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COMPARISON OF PATIENT SATISFACTION BETWEEN KRIS-JKN AND NON-KRIS-JKN IN YOGYAKARTA PUBLIC HOSPITAL

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ABSTRACT

Since January 2024, the public hospital (RSUD) in Yogyakarta City has been implementing a KRIS-JKN trial using 12 standard dimensions to improve the quality of inpatient services. This study aimed to determine the difference in inpatient satisfaction between KRIS-JKN and non-KRIS-JKN patients at Yogyakarta City Hospital across five service dimensions: tangible, reliability, responsiveness, assurance, and empathy. The study was conducted from December 2024 to January 2025 using a cross-sectional design with purposive sampling, involving 108 inpatients. A validated satisfaction questionnaire was used, and data were analyzed using t-test and Mann-Whitney test with SPSS version 23.0. The results showed that most respondents were female (51.9%, p=0.425), with no significant difference in satisfaction based on demographic characteristics. However, non-KRIS-JKN patients reported higher satisfaction (139.04±3.826) than KRIS-JKN patients (134.00±3.251). Significant differences were found in all dimensions: tangible (p=0.001), reliability (p=0.002), responsiveness (p=0.001), assurance (p=0.001), and empathy (p=0.001), with non-KRIS-JKN patients showing consistently higher scores. These findings indicate that KRIS-JKN implementation still needs improvement in several aspects. Before full implementation, hospitals should prioritize better lighting, accessible bathrooms, and regular monitoring of room temperature and humidity through ventilation maintenance using thermometers and hygrometers to ensure patient comfort and quality care.

Keywords: KRIS-JKN, Patient Satisfaction, Hospitalisation, Yogyakarta.

INTRODUCTION

Indonesia's National Social Security System (BPJS), managed by the Social Security Agency for Health (BPJS Kesehatan), is currently piloting the Standard Inpatient Class (Kelas Rawat Inap Standar, KRIS-JKN) initiative. This program aims to ensure that both medical and non-medical services received by patients with similar clinical conditions meet standardized amenity requirements,

as stipulated by prevailing regulations. KRIS-JKN encompasses 12 structural and service indicators designed to ensure patient safety and compliance with Infection Prevention and Control (IPC) standards. Under this model, non-subsidized participants (non-PBI) may opt to upgrade their class of care using personal funds, employer contributions, or private insurance [1].

A previous study has highlighted varying levels of readiness among hospitals to implement KRIS-JKN. For example, Bhayangkara Level II Hospital in Medan has actively prepared through infrastructure upgrades and patient engagement efforts [2]. The trial implementation of KRIS-JKN serves not only to improve service quality, but also to assess its impact on the financial sustainability of BPJS Kesehatan and to identify the infrastructural needs hospitals must meet to comply with KRIS standards. Furthermore, the program's acceptability among patients, healthcare providers, employers, and other stakeholders is being evaluated through comprehensive perception surveys [3].

Yogyakarta City General Hospital (RSUD Kota Yogyakarta), a government-owned facility located in the southern region of the city, emphasizes a patient-centered care model with a strong commitment to patient safety and interdisciplinary health service delivery [4]. However, community satisfaction surveys conducted in the hospital's Cempaka Ward from the first semester of 2022 to the first semester of 2024 showed a significant decline in patient satisfaction, from 38.5% in early 2023 to 36.73% in 2024—following the introduction of KRIS-JKN [5]. This is far below the Indonesian Ministry of Health's minimum satisfaction threshold of 95% [6]. However, the number of inpatient visits increased from 1,146 in the second semester of 2023 to 1,276 in the first semester of 2024, despite the noted decline in satisfaction levels. This suggests possible issues in KRIS-JKN implementation that may negatively affect patients' perception of care quality [5]. Therefore, this study aims to evaluate the differences in patient satisfaction between KRIS-JKN and non-KRIS-JKN inpatient groups at Yogyakarta City Public Hospital across five key dimensions: tangibility, reliability, responsiveness, assurance, and empathy.

MATERIAL AND METHOD

This study employed a descriptive-analytic approach and was conducted from January to February 2025. The research design was a cross-sectional study aimed at analyzing differences in inpatient satisfaction between the National Health Insurance Standard Inpatient Class (KRIS-JKN) and non-KRIS-JKN at the Yogyakarta City General Hospital. The research was conducted in the Cempaka ward, which served as the data collection site for patient satisfaction among KRIS-JKN participants, while the Dahlia and Bougenville wards were used to collect data from non-KRIS-JKN patients.

The independent variable in this study was the implementation of KRIS-JKN, and the dependent variable was inpatient satisfaction, which was measured using the Service Quality (ServQual) questionnaire. This instrument comprises five dimensions: Tangibles, Reliability, Responsiveness, Assurance, and Empathy, each assessed using an interval scale. The sample size was calculated using the formula for hypothesis testing between two populations, resulting in a total of 108 subjects. These were equally divided into two groups, with 54 subjects in both the KRIS-JKN and non-KRIS-JKN groups. Subject selection was carried out using the consecutive sampling method. Subjects

included in the study met the inclusion criteria, which were: willingness to participate, ability to communicate effectively, ability to answer the questionnaire, aged 17–65 years, and had been hospitalized for at least 24 hours. The exclusion criteria were incomplete questionnaire responses and patients who passed away during the study period.

In this study, the researchers re-tested the validity and reliability of the research instrument by administering the questionnaire to a separate group of 30 in patients who were not part of the primary study subjects. The validity test showed that all items were valid, as the calculated r-value (r_count) exceeded the critical r-value (r_table). Reliability testing was conducted using Cronbach's Alpha. The decision criterion for reliability testing was a Cronbach's Alpha value greater than 0.6, indicating acceptable reliability. The Cronbach's Alpha value obtained was 0.892, which exceeds 0.6.

The research data were analyzed using univariate analysis, which showed a normally distributed data set. For bivariate analysis, the independent t-test was used to compare overall patient satisfaction, as the data met the assumptions for parametric testing. Meanwhile, for the satisfaction dimensions that did not meet the assumptions of classical testing, the Mann-Whitney test was applied. All data analyses were performed using IBM SPSS software version 23.0 and p value <0.05 used for a significancy association.

RESULT AND DISCUSION

Subject's characteristics

Based on Table 1, which presents the characteristics of inpatients in the Cempaka, Dahlia, and Bougenville wards at Yogyakarta City General Hospital in 2025, the majority of respondents were female (51.9%), aged 46–55 years (32.4%), had completed senior high school education (40.7%), were unemployed (31.5%), and reported having no income (40.7%). Although the mean patient satisfaction scores varied across demographic characteristics, statistical analysis indicated no significant differences in patient satisfaction among these groups (p >0.05), suggesting that satisfaction levels were relatively consistent across demographic subgroups.

Table 1. Characteristics of Inpatients in the Cempaka, Dahlia, and Bougenville Wards at Yogyakarta City General Hospital, 2025

	n	%	Satisfaction Score (Mean±SD)	P-Value
Gender				
Male	52	48.1	136.82±4.31	0.425
Female	56	51.9	136.23±4.48	
Age category				
17-25	8	7.4	135.00±4.51	
26-35	20	18.5	137.10±5.02	
36-45	23	21.3	137.21±4.55	0.364
46-55	35	32.4	135.91±4.64	
56-65	22	20.4	136.81±3.00	

	n	%	Satisfaction Score (Mean±SD)	P-Value
Education level				
Not attend school	2	1.9	137.00±1.41	
Primary	7	6.5	137.14±3.57	
Junior high school	24	22.2	136.87±5.12	
Senior highschool	44	40.7	136.38±4.36	0.998
University/Diploma	31	28.7	136.25±4.26	
Employment status				
Unemployed	34	31.5	136.29±4.20	
Student	7	6.5	135.57±5.25	
Civil servant	1	0.9	136.00±0.00	0.724
Private staff	23	21.3	136.08±4.96	
Workers	25	23.1	137.80±4.53	
Self-employed	18	16.7	136.11±3.60	
Income status				
No income	41	38.0	136.17±4.33	
< minimum wage	32	29.6	136.56±5.07	0.497
≥ minimum wage	35	32.4	137.88±3.81	

Measuring patient satisfaction based on sex is essential, as sex has been shown to significantly influence patient satisfaction [7]. This aligns with the perspective that women are more likely to utilize healthcare services than men, as they tend to exhibit higher health awareness and seek medical attention more promptly when experiencing illness [8]. Taborat study also reported that age has an impact on patient satisfaction, with older patients generally expressing higher levels of satisfaction with hospital conditions compared to younger patients. This may be attributed to older patients being less likely to lodge complaints than their younger counterparts [7].

Education level attainment can influence both rational and irrational decision-making patterns, as well as the way individual access and utilize healthcare services. Individuals with lower educational levels tend to exhibit greater perceptual inconsistency and are more susceptible to external influences than those with higher educational backgrounds [9]. Patients with higher education levels possess greater health literacy and often desire to be involved in their care plans, which contributes to higher levels of satisfaction [7]. A study conducted at the Islamic Hospital in Lumajang indicated that patient dissatisfaction with infrastructure may be associated with respondents' educational levels [10]. Furthermore, study by Hayuningsih revealed a significant relationship between low education levels and lower satisfaction with service quality [11].

According to Mutmainnah's study results, the majority of inpatients were also from the unemployed population 12. Individuals with higher occupational status tend to report lower satisfaction levels [12]. However, another study has found no significant association between employment status and patient satisfaction [13]. Income level is generally associated with type of employment and, at times, educational attainment [14]. Moreover, higher income levels are positively associated with greater compliance in paying National Health

Insurance (JKN) contributions [15].

Differences in patient satisfaction between Kris-JKN and non-Kris-JKN

Table 2 presents the comparison of inpatient satisfaction between the KRIS-JKN and non-KRIS-JKN groups at Yogyakarta City General Hospital. Overall, the level of patient satisfaction in both groups was relatively low, as reflected by the tendency of responses to cluster near the minimum values. The mean satisfaction score in the non-KRIS-JKN group (139.04 ± 3.826) was higher than that of the KRIS-JKN group (134.00 ± 3.251). Statistical testing revealed a significant difference between the two groups, with a p-value of 0.001 ($p < 0.05$).

Table 2. Differences in Patient Satisfaction Between KRIS-JKN and Non-KRIS-JKN Groups (n=108)

Inpatient Satisfaction	N	Satisfaction score (Mean±SD)	Min.	Max.	P-value
KRIS-JKN	54	134.00±3.251	128	143	0.001
Non-KRIS-JKN	54	139.04±3.826	131	148	

Service quality reflects the comparison between the level of service delivered by a healthcare institution and the expectations of its clients [16]. As hospitals operate in a competitive service environment, patient satisfaction becomes a critical measure of performance. Patient satisfaction plays a vital role in fulfilling patient expectations and needs [17]. Variations in inpatient class can influence patient satisfaction and their perception of healthcare service quality. Although regulations define inpatient class differences primarily by room area and number of beds, hospital management often interprets these distinctions subjectively and adds amenities, thereby affecting patients' evaluations [18].

In 2024, the Indonesian government issued Presidential Regulation No. 59 of 2024, which mandates 12 infrastructure and facility criteria that must be fulfilled by hospital inpatient units. These criteria include building components, air ventilation, lighting, bed completeness, bedside cabinets, room temperature, categorization of patient rooms, bed density and quality, curtains or partitions, en-suite bathrooms, accessible bathrooms, and oxygen outlets. All hospitals partnering with the National Health Insurance (BPJS Kesehatan) are required to comply with these criteria by June 30, 2025 [19].

KRIS-JKN patients reported dissatisfaction with inpatient services at Yogyakarta City General Hospital, particularly with items such as "airflow through openable windows" and "rooms that are not stuffy or humid and maintain cool temperatures." These items demonstrated the greatest mean score disparities between KRIS-JKN and non-KRIS-JKN rooms. Temperature and humidity regulation are essential for ensuring patient and staff comfort and preventing adverse metabolic effects. Inpatient room temperatures should range between 20°C and 26°C, while humidity levels should remain ≤ 60% to inhibit microbial growth and colonization. Regular monitoring using thermometers and hygrometers is necessary to maintain optimal environmental conditions [1].

Supporting this finding, Defityanto

reported that the implementation of the KRIS-JKN program at Pertamina Bintang Amin Hospital (RSPBA) in Bandar Lampung still requires infrastructural improvements, particularly in building materials, air ventilation, and room temperature [20]. Similar challenges were observed by Natsir at Dr. Tadjuddin Chalid General Hospital in Makassar, where issues with room temperature and humidity persist [21]. Conversely, Damawati's study showed that approximately 30% of class D private hospitals in Kudus Regency were adequately prepared for KRIS-JKN in terms of air ventilation [22].

Observational assessments at Yogyakarta City General Hospital, based on the readiness survey instrument from the Decree of the Director General of Health Services No. HK.02.02/I/1811/2022, indicated that improvements are still needed in room lighting and the availability of in-room bathrooms that meet accessibility standards, with each criterion scoring below 80%. Adequate lighting is essential for patients and staff to perform tasks safely and for maintaining physiological circadian rhythms. Artificial lighting must meet the minimum standard of 250 lux for general illumination and 50 lux for night lighting [1]. In contrast, Arisa reported that lighting standards in inpatient rooms exceeded 80% [23]. Similarly, Natsir's measurements using a luxmeter confirmed that lighting requirements were fulfilled at RSUP Dr. Tadjuddin Chalid in Makassar [21]. Therefore, enhancements in lighting quality at Yogyakarta City General Hospital remain necessary.

In addition to lighting, the availability of accessible en-suite bathrooms in inpatient rooms is critical for patient convenience. Each room should contain at least one bathroom designed to meet accessibility standards, including outward-opening doors for emergencies, locks accessible from both sides, and adequate ventilation. Additional features such as "disabled" signage, sufficient maneuvering space for wheelchair users, handrails, non-slip flooring without puddles, and nurse call buttons linked to the nurses' station are essential to ensure patient safety and ease of use [1]. A study by Kuraini at Salatiga City General Hospital found facility readiness below 80%, primarily due to inadequate bathroom accessibility and absence of external symbols [24]. Hence, efforts are needed to enhance bathroom quality and accessibility at Yogyakarta City General Hospital.

Arisa also found that inpatient bathrooms did not conform to the KRIS-JKN technical guidelines [23]. En-suite bathrooms aim to facilitate access for personal hygiene and elimination needs. Bathrooms that meet accessibility standards include features such as "disabled" signage on the door and an internal emergency bell connected to the nurses' station [25]. Susetyo highlighted that compliant bathroom designs significantly improve usability for individuals with physical disabilities [26].

Natsir's study at RSUP Dr. Tadjuddin Chalid also revealed barriers to implementation, including the absence of air conditioning in some rooms, resulting in unstable temperature and humidity, and bathrooms lacking accessibility symbols [21]. Similar challenges were reported by Kuraini in Salatiga, where bed spacing and edge clearances did not meet KRIS standards, and bathrooms were too small for wheelchair users and lacked accessibility symbols [24]. Budget constraints and limited space were cited as primary reasons hospitals struggle to meet KRIS criteria [2].

Although hospitals are mandated to provide KRIS-JKN rooms in accordance with government regulations, bed shortages may occur. If KRIS-JKN beds are full, patients may be placed in general care rooms that still operate under a class-based

system [27]. This practice is supported by Government Regulation No. 28 of 2024 concerning the implementation of Law No. 17 of 2023 on Health, which requires government hospitals to allocate at least 60% of beds for KRIS-JKN, leaving room for non-KRIS-JKN care [28]. This aligns with Suryaningrat's findings that ease of access to inpatient rooms is a key determinant of patient satisfaction [29].

Discrepancies between research findings and field observations at Yogyakarta City General Hospital indicate a mismatch between patient perceptions and actual conditions. This can occur because patient satisfaction is an emotional response based on service performance relative to expectations [30]. Monitoring patient satisfaction is a strategic objective for healthcare institutions seeking to remain competitive [31]. Service quality must be continually evaluated using five SERVQUAL dimensions: tangibles, reliability, responsiveness, empathy, and assurance [32]. According to Suryaningrat, other factors influencing satisfaction include frequency of doctor visits, availability of prescribed medications, ease of room access, and clarity of information about room availability—all of which received lower satisfaction ratings from JKN patients compared to non-JKN patients [29]. This highlights that well-designed hospital facilities enhance comfort and utilization, thereby supporting patient recovery [33].

Differences in patient satisfaction between kris-jkn and non-kris-jkn across service quality dimensions

Table 3 presents the differences in patient satisfaction across each service quality dimension at Yogyakarta City General Hospital in 2025. The results indicate that the mean satisfaction scores across all five SERVQUAL dimensions—tangibles, reliability, responsiveness, assurance, and empathy—were higher among non-KRIS-JKN patients. The minimum and maximum score ranges further demonstrated that patients in non-KRIS-JKN wards experienced a broader range of satisfaction levels compared to those in KRIS-JKN wards. Statistical analysis revealed a significant difference between the two groups, with a p-value of 0.001 ($p < 0.05$), indicating that non-KRIS-JKN patients reported significantly greater satisfaction with physical aspects of hospital facilities than KRIS-JKN patients.

Table 3. Differences in Patient Satisfaction on each dimension (n=108)

Dimension	Inpatient Room	Mean±SD	Min	Max	P value
Tangible	KRIS-JKN	49.46±2.221	44	55	0.001
	non-KRIS-JKN	51.06±2.468	47	58	
Realibility	KRIS-JKN	21.11±0.945	19	23	0.002
	non-KRIS-JKN	21.72 ±0.998	20	25	
Resonsiveness	KRIS-JKN	21.31±0.948	24	20	0.001
	non-KRIS-JKN	22.00±1.064	25	20	

Dimension	Inpatient Room	Mean±SD	Min	Max	P value
Assurance	KRIS-JKN	20.89±0.861	20	23	0.001
	non-KRIS-JKN	22.02±1.055	20	24	
Empathy	KRIS-JKN	21.22±0.925	20	23	0.001
	non-KRIS-JKN	22.24±1.212	20	25	

The unequal distribution of healthcare facility access remains a key challenge in the implementation of KRIS-JKN 24. Pratama's found that inadequate healthcare infrastructure can negatively impact patient satisfaction [15]. Bharata emphasized that standardized physical infrastructure within KRIS-JKN implementation significantly influences inpatient satisfaction at Permata Husada Hospital [34]. Similarly, Wianto's reported disparities in tangible satisfaction between KRIS-JKN and non-KRIS-JKN wards at RS Islam Lumajang, citing issues such as bedside lockers lacking secure locks, which contributed to recurrent complaints of personal item theft by patients' families [10].

Zumria also identified significant differences in patient satisfaction between BPJS and non-BPJS inpatients, attributing higher satisfaction among non-BPJS patients to more attentive service by healthcare providers. Zumria further reported that most patients expressed satisfaction due to the promptness and attentiveness of medical personnel [35]. Regarding the reliability dimension, Wianto and Dewi found no significant differences in satisfaction levels between KRIS-JKN and non-KRIS-JKN inpatients [10,36]. However, Suhendri highlighted that the 24-hour availability of doctors and nurses for JKN patients contributed positively to patient satisfaction [37]. Rambey also emphasized the value of continuous professional service in meeting the expectations of non-JKN patients [38].

In terms of responsiveness, Zumria found differences in satisfaction levels between BPJS and non-BPJS patients at RSUD Kota Kendari. They noted that health workers' promptness in addressing complaints and delivering care played a central role in shaping patient satisfaction [35]. Conversely, Wianto reported no significant differences in responsiveness satisfaction between the two patient groups, with respondents acknowledging the timeliness of registration, IV replacements, response to complaints, and discharge processing [10]. This was further corroborated by Sumadi, who found that both JKN and non-JKN patients were satisfied with the responsiveness of inpatient care services [39]. Bharata also supported the importance of responsiveness in influencing patient satisfaction [34]. Regarding the assurance dimension, Zumria discovered that BPJS and non-BPJS patients exhibited differing degrees of satisfaction, with non-BPJS patients viewing healthcare professionals, including nurses and physicians, as more amiable and patient [3z5]. Sumadi discovered no notable disparity in assurance satisfaction between JKN and non-JKN patients [39]. Wianto highlighted that assurance enhances overall comfort, noting that strained patient-provider interactions might adversely impact the care environment [10].

Strengths and limitations of the study

A key strength of this study lies in its analytical approach, which not only

identifies differences in patient satisfaction between inpatient groups but also investigates the underlying factors contributing to these differences. The analysis is further substantiated by direct observational data, allowing for a more comprehensive and contextually relevant interpretation of findings. One limitation of the study is the potential for response bias, as participants' answers to the questionnaire may not fully reflect their true opinions. This may be due to differences in understanding, perception, or assumptions about the provided statements. To mitigate this, researchers provided clear explanations prior to questionnaire completion and ensured that all items were phrased in simple, easily understandable language. Another limitation is the use of a closed-ended questionnaire format, which restricts respondents to pre-defined answer choices. This constraint may limit the ability of the instrument to fully capture the expectations and needs of patients. To address this, the researchers included open-ended questions and conducted supplementary interviews to obtain more in-depth insights.

CONCLUSION

The majority of inpatients at Yogyakarta City General Hospital were female, aged 46–55 years, with a senior high school level of education. Most respondents were unemployed and had no income. The study findings indicate that the majority of both KRIS-JKN and non-KRIS-JKN inpatients were dissatisfied with the services received, with a consistent pattern across groups. However, non-KRIS-JKN patients demonstrated higher satisfaction levels across all satisfaction dimensions, with the greatest difference observed in the tangible dimension. To improve patient satisfaction, the hospital must enhance its facility infrastructure, particularly in areas such as inpatient room lighting, bathroom accessibility, ventilation, and regular monitoring of temperature and humidity. In addition, routine air-conditioning maintenance and staff training on humidity management are essential to create a more comfortable and health-promoting environment for patients.

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REFERENCES

1. Direktur Jenderal Pelayanan Kesehatan RI. Keputusan Direktur Jenderal Pelayanan Kesehatan Nomo HK.02.02/I/1811/2022 Tentang Petunjuk Teknis Kesiapan Sarana Prasarana Rumah Sakit Dalam Penerapan Kelas Rawat Inap Standar Jaminan Kesehatan Nasional. Pap Knowl Towar a Media Hist Doc 2022; 1–21.
2. Mz MQ, Pane M, Hutajulu J, et al. Analisis kesiapan Rumah Sakit Bhayangkara TK II Medan terhadap pelaksanaan Kelas Rawat Inap Standar (KRIS). J Kesehatan Tambusai 2023; 4: 1893–1911. DOI: https://doi.org/10.31004/jkt.v4i2.16079.
3. Komisi IX DPR RI. Komisi IX: Implementasi Uji Coba KRIS Perlu Dikaji. Sekretariat Jenderal DPR RI.
4. RSUD Kota Yogyakarta. Profil RSUD Kota Yogyakarta, https://rumahsakitjogja.jogjakota.go.id/profile (2021, accessed 17 September 2024).
5. RSUD Kota Yogyakarta. Survey Kepuasan Masyarakat Terhadap Pelayanan Publik Eksternal Tahun 2022-2024. Yogyakarta, 2024.

6. Kementrian Kesehatan Republik Indonesia. Peraturan Menteri Kesehatan RI Nomor 14 Tahun 2021 Tentang Standar Kegiatan Usaha dan Produk Pada Penyelenggaraan Perizinan Berusaha Berbasis Risiko Sektor Kesehatan. Indonesia: BN.2021/No.316, peraturan.go.id: 4 hlm., 2021.
7. Taborat M, Oetari, Satibi. Analisis Pengaruh Karakteristik dan Status Pembiayaant Terhadap Kepuasan dan Loyalitas Pasien Rawat Inap Rumah Sakit Umum Daerah Raja Ampat. Nurs Insid Community 2020; 2: 73–85.
8. Ramli M. Preferensi Laki-Laki dan Perempuan dalam Memilih Fasilitas Pelayanan Kesehatan Pada Pasien di Puskesmas Kassi-Kassi. J Predestination; 2. Epub ahead of print 2022. DOI: https://doi.org/10.26858/prd.v2i2.33322.
9. Bunet GCE, Lolo WA, Rumondor EM. Analisis Kepuasan Pasien Rawat Jalan Terhadap Mutu Pelayanan Kefarmasian di Puskesmas Tanawangko. PHARMACON 2020; 9: 397. DOI: https://doi.org/10.35799/pha.9.2020.30024.
10. Wianto AD, Hernawati S, Dewanto I. Status Jaminan Kesehatan Nasional Kelas Rawat Inap Standar Sebagai Penentu Kepuasan Pasien Terhadap Pelayanan pada Dimensi Tangible. J Penelit Kesehat Suara Forikes 2024; 15: 487–492. DOI: http://dx.doi.org/10.33846/sf15329.
11. Widyastuti HN, Putra DSH, Ardianto ET. Evaluasi Sistem Elektronik Rekam Medis di Rumah Sakit Primasatya Husada Citra Surabaya. J-REMI J Rekam Med dan Inf Kesehat 2020; 1: 241–246. DOI: https://doi.org/10.25047/j-remi.v1i3.2050.
12. Faridah I, Afiyanti Y, Basri MH. Faktor-Faktor Yang Mempengaruhi Kualitas Pelayanan Terhadap Kepuasan Pasien di Puskesmas Periuk Jaya Tahun 2020. Kesehatan 2020; 9: 1–92. DOI: https://doi.org/10.37048/kesehatan.v9i2.280
13. Ernawati E, Tumanggor BE. Hubungan Karakteristik Individu dan Perilaku Caring Perawat Dengan Kepuasan pasien di Ruang Rawat Inap RSUD Abdul Manap Jambi Tahun 2019. J Ilm Univ Batanghari Jambi 2020; 20: 996. DOI: http://dx.doi.org/10.33087/jiubj.v20i3.1090.
14. Ikhlas N, Tandah MR, Diana K. Kualitas Pemberian Informasi Obat di Puskesmas Sangurara Kota Palu. J Farm Higea 2022; 14: 95–109. DOI: https://doi.org/10.52689/higea.v14i1.329.
15. Pratama YY, Hidayat MS, Marwati TA, et al. Perbedaan Tingkat Kepuasan Pasien JKN Subsidi dan Pasien JKN Non Subsidi Dimensi Reliability dan Responsiveness: Studi Kasus Pada Rumah Sakit Rajawali Citra. Indones J Hosp Adm 2022; 5: 53. DOI: http://dx.doi.org/10.21927/ijhaa.2022.5(2).53-62.
16. Muliyani R, Fatimah FS, Sarwadhamana J. Kualitas Pelayanan dan Kepuasan Pasien Rawat Jalan Pengguna Jaminan Sosial Kesehatan. J Kesehat Masy Indones 2022; 17: 66–72. DOI: https://doi.org/10.26714/jkmi.17.2.2022.66-72.
17. Ningrum AT, Putri IRR, Sarwadhamana RJ. Implementation of Patient Safety in Hospitals Related to Patient Satisfaction in 2023. Media Keperawatan Indones 2024; 7: 46. DOI: https://doi.org/10.26714/mki.7.1.2024.46-52.
18. Anfal A. Pengaruh Kualitas Pelayanan Dan Citra Rumah Sakit Terhadap Tingkat Kepuasan Pasien Rawat Inap Rumah Sakit Umum Sundari Medan Tahun 2018. Excell Midwifery J 2020; 3: 1–19. DOI: https://doi.org/10.55541/emj.v3i2.130.
19. Presiden Republik Indonesia. Peraturan Presiden Republik Indonesia Nomor 64 Tahun 2020 tentang Perubahan Kedua atas Peraturan Presiden Nomor 82 Tahun 2018 tentang Jaminan Kesehatan. 59, Indonesia: LN 2024 (82) : 33 hlm.; jdih.setneg.go.id, 2024.
20. Defityanto H, Samino, Sary L, et al. Analisis Kesiapan Rumah Sakit Pertamina Bintang Amin (RSPBA) Bandar Lampung dalam Mempersiapkan Kamar Rawat Inap Standar

(Peraturan Pemerintah no. 47 tahun 2021). J Pendidik Dan Konseling 2022; 4: 1575–1581. DOI: https://doi.org/10.31004/jpdk.v4i6.8418.
21. Natsir RTP, Ahri RA, Rusydi AR. Implementasi Kelas Rawat Inap Standar Jaminan Kesehatan Nasional Terhadap Sarana Prasarana di RSUP dr . Tadjuddin. J Aafiyah Heal Res 2024; 5: 442–455. DOI: https://doi.org/10.52103/jahr.v5i1.1843.
22. Damawati DN. Kesiapan Fisik Bangunan Rumah Sakit Umum Swasta Kelas D Terhadap Kriteria Kelas Rawat Inap Standar Jaminan Kesehatan Nasional di Kabupaten Kudus. Universitas Muhammadiyah Yogyakarta, 2023.
23. Azura Arisa, Sri Purwanti, Rima Diaty. Kesiapan RSUD Dr. H. Moch Anshari Shaleh Banjarmasin Menghadapi Regulasi PP No 47 2021 Tentang Implementasi Kelas Rawat Inap Standar (KRIS) JKN di Tahun 2022. J Kesehat Qamarul Huda 2023; 11: 264–270. DOI: https://doi.org/10.37824/jkqh.v11i1.2023.451
24. Kuraini SN, Anggraini AN, Ariagita AP, et al. Kajian Kesiapan RSUD Kota Salatiga Dalam Menghadapi Kebijakan Kelas Rawat Inap Standar (KRIS). J Manaj Kesehat Yayasan RSDr Soetomo 2023; 9: 311–320. DOI: https://doi.org/10.29241/jmk.v9i2.1552.
25. Badan Penyelenggara Jaminan Sosial. INFO BPJS (Kualitas Layanan Tantangan Dalam Implementasi Kelas Rawat Inap Standar). 111th ed. Jakarta, 2022.
26. Susetyo PEPAE, Susanti DA. Perancangan Alat Bantu Mandi dan Aktifitas Toilet Portabel Tunadaksa Bagian Bawah. Sci Tech J Ilmu Pengetah dan Teknol 2021; 7: 22–38. DOI: https://doi.org/10.30738/st.vol7.no2.a10136.
27. Sri Dharmayanti, Ardiansah, Bagio Kadaryanto. Pemenuhan Ketersediaan Kelas Rawat Inap Standar Bagi Peserta Jaminan Kesehatan Nasional Dalam Perspektif Hak Asasi Manusia. J Soc Sci Res 2020; 3: 1171–1181. Available from: https://j-innovative.org/index.php/Innovative/article/view/6381.
28. Pemerintah Republik Indonesia. Peraturan Pemerintah (PP) Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan. Indonesia: LN 2024 (135), TLN (6952): 484 hlm.; jdih.setneg.go.id, 2024.
29. Suryaningrat AASIM, Indrayathi PA. Perbandingan Kepuasan Pasien Peserta Jkn Dan Non Jkn Terhadap Pelayanan Rawat Inap Di Rumah Sakit Umum Prima Medika Tahun 2020. Arch Community Heal 2022; 9: 161.
30. Siregar NSS. Komunikasi Terapeutik Bernuansa Islami. 1st ed. Surabaya: Scopindo Media Pustaka, 2021.
31. Fitriya Nengsih D, Fatimah FS, Anwar C, et al. Service Quality Dimensions Affect Outpatient Satisfaction. JNKI (Jurnal Ners dan Kebidanan Indones (Indonesian J Nurs Midwifery) 2023; 11: 134. DOI: http://dx.doi.org/10.21927/jnki.2023.11(2).134-145.
32. Purwata KD, Wijaksono MA, Alawiyah T. Analisis Mutu Pelayanan Kesehatan Menggunakan Dimensi Mutu Pelayanan di Ruang Rawat Inap Rumah Sakit: Literature Review. Proceeding Sari Mulia Univ Nurs Natl Semin 2021; 2: 142–56. Available from: https://ocs.unism.ac.id/index.php/PROKEP/article/view/191.
33. Nugraha FB, Purnomo AF, Ningrum AT, et al. Implementasi Standar Bangunan Instalasi Rawat Jalan di RSUD Panembahan Senopati. J Ilmu Kedokt dan Kesehat Indones 2022; 2: 163–183. DOI: https://doi.org/10.55606/jikki.v2i3.1024.
34. Bharata MA. Analisis Kualitas Penerapan Standarisasi Kelas Rawat Inap (KRIS) dengan Tingkat Kepuasan Pasien Ruang Rawat Inap Rumah Sakit Permata Husada. Universitas Gadjah Mada, 2024.
35. Zumria, Narmi, Tahiruddin. Perbedaan Tingkat Kepuasan Pasien Bpjs Dan Non Bpjs Terhadap Mutu Pelayanan Di Ruang Rawat Inap RSUD Kota Kendari. J Ilm Karya Kesehat 2020; 01: 76–83. DOI: https://doi.org/10.46233/jikk.v1i1.

36. Dewi R, Jihad F. Hubungan Kualitas Pelayanan Kesehatan Dengan Kepuasan Pasien Rawat Jalan Pesertsa BPJS Kesehatan. J Kesehat Tambusai 2023; 4: 3662–3671. DOI: https://doi.org/10.56799/jceki.v4i3.7722.
37. Suhendri, Asiani G, Murni NS. Analisis Faktor Yang Mempengaruhi Kepuasan Pasien. J 'Aisyiyah Med 2025; 10: 267–281. DOI: https://doi.org/10.36729/jam.v10i1.1318.
38. Rambey H, Satria B, Simarmata M, et al. Perbedaan Tingkat Kepuasaan Pasien Umum Dan Pasien Dengan Badan Penyelenggara Jaminan Sosial. J Kesmas Dan Gizi 2021; 3: 238–244. DOI: https://doi.org/10.35451/jkg.v3i2.692
39. Sumadi AF, Pratama YY. Perbandingan Mutu Pelayanan Kesehatan Terhadap Kepuasan Pasien Rawat Inap: Sebuah Tinjauan Sistematis. J Promot Prev 2024; 7: 676–684. DOI: https://doi.org/10.47650/jpp.v7i4.1329.