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The Impact of Implementing the Standard Inpatient Class (KRIS) on Service Quality and Patient Satisfaction Levels

Authors:

Desi Novitasari[1*], Yolanda Ngabito [2]

[1,2]Faculty of Science, Technology and Health Sciences, Bina Mandiri University, Gorontalo, 96128
*Corresponding Email: *desinovi3@gmail.com*

About the Author

1st Author	: Desi Novitasari, S.Tr.Keb., S.KM., M.Kes.
Affiliation	: Faculty of Science, Technology and Health Sciences, Bina Mandiri University
Mailing address	: Jl. Prof. Dr. Aloei Saboe, Bone Bolango, Wongkaditi, Gorontalo, Indonesia - 96128
Email of author	: desinovi3@gmail.com
Orcid ID	: 0009-0003-4958-7279
Google Scholar URL	: https://scholar.google.com/citations?user=w-HzaZ8AAAAJ&hl=id
Phone number	: 082350051025

2nd Author	: Yolanda Ngabito, S.E., M.Si.
Affiliation	: Faculty of Science, Technology and Health Sciences, Bina Mandiri University
Mailing address	: Jl. Prof. Dr. Aloei Saboe, Bone Bolango, Wongkaditi, Gorontalo, Indonesia - 96128
Email of author	: yolangabito92@gmail.com
Orcid ID	: 0009-0003-6942-7301
Google Scholar URL	: https://scholar.google.com/citations?user=CJM2YycAAAAJ&hl=id
Phone number	: 085398693964

ABSTRACT

This study aims to analyze the impact of the implementation of the Standard Inpatient Class (KRIS) on service quality and patient satisfaction at Toto Kabila Regional General Hospital, Bone Bolango Regency. The background of the study is the increase in dissatisfaction of inpatients in Gorontalo Province from 30% in 2022 to 35% in 2024. The study used a quantitative cross-sectional design with a sample of BPJS patients treated for at least two days in the KRIS room, selected by purposive sampling. The research instrument was a SERVQUAL questionnaire covering the dimensions of physical evidence, reliability, responsiveness, assurance, and empathy. Data analysis was conducted descriptively and bivariate regression tests. Results showed that 88.1% of respondents rated service quality as good, while 66.7% of patients reported being very satisfied. The chi-square analysis confirmed a significant relationship ($\chi^2 = 28.726$, $df = 4$, $p = 0.000$) between service quality and patient satisfaction. Implementation of KRIS improved patient comfort in terms of cleanliness, tidiness, and safety, although limited facilities and bed numbers remained obstacles. This study emphasizes that empathy and responsiveness of medical personnel are the dominant factors influencing patient satisfaction, while infrastructure readiness is a key determinant of sustainable implementation.

Keywords: Standard Inpatient Class, Service Quality, Patient Satisfaction, BPJS

INTRODUCTION

The Standard Inpatient Class (KRIS) policy, stipulated in Presidential Regulation No. 59 of 2024, is a strategic step by the government to equalize access to healthcare services for National Health Insurance (JKN) participants (1). The main objective of this policy is to establish minimum standards for inpatient care so that every patient, especially BPJS participants, receives equal quality care regardless of treatment class (2).

However, few empirical studies specifically evaluate the implementation of KRIS in regional hospitals. Most prior research focused on administrative aspects of JKN or general patient experiences without assessing service quality and satisfaction under KRIS. This leaves a research gap in understanding how KRIS impacts patient comfort, satisfaction, and hospital service quality at the regional level (3).

In Gorontalo Province, inpatient dissatisfaction has increased from 30% in 2022 to 35% in 2024, highlighting the urgency of evaluating KRIS implementation (4). Therefore, this study aims to assess the quality of services and satisfaction levels of BPJS patients at Toto Kabila Regional Hospital and to identify challenges and strategies for improvement.

METHOD

Design: Quantitative study using a cross-sectional approach.

Participants: BPJS inpatients hospitalized for at least two days in KRIS wards at Toto Kabila Regional Hospital. Sample size consisted of 84 respondents, selected through purposive sampling. The rationale for purposive sampling was to ensure inclusion of patients who had sufficient exposure to the KRIS environment.

Instruments: Data were collected using a SERVQUAL questionnaire (tangibles, reliability, responsiveness, assurance, empathy) and a patient satisfaction questionnaire using a Likert scale (1–5). Instruments were tested for validity and reliability before use.

Data Collection: Questionnaires and short interviews were conducted with patients and hospital staff.

Data Analysis: Descriptive statistics were used to present service quality and satisfaction levels. Chi-square test was applied to examine the association between service quality and patient satisfaction, reporting χ^2, degrees of freedom, and p-values.

Ethical Approval: The study obtained approval from the Bina Mandiri University Ethics Committee. Informed consent was obtained from all participants.

RESULTS AND DISCUSSION

Result

Service Quality

Table 1. Distribution of Respondents Based on Service Quality

Service Quality	Amount	Percentage
Good	74	88.1
Fair	9	10.7
Poor	1	1.2
Total	84	100

Most respondents (88.1%) rated service quality as good, while only 1.2% reported poor quality.

Patient Satisfaction

Table 2. Distribution of Respondents Based on Patient Satisfaction

Patient Satisfaction	Amount	Percentage
Very Satisfied	56	66.7
Satisfied	23	27.4
Not Satisfied	5	6.0
Total	84	100

66.7% of respondents were very satisfied, while 6% were not satisfied.

Relationship between Service Quality and Patient Satisfaction

Table 3. Chi-square Analysis

Service Quality		Patient Satisfaction						
		Very Satisfied	Satisfied	Not Satisfied	Total	X^2	df	P
Good	Amount	54	16	4	74	28.726	4	
	Percentage	73.0	21.6	5.4	100			
Fair	Amount	2	7	0	9			
	Percentage	22.2	77.8	0	100			0.000
Poor	Amount	0	0	1	1			
	Percentage	0	0	100	100			
Total	Amount	56	23	5	84			
	Percentage	66.7	27.4	6.0	100			

Chi-square test confirmed a significant relationship ($\chi^2 = 28.726$, df = 4, p = 0.000) between service quality and patient satisfaction.

Discussion

The findings of this study confirm that there is a significant relationship between service quality and patient satisfaction in the context of Standard Inpatient Class (KRIS) implementation at a regional hospital. The majority of patients who perceived service quality as good also reported very high levels of satisfaction. This indicates that KRIS, as a national policy, has had a tangible positive impact on patient experience in regional hospitals such as RSUD Toto Kabila.

Unlike previous studies that mainly discussed BPJS administration or general patient satisfaction trends, this study provides empirical evidence on how KRIS directly shapes patients' perceptions of comfort, safety, and service delivery (3). This contribution is important because research evaluating KRIS at the regional hospital level remains scarce.

High patient satisfaction levels in this study were particularly influenced by empathy and responsiveness of healthcare staff. These findings are consistent with Astuti (2024) and Permana et al. (2023), who noted that friendliness, clarity of communication, and prompt responses are central to patient experience (5,6). However, makes this study unique is the identification of empathy and responsiveness as dominant factors within a newly standardized hospital ward system (KRIS), showing that even when physical facilities are not optimal, human interaction can offset limitations and still ensure patient satisfaction.

Physical infrastructure remains a significant challenge. Interviews revealed that inadequate air conditioning, insufficient lighting, and limited spacing between beds reduced patient comfort. This aligns with Rakhman et al. (2024) and WHO (2023), who found that physical environments strongly affect patient recovery and satisfaction (7,8). However, the novelty of this study is its demonstration that in the KRIS context, infrastructure limitations do not entirely diminish satisfaction levels if human resource performance is strong. This nuance adds depth to existing literature, suggesting that KRIS implementation requires a dual strategy: upgrading facilities and maintaining high-quality interpersonal care.

From a management perspective, the head of the service section confirmed that KRIS has not increased the workload of staff but rather improved the organization of patients. This provides new managerial insight that standardization policies like KRIS can streamline hospital workflows, balancing patient comfort with operational efficiency. Earlier studies such as Lubis et al. (2024) highlighted potential efficiency gains but did not link them to patient satisfaction outcomes as this study does (9).

Another point of novelty is the regional hospital setting. Most earlier research (Renwarin et al., 2023; Kurniawan et al., 2024) focused on urban or large referral hospitals, where infrastructure readiness is relatively better (3,10). By focusing on RSUD Toto Kabila in Bone Bolango, this study provides evidence that KRIS can be effectively applied even in resource-constrained environments, as long as empathy and responsiveness are prioritized. This finding expands the understanding of KRIS applicability beyond well-equipped hospitals.

Critically, the study highlights a paradox: while patients recognize infrastructure shortcomings, their overall satisfaction remains high due to interpersonal care quality. This suggests that satisfaction is not only a function of physical standards but also relational trust and perceived fairness in treatment (11). Such insight contributes to patient-centered care models and strengthens the argument that KRIS, as a policy, should invest equally in human and material resources (12).

Finally, this study reinforces the SERVQUAL model by confirming the dominance of responsiveness and empathy over tangibles in determining satisfaction. Yet, it also extends SERVQUAL theory by showing that in the specific case of KRIS, tangibles (physical facilities) act as threshold factors: they may not drive satisfaction, but when inadequate, they limit the maximum level of satisfaction achievable. This theoretical refinement represents an additional contribution of this research.

LIMITATION OF THE STUDY

This study relied on Likert-scale questionnaires, which reflect subjective perceptions. It was also limited to a single hospital, reducing generalizability.

CONCLUSIONS AND SUGGESTIONS

The implementation of KRIS at Toto Kabila Regional Hospital significantly improved service quality and patient satisfaction. Empathy and responsiveness of medical personnel were dominant factors, while infrastructure readiness remained a major challenge.

Practical implication: Investments in hospital infrastructure are as critical as staff performance in ensuring successful KRIS implementation.

Future research should involve multiple hospitals, include perspectives of both patients and healthcare workers, and use longitudinal designs to track satisfaction changes over time.

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