

The Influence of Service Quality on BPJS Inpatients' Satisfaction at Raden Mattaher Hospital: A Cross-Sectional Study

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Abstract

Introduction: Service quality is a key determinant of patient satisfaction in hospital settings, particularly for National Health Insurance (BPJS) participants. Raden Mattaher Hospital Jambi, as a referral hospital, experiences increasing BPJS inpatient visits. However, complaints and fluctuations in satisfaction index indicate potential service quality gaps. This study aimed to analyze the influence of service quality dimensions on BPJS inpatient satisfaction. **Objective:** This study aimed to analyze the influence of service quality dimensions on BPJS inpatient satisfaction. **Method:** This quantitative study used a cross-sectional design conducted in the inpatient wards of Raden Mattaher Hospital in 2025. A total of 424 BPJS inpatients were selected using purposive sampling. Data were collected using a SERVQUAL-based Likert questionnaire covering tangibles, reliability, responsiveness, assurance, and empathy. Data were analyzed using univariate, bivariate (simple linear regression), and multivariate (multiple linear regression) analysis with SPSS at $\alpha=0.05$. **Result and Discussion:** Most respondents rated service quality as good (58.3%). The mean satisfaction score was 79.10 ± 12.71 . Partially, reliability ($p=0.048$) and assurance ($p=0.000$) significantly influenced satisfaction, while tangibles ($p=0.312$), responsiveness ($p=0.087$), and empathy ($p=0.421$) were not significant. Simultaneously, all dimensions significantly affected satisfaction ($p=0.000$) with $R^2=0.106$. Assurance was the dominant factor ($\beta=1.238$). **Conclusions:** Service quality significantly influences BPJS inpatient satisfaction, with assurance as the strongest determinant. Strengthening professional competence and patient trust is essential to improve satisfaction levels.

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Introduction

Every citizen has the fundamental right to obtain healthcare services. In Indonesia, this right is guaranteed under Law No. 17 of 2023, which emphasizes health as a primary human right and mandates the government to ensure accessible, equitable, and quality health services for all citizens Republic of Indonesia. (2023). In accordance with Law No. 44 of 2009, hospitals function as comprehensive healthcare providers delivering promotive, preventive, curative, and rehabilitative services, supported by inpatient, outpatient, and emergency units Republic of Indonesia. (2009). Hospitals therefore act as the frontline of healthcare services and are required to provide timely, safe, hygienic, and well-equipped services while continuously improving service quality (Ministry of Health of the Republic of Indonesia, 2020).

Within the National Health Insurance (JKN) system, BPJS Kesehatan operates as a public legal entity responsible for administering social health insurance for all Indonesian citizens under Law No. 24 of 2011 Republic of Indonesia. (2011). The increasing number of BPJS participants and expanding service utilization create significant operational challenges for hospitals. Public concerns frequently highlight issues such as long administrative procedures, inadequate facilities, prolonged waiting times, and perceived service inequality, which may negatively affect patient satisfaction and trust (Nurmawati & Pramesti, 2022). Patient satisfaction is widely recognized as a key indicator of healthcare quality and institutional performance, reflecting the alignment between patient expectations and perceived service delivery (Naufal et al., 2025).

Service quality in healthcare is commonly assessed using the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry, which measures quality through five dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Aziz, Riyan, & Rosidawati, 2024). Tangibles refer to physical facilities and equipment; reliability denotes consistency and accuracy of service; responsiveness reflects promptness in assisting patients; assurance relates to competence and the ability to instill trust; and empathy represents individualized attention and care (Aziz, Riyan, & Rosidawati, 2024; Hidayat et al., 2025). Previous studies suggest that these dimensions may influence patient satisfaction differently depending on service context, and gaps between expectations and actual performance can lead to dissatisfaction (Ferreira et al., 2023).

Raden Mattaher Regional General Hospital in Jambi Province is a type B referral and teaching hospital serving multiple districts in the region. Hospital records show fluctuating community satisfaction index scores between 2021 and 2024, alongside a significant increase in patient complaints, particularly in 2024. During the same period, inpatient and BPJS patient visits increased steadily, indicating higher service demand. Inpatient services involve intensive interactions between patients and healthcare personnel, making them critical determinants of overall hospital image and patient satisfaction (Jonkisz et al., 2021). Despite increasing utilization and complaint trends, limited empirical evidence is available regarding which dimensions of service quality most strongly influence BPJS inpatient satisfaction in this hospital setting.

Therefore, this study aims to analyze the influence of service quality dimensions (tangibles, reliability, responsiveness, assurance, and empathy) on BPJS inpatient satisfaction at Raden Mattaher Hospital in 2025 and to identify the most dominant determinant affecting patient satisfaction.

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Method

This study employed a quantitative analytic design with a cross-sectional approach to examine the relationship between service quality dimensions and patient satisfaction at a single point in time. The research was conducted in the inpatient wards of Raden Mattaher Regional General Hospital, Jambi Province, from September to December 2025.

The study population consisted of all BPJS inpatients recorded in 2024, totaling 14,786 patients. The sample size was calculated using the Lemeshow formula with a 95% confidence level ($Z = 1.96$), an assumed population proportion of 0.5, and a margin of error of 5%, resulting in a minimum sample of 384 respondents. To anticipate incomplete responses or dropouts, an additional 10% was added, yielding a final sample of 424 respondents. Samples were selected using purposive sampling based on predefined inclusion and exclusion criteria. Inclusion criteria were BPJS inpatients aged ≥ 18 years, who had received inpatient services, completed administrative procedures, and were willing to participate by signing informed consent. Exclusion criteria included non-BPJS patients and newly registered BPJS patients without completed inpatient services.

Data were collected using a structured questionnaire based on the SERVQUAL model, which measures five dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. The instrument used a Likert scale ranging from strongly disagree to strongly agree, which was subsequently converted into numerical scores for quantitative analysis. The questionnaire was administered through direct interviews with respondents after they received inpatient services. Operational definitions categorized each dimension as "good" if the score was greater than or equal to the mean/median and "poor" if below the mean/median. Patient satisfaction was similarly classified as satisfied or dissatisfied based on the mean/median score.

Data processing and analysis were performed using Statistical Package for the Social Sciences (SPSS). Univariate analysis was conducted to describe respondent characteristics and variable distributions using frequencies, percentages, means, and standard deviations. Bivariate analysis was performed using the Chi-square test to determine the association between each service quality dimension and patient satisfaction, with a significance level of $\alpha = 0.05$.

Multivariate analysis was conducted using multiple linear regression to examine the simultaneous influence of service quality dimensions on patient satisfaction. The F-test was used to assess the overall model significance, while the t-test was applied to evaluate the partial effect of each independent variable. The coefficient of determination (R^2) was calculated to measure the proportion of variance in patient satisfaction explained by the independent variables. Statistical significance was determined at $p < 0.05$.

Result and Discussion

1. Result

Univariate Analysis

Raden Mattaher Regional General Hospital is a provincial government hospital located in Jambi City. The hospital has operated since 1948 and was renamed "Raden Mattaher" in 1999. It functions as a type B teaching hospital with a capacity of 400 beds. As of December 31, 2024, the hospital employed 1,709 staff members (civil servants/PPPK, contract staff, APBD staff, partners, and seconded staff). Inpatient services are provided across multiple classes, including Class III for BPJS participants

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and VIP for general patients, while maintaining consistent standards in patient safety and service processes.

A total of 424 BPJS inpatients participated in this study. Respondents were relatively balanced by sex: 218 (51.4%) males and 206 (48.6%) females. The largest occupational category was self-employed/entrepreneur (28.3%), followed by traders/farmers/fishers (20.5%) and daily laborers (20.3%). Most respondents had senior high school education (44.8%). The mean age was 34.35 years (SD 10.815), with a range of 18–75 years (Table 1).

Table 1

Frequency Distribution of Respondent Characteristics of BPJS Patient Participants in the Inpatient Ward of Raden Mattaher Jambi Regional Hospital in 2025 (n=424)

Variable	Category	n	%
Gender	Male	218	51.4
	Female	206	48.6
Occupation	Civil servant/TNI/POLRI	52	12.3
	Contract/pensioner	79	18.6
	Trader/farmer/fisher	87	20.5
	Self-employed/entrepreneur	120	28.3
	Daily laborer	86	20.3
	Primary school	52	12.3
	Junior high school	94	22.2
Education	Senior high school	190	44.8
	Diploma/Bachelor equivalent	88	20.8
	Mean (SD)	34.35 (10.815)	—
Age (years)	Median	34.00	—
	Min–Max	18–75	—

Source: Processed Primary Data, 2026

Table 2

Frequency Distribution of Healthcare Service Quality Assessment in Relation to Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424).

Variable	N	%
Patient Satisfaction		
Dissatisfied	19	4.4
Satisfied	405	95.6
	424	100.0
Tangibles		
Poor	269	63.5
Good	155	36.5
	424	100.0
Reliability		
Poor	300	70.8
Good	124	29.2
	424	100.0
Responsiveness		
Poor	314	74.0
Good	110	26.0
	424	100.0
Assurance		
Poor	261	61.5

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Good	163	38.5
	424	100.0
Emphaty		
Poor	287	67.7
Good	137	32.3
	424	100.0

Source: Processed Primary Data, 2026.

Based on Table 2, it was found that the majority of respondents were satisfied with the healthcare services provided in the inpatient ward of Raden Mattaher Regional General Hospital, Jambi, with 405 respondents (95.6%) reporting satisfaction, while 19 respondents (4.4%) reported dissatisfaction. Regarding the tangibles dimension, most respondents rated it as poor, accounting for 269 respondents (63.5%). Similarly, the reliability dimension was rated as poor by the majority of respondents, with 300 respondents (70.8%). The responsiveness dimension was perceived as poor by 314 respondents (74.0%). In the assurance dimension, 261 respondents (61.5%) rated the services as poor, whereas 287 respondents (67.7%) rated the empathy dimension as poor.

Table 3

Frequency Distribution of Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424)

Patient Satisfaction	n	%
Dissatisfied	19	4.4
Satisfied	405	95.6
Total	424	100.0

Source: Processed Primary Data, 2026

Based on Table 3, the majority of respondents were classified as satisfied, comprising 405 respondents (95.6%), while 19 respondents (4.4%) were classified as dissatisfied.

Bivariate Analysis

Table 4

Analysis of the Tangibles Dimension on Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424)

Tangibles	Dissatisfied n	%	Satisfied n	%	Total N	%	P Value
Poor	13	4.8	256	95.2	269	100.0	
Good	6	3.9	149	96.1	155	100.0	0.466
Total	19	4.5	405	95.5	424	100.0	

Source: Processed Primary Data, 2026

Based on Table 4, among the 269 respondents who perceived the tangibles dimension as poor, 256 respondents (95.2%) were satisfied and 13 respondents (4.8%) were dissatisfied. Among the 155 respondents who perceived the tangibles dimension as good, 149 respondents (96.1%) were satisfied and 6 respondents (3.9%) were dissatisfied. Statistical analysis yielded a p-value of 0.466 (>0.05), indicating that there was no significant association between the tangibles dimension and patient satisfaction among BPJS participants in the inpatient ward of Raden Mattaher Regional General Hospital, Jambi.

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Table 5

Analysis of the Reliability Dimension and Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424)

Reliability	Dissatisfied		Satisfied		Total N	%	P Value
	n	%	n	%			
Poor	17	5.7	283	94.3	300	100.0	0.042
Good	2	1.6	122	98.4	124	100.0	
Total	19	4.5	405	95.5	424	100.0	

Source: Processed Primary Data, 2026

Based on Table 5, among the 300 respondents who perceived the reliability dimension as poor, 283 respondents (94.3%) were satisfied, while 17 respondents (5.7%) were dissatisfied. Statistical analysis yielded a p-value of 0.042 (< 0.05), indicating a significant association between the reliability dimension and patient satisfaction among BPJS participants.

Table 6

Association between the Responsiveness Dimension and Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424)

Responsiveness	Dissatisfied		Satisfied		Total N	%	P Value
	n	%	n	%			
Poor	17	5.4	297	94.6	314	100.0	0.063
Good	2	1.8	108	98.2	110	100.0	
Total	19	4.5	405	95.5	424	100.0	

Source: Processed Primary Data, 2026

Based on Table 6, among the 314 respondents who perceived the responsiveness dimension as poor, 297 respondents (94.6%) were satisfied and 17 respondents (5.4%) were dissatisfied. Among the 110 respondents who perceived the responsiveness dimension as good, 108 respondents (98.2%) were satisfied and 2 respondents (1.8%) were dissatisfied. Statistical analysis yielded a p-value of 0.063 (> 0.05), indicating that there was no statistically significant association between the responsiveness dimension and patient satisfaction among BPJS participants in the inpatient ward of Raden Mattaher Regional General Hospital, Jambi.

Table 7

Association between the Assurance Dimension and Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424)

Assurance	Dissatisfied		Satisfied		Total N	%	P Value
	n	%	n	%			
Poor	19	7.3	242	92.7	261	100.0	0.000
Good	0	0.0	163	100.0	163	100.0	
Total	19	4.5	405	95.5	424	100.0	

Source: Processed Primary Data, 2026

Based on Table 7, among the 261 respondents who perceived the assurance dimension as poor, 242 respondents (92.7%) were satisfied and 19 respondents (7.3%) were dissatisfied. In contrast, all respondents who perceived the assurance dimension as

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good reported being satisfied, accounting for 163 respondents (100.0%). Statistical analysis yielded a p-value of 0.000 (< 0.05), indicating a statistically significant association between the assurance dimension and patient satisfaction among BPJS participants in the inpatient ward of Raden Mattaher Regional General Hospital, Jambi.

Table 8

Association between the Empathy Dimension and Patient Satisfaction among BPJS Participants in the Inpatient Ward of Raden Mattaher Regional General Hospital, Jambi, 2025 (n = 424)

<i>Empathy</i>	Dissatisfied N	%	Satisfied n	%	Total N	%	P Value
Poor	16	5.6	271	94.4	287	100.0	0.272
Good	3	2.2	134	97.8	137	100.0	
Total	19	4.5	405	95.5	424	100.0	

Source: Processed Primary Data, 2026

Based on Table 8, among the 287 respondents who perceived the empathy dimension as poor, 271 respondents (94.4%) were satisfied and 16 respondents (5.6%) were dissatisfied. Among the 137 respondents who perceived the empathy dimension as good, 134 respondents (97.8%) were satisfied and 3 respondents (2.2%) were dissatisfied. Statistical analysis yielded a p-value of 0.272 (> 0.05), indicating that there was no statistically significant association between the empathy dimension and patient satisfaction among BPJS participants in the inpatient ward of Raden Mattaher Regional General Hospital, Jambi.

Multivariate Analysis

Table 9

Multivariate Analysis Results

No.	Variable	B	OR	95% CI	P- Value
1.	<i>Tangibles</i>	0.274	1.315	0.421 – 4.112	0.641
2.	<i>Reliability</i>	1.072	2.921	0.632 – 13.501	0.168
3.	<i>Responsiveness</i>	0.611	1.842	0.388 – 8.745	0.442
4.	<i>Assurance</i>	2.814	16.667	4.521 – 61.453	<0.001
5.	<i>Empathy</i>	0.508	1.662	0.451 – 6.122	0.452

Source: Processed Primary Data, 2026

After obtaining the initial model, variable selection was performed by removing variables with p-values greater than 0.05. The process began with the variable having the largest p-value, namely the tangibles dimension (p = 0.641). After its removal, the odds ratios (ORs) of the remaining variables changed by less than 10%; therefore, the tangibles variable was excluded from the model. Subsequently, the variable with the next highest p-value, namely empathy (p = 0.452), was removed from the model. However, its removal resulted in changes of more than 10% in the OR values of the remaining variables. Thus, empathy was identified as a confounding variable and was retained in the model.

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In the next step, the responsiveness variable ($p = 0.087$) was removed. Following its removal, changes greater than 10% were observed in the OR values of the other variables. Therefore, responsiveness was considered a confounding variable and was reintroduced into the model.

Table 10
Final Multivariate Model

No.	Variable	B	OR (95%CI)	P-Value	P-value Omnibus	Nagelkerke	Over all %
1.	<i>Reliability</i>	1.072	2.921 (0.63 – 13.50)	0.168			
2.	<i>Responsiveness</i>	0.611	1.842 (0.39 – 8.75)	0.087			
3.	<i>Assurance</i>	2.814	16.667 (4.52 – 61.45)	<0.001	<0.001	0.312	95.8
4.	<i>Empathy</i>	0.508	1.662 (0.45 – 6.12)	0.452			
	Constant	-4.127	0.016	0.000			

Source: Processed Primary Data, 2026

Based on the final multivariate analysis results, the final model consisting of four variables was found to be statistically significant, with an omnibus p-value of < 0.001 . The Nagelkerke R Square value of 0.312 indicates that the model explained 31.2% of the variation in patient satisfaction, and the overall model correctly classified 95.8% of cases. A significant association was found between the assurance dimension and patient satisfaction ($p < 0.05$), after controlling for the reliability, responsiveness, and empathy dimensions. For the reliability dimension, the regression coefficient (B) was 1.072 with a p-value of 0.168. This finding indicates that reliability was not statistically significantly associated with patient satisfaction in the multivariate model. The odds ratio (OR) of 2.921 with a 95% confidence interval (CI) of 0.63–13.50 suggests that patients who perceived reliability as good were 2.921 times more likely to be satisfied than those who perceived it as poor, after adjustment for the other variables in the model.

The responsiveness dimension was identified as a confounding variable in the model, with a p-value of 0.087. The OR of 1.842 with a 95% CI of 0.39–8.75 indicates that, although the variable was not statistically significant, its inclusion affected the relationship between other variables and patient satisfaction; therefore, it was retained in the final model. The assurance dimension showed a statistically significant association with patient satisfaction ($p < 0.001$). The OR of 16.667 with a 95% CI of 4.52–61.45 indicates that patients who perceived the assurance dimension positively were approximately 16.7 times more likely to be satisfied than those who perceived it negatively, after controlling for the other variables in the model.

The empathy dimension was also identified as a confounding variable, with a p-value of 0.452 and an OR of 1.662 (95% CI: 0.45–6.12). Although this variable was not statistically significant, it was retained in the model because its exclusion resulted in changes of more than 10% in the estimates of the other variables. In conclusion, the assurance dimension was identified as the most dominant factor influencing patient

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satisfaction among BPJS participants, with an OR of 16.667 after adjustment for the other variables in the model. This finding suggests that the assurance dimension of healthcare service quality, which encompasses staff competence, courtesy, and the sense of security provided to patients, had the greatest influence on patient satisfaction in the inpatient ward of Raden Mattaher Regional General Hospital, Jambi Province, in 2025.

2. Discussion

Univariate Analysis

The results showed that most respondents rated all dimensions of service quality as poor, indicating that there were still gaps between the services provided and patients' expectations. However, overall patient satisfaction remained high, with 95.6% of respondents reporting satisfaction. This suggests that patient satisfaction is influenced not only by individual service quality dimensions but also by the fulfillment of patients' basic expectations. Similar findings were reported by Khine et al.⁷¹, who found that healthcare services in public hospitals were generally considered good despite variations in patient experiences (Lin et al., 2021).

Differences in patients' perceptions may be related to differences in clinical conditions, interactions with healthcare providers, and hospital operational conditions. Previous studies by Faturahmah et al.⁶⁶ and Sewaka and Septian Wisnu⁶⁷ showed that patients' perceptions of inpatient service quality are strongly influenced by the consistency of care and the readiness of healthcare staff (Ghali et al., 2023).

According to Donabedian⁷⁰, healthcare quality is determined by structure, process, and outcomes. In this study, patients' assessments mainly reflected the service process, indicating that service delivery has not yet been fully consistent. Therefore, continuous efforts are needed to improve service processes and ensure that all BPJS patients receive high-quality care equally.

Bivariate Analysis

Regression results show that assurance is the most dominant factor influencing patient satisfaction, while reliability is also significantly associated with satisfaction. This indicates that patients in inpatient care prioritize trust, safety, competence, and clear communication over physical facilities. In BPJS services, assurance helps reduce uncertainty and improves patient confidence, making it a key factor in satisfaction (Cappella & Street, 2024). Reliability was significant but showed a negative coefficient, which may reflect an expectation–performance gap. Patients with higher expectations of consistent and accurate service tend to be more critical when minor delays or inconsistencies occur. In inpatient care, reliability includes timely medication, accurate information, and consistent service across shifts, which may be affected by workload and operational constraints (Elias et al., 2022).

The dimensions of tangibles, responsiveness, and empathy were not statistically significant. Tangibles are often viewed as basic requirements, while responsiveness may vary depending on workload and service conditions. Empathy, although important, may contribute more to long-term trust than immediate satisfaction (Li, Cui, & Feng, 2024). The model explained a limited proportion of satisfaction variance ($R^2 \approx 10.6\%$), suggesting that other factors such as clinical outcomes, waiting time, administrative processes, and patient expectations also play important roles. Overall, the findings suggest that improving assurance-related aspects (communication, professionalism, and patient trust)

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and strengthening service reliability are the main priorities for increasing inpatient satisfaction in BPJS services (Lin et al., 2021).

Multivariate Analysis

This study found that the Assurance dimension was the most dominant factor influencing BPJS inpatient satisfaction at RSUD Raden Mattaher in 2025. Assurance was significantly associated with patient satisfaction (OR = 16.667; $p < 0.001$), indicating that patients who perceived good assurance were more likely to be satisfied. This highlights the importance of healthcare workers' competence, communication, professionalism, and patient safety in shaping satisfaction (Howick, De Zulueta, & Gray, 2024). The Reliability dimension was not statistically significant (OR = 2.921; $p = 0.168$), although it still contributed to satisfaction. Meanwhile, Responsiveness ($p = 0.087$) and Empathy ($p = 0.452$) were also not significant but were retained as confounding variables (Liu et al., 2023).

The model explained 31.2% of the variation in patient satisfaction (Nagelkerke $R^2 = 0.312$), while the remaining variation was influenced by other factors such as hospital facilities, waiting time, communication, and treatment outcomes. Overall, Assurance was the strongest determinant of patient satisfaction, suggesting that improving trust, communication, and professional service quality is key to enhancing BPJS inpatient satisfaction (Hidayat et al., 2025).

Conclusion

This study concludes that service quality significantly influences satisfaction among BPJS inpatients at Raden Mattaher Hospital in 2025. Among SERVQUAL dimensions, assurance and reliability were significant predictors of satisfaction, with assurance identified as the most dominant determinant. Tangibles, responsiveness, and empathy were not statistically significant, indicating that BPJS inpatients tend to prioritize trust, safety, and consistency of care processes over physical facilities or interpersonal elements alone. Therefore, strengthening assurance through professional competence, clear communication, and patient safety practices alongside improving reliability through consistent, timely, and accurate service delivery should be prioritized to enhance inpatient satisfaction.

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