Determinants Related to User Perceptions of The Quality of Health Home Outpatient Services in DKI Jakarta After Rebranding in 2025

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Abstract

Healthcare service quality is a key indicator in evaluating the effectiveness of healthcare facilities, influencing patient satisfaction and loyalty. Understanding users' perceptions of service quality is essential for developing strategies to improve outpatient care. This study aims to analyze factors affecting users' perceptions of service quality at Rumah Sehat outpatient units in Jakarta in 2025. A quantitative survey design was employed, involving 96 purposively sampled respondents. The data were analyzed using the chi-square test to determine the relationship between demographic characteristics, payment methods, and users' perceptions of service quality. The results indicate that users' perceptions are significantly influenced by age, education, and payment methods, with payment method being the most dominant factor. Moreover, professional, friendly, and responsive healthcare staff, along with adequate and comfortable facilities, contribute to positive user perceptions. These findings provide practical implications for Rumah Sehat management to enhance service quality, patient satisfaction, and user loyalty.

Keywords: User perception; service quality; outpatient care; rumah Sehat and Jakarta.

I. INTRODUCTION

The quality of healthcare services is a key indicator of the success of a medical care system because it directly impacts user satisfaction, perception, and loyalty (Ministry of Health of the Republic of Indonesia, 2021). Outpatient units, as the main gateway to services, play a crucial role in shaping the patient experience. In DKI Jakarta, the Provincial Government is rebranding all regional general hospitals (RSUD/RSKD) as Rumah Sehat Untuk Jakarta (Healthy Homes for Jakarta) by 2025, with the goal of improving the institution's image, service quality, and public accessibility.Despite these efforts, the public still faces obstacles in accessing healthcare services, such as long queues, high costs, and limited facilities. Pre-research survey results revealed three key priority issues: the organization's communication, marketing, and branding strategies have not been established; the service identity is not yet strong; and service access is not yet easy, fast, and widespread (Jakarta Provincial Health Office, 2020). This underpins the need to evaluate public perceptions of service quality post-rebranding.The rebranding of Rumah Sehat Untuk Jakarta includes changes to its name, logo, facilities, services, and improvements to the competency of healthcare workers. The primary goal is to create more personalized, friendly, and promotive-preventive services (Mochtar, 2023; Nugraheni & Rizki, 2021). In this context, hospitality is a crucial factor, as friendly and personalized service can increase patient satisfaction, positive public perception, and encourage the use of preventive services (Sumiyati, Wulandari, & Prasetyo, 2019).Previous research has shown that the quality of outpatient services is influenced by several factors, including speed of service, competence of healthcare personnel, facilities, communication, and environmental comfort (Aguayo, Badgaiyan, & Paintal, 2015). Parasuraman, Zeithaml, & Berry, 2014).

Hospital branding strategies have also been shown to influence institutional image and patient loyalty (Fibuch, King, & Wicks, 2016). However, most previous research was conducted before institutions underwent branding transformation or service modernization. Studies related to public perception of post-rebranding services in Indonesia, particularly in DKI Jakarta Regional General Hospitals (RSUD/RSKD), are still limited. Therefore, this study seeks to address the need for up-to-date information regarding the impact of rebranding on service user perceptions.Based on the literature review and field conditions, several research gaps underlie this study. First, there are still few studies assessing user perceptions of services following the rebranding of healthcare institutions in Indonesia. Second, data on the factors most influential

in the perception of outpatient service quality after rebranding is still limited. Third, studies integrating the evaluation of service determinants with the context of institutional branding changes are still rare.This study offers novelty by analyzing user perceptions of the quality of outpatient services following the rebranding of Rumah Sehat Untuk Jakarta. In addition to evaluating user satisfaction, the study also identifies specific determinants influencing public perception, including demographic factors and payment methods. The results are expected to provide contextual information for policymakers and serve as a reference for further research in healthcare and hospital management.The general objective of this study is to analyze the relationship between user perceptions of the quality of outpatient services at Rumah Sehat Untuk Jakarta after the rebranding in 2025. The specific objectives of the study include describing the characteristics of service users, analyzing the relationship between age, gender, education, employment status, income, and payment method with user perceptions of service quality, and determining the dominant factors that influence user perceptions after the rebranding.

II.   METHODS

This study used an analytical survey design with a cross-sectional approach to measure the relationship between age, gender, education, employment status, income, and payment method as independent variables with public perception of outpatient unit services as dependent variables simultaneously (Notoatmodjo, 2010). The study was conducted in six Healthy Homes for Jakarta, namely Tanah Abang Regional Hospital, Kebayoran Lama Regional Hospital, Matraman Regional Hospital, Kembangan Regional Hospital, Pademangan Regional Hospital, and Seribu Islands Regional Hospital, from April to June 2025. The study population consisted of 350 service users, with a sample of 96 old outpatient unit patients selected using simple random sampling and accidental sampling techniques (Arikunto, 2014; Lemeshow, 1997).

Inclusion criteria included old patients aged 17 years and above and willing to participate, while exclusion criteria were patients with chronic diseases, disabilities, or those unable to read and write. Primary data were obtained through questionnaires completed by existing patients, while secondary data were collected from the Jakarta Health Office. The questionnaire used a four-point Likert scale with a score of 1 for "strongly disagree" to 4 for "strongly agree." This research instrument was tested for validity using the Pearson test and reliability with Cronbach's Alpha ≥0.95 (Ghozali, 2016; Sugiyono, 2017). Data analysis was performed univariately to describe the frequency distribution of respondent characteristics, bivariately using the Chi-Square test or Fisher's Exact Test to assess the relationship between variables, and multivariately using logistic regression to determine the dominant factor. Hypothesis testing was performed at a significance level of $\alpha = 0.05$, with a p-value ≤ 0.05 considered significant.

III.   RESULT AND DISCUSSION

Univariate analysis was conducted to provide a general overview of the frequency distribution of each research variable. The dependent variable was user perception of the quality of health services, while the independent variables included perceptions of the rebranding of Rumah Sehat untuk Jakarta, age, gender, education, occupation, income, and payment method. The analysis results showed that the majority of respondents, namely 57 people (59.4%), had a good perception of the quality of health services. A total of 44 people (45.8%) had a positive perception of the rebranding. Judging from the age distribution, most respondents were under 40 years old with a total of 76 people (79.2%), while those aged over 40 numbered 20 people (20.8%). The majority of respondents were female, namely 59 people (61.5%), and had a high level of education as many as 62 people (64.6%). Most respondents also had jobs with a total of 84 people (87.5%), while respondents with low income numbered 52 people (54.2%).

In addition, the majority of respondents used BPJS as a payment method, namely 72 people or 75%. Bivariate analysis was conducted to determine the relationship between independent variables and user perceptions of health service quality using the Chi-Square test or Fisher's Exact Test. The results of the analysis showed that the rebranding variable had a p-value of 0.785, so it was not significant on the perception of service quality. The age variable had a significant relationship with a p-value of 0.004 and an

odds ratio (OR) of 0.968. Gender also showed a significant relationship with a p-value of 0.007 and an OR of 0.700, as did education level with a p-value of 0.007 and an OR of 0.965. The occupation variable did not show a significant relationship with a p-value of 0.500, as did income with a p-value of 0.785. Conversely, payment method had a significant relationship with the perception of service quality with a p-value of 0.042.

Multivariate Analysis (Logistic Regression)

Candidate variables: rebranding, employment, income, payment method (p < 0.25 in bivariate).

Table 1. Final Modeling of Multivariate Analysis

Variables	B	p-value	Exp(B)	95% CI
Rebranding Perception	0.690	0.016	2,994	0.760–5.231
Work	-0.923	0.182	0.397	0.102–1.541
Income	-0.571	0.010	0.565	0.232–1.380
Payment method	0.671	0.103	1,956	0.696–5.500

The most dominant variable: rebranding perception (Exp(B)=2.994), increasing service perception up to 2 times.

Nagelkerke Model R^2 = 0.382 → rebranding, job, income, and payment method variables contribute 38.2% to service perception, the rest is influenced by other factors.

Discussion

The results showed that the majority of respondents (59.4%) rated the quality of healthcare services at Rumah Sehat untuk Jakarta as good, while 40.6% rated it as poor. Perceptions of service quality are formed from patients' actual experiences with the facility and interactions with healthcare workers, and are influenced by service dimensions such as reliability, empathy, responsiveness, tangibles, and assurance (Widyastuti et al., 2024; Sumarta et al., 2024). Good service quality has been shown to increase patient satisfaction and encourage loyalty to healthcare facilities (Utomo, 2024; Widyarini et al., 2024).While 45.8% of respondents rated the Rumah Sehat untuk Jakarta rebranding positively, statistical analysis showed no significant relationship between perceptions of the rebranding and perceived service quality (p = 0.785). This indicates that the rebranding impacted the public's brand image more than direct patient experience. Recent research suggests that an effective rebranding strategy must be accompanied by improvements in service quality and innovation to significantly impact patient satisfaction (Mirza et al., 2022; Mochtar, 2023). While a well-planned rebranding implementation can improve hospital visibility and public trust, the service experience remains the primary factor shaping perceived quality (Havivi et al., 2022). The majority of respondents were aged <40 years (79.2%), with 59.2% rating the service quality as good. Statistical analysis showed a significant relationship between age and perceived service quality (p = 0.004; OR = 0.968).

Recent studies support this finding, where younger age groups tend to be more accepting of digital technologies such as telemedicine and rate services more positively (Detriawan & Kurniasari, 2023; Zein et al., 2022). Conversely, older age groups tend to face challenges in accessing digital services, and their perceptions of service quality are influenced by the availability of facilities and staff support (T. Heponiemi et al., 2022). An age-based service strategy is needed to ensure equitable patient satisfaction across all age groups (Azharuddin et al., 2023).Gender differences did not show a significant association with perceived service quality (p = 0.707). This finding aligns with recent research showing that patient satisfaction is more influenced by access to and experience of services than by gender alone (Suhita et al., 2023; Azharuddin et al., 2023). However, the literature emphasizes the importance of a gender-sensitive approach, particularly in reproductive and mental health services, to ensure inclusive and responsive services to the needs of both male and female patients (Widyarini et al., 2024).This study found a significant relationship between education and perceived service quality (p = 0.007). Individuals with higher education tend to have clearer expectations and critical evaluation skills regarding healthcare services, thus encouraging service providers to maintain quality and transparency of information (Azharuddin et al., 2023).

Patient education plays a crucial role in encouraging their active involvement in decision-making and providing feedback to healthcare facilities (Sumarta et al., 2024).While 87.5% of respondents were employed, no significant relationship was found between employment status and perceived service quality (p = 0.500). Recent research indicates that employment factors influence access to healthcare, primarily due to

time constraints and flexible working hours, but are not always directly related to perceived satisfaction (Azharuddin et al., 2023). Hospitals can enhance positive patient perceptions of workers by providing technology-based services or more flexible service hours (Sumarta et al., 2024).Analysis showed no significant relationship between income level and perceived service quality (p = 0.785). Recent studies have shown that while income influences financial ability to choose a healthcare facility, patient satisfaction is more influenced by the quality of healthcare provider communication, facility availability, and care experience (Suhita et al., 2023). Efforts to improve access for low-income patients remain crucial to reducing service disparities.The study found a significant relationship between payment method and perceived service quality (p = 0.042). Respondents using BPJS Kesehatan tended to have different expectations than those with private insurance. Recent studies have shown that the transformation of BPJS service quality has begun to have a positive impact on patient satisfaction, but challenges related to the capitation system and resource distribution remain (Prasetyo et al., 2025; Widyastuti et al., 2024). Service providers need to maintain service quality without discrimination based on payment type, while simultaneously improving the effectiveness of financing schemes.

IV.   CONCLUSION AND SUGGESTION

Based on the research results, it can be concluded that user perceptions of the quality of the outpatient services at Rumah Sehat for Jakarta are influenced by demographic characteristics such as age, education, and payment method. The dominant influencing variable is payment method. The quality of professional, friendly, and responsive healthcare personnel, as well as adequate, clean, and comfortable facilities, also play a significant role in shaping user perceptions.Suggestions include improving the quality of healthcare workers through training, improving facilities and service delivery, enhancing effective communication with patients, and utilizing digital technology to facilitate access to services. Furthermore, regular user satisfaction surveys can help evaluate and improve the quality of Rumah Sehat (Healthy Home for Jakarta) services.

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