



## Analysis of Public Services for Users of the Social Security Administrator Agency (BPJS)

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**Abstract.** This study examines the quality of outpatient public services for BPJS Health patients at the Regional General Hospital of Dumai City. The purpose of this research is to assess how service quality is experienced by patients and how effectively outpatient services are delivered. A qualitative descriptive approach was used, with data collected through direct observation, in-depth interviews, and documentation. Informants included outpatient service staff and BPJS patients selected purposively to represent both service providers and service users. The analysis focuses on five dimensions of service quality: physical facilities, service reliability, responsiveness, assurance, and empathy. The results indicate that outpatient services are generally perceived as adequate, particularly in terms of physical facilities, diagnostic accuracy, and staff professionalism. However, delays in registration and service processes remain a major concern, mainly due to high patient volume and administrative procedures. In addition, differences in staff communication and interpersonal attitudes lead to variations in patient experiences. Overall, the study highlights the importance of improving service responsiveness and strengthening empathetic communication to enhance patient satisfaction and the effectiveness of public hospital outpatient services.

**Keywords:** BPJS Health; Outpatient Services; Public Hospitals; Public Services; Service Quality

### 1. INTRODUCTION

Improving the quality of public services at the Social Security Administration (BPJS) for Health is crucial to increase public satisfaction in obtaining safe, high-quality, systematic, and affordable healthcare services. Healthcare services have not yet met the standards of good public service, public access to the benefits of services is very limited, and the public cannot yet obtain services at all healthcare facilities (Widiastuti, 2018; Dora et al., 2019).

According to Kolter in Ii & Teori (2018), Service is a translation of the word service, which is often also translated as services. "Services are any actions or activities that can be offered by one party to another party which are basically intangible and do not result in any ownership" According to Hayat (2017) in Ii & Teori (2018) "Public service is public trust. Public services are carried out responsibly and in accordance with existing provisions and regulations".

According to Robert in Ii & Teori (2018) what is meant by public service is "all forms of public service activities carried out by central government agencies, in regions and state-owned or regional business entities in goods or services both in the context of efforts to fulfill community needs and in the context of implementation.

Patients using cards such as ASKES/BPJS Kesehatan, BKR, and similar ones are required to bring the card along with a referral letter from a family doctor or designated community health center. BPJS itself stands for Social Security Administering Body, which, according to Law Number 24 of 2004, is the result of a transformation of the existing social security

administering body. BPJS was established to administer social security programs in accordance with existing dynamics and developments (Khaz et al., 2024).

Based on the decision of the Minister of Health and Social Welfare Number 1549/Menkes Kesos/SK/X/2000 dated October 16, 2000, the Dumai City Regional General Hospital (RSUD) was designated as type C. Therefore, the task of the Dumai City Regional General Hospital (RSUD) is as one of the facilities that will provide health services to the community that is able to create a healthy and dynamic state for the Dumai City community (Hildawati, 2019).

Based on observations made at Dumai City Regional Hospital, problems were still found regarding the quality of service for BPJS Health card users. These problems include: (1) the behavior of service providers who tend to be less responsive to BPJS users; (2) Long registration times.

According to Mrs. Anna, a BPJS Health user who received treatment at the Outpatient Polyclinic at Dumai City Hospital, she said, "In my opinion, the staff at this hospital are a bit indifferent and sometimes curt to patients, but there are some who are friendly too." Based on the symptoms of the problems that have been described, the author formulates the problem "How is the Service for BPJS Users for Outpatient Treatment at the Dumai City Regional General Hospital (RSUD)?"

## **2. LITERATURE REVIEW**

According to Kotler in Indrasari (2019) quality is defined as the characteristic of every feature of a product or service that influences its ability to satisfy stated or implied needs. A product or service is considered high quality if it can meet consumer expectations regarding the product's value.

Goetsch Davis in Yamit (2005) makes a broader definition of quality, namely quality is a dynamic condition related to products, services, people, processes, and environments that meet or exceed expectations. According to Heizer in Laksana & Febriani (2022), quality is "all the features and characteristics of a product or service that can satisfy visible or vague needs". According to Gasperz in Nababan & Purwanggono (2023), quality is a way to continuously improve performance at the operational/process level, in each functional area of an organization, by utilizing available resources and existing capital.

According to Ishikawa (1943) in Rahman (2021), "quality is used to improve organizational performance using cause and effect diagrams to diagnose quality problems." Quality, if managed appropriately and promptly, will contribute positively to achieving customer

satisfaction (Budianto et al., 2023). According to the Big Indonesian Dictionary, "Service" is an effort to serve the needs of others in exchange for compensation (money) (KBBI, 2003). Service according to Lukman (2008): "an activity or sequence of activities that occur in direct interaction between a person and another person or machine physically, and provides customer satisfaction."

According to Pasolong in Erlianti et al. (2019) states that service is an activity of a person, group and/or organization, either directly or indirectly, to fulfill needs. According to Sanusi in Wati et al. (2022) in order for the public to get a positive impression of the service provided, maximum service must be created, such as by providing a friendly and welcoming smile and good manners. According to Pasolong (2010) service is an activity of a person, group and/or organization, either directly or indirectly, to fulfill needs. According to Warella in Pasolong, (2010), basically, service is defined by several authors as an act (deed), a performance (performance) or an effort (effort).

According to Barata in (Atmadjati, 2018) it is stated that "Service is an activity that occurs in direct interaction between a person and another person or machine physically, and provides customer satisfaction". According to Philip Kottler in Rangkuti (2017) it is stated that service can be interpreted as an activity that is useful or provided by one or more parties to other parties to be able to satisfy needs and desires which are basically tangible and will not give rise to any leadership for those who receive it. According to Moenir in Rangkuti (2017), service is the process of fulfilling needs through the direct activities of others. In other words, service is an action taken by others so that each person obtains the desired benefits and satisfaction.

According to Armstrong in Rangkuti (2017) it is stated that "Service is any activity or benefit that can be provided by one party to another party which is basically intangible and does not result in ownership of something". According to HN Casson in Rangkuti (2017), service is an action expressed or carried out to please, seek guidance, or provide benefits to buyers with the aim of creating goodwill or a good name, as well as increasing sales and income. According to Delly in Sellang (2019), services provided to the public are required to be of high quality. Although services are not profit-oriented, they must still prioritize quality in accordance with the demands, expectations, and needs of the community being served.

According to Sinambela (2006) public service is any activity carried out by the government towards a number of people who have any activity that is beneficial in a group or unit, and offers satisfaction even though the results are not tied to a physical product.

According to Agung Kurniawan in Pasolong (2010) public service is the provision of services (serving) the needs of other people or the community who have an interest in the

organization in accordance with the basic rules and procedures that have been established. Public services according to Arif in Handoyo (2012) defines "public services as a service or provision to the community in the form of the use of public facilities, both in the form of services and non-services carried out by public organizations (government)". According to Kurniawan (2017), public service is defined as providing services to meet the needs of people or communities who have an interest in the organization in accordance with the basic rules and procedures that have been established. government institutions and actors.

According to Wasistiono in Hardiansyah (2017), public service is the provision of services by the government, private parties on behalf of the government or private parties to the community, with or without payment to meet the needs and/or interests of the community.

According to Saputro, (2015) "Public service can be interpreted as providing services (serving) the needs of people or communities who have an interest in the organization in accordance with the basic rules and procedures that have been established."

According to the Decree of the Minister of Administrative and Bureaucratic Reform No. 63/KEP/M.PAN/7/2003 in Styadi (2015) public services are all service activities carried out by public service providers as an effort to fulfill the need for service recipients and the implementation of statutory provisions.

According to Suryanto & Kusdyana (2020) public services are all forms of services provided by the government, whether organized by government institutions themselves or by non-government institutions to meet the needs of the community or the implementation of provisions that have been determined with all means and equipment through certain work procedures to provide services in the form of goods and services. According to Levey & Loomba (1973) in (Azwar, 1996) what is meant by health services is every effort carried out alone or together in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families and communities. According to Syamsul et al. (2022) health services are a sub-system of health services whose main objectives are promotive (maintaining and improving health), preventive (prevention), curative (healing), and rehabilitation (restoration) of individual, family, group or community health. According to the Ministry of Health of the Republic of Indonesia in Syamsul et al. (2022) health services are any effort carried out individually or collectively in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups and/or communities.

According to Saifuddin (2009) health services are every effort carried out individually or together in an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and/or communities. According to Praptianingsih

(2007) health services are efforts made by the government together with the community in order to improve, maintain and restore public health, which includes preventive, promotive, curative and rehabilitative services.

According to Hendrojono (2007) health services are any effort carried out individually or together in an organization to improve and maintain health, prevent disease, treat disease and restore health aimed at individuals, groups/communities. According to Ridwan & Saftarina (2015) health services are an activity offered by one party to another party that is not realized without resulting in ownership, but services have the concept that the better the quality of the product or service provided, the more it exceeds the expectations desired by the customer.

According to Evan, as quoted by Astaqauliyah (2008), health services are unique compared to other services in fulfilling human needs. This is because health services have three characteristics: uncertainty, asymmetry of information, and externality (Mustofa et al., 2020). Success According to Philip Kotler and Kevin Lane Keller in Rustadia et al. (2020) service quality is any action or activity that can be offered by one party to another party, which is basically intangible and does not have any ownership.

According to Tjiptono (2014) service quality focuses on how to meet consumer needs and desires and the accuracy of the delivery method to meet consumer expectations. According to Parasuraman in Sandi et al. (2021) service quality is a comparison between the perception of the service received and the actual service expected. Lehtinen (1982), Gronroos, (1984), Caruana, (2002) in Liang et al. (2010) said service quality is the result of a comparison by customers between their expectations about the service and their perceptions of how the service is delivered. Meanwhile, according to Syahrin (2017) service quality is a comparison between customer expectations of the company in fulfilling their needs and desires with customer perceptions of the performance of the service they receive, such as accuracy and how it is delivered.

According to Brady & Cronin (2001) service quality is a customer's assessment of service aspects, including interactions between employees and customers, the service environment, and service results. According to Philip & Keller (2012) service quality is a comparison between customer expectations of a service and their actual experience, taking into account aspects such as performance, features, reliability, suitability, durability, service, aesthetics, and perceived quality.

According to Kotler (2000) Service Quality is the comparison of the quality received by the customer (perceived quality), that is, after the customer receives the service, with the quality expected (expected quality). Customer perception of service quality is formed due to the

difference between the service received and the service expected (Baines & Paul, 2011). If service quality is implemented well by the company, it will be able to meet consumer needs according to consumer expectations and provide satisfaction to consumers (Robinsyah, 2022). BPJS Kesehatan covers participant health services including first-level health services and advanced referral health services (Astuti, 2020).

### **3. METHODOLOGY**

This study used a qualitative approach with a descriptive design to gain a deeper understanding of the quality of public services provided to BPJS Kesehatan (Social Security Agency) patients in outpatient care at Dumai City Regional General Hospital (RSUD). This approach was chosen because the research focused on exploring the service process, interactions between staff and patients, and patient perceptions of the quality of services received within the context of public health services.

The study was conducted at Dumai City Regional Hospital, located at Jalan Tanjung Jati No. 4, Buluh Kasap Village, Dumai Timur District, Dumai City, Riau Province. The location was selected based on the strategic role of Dumai City Regional Hospital as the primary referral hospital in Dumai City, as well as the high intensity of outpatient services for BPJS Kesehatan patients. Data collection was conducted in 2025, taking into account the availability of informants and access to outpatient services.

The research subjects were the outpatient service unit of Dumai City Regional Hospital, with informants selected purposively based on considerations of direct involvement in the service process and understanding of the BPJS service mechanism. Informants consisted of two outpatient service officers and two outpatients using BPJS Kesehatan. Informants from the hospital included the Head of the Outpatient Room and BPJS administrative staff, while informants from the patient side were selected to represent the perspective of service users directly.

The research data consisted of primary and secondary data. Primary data were obtained through direct observation of the outpatient service process and semi-structured interviews with all informants. Interview guidelines were developed based on service quality dimensions, including tangibles, reliability, responsiveness, assurance, and empathy, ensuring the data were relevant to the research conceptual framework. Secondary data were obtained through document review, including hospital profiles, BPJS participant data, and internal documents related to outpatient services.

Data analysis was conducted qualitatively using an interactive analysis model that encompasses data reduction, data presentation, and conclusion drawing. Data from observations, interviews, and documentation were first selected and categorized to identify key themes related to service quality. Next, the data were presented in a systematic narrative to facilitate interpretation of patterns and relationships between categories. Conclusions were drawn iteratively throughout the analysis process, ensuring that the research findings reflect empirical conditions consistent with the field data.

To ensure data validity, this study employed triangulation of sources and techniques. Information obtained from service personnel was compared with information from BPJS Kesehatan patients and verified through observation and documentation. This approach increased the credibility, reliability, and validity of the research findings and ensured that the results could be scientifically justified and replicated in similar research contexts.

#### **4. RESULTS**

The study results show that the quality of outpatient services for BPJS Kesehatan patients at Dumai City Hospital is perceived differently, but generally falls within the "fair" category. Findings were obtained through direct observation of the service process and in-depth interviews with outpatient staff and BPJS Kesehatan patients. Interview results were analyzed using five dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy.

From a physical evidence perspective, observations indicate that the waiting room, parking area, and sanitation facilities in the outpatient unit are generally in good condition and can be used well by patients. This perception is reinforced by the statement of one patient who stated, "The parking is spacious, the toilets are also clean, I think it is adequate and suitable for use." Another patient also said that, "The facilities are quite good, there are plenty of chairs in the waiting room, the toilets are also clean, it's okay in my opinion." These findings indicate that the physical condition of the facility has provided a sense of comfort for patients while waiting for services. However, at certain times when the number of patients increases, the waiting room capacity still has the potential to cause overcrowding, thereby reducing patient comfort.

Regarding the reliability dimension, interview results indicated that patients rated medical services, particularly regarding diagnostic accuracy, as good. One patient stated, "So far, so good. I think the doctor's diagnosis is accurate and appropriate. The doctor also suggested a referral." This statement indicates that the patient felt the service received was consistent with

their complaints and reflects the medical staff's ability to provide accurate and reliable care. This indicates that the reliability aspect of medical services at the Dumai City Hospital outpatient unit has been running quite well.

In terms of responsiveness, interview results indicate that waiting times during the registration process are one of the main complaints of BPJS patients. One patient said, "I once waited a long time during registration until five in the afternoon before I went home. At that time, BPJS was busy, while general services were limited." From the staff's perspective, the head of the outpatient department explained that, "BPJS has many procedures, so that's what makes it long. Many patients don't know that BPJS users have many requirements that must be input first." This was reinforced by a BPJS administration officer who stated, "The large number of patients is one factor that causes long queues, especially sometimes there are patients who have been called but there are problems with the referral from the first health facility that is not yet online, so that makes the process take longer." This finding indicates that service delays are not solely caused by staff performance, but also by the complexity of administrative procedures and the high volume of patients.

In terms of assurance, observations indicate that security officers and healthcare workers were generally polite and helpful to patients. This was directly felt by patients, who stated, "Very polite, I really like the doctor who treated me. I've been with him for three years. He's friendly and easy to joke with." This statement indicates that the friendly demeanor and communication skills of healthcare workers contribute to fostering patient trust and comfort during the service process. However, observations also indicate that some officers are still less active in communicating with patients, resulting in less than optimal service interactions.

In terms of empathy, interview results revealed variations in patient experiences. One patient stated, "Just so-so, not overly friendly, but still nice. The process doesn't take long when it's not busy." Meanwhile, another patient stated, "Some staff are rude, which makes it uncomfortable, but some are friendly, but not all, just some." These statements indicate that although services are ongoing, the attention and friendliness of staff are still not felt equally by all patients. This indicates that the empathy dimension still needs strengthening so that patients can experience more personalized and needs-oriented services.

Overall, the study results indicate that the quality of outpatient services for BPJS patients at Dumai City Hospital is considered quite good, particularly in terms of physical facilities, prompt medical care, and the attitudes of most staff. However, waiting times and varying staff attitudes remain issues that influence patient perceptions of service quality. These findings

emphasize that improving service quality depends not only on procedural and facility aspects, but also on strengthening staff communication skills and empathy in providing care to patients.

## 5. DISCUSSION

This study aims to analyze the quality of public services for BPJS Kesehatan patients at the outpatient unit of Dumai City Regional Hospital using five dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. The findings of this study provide an important contribution to understanding patient perceptions of public health services, particularly in the context of outpatient services at regional hospitals serving BPJS Kesehatan participants.

In general, the study results indicate that the quality of outpatient services at Dumai City Regional Hospital is perceived as quite good, particularly in terms of physical facilities, the accuracy of medical services, and the professionalism of the majority of healthcare workers. These findings reinforce the view that service quality is determined not only by clinical aspects, but also by the physical environment and interactions between staff and patients. This aligns with the concept of service quality, which emphasizes the alignment between service users' expectations and perceptions, as outlined in the service quality literature.

Regarding the physical evidence dimension, the study findings indicate that the waiting room, parking area, and sanitation facilities were deemed adequate by the majority of patients. These results align with previous research that emphasized the importance of physical facilities in shaping patients' initial impressions and comfort during healthcare services. The availability of adequate facilities also contributes to perceptions of the professionalism of public service institutions. However, findings regarding potential congestion in waiting rooms during peak hours indicate that the physical aspects of services still have room for improvement, particularly in terms of capacity management and spatial layout.

Regarding the reliability dimension, the study results show that patients generally rate medical services, particularly regarding diagnostic accuracy, as satisfactory. This suggests that the competence of medical personnel is a key factor in building patient trust in public healthcare services. This finding aligns with previous research emphasizing that service reliability is at the core of service quality, reflecting an organization's ability to consistently and accurately fulfill service promises. Therefore, reliability is a crucial foundation for maintaining the credibility of RSUD as a public healthcare provider.

In contrast to the previous two dimensions, the responsiveness dimension demonstrated more prominent challenges, particularly related to waiting times during the BPJS patient

registration process. This finding is consistent with various previous studies showing that the complexity of administrative procedures and the high volume of BPJS patients are often the main factors causing service delays in public health facilities. In this context, service delays do not entirely reflect poor staff performance, but rather reflect system limitations and high workloads. These findings indicate that improving service quality requires improvements not only at the individual staff level, but also at the system level and service process management.

In terms of assurance, the study findings indicate that the polite, friendly, and communicative behavior of healthcare workers contributes to fostering patient trust and comfort. This reinforces findings in the literature that assurance, including competence, courtesy, and communication skills, are important factors in building trust between patients and healthcare providers. However, the finding that some healthcare workers are still less active in communicating with patients indicates that service standards are not yet fully compliant, necessitating efforts to improve the quality of interpersonal interactions within the service.

In the empathy dimension, the study results show a variety of patient experiences, ranging from perceived good service to less than pleasant experiences due to perceived unfriendly staff. These findings indicate that empathy is the most subjective dimension and is heavily influenced by personal interactions between staff and patients. This aligns with literature emphasizing that empathy reflects an organization's ability to provide individualized attention and understand the specific needs of service users. Variations in patient perceptions indicate that strengthening a patient-centered service culture remains a key agenda for improving service quality at Dumai City Hospital.

From a managerial perspective, the findings of this study suggest that Dumai City Regional Hospital management needs to focus not only on providing physical facilities and the technical competence of medical personnel, but also on managing the service process and strengthening staff communication skills. Efforts such as restructuring the registration process, optimizing the BPJS referral information system, and training staff in excellent service and interpersonal communication can be important strategies for enhancing responsiveness and empathy in service delivery. This way, service quality improvements can be implemented in a more systematic and sustainable manner.

This study has several limitations that should be considered when interpreting the results. First, the relatively limited number of informants may affect the breadth of perspectives obtained. Second, this study focused on a single regional hospital, so the results are contextual and cannot be directly generalized to all hospitals in Indonesia. Third, the data obtained relies

heavily on the informants' subjective perceptions, which are potentially influenced by the individual's emotional state and experiences at the time of the interview.

Based on these limitations, further research is recommended to involve a larger number of informants and cover more than one hospital, allowing for stronger comparative analysis and generalization. Furthermore, further research could combine qualitative and quantitative approaches to obtain a more comprehensive picture of BPJS service quality, including statistical measurements of patient satisfaction levels. This approach is expected to enrich understanding of the factors influencing the quality of public services in the healthcare sector.

## 6. CONCLUSION

Based on the results of research on the quality of public services for outpatient BPJS users at Dumai City Hospital, it can be concluded that the services provided have been running according to standards and have been able to increase public trust, as seen from the increase in the number of BPJS users each year. Supporting factors for services include the availability of various outpatient polyclinics with competent medical personnel and a structured service flow. Barriers that are still found are the attitude of some employees who are not friendly and responsive and the relatively long registration time. This indicates that outpatient services for BPJS users at Dumai City Hospital still need to be improved, especially in aspects of speed, friendliness, and consistency of service.

Dumai City Hospital needs to improve service quality by providing communication and work ethics training to staff to enhance their friendliness and professionalism in patient care. The administration system should be improved through the use of digital technology or the addition of service counters to reduce waiting times. Regular patient satisfaction evaluations are necessary to ensure prompt resolution of service complaints.

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