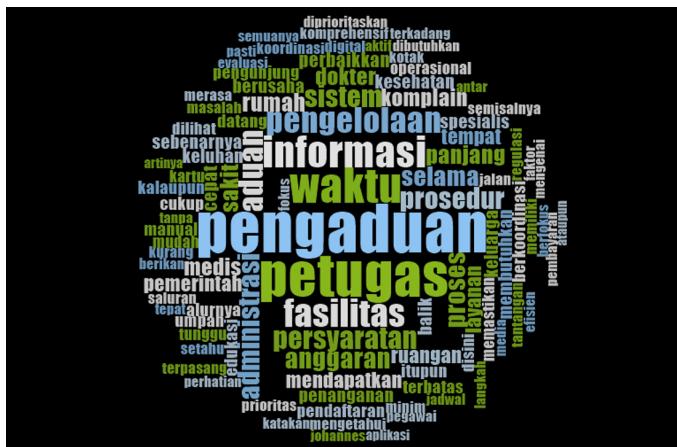
### 3. Results and Discussion

Based on the results of factor analysis conducted at Prof. W. Z. Johannes Hospital and Siloam Kupang Hospital, several dimensions of quantitative research were found to be dominant factors with the criteria of having a high eigenvalue, explaining the largest percentage of variance from the overall data and containing the highest factor loading among other indicators. Non-dominant factors, on the other hand, are the opposite. The dominant factors in the analysis results at Prof. W. Z. Johannes Hospital are requirements, procedures and waiting times and at Siloam Kupang Hospital are facilities and handling complaints. This dimension is the dominant factor because it has the highest eigenvalue, explains the largest percentage of variance from the overall data, and contains the highest factor loading and the opposite explanation for non-dominant factors in the two hospitals. The explanation along with the variance numbers of the dominant factors at Prof. W. Z. Johannes Hospital and Siloam Kupang General Hospital, as shown in [Table 1](#).

**Table 1.** Dominant and Nondominant Factors at Prof. Dr. W. Z. Johannes Hospital and Siloam Kupang General Hospital Based on Factor Analysis (Quantitative)

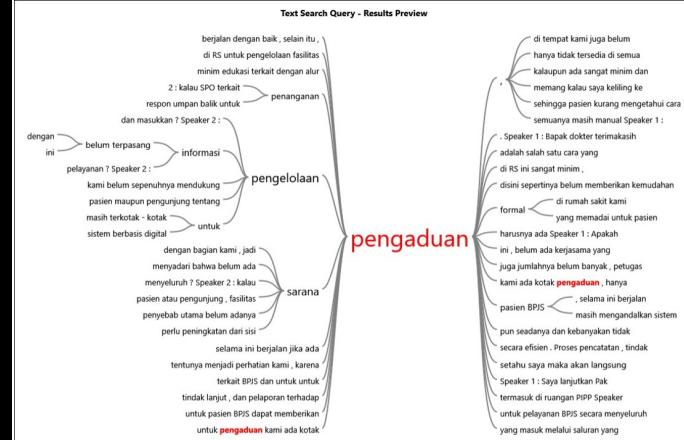
No.	Hospital	Dominant Dimension	Variance (%)	Non-dominant dimension	Variance (%)
1	Prof. Dr. W. Z. Johannes Hospital	Requirements, procedures and waiting time	31.081	Facilities, complaints and service evaluation	8.964
2	RSU Siloam Kupang	Facilities, complaints and service evaluation	36.895	Procedures and time	8.951

After completing quantitative analysis with factor analysis, the results of dominant factors and non-dominant factors at RSUD Prof. Dr. W. Z. Johannes and RSU Siloam Kupang will be used as a reference for interview questions as part of qualitative research followed by qualitative analysis with the NVivo application.



**Figure 1.** Word Cloud and Word Tree of the Word “Complaint” Using NVivo Analysis at Prof. Dr. W. Z. Johannes Regional General Hospital

*Source: NVivo Output*



### 3.1. Qualitative Analysis Test with NVivo

Based on the word cloud feature, it is found that the word "complaint" is the word that appears most often in the text, namely 247 times or 2.26% followed by the word "time" 198 times or 1.52% and the word "information" 175 times or 1.32%. Furthermore, word tree analysis was carried out to find the context of using the word "handling" and other dominant words. From the visualization of the word tree "handling", it is obtained that the obstacles of BPJS Health patient complaints in obtaining services at RSUD Prof. W.Z. Johannes Kupang are the availability of inadequate complaint facilities, the flow of complaints management has not been running, and complaints officers are not yet available. This has an impact on service

improvement because patient experience as a basis for hospital change is neglected, and on the other hand, the patient's participatory function towards service improvement and improvement as part of service evaluation has not gone well, such as improving important services, such as hospital facilities and infrastructure.



**Figure 2.** Word Cloud and Word Tree of the Word “Time” With NVivo Analysis RSU Siloam Kupang

Based on the word cloud feature, it is found that the word "time" is the word that appears most often in words, namely 292 times or 2.53% followed by the word "facility" 204 times or 1.98% and the word "system" 185 times or 1.72%. Furthermore, word tree analysis was carried out to find out the context of using the word "time" and other dominant words. From the visualization of the word tree "time", it is obtained that the time constraints of BPJS Health patients in getting services at Siloam Kupang Hospital are waiting time for doctors, waiting time for drugs in the pharmacy and information related to service time. The time dimension is important in service because patients need certainty and clarity regarding the length of a process obtained at the hospital.

### 3.2. Differences in Service Requirements

The requirements referred to in this study are the suitability between the types of requirements and the types of services, the ease of requirements, and the clarity of information requirements.

RSUD Prof. W. Z. Johannes, based on the interview results, it can be seen that the suitability between the type of requirement and the type of service is appropriate because there is written education in each unit or poly regarding the type of requirement and type of service. The ease of requirements to be obtained by patients makes it easy to fulfil existing requirements. BPJS patients only need to bring an Identity Card (KTP) to verify the type of service claim that they want to get. In addition, there is also a PIPP (Customer Service Information Officer) at Prof. W. Z. Johannes Hospital if patients experience problems due to administrative

requirements, such as accidents, inactive BPJS cards, or fines for paying BPJS contributions.

Based on the results of the factor test at Siloam Kupang Hospital, there is a need to improve the dimensions of the requirements. The observations show how Siloam Kupang Hospital still needs to be evaluated in terms of the suitability of the requirements and the type of service. BPJS patients at Siloam Kupang Hospital have difficulty meeting requirements due to complicated flow, and patients who first use BPJS facilities take time to verify BPJS claims to receive services. The information media at Siloam Kupang Hospital is lacking, so every patient with BPJS who comes to get services does not receive education related to the type of service requirements.

This study's findings align with the theory put forward by [Kreps and Thornton \(1992\)](#) on Health Communication Theory, which explains the importance of effective communication in health services to improve patient understanding and compliance with service procedures. From the perspective of Justice Theory proposed by [Rawls \(1999\)](#), the principles of equal liberty and fair equality of opportunity are the main basis for designing public service policies. RSUD Prof. Dr. W. Z. Johannes, as a public hospital, seems to have implemented these principles through systematic education and information disclosure, including the placement of officers in each unit. In contrast, at RSU Siloam Kupang, it was found that information on requirements was still inconsistent between units, and the lack of visual education media caused patients to experience administrative difficulties. This situation indicates that the principle of fairness in information distribution has not been fulfilled, which creates inequality of access for BPJS patients.

From the New Public Service approach, [Denhardt and Denhardt \(2007\)](#), public service is seen as the delivery of administrative output and a participatory process that respects the needs, expectations, and voices of citizens as service customers. RSUD Prof. Dr. W. Z. Johannes demonstrated proactive efforts in implementing NPS by involving patients through direct communication and written education about service requirements. In contrast, the procedural and rigid approach at RSU Siloam shows the dominance of old-fashioned administrative patterns that emphasize hierarchy and procedural order without accommodating flexibility in the context of BPJS patient needs.

The differences between the two hospitals can also be understood through the Neo-Institutional approach, which highlights how organizational norms, rules, and culture influence service practices. RSUD Prof. Dr. W. Z. Johannes, as a public institution, is structurally more bound to state regulations and administrative supervision, including obligations to the minimum service standards of BPJS Health. Meanwhile, RSU Siloam, as a private hospital that also serves BPJS patients, operates within the framework of market logic, so responses to public policies tend to be instrumental and have not fully internalized public service values.

### 3.3. Differences in Service Time

According to [Tjiptono \(2019\)](#), the implementation of public services can be completed within the period specified by the public service provider. The satisfaction of the recipients of this service refers to service characteristics or attributes such as timeliness of service, which includes waiting time and process time.

The difference in service time between RSUD Prof. Dr. W. Z. Johannes and RSU Siloam was carried out with factor analysis, which showed that the time dimension at RSUD Prof. Dr. W. Z. Johannes was better than that at RSU Siloam Kupang. The

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results of qualitative research can be seen from the study of information directly through interviews from several indicators, such as appropriate service time, time discipline of officers in service and information on service timeframes conveyed to patients. Service time at Prof. Dr. W. Z. Johannes Hospital is also arguably earlier. The status of the specialists at the RSUD Prof. Dr. W. Z. Johannes has ASN status, so the schedule in each poly at Prof. Dr. W. Z. Johannes Hospital is in the morning. For information, indicators related to the service period at Prof. Dr. W. Z. Johannes Hospital itself are in accordance with BPJS service standards, so each type of service will be adjusted to the time period. In addition, information on service times is always carried out directly between the administration and service officers, so if there are changes in service times, facilities that are lacking or patient priorities that need treatment are immediately conveyed to the patient. This service practice at RSUD Prof. Dr. W. Z. Johannes is consistent with the principles of the new public service ([Denhardt & Denhardt, 2007](#)), where public services must be responsive to user needs.

The service time at RSU Siloam Kupang itself is not optimal, where there is an administrative waiting time system because most of the specialists on duty at the poly have ASN status, so the specialists still practice first in government hospitals. The findings of [Stepani and Nugroho \(2023\)](#) show that private hospitals with high dependence on the part-time doctor system experience service times 1.5 times longer than Government hospitals with full-time ASN doctors. This shows a mismatch between public service needs and institutions' internal governance, which in Neo-Institutional Theory ([DiMaggio & Powell, 2000](#)) is described as institutional misalignment. In this case, Siloam Hospital has not been able to fully adjust its organizational structure to external regulatory pressures such as BPJS provisions and public expectations for fast service.

Based on this analysis, it can be explained that RSUD Prof. Dr. W. Z. Johannes shows service practices that are close to the ideal principles in the theories of justice, NPS, and neo-institutionalism, while RSU Siloam Kupang still needs to make systemic improvements to its time structure, human resource management and technological readiness in order to provide services that meet public expectations.

### 3.4. Differences in Facilities and Infrastructure

The measured facilities and infrastructure intended in this study include facilities available as needed, facilities available to provide convenience, and facilities available for disabled people.

Based on the results of the factor analysis, it was found that the dimensions of facilities and infrastructure at Siloam Kupang Hospital were better than those at Prof. Dr. W. Z. Johannes Hospital. The results of the factor test are supported by direct data collection with qualitative methods that support this research. Based on the results of data collection through informants with interview techniques, it can be seen in several indicators that the facilities and infrastructure in Siloam Kupang Hospital have met the standards, among others, the facilities in Siloam Kupang Hospital itself are available according to the needs of BPJS patients where every year there are improvements to existing facilities and infrastructure by the management of Siloam Kupang Hospital. Improving facilities and infrastructure is carried out by submitting a feasibility study to the center. Non-medical facilities like an elevator make it easy for patients to move from one floor to another. The facilities are also disability-friendly, including wheelchairs, hearing aids and other assistive devices. In addition, RSU Siloam Kupang also collaborates with one of the communities in the

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city of Kupang by providing language services for BPJS patients who cannot speak. Facilities and infrastructure at RSUD Prof. Dr. W. Z. Johannes are still a concern, as the waiting room cannot accommodate the number of outpatients. Patients have to jostle for seats in the surgical and neurosurgical clinics. Inpatient care also receives attention in class 3, where patients feel quite hot, and the distance between beds is quite close together.

This finding reinforces [Parasuraman et al. \(1988\)](#) theory that tangible is the first dimension that forms customers' initial perceptions of service quality. This research is also in line with the findings of [Wirtz and Lovelock \(2022\)](#), which state that investment in facilities and infrastructure can increase patient loyalty through increased comfort and trust in health care institutions.

In terms of policy, RSUD Prof. Dr. W. Z. Johannes needs to optimize the use of BLUD funds and establish strategic partnerships for facility modernization. Applying a value-for-money budgeting system can be an approach to balancing medical needs and physical infrastructure. Meanwhile, RSU Siloam can serve as a good practice model in terms of managing service facilities based on needs and inclusiveness.

### 3.5. Differences in Complaint Handling and Evaluation

The handling of complaints, feedback, and suggestions referred to in this study, which are measured indicators, include the ease of means of complaint, feedback response to complaints/suggestions/input, and complaints officers' availability when needed.

Based on the results of factor analysis, it was found that the dimensions of complaint handling and performance evaluation at Siloam Kupang Hospital were better than those at Prof. Dr. W. Z. Johannes Hospital. The results of this factor test are further supported by the results of direct data collection using qualitative methods. It can be seen that the indicators measured at Siloam Kupang Hospital start from the ease of means of complaints at Siloam Kupang Hospital, which has facilitated BPJS patients, where patients can access these complaints either directly or through existing online complaint services. Direct patient complaints can be made directly in the complaint service room, while online complaints can be made through a complaint service called SOFAS (Siloam Online Feedback Aggregator System). This SOFAS program can be used to provide suggestions, input and complaints related to the services they get. Through the SOFAS program, the system will read automatically and take tickets in the PSE Team, which will then be responded to by the PSE Team and immediately get fast and precise handling. The implementation of this system reflects the application of NPS values and adaptation to modern demands in Neo-Institutional theory, where transparency, accountability, and responsiveness are key to the success of this system.

Complaint handling and performance evaluation at RSUS Prof. Dr. W. Z Johannes has not gone well. The complaint handling system is still manual, and there are limitations in terms of facilities and infrastructure, special offices, and a comprehensive complaint handling flow. This shows the weak application of the principles of justice and participation in services and the lack of institutional alignment in Neo-Institutional theory.

Research by [Maklufah and Djunawan \(2023\)](#) shows that the speed of handling complaints positively correlates with patient loyalty. [H. Li \(2023\)](#) and [X. Li et al. \(2025\)](#) added that using digital complaint systems, including artificial intelligence, significantly speeds up the classification and follow-up of patient complaints. Meanwhile, a study by [Health Policy Systems \(2024\)](#) highlighted that the success of

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complaint management is influenced by the individual behavior of officers and the supportive organizational structure.

A comparison between RSUD Prof. Dr. W. Z. Johannes and RSU Siloam Kupang shows that the success of complaint handling is highly dependent on the readiness of infrastructure, the competence of human resources, and the openness of the system to public participation. In the theoretical framework, these results emphasize the importance of strengthening NPS values, applying the principle of fairness in services, and building institutional suitability in modern hospital systems.

### 3.6. Differences in Procedures, Workflows, and Mechanisms

Law No. 25 of 2009 on Public Services emphasizes that one of the essential components in public services is a procedure that is simple, easy to understand, and provides certainty to service recipients.

Based on the results of factor analysis obtained in this dimension, it shows that Prof. Dr. W. Z. Johannes Hospital is better at administering it than Siloam Kupang Hospital, this can be seen from the results of direct information review of several indicators such as clear registration procedures, the existence of information related to service procedures either through began/channel, electronic media or digital media and the services you receive are in accordance with the procedure.

The results of observations in the field show administrative procedures at Prof. Dr. W. Z. Hospital. Johannes has used digital approaches such as the JKN digital application (M-JKN) and self-registration platforms equipped with fingerprint (biometric) tools and SEP (Participant Eligibility Letter) printers. These innovations significantly improve accessibility and certainty in the enrollment process. Education on the use of tools is carried out through clear visual instructions. It is supported by specialized officers who are alert to help patients if they face difficulties. Furthermore, RSUD Prof. Dr. W. Z. Johannes pays special attention to services in the emergency room (IGD), by providing flowcharts and procedure information that is available in a timely manner. Strategic locations for initial patient screening also speed up the triage process and follow-up services.

On the other hand, RSU Siloam Kupang still faces challenges in BPJS Health service procedures. Based on the results of interviews and observations, it was found that service procedures are still relatively complex, especially regarding verifying BPJS claims and the long administrative flow. This has resulted in service delays and reduced efficiency. The main obstacles identified were policy differences between the hospital and the BPJS and information systems that were not optimally integrated. This contradicts the principle in Health Information Theory ([Wilson, 1997](#)), which states that clear and open communication is key to reducing anxiety and speeding up patient action.

This problem is also relevant to Neo-Institutional Theory, which explains that differences in service performance are influenced not only by formal structures but also by institutional logic, organizational culture, and relationships between internal and external actors. The lack of alignment between hospital institutions and BPJS Kesehatan indicates weak institutional alignment, directly impacting procedural instability and low service reliability.

By comparing the two institutions, it can be concluded that the success of RSUD Prof. Dr. W. Z. Johannes in simplifying and digitizing BPJS Health service procedures is a reflection of the application of NPS values, the principle of distributive justice, and adaptation to modern institutional pressures. In contrast, RSU Siloam Kupang

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still needs to improve the coordination structure with BPJS, simplify internal bureaucracy and strengthen procedural communication to be in line with quality public service standards.

#### 4. Conclusion

Based on the results of the research on public service standards for BPJS Kesehatan patients at RSUD Prof. Dr. W. Z. Johannes and RSU Siloam Kupang, it can be concluded that both hospitals show different performance and service emphasis, which reflects the diversity of institutional and managerial approaches in delivering quality public services to BPJS Kesehatan patients. These differences are not only technical but also a consequence of structural and systemic factors that influence each hospital's performance and service orientation.

As a local government-owned institution, RSUD Prof. Dr. W. Z. Johannes Kupang stands out in terms of requirements, procedures and waiting times. This shows that patients are very concerned about the clarity of processes and the timeliness of services as key indicators of public service quality. However, aspects of facilities, complaints management and performance evaluation still require significant strengthening so that services are not only procedural, but also comprehensive and responsive to patient needs.

RSU Siloam Kupang, as a private hospital, showed key strengths in physical facilities, complaint systems and performance evaluation. This indicates a more responsive, patient-oriented approach to service delivery and an emphasis on continuous improvement. However, administrative requirements, procedures and waiting times remain a challenge, particularly in the context of simplifying the process for BPJS Kesehatan patients.

##### 4.1. Research Limitations

This study is limited to two type-B hospitals in Kupang City, which restricts the generalizability of the findings across other hospitals in East Nusa Tenggara or Indonesia. Data were confined to the year 2023 and derived predominantly from BPJS patient perceptions, while managerial, policy, and broader contextual factors were not fully explored.

##### 4.2. Suggestions for Future Research

Future research should expand to multiple hospital types and regions using longitudinal designs, incorporate hospital governance and policy analysis, and utilize real-time digital complaint records and big-data text analytics to map patient satisfaction trends. Experimental studies on service innovations—such as online queuing, digital grievance systems, and physician time management—are also recommended to evaluate the effectiveness of continuous improvements in BPJS health services.

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##### References

Bosque-Mercader, L., & Siciliani, L. (2023). The Association Between Bed Occupancy Rates and Hospital Quality in the English National Health Service. *The European Journal of Health Economics*, 24(2), 209–236. <https://doi.org/10.1007/s10198-022-01464-8>

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Denhardt, J. V., & Denhardt, R. B. (2007). *The New Public Service: Serving, Not Steering*. Taylor and Francis. <https://doi.org/10.4324/9781315289496>

DiMaggio, P. J., & Powell, W. W. (2000). The Iron Cage Revisited Institutional Isomorphism and Collective Rationality in Organizational Fields. In J. A. C. Baum & F. Dobbin (Eds.), *Economics Meets Sociology in Strategic Management (Advances in Strategic Management)* (Vol. 17, pp. 143–166). Emerald Group Publishing Limited. [https://doi.org/10.1016/S0742-3322\(00\)17011-1](https://doi.org/10.1016/S0742-3322(00)17011-1)

Hoi, I. (2023, March 5). *Ombudsman NTT Minta RSUD Johannes Kupang Perbaiki Layanan Pendaftaran Pasian BPJS*. Pos-Kupang.com. <https://kupang.tribunnews.com/2023/03/05/ombudsman-ntt-minta-rsud-johannes-kupang-perbaiki-layanan-pendaftaran-pasian-bpjs>

Irtanto. (2013). Kualitas Pelayanan Aparatur RSUD Kota Mojokerto, Kabupaten Pasuruan dan Kabupaten Kediri terhadap Masyarakat Miskin. *Jurnal Bina Praja*, 5(4), 261–280. <https://doi.org/10.21787/jbp.05.2013.261-280>

Kreps, G. L., & Thornton, B. C. (1992). *Health Communication: Theory & Practice*. Waveland Press.

Kwan, M., Jeemi, Z., Norman, R., & Dantas, J. A. R. (2023). Professional Interpreter Services and the Impact on Hospital Care Outcomes: An Integrative Review of Literature. *International Journal of Environmental Research and Public Health*, 20(6), 5165. <https://doi.org/10.3390/ijerph20065165>

Lewokeda, A. (2023, April 27). *Ombudsman Sarankan RS Siloam Kupang Terapkan Pendaftaran Pasien Daring*. ANTARA News. <https://www.antaranews.com/berita/3507894/ombudsman-sarankan-rs-siloamkupang-terapkan-pendaftaran-pasien-daring>

Li, H. (2023). The Memristor: Principle, Mechanism, and Application. *Applied and Computational Engineering*, 28(1), 110–118. <https://doi.org/10.54254/2755-2721/28/20230185>

Li, X., Shu, Q., Kong, C., Wang, J., Li, G., Fang, X., Lou, X., & Yu, G. (2025). An Intelligent System for Classifying Patient Complaints Using Machine Learning and Natural Language Processing: Development and Validation Study. *Journal of Medical Internet Research*, 27, e55721. <https://doi.org/10.2196/55721>

Maklufah, A. A., & Djunawan, A. (2023). Gambaran Penanganan Keluhan di Rumah Sakit Amal Sehat Wonogiri. *Media Kesehatan Masyarakat Indonesia*, 22(1), 7–11. <https://doi.org/10.14710/mkmi.22.1.7-11>

Media, Y. (2014). Kualitas Pelayanan Kesehatan Ibu Hamil dan Bersalin di Daerah Terpencil (Studi Kasus di Nagari Batu Bajanjang, Kabupaten Solok, Provinsi Sumatera Barat). *Jurnal Bina Praja*, 6(1), 43–52. <https://doi.org/10.21787/jbp.06.2014.21-30>

Osborne, D., & Gaebler, T. A. (1992). *Reinventing Government: How the Entrepreneurial Spirit Is Transforming the Public Sector*. Basic Books.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A Multiple- Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*, 64(1), 12–40.

Puspitasari, P. A., Lolo, W. A., & Rundengan, G. (2021). Analisis Pelaksanaan Standar Pelayanan Minimal (SPM) Rumah Sakit di Instalasi Farmasi Rumah Sakit Bhayangkara Manado. *Pharmacon*, 10(2), 881–888. <https://doi.org/10.35799/pha.10.2021.34039>

Rahayuningsih, Y., Anggraini, Y., & Listyaningsih, L. (2018). Implementation Quality Level of Health Public Service Policy in Banten Province Local Hospital (RSUD). *Jurnal Bina Praja*, 10(1), 121–134. <https://doi.org/10.21787/jbp.10.2018.121-134>

Rawls, J. (1999). *A Theory of Justice* (Revised Ed). The Belknap Press.

Stepani, P. N., & Nugroho, L. (2023). Pengaruh Profitabilitas, Likuiditas, Leverage, dan Ukuran Perusahaan terhadap Financial Distress pada Perusahaan Consumer Non-Cyclicals yang Terdaftar di Bursa Efek Indonesia Periode 2019-2021. *Journal of Trends Economics and Accounting Research*, 3(3), 194–205. <https://doi.org/10.47065/jtear.v3i3.551>

Taufik, R. (2024). Pengaruh Tarif Rawat Inap dan Standar Pelayanan Minimal Terhadap Kepuasan Pasien BPJS di Rumah Sakit Siloam Purwakarta. *Media Bina Ilmiah*, 18(6), 1367–1374. <https://doi.org/10.33758/mbi.v18i6.680>

Tjiptono, F. (2019). *Pemasaran Jasa: Prinsip, Penerapan, Penelitian*. Andi Publisher.

United Nations. (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*. <https://sdgs.un.org/2030agenda>

Wilson, T. D. (1997). Information Behaviour: An Interdisciplinary Perspective. *Information Processing & Management*, 33(4), 551–572. [https://doi.org/10.1016/S0306-4573\(97\)00028-9](https://doi.org/10.1016/S0306-4573(97)00028-9)

Wirtz, J., & Lovelock, C. H. (2022). *Services Marketing: People, Technology, Strategy*. World Scientific.

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