Analysis of the Relationship Between Service Quality, Healthcare Facilities, Patient Satisfaction, and the Intention To Migrate BPJS Patients to Other Healthcare Facilities at Wonokusumo Health Center

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ABSTRACT

The increasing number of patient visits at the Wonokusumo Community Health Center demonstrates the importance of first-level healthcare facilities (FKTP) as the frontline of the National Health Insurance (JKN) service. Wonokusumo Community Health Center experienced a decline in patient satisfaction, leading to a desire to migrate to other healthcare facilities. This study aims to analyze the relationship between service quality and healthcare facilities on patient satisfaction and their impact on BPJS patient migration intentions. A quantitative approach was used with the Structural Equation Modeling-Partial Least Squares (SEM-PLS) method. The sample consisted of 252 BPJS patients using Maternity and Child Health (KIA) clinic services, selected using the purposive sampling technique. The results showed that service quality had a p-value of 0.003 and health facilities had a p-value of 0.007, both significantly influencing patient satisfaction, while patient satisfaction significantly influenced the desire to migrate with a p-value of 0.000. Health facilities and service quality did not significantly influence the desire to migrate for BPJS patients, with p-values of 0.161 and 0.101, respectively. This study provides important implications for the management of community health centers, focusing on improving service quality and facilities to maintain patient loyalty.

Keywords: *Service Quality, Health Facilities, Patient Satisfaction, BPJS Migration*

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1. INTRODUCTION

National Health Insurance (JKN) positions primary health care facilities (FKTP), such as community health centers, as the efforts of Indonesian governments. Wonokusumo Health Center in Surabaya has experienced fluctuating patient visits in the past three years. The decline in 2024 is suspected to be due to dissatisfaction with service quality and facilities. Managing service quality is important to maintain patient trust and visits. Patients who are dissatisfied with services tend to seek other, better health care facilities (Lestari et al., 2023).

Patient perceptions of service quality are inextricably linked to the role of healthcare professionals. The survey of patient satisfaction noted that Wonokusumo Community Health Center scored low on indicators such as waiting time, staff attitude, and facilities and infrastructure. Poor service quality increases dissatisfaction and encourages patients to seek better alternatives (Liu et al., 2021). Service dimensions' keys such as speed, friendliness, and room comfort affect the patient experience (Setianingsih & Susanti, 2021). Improving overall service quality must be a top priority for community health center management.

Primary indicator determiningthe healthcare service success. The reflection of well services meets patient expectations and needs. Unmet expectations lead patients to reconsider their choice of health facility (Fatima et al., 2019). High levels of satisfaction can reduce patients' intention to move to another healthcare facility (Harriet et al., 2024). This study aims to analyze the relationship between service quality, healthcare facilities, satisfaction, and the desire to migrate among BPJS patients at the Wonokusumo Community Health Center.

2. LITERATURE REVIEW

Service Quality

Service quality is influenced by two factors: perceptions of the service received and expectations of that service. Service meets expectations, and service quality is considered good and satisfactory. If service exceeds customer expectations, service quality is considered ideal; conversely, if service falls below expectations, service quality is perceived as poor (Gligor, D. M., & Maloni, 2022). (Liu et al., 2021), in their research, demonstrated that good service quality positively influences patient satisfaction and loyalty. Providing excellent service quality at community health centers (Puskesmas) can increase positive perceptions of the institution and prevent patient migration to other health facilities, considering that primary health care facilities (FKTP) are the first line of defense in the JKN (National Health Insurance) tiered referral system.

Health Facilities

Healthcare facilities encompass all the facilities and infrastructure used in medical services, both physical and non-physical. Healthcare facilities play a crucial role in providing quality medical care to individuals worldwide. Accessibility is a crucial factor in determining healthcare facilities. Healthcare facilities are influenced by various indicators, including service accessibility, environment, comfortable rooms, security, buildings, and parking (Le et al., 2022). Healthcare facility assessment indicators demonstrate continuous improvement in service quality to enhance the patient experience(Thuy et al., 2021). According to (Suandana et al., 2019), the lack of adequate facilities such as waiting rooms, restrooms, and medical equipment is a major cause of patient dissatisfaction.

Patient Satisfaction

Satisfaction is a person's feeling of pleasure or disappointment resulting from comparing the performance or outcome of a product or service with their expectations. Patient satisfaction is an evaluation of the service experience received compared to previous expectations. Satisfaction can build loyalty and reduce the tendency for patients to switch to other healthcare services. The dimension of satisfaction generally refers to the implementation of a code of ethics for professional service standards, and satisfaction refers to the implementation of all healthcare requirements (Pradipta & Jalilah, 2020). Patients who are satisfied with healthcare services generally tend to comply with medical advice and agreed-upon treatment plans (Ministry of Health of the Republic of Indonesia, 2021).

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Routine assessments of satisfaction can also provide an objective picture of the performance of community health center services.

BPJS Migration

Community health centers, as first-level health facilities, are responsible for providing efficient and effective services to BPJS patients. However, there are often obstacles in the registration process, such as a lack of information or required documents from patients, which can hinder their access to needed services (Azhar Fadiyah & Gunawan, 2021). The registration and referral system also plays a crucial role in BPJS patient migration. Community health centers, as first-level health facilities, are responsible for providing efficient and effective services to BPJS patients. However, there are often obstacles in the registration process, such as a lack of information or required documents from patients, which can hinder their access to needed services (Azhar Fadiyah & Gunawan, 2021). (Harriet et al., 2024) emphasized that patient loyalty can reduce the likelihood of migration, while declining service quality is the main trigger for switching.

The Relationship Between Service Quality and Patient Satisfaction

Several studies conducted by (Tofik et al., 2023) and (Hoang et al., 2023) state that the quality of services at community health centers includes the competence of staff. It's also adding friendliness, responsiveness, continuous service, and functional service quality. Functional services include aspects such as comfortable rooms, clean environments, customer-friendly environments, communication, confidentiality, security, and responsiveness, which significantly and positively influence patient satisfaction. (Harriet et al., 2024) stated that there is a significant positive relationship between customer loyalty and customer retention, indicating a significant positive relationship with patient satisfaction. Research presented by (Kim et al., 2017) suggests that the quality of hospital services has a significant positive effect on satisfaction, and the quality of services has a significant positive effect on the desire to seek treatment again.

H1: There is a significant influence of service quality on patient satisfaction at the Wonokusumo community health center.

The Relationship Between Health Facilities and Patient Satisfaction

Health facilities and a comfortable environment, standard operating procedures, and the competence of doctors have a significant positive direct effect. Nurses and administrative staff do not have a direct effect on satisfaction; these aspects influence effective therapy and satisfaction. (Yulisetiarini et al., 2023) stated that the quality of hospital services and hospital facilities. Hospital facilities have a significant impact both directly and indirectly. Thus, this affects patient loyalty through patient satisfaction.

H2: There is a significant influence of health facilities on patient satisfaction at the Wonokusumo Community Health Center.

The Relationship Between Patient Satisfaction And The Desire Of BPJS Patients To Migrate To Other Healthcare Facilities

Trust has a relationship with patient loyalty. The satisfaction does not have a direct relationship with patient loyalty. This is because patient loyalty acts directly as an outcome that influences patient loyalty. Patient loyalty is an outcome that affects patients' desire to migrate to other healthcare facilities. This aligns with the research conducted by (Burhanudin & Febryanti, 2023) and (Liu et al., 2021) that loyalty is continued by satisfaction of the patient.

H_3 : There is a significant influence of satisfaction on the migration desire of BPJS patients to other healthcare facilities at the Wonokusumo Community Health Center.

The Relationship Between Health Facilities And The Desire Of BPJS Patients To Migrate To Other Health Facilities

The research conducted by (Kim et al., 2017) and (Yulisetiarini et al., 2023) is in line with the research conducted by (Suandana et al., 2019), which states that there are several aspects that influence patient migration. The availability of health facilities. Other conditions are followed by the goodness of doctor services and service time. The distance positively and significantly affects the desire of BPJS patients to migrate to other health facilities. Patients who feel dissatisfied with the health services provided will switch to other health service facilities.

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H4: There is a significant influence of healthcare facilities on the migration desires of BPJS patients to other health facilities at the Wonokusumo Community Health Center.

The Relationship Between Service Quality And The Migration Desire Of BPJS Patients To Other Healthcare Facilities

The research conducted by (Harriet et al., 2024) and (Yulisetiarini et al., 2023) is consistent with the research stating that there is a positive effect of the quality of hospital services. This condition significantly impacts satisfaction and the quality of service. It has a significant positive effect on the desire to seek treatment again. Meanwhile, it acts as an outcome that influences the desire of BPJS patients to migrate to other health facilities. Good health service facilities will provide comfort to patients to continue to receive health services at these health service facilities.

H5: There is a significant influence of service quality on the migration desire of BPJS patients to other healthcare facilities at the Wonokusumo Community Health Center.
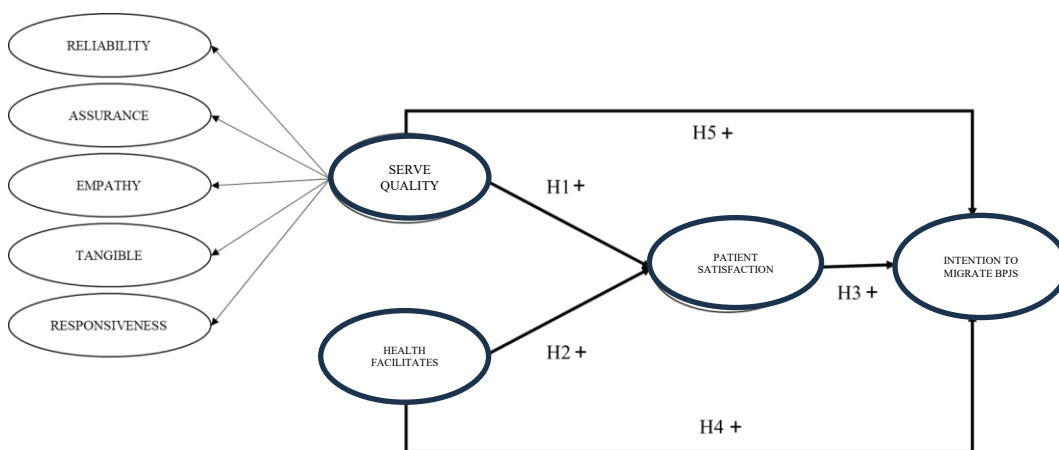
Concept Framework

Figure 1. Research Conceptual Framework

3. RESEARCH METHOD

This research is a quantitative study, which means it obtains data in the form of numbers or qualitative data that is quantified (Sugiyono, 2017). This research was conducted from April to June 2025 at the Wonokusumo Community Health Center. The type of data used in this study is primary data with the research instrument in the form of a questionnaire that has been tested for validity and reliability. The independent variables in this study are service quality and health facilities. The dependent variable in this study is the desire of BPJS patients to migrate to other health facilities. The mediating variable in this study is patient satisfaction. The variables to be tested are then measured using a Likert scale.

The population in this study includes all patients who use the Maternal and Child Health (MCH) services at the Wonokusumo Community Health Center who are BPJS members and encompass various demographics, including age, gender, education, and occupation. In this study, there are 33 indicators, so the required sample is 165-330 respondents. The researcher will use 252 respondents; the sampling technique used is purposive sampling. With the inclusion criteria like: 1. All BPJS patients visiting the KIA clinic (pregnant mothers, mothers with toddlers, and children). 2. Women of reproductive age and couples of reproductive age) at least twice in the last three months. 3. Have accessed information through digital media in the last three months. 4. Residing in the service area of the Wonokusumo community health center. The data analysis technique employs descriptive analysis stages to describe or explain in detail the items or variables being tested in the study. The results of this data processing in this analysis are assessed using mode, mean, and median. In addition, statistical analysis tests are also conducted using Structural

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Equation Modeling-Partial Least Squares (SEM-PLS).

The questionnaire was created in the form of a Google Form containing data, classification, and item questions for the respondents. This questionnaire was distributed via WhatsApp to facilitate completion by the respondents and make the filling process more efficient. In the research process, respondents who met the inclusion criteria were given an explanation about the study and then provided with an informed consent as approval to participate as respondents. They exchanged WhatsApp numbers to provide the questionnaire to the relevant respondents, and the research process was conducted. After completing the questionnaire, the respondents were given souvenirs by the researcher.

4. RESULTS AND DISCUSSION

4.1 RESULTS

This research was conducted on 252 respondents who are patients using Mother and Child Health (KIA) services at Puskesmas Wonokusumo with BPJS status as follows:

TABLE 1 | Characteristics of Respondents (n = 252 respondents)

The first characteristic of the respondents in this study was based on gender in 252 respondents who were patients who used the Maternal and Child Health (KIA) Polyclinic services at the Wonokusumo Community Health Center with BPJS status as follows:

TABLE 1 | Frequency Distribution of Respondents

No	Characteristics	Category	Frequency	Presentase (%)
1.	Sex	Male	20	8%
		Female	232	92%
	Total		252	100%
2.	Profession	Private Employee	28	11%
		Civil Servants	0	0%
		Entrepeneur	1	0%
		Students	22	9%
		House Wife	158	63%
		Others	43	17%
	Total		252	100%
3.	Age	< 18 years	4	2%
		18 - 29 years	116	46%
		30 - 39 years	80	32%
		40 - 49 years	43	17%
		50 - 59 years	9	4%
	Total		252	100%
4.	Always Register Online at the KIA Polyclinic	Yes	243	96%
		No	9	4%
	Total		252	100%
5.	Totally Visite	1 – 2 x	26	10%
		3 – 4 x	200	79%
		>5 x	21	8%
		Never	5	2%
	Total		252	100%
6.	Type of Service Obtained	Immunization	4	2%
		Treatment	181	72%
		Pregnancy Check	54	21%
		Bride Examination	19	8%
		Contraception	1	0%
		IVA Test	0	0%
		Other	0	0%
	Total		252	100%

Source: Processed Primary Data (2025)

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The questionnaire given to the respondents has gone through a trial stage, including validity and reliability tests. The validity test conducted is considered valid if it provides accurate and relevant results, using convergent and discriminant validity tests. Here are the results. with the following results:

TABLE 2 | Convergent Validity Construction

Convergent validity testing uses outer loading values or loading factors and AVE (Average Variance Extracted).

Variabel	Item	R Table	R Counting	AVE
Service Quality (X1)	SQ1	0,361	0,881	0,572
	SQ2	0,361	0,878	
	SQ3	0,361	0,866	
	SQ4	0,361	0,779	
	SQ5	0,361	0,825	
	SQ6	0,361	0,659	
	SQ7	0,361	0,845	
	SQ8	0,361	0,844	
	SQ9	0,361	0,870	
	SQ10	0,361	0,757	
	SQ11	0,361	0,884	
	SQ12	0,361	0,778	
	SQ13	0,361	0,737	
	SQ14	0,361	0,689	
Health Facilities	HF1	0,361	0,789	0,668
	HF2	0,361	0,740	
	HF3	0,361	0,864	
	HF4	0,361	0,806	
Patient Satisfaction	PS1	0,361	0,705	0,766
	PS2	0,361	0,918	
	PS3	0,361	0,928	
	PS4	0,361	0,917	
	PS5	0,361	0,755	
	PS6	0,361	0,905	
	PS7	0,361	0,919	
	PS8	0,361	0,928	
Patient Migration Desire	MF1	0,361	0,750	0,787
	MF2	0,361	0,858	
	MF3	0,361	0,906	
	MF4	0,361	0,898	
	MF5	0,361	0,794	
	MF6	0,361	0,810	
	MF7	0,361	0,863	

Source: Processed Primary Data (2025)

The validity test results show that all tested items from the four research variables, namely service quality, health facilities, patient satisfaction, and patient migration intentions, showed that all items had calculated r values > r table (> 0.361). It can be stated that all items in this study are valid. The reliability test results show that the four research variables, namely service quality, health facilities, patient satisfaction, and patient migration intentions, had Cronbach alpha values > 0.60. Therefore, it can be stated that all items in this study are reliable.

TABLE 3 | Discriminant Validity Construction

The validity of discriminant is assessed from cross loading and HTMT values.

Variabel/ Item	HF	MF	PS	SQ
HF1	0.807	0.002	0.289	0.234
HF2	0.829	-0.013	0.290	0.230
HF3	0.849	-0.076	0.696	0.444

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HF4	**0.784**	-0.024	0.232	0.189
MF1	-0.002	**0.816**	-0.035	0.087
MF2	-0.054	**0.864**	-0.048	0.047
MF3	-0.087	**0.908**	-0.320	-0.108
MF4	-0.069	**0.868**	-0.141	-0.007
MF5	-0.024	**0.920**	-0.278	-0.068
MF6	-0.031	**0.920**	-0.248	-0.057
MF7	-0.024	**0.910**	-0.164	-0.003
PS1	0.455	-0.211	**0.851**	0.459
PS2	0.540	-0.181	**0.898**	0.575
PS3	0.256	-0.154	**0.743**	0.435
PS4	0.535	-0.263	**0.907**	0.550
PS5	0.507	-0.219	**0.895**	0.509
PS6	0.566	-0.196	**0.897**	0.552
PS7	0.527	-0.279	**0.885**	0.537
PS8	0.511	-0.243	**0.912**	0.510
SQ1	0.358	-0.012	0.325	**0.711**
SQ10	0.286	-0.073	0.322	**0.703**
SQ11	0.237	-0.014	0.297	**0.722**
SQ12	0.364	-0.064	0.612	**0.855**
SQ13	0.319	-0.044	0.482	**0.770**
SQ14	0.282	-0.024	0.614	**0.832**
SQ2	0.292	-0.028	0.519	**0.797**
SQ3	0.279	-0.088	0.556	**0.816**
SQ4	0.297	-0.051	0.556	**0.809**
SQ5	0.270	-0.081	0.327	**0.707**
SQ6	0.270	0.035	0.281	**0.709**
SQ7	0.325	-0.014	0.252	**0.713**
SQ8	0.351	-0.011	0.364	**0.711**
SQ9	0.255	-0.012	0.340	**0.704**

Source: Processed Primary Data (2025)

All cross-loading values from each statement item have met the criteria by exceeding 0.6. It is concluded that each item statement effectively differentiates the variables that should be different from each other. In other words, each item statement has been correctly placed according to the appropriate construct.

TABLE 4 | HTMT

Variabel	Health Facilities	Patient Migration Desire	Patient Satisfaction	Service Quality
Health Facilities				
Patient Migration Desire	0,102			
Patient Satisfaction	0,489	0,213		
Service Quality	0,385	0,087	0,576	

Source: Processed Primary Data (2025)

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Shows that the HTMT value of all variables has a value below 0.90 or less than 0.90 (HTMT<0.90), so it can be said that all variable constructs have good discriminant values.

TABLE 5 | Coefficient of Determination (R²)

Variabel	R-Square	R-Square Adjusted	Keterangan
Patient Satisfaction	0,483	0,479	Half Effect
Patient Migration Desire	0,089	0,078	High Effect

Source: Processed Primary Data (2025)

The R-square value for the patient satisfaction variable is 0.483. This value explains that patient satisfaction can be explained by the quality of services and health facilities by 48.3%. Then, for the R-square value obtained for the patient migration desire variable, it is 0.089. This value explains that the percentage of the quality of services, health facilities, and patient satisfaction in influencing or explaining the desire for patient migration is 8.9%.

Q-Square Test Results

Adapun hasil perhitungan nilai *Q-Square* adalah sebagai berikut:

$$Q^2 = 1 - \{(1 - R_1^2) \; x \; (1 - R_2^2)$$
$$Q^2 = 1 - \{(1 - 0,483^2) x \; (1 - 0,089^2)\}$$
$$Q^2 = 1 - \{(1 - 0,233) x \; (1 - 0,008)\}$$
$$Q^2 = 1 - \{(0,767) x \; (0,992)\}$$
$$Q^2 = 1 - 0,761$$
$$Q^2 = 0,239$$

TABLE 6 | F-Square Values

Variabel	f-square	Keterangan
SQ → PS	0,314	Medium influence
HF → PS	0,257	Medium influence
PS → MF	0,094	Low influence
HF → MF	0,012	Low influence
SQ → MF	0,014	Low influence

Source: Processed Primary Data (2025)

The f-square values for each variable can be determined by the impact that is currently indicated by the service quality variable on patient satisfaction, with an f-square value of 0.314, and the healthcare facilities variable on patient satisfaction, with an f-square value of 0.257, both of which fall within the range above 0.15 and are thus categorized as medium influence. There is weak influence in the patient satisfaction variable on patient migration intention with an f-square value of 0.094, which is above the 0.02 range and thus classified as weak influence. Furthermore, there is weak influence in the service quality variable on patient migration intention with an f-square value of 0.014 and the healthcare facilities variable on patient migration intention with an f-square value of 0.012, both of which fall within the range below 0.02 and are thus classified as weak influence.

TABLE 7 | Hypothesis Testing Results

Effects	Original Sample	T Statistics (|O/STDEV|)	P Values
Service Quality → Patient Satisfaction	0,437	2,991	0,003
Health Facilities → Patient Satisfaction	0,396	2,706	0,007
Patient Satisfaction → Patient Migration Desire	-0,406	4,160	0,000
Health Facilities → Patient Migration Desire	0,126	1,402	0,161
Service Quality → Patient Migration Desire	0,141	1,638	0,101

Source: Processed Primary Data (2025)

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The f-square values for each variable indicate a moderate influence, demonstrated by the service quality variable on patient satisfaction, with an f-square value of 0.314. Healthcare facility variable on patient satisfaction, with an f-square value of 0.257, which falls within the range of values above 0.15, thus categorizing it as a moderate influence. The patient satisfaction variable has a weak influence on patient migration intentions, with an f-square value of 0.094, which falls within the range of values above 0.02, thus categorizing it as a weak influence. The services quality variable has a very weak influence on patient migration intentions, with an f-square value of 0.014. The healthcare facility variable has a very weak influence on patient migration intentions, with an f-square value of 0.012, which falls within the range of values below 0.02, thus categorizing it as a very weak influence.
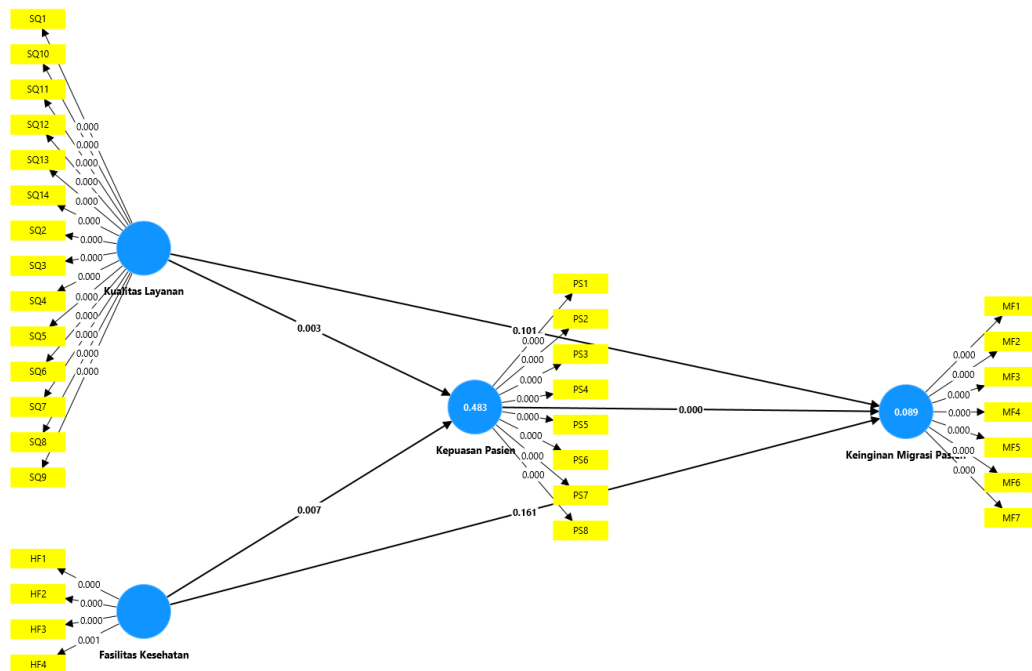

Figure 2. Evaluation of Measurement Model (Outer Model)

4.2 DISCUSSION

This research has five significant findings, among which are: First, H1 is accepted, which means that service quality has a positive and significant impact on patient satisfaction. This result indicates that the higher and better the quality of service provided, the higher and better the patient satisfaction will be. Practically, patients at the Wonokusumo Community Health Center reported positive service experiences, characterized by comfort and satisfaction during the service, contributing to their increased loyalty to the health facility. Therefore, it can be concluded that improving service quality with a focus on interpersonal and administrative aspects is a key strategy in maintaining and enhancing patient satisfaction. Analytical data showing a high level of significance and positive evaluation of service quality supports the assumption that better service quality will have a direct implication on patients' behavior in choosing healthcare facilities in the future (Yunita et al., 2024).

Second, H$_2$ is accepted, which means that health facilities have a positive and significant effect on patient satisfaction. This result shows that the higher and better the health facilities provided, the higher and better the patient satisfaction will be. Based on these findings, the research assumption that adequate health facilities can strengthen patient satisfaction and support the sustainability of effective health services becomes very relevant. Improving the quality of facilities is not only a strategy to increase patient satisfaction, but it also has the potential to enhance patient loyalty and the frequency of sustainable health service utilization (Widiyastuty, F., Suryawati, C., & Arso, 2023). The existence of complete and adequate facilities, such as comfortable waiting rooms and sufficient medical equipment, is a crucial factor in providing a pleasant service experience and making patients feel cared for and safe during the service.

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Third, H_3 is accepted, which means that service quality has a negative and significant effect on patients' migration desire. This result shows that the higher and better the patient satisfaction, the lower the patients' desire to migrate. Overall, the existing empirical evidence indicates that improving patient satisfaction not only directly meets health needs but also strengthens the long-term relationship between patients and healthcare facilities, thereby reducing the tendency of patients to switch to other services (Hussain, A., Kanwel, S., Khan, S., Alonazi, W., Malik, A., & Khan, 2025). Therefore, maintaining and improving patient satisfaction becomes a key strategy for healthcare facilities in retaining service users and enhancing patient commitment in the long term. This study assumes that patient satisfaction is the end result of the quality of service and healthcare facilities provided, thus reducing patients' migration intention.

Fourth, H4 was rejected, which means that the quality of service does not affect patients' desire to migrate. This result shows that the higher and better the quality of service, the less it will influence the patients' desire to migrate. Although the facilities at the Wonokusumo health center are rated very well, it turns out that this does not become the main factor determining patients' decisions to move facilities. This can be explained because the desire to migrate is more influenced by subjective factors, such as overall satisfaction and personal relationships with healthcare providers, as well as external factors, such as location and ease of access. A quality patient experience, which includes responsive, personal, and communicative services, is a key determining factor in maintaining patient loyalty. Therefore, further research focusing on optimizing the patient experience through a holistic service approach is necessary to reduce patient migration rates.

Fifth, H5 was rejected, which means that health facilities do not affect patients' desire to migrate. This result shows that the higher and better the health facilities, the less they will influence the desire for patient migration. Although the quality of services at this community health center is rated as very good by respondents, this aspect does not directly determine patients' decisions to switch facilities. This phenomenon can be explained by the presence of other more dominant factors in migration decision-making, such as the unmet expectations of patients overall, personal experiences outside the context of formal services, and the complexity of BPJS administration, which acts as an obstacle. Overall, it can be concluded that although the quality of service at this Puskesmas is rated as very good, it does not directly guarantee patients' intention to remain loyal and not switch to other facilities.

5. CONCLUSION

From the results of the research conducted, it can be concluded that there are two aspects that positively and significantly affect patient satisfaction, namely service quality and health facilities. The presence of complete and adequate facilities, such as comfortable waiting rooms and sufficient medical equipment, plays a significant role. Good service quality, in terms of healthcare personnel and supporting infrastructure, is a crucial factor in providing a pleasant service experience. This condition makes patients feel cared for and safe while receiving services. Furthermore, patient satisfaction negatively and significantly affects the desire for patient migration. This indicates that the more satisfied patients are with the services provided, the less likely they are to seek migration for healthcare services.

6. LIMITATION AND IMPLICATION

6.1 Limitation

This study has several significant limitations that affect the generalizability and accuracy of its results. First, the limited scope of the study to only two main aspects (service quality and health facilities) ignores other factors that may contribute to patient satisfaction, such as service costs, geographical location, or cultural factors. This limitation means that the results of the study may not fully reflect the complexity of patient satisfaction dynamics in health services. Second, in terms of methodology, this study faced challenges in measuring variables. Concepts such as "service quality" and "patient satisfaction" are subjective and difficult to measure objectively. The measurement instruments used may not fully capture the nuances of the patient experience, potentially introducing bias in the results. Third, temporal factors also pose limitations. This study may only capture patient satisfaction dynamics during a specific period of time, without considering changes that may occur over time. Patient satisfaction can be

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dynamic and influenced by changes in policy, management, or other external conditions.

6.2 Implication

This research provides several theoretical implications in contributing to the development of healthcare theory to improve patient satisfaction, performance, and retention. First, the service quality theory that relates quality to satisfaction can be enriched with these empirical findings. This condition highlights the importance of responsive and quality service in healthcare facilities. Second, the results of this study enrich the theoretical perspective on the importance of physical quality and infrastructure in influencing patients' perceptions of the quality of service they receive. Third, this finding enriches the understanding that patient satisfaction is not only related to the quality of service provided but also to emotional factors and the subjective experiences they undergo during their interaction with healthcare facilities. Fourth, the decision to migrate patients is a complex phenomenon that involves many factors that need to be considered more deeply in the study of consumer behavior theory in the context of healthcare services.

This research also provides managerial implications to provide valuable insights for the managers of community health centers in formulating better policies to improve service quality and patient satisfaction. First, the managers of community health centers must prioritize improving service quality, especially in the aspects of staff friendliness, timeliness of service, and ease of administrative processes. Second, the managers need to ensure that healthcare facilities are always in optimal condition, paying attention to the comfort of waiting areas, cleanliness, and the availability of adequate medical equipment. Third, community health centers need to develop a more personal and empathetic service approach, ensuring that patients feel listened to and understood. Improving these aspects can reduce dissatisfaction that may encourage patients to switch to other healthcare facilities. Fourth, the managers of the community health center are advised to simplify administrative procedures and improve accessibility to BPJS services. Fifth, the managers of the community health center need to ensure that facilities are easily accessible to patients, both geographically and in terms of the registration process and access to information. The managers of the community health center need to carry out regular monitoring and evaluation. By conducting continuous evaluation, the community health center can quickly respond to emerging problems and maintain patient loyalty.

REFERENCES

Azhar Fadiyah, N., & Gunawan, E. (2021). Tinjauan Sistem Pelayanan Pendaftaran Pasien BPJS Rawat Jalan di Puskesmas Banjaran Kota. *Jurnal Sosial Sains*, *1*(8), 951–956. https://doi.org/10.36418/sosains.v1i8.188

Burhanudin, B., & Febryanti, B. (2023). The role of brand love on brand satisfaction, brand engagement, and brand loyalty. *Jurnal Manajemen Maranatha*, *23*(1), 67–78. https://doi.org/10.28932/jmm.v23i1.7610

Fatima, T. , Malik, S. A., & Shabbir, A. (2019). Hospital Healthcare Service Quality, Patient Satisfaction, and Loyalty.Hospital Healthcare Service Quality, Patient Satisfaction, and Loyalty. *International Journal of Quality & Reliability Management*, *33*(6), 1195–1214.

Harriet, N., Arthur, N., Komunda, M. B., & Mugizi, T. (2024). Service Quality, Customer Loyalty and Customer Retention among Private Health Care Services in Mbarara City. *Open Journal of Social Sciences*, *12*(01), 101–126. https://doi.org/10.4236/jss.2024.121008

Hoang, D. P., Nguyen, T. H. H., Vuong, N. L., & Van Luong, D. (2023). Linking psychological needs, perceived financial well-being and loyalty: the role of commercial banks. *Journal of Financial Services Marketing*, *28*(3), 466–487. https://doi.org/10.1057/s41264-022-00170-z

Hussain, A., Kanwel, S., Khan, S., Alonazi, W., Malik, A., & Khan, A. (2025). Moderating, Antecedents Of Patient Loyalty: Exploring Mediating And Adherence, Paradigms In Public Hospitals. *Patient Preference And Adherence*, *19*, 527–542.

Kim, C. E., Shin, J.-S., Lee, J., Lee, Y. J., Kim, M., Choi, A., Park, K. B., Lee, H.-J., & Ha, I.-H. (2017). Quality of medical service, patient satisfaction and loyalty with a focus on interpersonal-based medical service encounters and treatment effectiveness: a cross-sectional multicenter study of complementary and alternative medicine (CAM) hospitals. *BMC Complementary and Alternative Medicine*, *17*(1), 174. https://doi.org/10.1186/s12906-017-1691-6

Le, K. H., La, T. X. P., & Tykkyläinen, M. (2022). Service quality and accessibility of healthcare facilities: digital healthcare potential in Ho Chi Minh City. *BMC Health Services Research*, *22*(1), 1374. https://doi.org/10.1186/s12913-022-08758-w

Lestari, W. S., Panjaitan, U. Z., & Lubis, K. F. (2023). Analisis Kualitas Pelayanan dan Fasilitas Terhadap Kepuasan Pasien Umum Berobat di Puskesmas Aek Songsongan. *Journal Transformation of Mandalika*, *4*(5), 170–174.

Liu, S., Li Genqiang Li, Liu Nan, & Hongwei Wu. (2021). The Impact of Patient Satisfaction on Patient Loyalty with the Mediating Effect of Patient Trust. *The Journal of Health Care Organization, Provision, and Financing* , *58*, 1–11.

Pradipta, R. , & Jalilah, N. (2020). *Manajemen pelayanan kesehatan*.

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Setianingsih, A., & Susanti, A. S. (2021). Pengaruh kualitas pelayanan kesehatan terhadap kepuasan pasien di Rumah Sakit "S." *Menara Medika*, *4*(1).

Suandana, I. A., Januraga, P. P., & Indrayathi, P. A. (2019). Faktor-faktor yang berhubungan dengan keinginan perpindahan fasilitas kesehatan tingkat pertama pada peserta JKN Mandiri di Kota Denpasar tahun 2017. *Archive of Community Health*, *6*(1), 1–8.

Sugiyono. (2017). *Metode Penelitian Kuantitatif, Kualitatif, Dan R&D*. CV Alfabeta.

Thuy, D. H. D., Phuong, T. T. T., Khanh, N. H., & Vien, N. T. (2021). Evaluation of patient satisfaction and the service quality of the outpatient care at the Heart Institute of Ho Chi Minh City. *ECONOMICS AND BUSINESS ADMINISTRATION*, *11*(1), 46–59. https://doi.org/10.46223/HCMCOUJS.econ.en.11.1.1307.2021

Tofik, S., Yitayal, M., Negash, W., & Debie, A. (2023). *Quality of healthcare services among adult outpatients at two Public Hospitals in East Ethiopia: Using service quality (SERVQUAL) assessment model.*

Widiyastuty, F., Suryawati, C., & Arso, S. (2023). (2023). Mengapa Masyarakat Sarawak, Kecamatan Entikong Kabupaten Sanggau Berobat Ke Health), Malaysia. *Jurnal Kesehatan Komunitas (Journal Of Community*, *9*(1), 115–121.

Yulisetiarini, D., Suroso, I., & Owen, H. K. (2023). The influence of service quality, image and facility of hospital on patient loyalty through patient satisfaction with BPJS Kesehatan at type C hospitals in Jember. *IOSR Journal of Business and Management*, *25*(4), 11–16.

Yunita, S., Syamiyah, N., & Ferial, L. (2024). Literatur review: pengaruh kualitas pelayanan terhadap kepuasan pasien rawat inap di rumah sakit. . *Journal of Baja Health Science*, *4*(01), 1–16.