



ANALYSIS OF HAJJ SERVICES FOR THE ELDERLY IN BENGKULU CITY

Syifaul Jannah¹, Abdul Aziz Zuhakim², Adityo Pratikno Ramadhan³

^{1,2,3}Universitas Bengkulu, Indonesia

abdul.azizzuhakim@unib.ac.id

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Abstract: This study aims to analyze the implementation of elderly-friendly Hajj services in Bengkulu City, Indonesia, where in 2023, out of 1,636 prospective pilgrims, 780 (48%) of them are elderly, of which 312 are from Bengkulu City. This research uses a qualitative descriptive method using Zeithaml's service quality framework which includes five dimensions namely tangible, reliability, responsiveness, assurance, and empathy. Data were collected through observation, interviews, and document analysis with eight key informants selected by purposive sampling, namely six elderly pilgrims from the 2023 Hajj season and two Hajj officers from Bengkulu City. This research uses content analysis through the stages of reduction, presentation, and conclusion. The research findings show that while the accommodation facilities are generally adequate with features such as proper toilet seats and regular maintenance, they still face challenges with the limited availability of toilets suitable for the elderly. The reliability dimension showed strength through the implementation of a comprehensive staff training program and 24-hour support. However, the empathy dimension shows glaring gaps, especially in terms of the lack of staff initiative in providing personalized attention to elderly congregants, except in high-risk cases. The study concludes that while the framework for elderly-friendly Hajj services is in place, its implementation requires better integration of service quality principles, especially in the areas of physical infrastructure and empathic service provision. Key recommendations include improving the accessibility of public facilities through coordination with Saudi Arabian authorities and the establishment of special elderly service teams at the central, provincial, and district/city levels.

Keywords: Public Services, Elderly, Hajj, Older People Policy

Abstrak: Penelitian ini bertujuan untuk menganalisis penyelenggaraan pelayanan haji ramah lansia di Kota Bengkulu, Indonesia, dimana pada tahun 2023 dari 1.636 calon jemaah haji, sebanyak 780 orang (48%) diantaranya merupakan lansia, yang mana 312 orang diantaranya berasal dari Kota Bengkulu. Penelitian ini menggunakan metode deskriptif kualitatif dengan menggunakan kerangka kerja kualitas layanan Zeithaml yang meliputi lima dimensi yaitu tangible, reliability, responsiveness, assurance, dan empathy. Pengumpulan data dilakukan melalui observasi, wawancara, dan analisis dokumen dengan delapan informan kunci yang dipilih secara purposive sampling, yaitu enam jemaah haji lansia musim

haji 2023 dan dua petugas haji dari Kota Bengkulu. Penelitian ini menggunakan analisis isi melalui tahapan reduksi, penyajian, dan kesimpulan. Hasil penelitian menunjukkan bahwa meskipun fasilitas akomodasi secara umum sudah memadai dengan fitur-fitur seperti duduk toilet yang layak dan perawatan rutin, namun masih menghadapi tantangan dengan terbatasnya ketersediaan toilet yang sesuai untuk lansia. Dimensi reliabilitas menunjukkan kekuatan melalui penerapan program pelatihan staf yang komprehensif dan dukungan 24 jam. Namun, dimensi empati menunjukkan kesenjangan yang mencolok, terutama dalam hal kurangnya inisiatif staf dalam memberikan perhatian yang dipersonalisasi kepada jemaah lanjut usia, kecuali dalam kasus berisiko tinggi. Studi ini menyimpulkan bahwa meskipun kerangka kerja untuk layanan haji yang ramah lansia sudah ada, implementasinya memerlukan integrasi prinsip-prinsip kualitas layanan yang lebih baik, terutama di bidang infrastruktur fisik dan penyediaan layanan empati. Rekomendasi utama meliputi peningkatan aksesibilitas fasilitas umum melalui koordinasi dengan otoritas Arab Saudi dan pembentukan tim layanan khusus lansia di tingkat pusat, provinsi, dan kabupaten/kota.

Kata kunci: Layanan Publik, Lansia, Haji, Kebijakan Lansia

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Introduction

Indonesia is a country with the largest Muslim majority in the world. 87% or about 238 million Indonesians are Muslims. 12.5% of the world's Islamic population lives in Indonesia. It is therefore not surprising that the desire of the people to perform the fifth pillar of Islam is very high, as evidenced by the waiting list for Hajj, which ranges from 22 to 27 years. The waiting queue for Hajj departure is so long that many people who register for Hajj then cancel it due to reasons of the death of the registered name, health reasons, economic reasons, or replacement by a relative (backward). The waiting list for Hajj, which can be decades long, does not discourage Indonesians from making the pilgrimage. The implementation of Hajj is the responsibility of the state, particularly the Ministry of Religious Affairs, as outlined in Law No. 8 of 2019 on the Implementation of Hajj and Umrah as a legal basis for the implementation of Hajj and Umrah in an orderly, safe, comfortable and consistent manner with due regard to Islamic law, taking into account the needs of the community (Government Regulation of the Republic of Indonesia 2022). The government is constantly innovating to provide optimal services to prospective pilgrims through Hajj officers, as Hajj officers play a major role in the successful organization of Hajj in Indonesia¹.

It is irrefutable that the optimal Hajj experience is contingent upon the comprehensive involvement of all stakeholders. Service can be a measure of the success of the organization of the Hajj pilgrimage, which in this case is entrusted to the Hajj officials. Service is defined as the activity of providing services from one party to another, while good service is a service that is provided in a friendly manner and with good ethics so that it meets the needs and satisfaction of those who receive it². According to Law No. 8 of 2019 on the performance of Hajj and Umrah, services in the performance of Hajj include health, transportation, accommodation or lodging, and consumption³.

¹ TM Agustin and K Muhajarah, "Evaluasi Pelayanan Petugas Haji Ramah Lansia Tahun 2023 Oleh Kantor Kementerian Agama Wilayah Jawa Tengah," *Islamic Management: Jurnal Manajemen Pendidikan Islam* 7, no. 01 (2024): 429, <https://doi.org/10.30868/im.v7i01.6131>.

² M Sawir, *Birokrasi Pelayanan Publik Konsep, Teori, Dan Aplikasi*, 1st ed. (Makassar: Deepublish Publisher, 2020).

³ Achmad Muchaddam Fahham et al., "Penyelenggaraan Ibadah Haji: Masalah Dan Penanganannya," *Penyelenggaraan Ibadah Haji: Masalah Dan Penanganannya* 1, no. 1 (2015): 201–18.

In 2023, Indonesia allocated a Hajj quota of 221,000 pilgrims, of which 66,943 – or approximately 30% – were elderly, as reported by the Integrated Hajj Information and Computerization System (SISKOHAT). Most of these elderly pilgrims were in the 65-74 age group, constituting 45,796 individuals (68.4% of the elderly category). The 75-84 age group accounted for 19.3%, the 85-94 age group for 11.5%, and the over 95 age group for 0.8%. These figures underscore the considerable representation of elderly pilgrims in the overall Hajj quota. According to data from the Elderly Friendly Hajj Guide info graphic, the number of elderly pilgrims in 2023 reached 67,199, accounting for 30.40% of the total pilgrims, marking the largest increase in the elderly Hajj quota over the past decade, with an additional 27,540 elderly pilgrims included. This demographic shift underscores the imperative for ensuring that elderly pilgrims receive the requisite support and accommodations to facilitate their Hajj journey safely and comfortably. The observed increase in the number of elderly pilgrims in 2023 can be attributed to the fact that in 2020 and 2021, the hajj quota for the elderly was diminished as a consequence of the impact of the pandemic outbreak. In 2022, participation of the elderly in the Hajj was not permitted due to the ongoing impact of the pandemic. It was feared that the elderly were particularly vulnerable to infection, given the continued prevalence of the virus at that time. Consequently, to mitigate potential health risks, only pilgrims aged 65 years and below are permitted to embark on the hajj journey. The data presented herein highlight significant differences in the services provided for the 2023 Hajj season compared to the previous year. Following the resolution of the global pandemic caused by the SARS-CoV-2 virus, there was a notable 33.05% increase in the departure schedule for elderly pilgrims whose travel had been delayed previously. This surge is evident not only in the national Hajj quota but also in the augmented allocation of the elderly Hajj quota across various regions of Bengkulu Province.

In 2023, Bengkulu Province received a Hajj quota of 1,636 prospective pilgrims, of which 780 individuals, constituting 48% of the total, were categorized as elderly. The distribution of the elderly Hajj quota across regions demonstrates significant allocations, including 312 for Kota Bengkulu, 200 for Bengkulu Utara, and smaller yet substantial numbers for other regencies such as Rejang Lebong, Seluma, and Kaur. This substantial number of elderly pilgrims necessitates additional efforts from Hajj officers, particularly in accommodating high-risk groups.

The introduction of the Elderly Friendly Hajj program is indicative of the government's commitment to ensuring the well-being of elderly pilgrims, with the program offering tailored services to meet the specific needs of elderly individuals, emphasizing ease and comfort during their spiritual journey. By addressing the unique challenges elderly pilgrims face, this initiative represents a progressive step in creating an inclusive and supportive environment for all Hajj participants. The concept of an Elderly-Friendly Hajj is designed to facilitate the participation of elderly pilgrims in the Hajj without undue concern for their well-being. It aims to ensure that they can engage in the rituals of worship with peace of mind, receive appropriate care and assistance throughout the Hajj process, and be able to perform the Hajj according to the proper law without any shortcomings until they return to their homeland. The 2023 elderly-friendly Hajj service is evidenced by the involvement of geriatric experts from the University of Indonesia, the provision of elderly-friendly food such as porridge, and the increase in the number of Hajj officers in general,

health, and group services. In addition to the aforementioned facilities, the elderly-friendly Hajj service also encompasses marker stickers for priority pilgrims who are elderly or disabled, as well as supplementary facilities such as dispensers, washing rooms, and clothes drying stations⁴.

Research into elderly Hajj services has highlighted several critical areas for improvement. For instance, the study “Epidemiology of Hajj Pilgrimage Mortality: Analysis for Potential Intervention”⁵, sheds light on the health challenges faced by elderly pilgrims, emphasizing the importance of customized health service and preventive measures. This research provides a foundation for exploring how Bengkulu City can enhance its Hajj services to better accommodate elderly pilgrims, particularly in managing chronic conditions and improving health infrastructure. Another relevant study, “Health Information, Attitudes, and Actions in Places of Worship: Evidence from Hajj Pilgrims”⁶, uses the Health Belief Model (HBM) to examine how beliefs and perceptions influence health protection behaviors. This framework can help assess how elderly pilgrims from Bengkulu engage with health services during Hajj, potentially uncovering new aspects of their needs and behaviors. The study also highlights the significance of addressing logistical challenges, such as language barriers and access to health services, which are critical for elderly pilgrims.

Additionally, the article “Management of Chronic Diseases During the Hajj Period”⁷, emphasizes the health risks posed by the pilgrimage for elderly pilgrims with chronic conditions like cardiovascular disease, diabetes, and hypertension. The research underscores the necessity of comprehensive healthcare infrastructure and educational programs to equip elderly pilgrims with the knowledge to manage their health effectively. These insights suggest that enhancing healthcare services and educational initiatives could significantly improve the Hajj experience for elderly pilgrims in Bengkulu City. By integrating these findings, this research aims to identify and address the gaps in the elderly-friendly Hajj program in Bengkulu City, providing a novel contribution to the discourse on Hajj services for elderly pilgrims.

Theoretical Approach

Public services are defined in Law Number 25 of 2009 concerning Public Services, as an activity or series of activities in order to fulfill service needs in accordance with laws and regulations for every citizen and resident for goods, services, and/ or administrative services provided by public services providers. Furthermore, there are three important elements in public services, namely: the first element is the service provider organization, namely the Government/ Regional Government; the second element is the recipient

⁴ M Khoeron, “Inovasi Layanan Haji Ramah Lansia,” kemenang.go.id, 2023, <https://kemenag.go.id/kolom/inovasi-layanan-haji-ramah-lansia-OSDos>.

⁵ Mahmoud A. Gaddoury and Haroutune K. Armenian, “Epidemiology of Hajj Pilgrimage Mortality: Analysis for Potential Intervention,” *Journal of Infection and Public Health* 17 (2024): 49–61, <https://doi.org/10.1016/j.jiph.2023.05.021>.

⁶ Hassan Taibah et al., “Health Information, Attitudes and Actions at Religious Venues: Evidence from Hajj Pilgrims,” *International Journal of Disaster Risk Reduction* 51 (2020): 101886, <https://doi.org/10.1016/j.ijdrr.2020.101886>.

⁷ Najma Ali and Zain UI Abideen, “Management of Chronic Diseases During the Hajj Period,” *Journal of the British Islamic Medical Association* 16, no. 6 (2024): 73–78.

(customer), namely the person or community or organization with an interest; and the third element, is the satisfaction given and/ or received by service recipients⁸.

The context of public services in this paper is intended for Hajj services, especially for elderly pilgrims. Law number 8 of 2019 concerning the Implementation of Hajj and Umrah, there are several services in the implementation of the Hajj pilgrimage which include health services that aim to ensure that the physical condition of elderly pilgrims is maintained during the worship, transportation services include travel arrangements for pilgrims, accommodation services include lodging, and consumption services which include the provision of food and drinks for elderly pilgrims⁹.

Quality in this case is directly related to a product, namely performance, reliability, ease of use, and aesthetics. Sinambela argues that quality can be interpreted as everything that is able to fulfill the wants or needs of customers/ society¹⁰. In addition, according to Tjiptono¹¹, quality is a dynamic condition related to products, services, people, processes, and the environment that meet or exceed expectations. According to Moenir, in the eyes of the community, service quality includes the following measures:

- a. Reliability, namely the ability to produce services as desired precisely;
- b. Assurance, which is the knowledge and ability to convince;
- c. Empathy, which is the level of individual attention and attention given to customers;
- d. Responsiveness, which is the ability to help customers provide the right service; and
- e. Tangible, namely the provision of physical facilities and equipment and personal appearance¹².

Based on the theory of Zeithaml et al¹³, regarding service quality which can be measured from five dimensions, namely: Tangible, Reliability, Responsiveness, Assurance, and Empathy with each indicator described above. So, the relationship between Zeithaml et al's theory and aspects of Hajj services to elderly pilgrims will be presented as follows:

- a. Tangible according to Tjiptono is a form of physical facilities, equipment, employees and facilities. In the context of the elderly-friendly Hajj service, the term 'Tangibles' is employed to denote the facilities provided for elderly pilgrims¹⁴.
- b. Reliability, according to Zeithaml et al, is the ability of officials to provide a reliable and consistent service. The reliability referred to in Hajj services for elderly pilgrims is the ability of officials to provide special services for the elderly¹⁵.
- c. Responsiveness can be interpreted as the willingness and ability to help service users and provide services quickly. In Hajj services for the elderly, responsiveness includes how staff respond to elderly people who need quick accurate and careful service.

⁸ Hardiyansyah, *Kualitas Pelayanan Publik*, 1st ed (Yogyakarta: Gava Media, 2018).

⁹ Fahham et al., "Penyelenggaraan Ibadah Haji: Masalah Dan Penanganannya."

¹⁰ Sinambela, *Reformasi Pelayanan Publik, Teori, Kebijakan Dan Implementasi* (Jakarta: Bumi Aksara, 2006).

¹¹ Fandy Tjiptono and Anastasia Diana, *Manajemen Dan Strategi Kepuasan Pelanggan* (Yogyakarta: Penerbit Andi, 2022).

¹² Sawir, *Birokrasi Pelayanan Publik Konsep, Teori, Dan Aplikasi*.

¹³ Hardiyansyah, *Kualitas Pelayanan Publik*.

¹⁴ HO Sari, Fatimah Yunus, and YE Fryanti, "Manajemen Pelayanan Ibadah Haji Pada Lanjut Usia Di Kementerian Agama Kabupaten Kaur," *QULUBANA: Jurnal Manajemen Dakwah* 3, no. 1 (2022): 1–17, <https://doi.org/10.54396/qlb.v3i1.361>.

¹⁵ Sari, Yunus, and Fryanti.

- d. Assurance includes the trust and confidence of service users in the ability of service providers¹⁶. Hajj services to elderly congregations relate to the role of officers in helping and guaranteeing the facilities provided to elderly congregations¹⁷.
- e. Empathy according to Tjiptono's concept is the ability to establish good communication relationships, personal attention, and understanding of customer needs. In terms of providing Hajj services to the elderly congregation, empathy is the officer's ability to establish a good relationship with the elderly congregation and pay special attention to the elderly congregation.

Based on what Zeithaml et al above, the problem of elderly-friendly Hajj services is increasingly clear and broad, where service is a process that requires actions such as, responsiveness, empathy, trust, having facilities that can support these service in order to be carried out optimally and reliably. In this study, the focus is on services to elderly pilgrims during the pilgrimage in the holy land.

Research Methods

This research employs descriptive qualitative methods, with the research location in the Office of Ministry of Religious Affairs of Bengkulu City, Bengkulu Province. The objective of this research is to delineate an overview of the elderly-friendly Hajj services available in Bengkulu City. This research is concerned with the description of elderly-friendly hajj services in the city of Bengkulu. The research is informed by the theory of Zeithaml et al.¹⁸, which posits that service quality can be measured along five dimensions: The five dimensions of service quality are tangible, reliability, responsiveness, assurance, and empathy. The data were collected through observation, interviews, and document analysis. In this study, the authors employed the purposive sampling technique. The informants in this study were six elderly pilgrims who departed for the Hajj in 2023 and two Bengkulu City Hajj officers. The data analysis technique employed is content analysis, with the data analysis stages comprising data reduction, data presentation, and conclusion drawing¹⁹.

Results and Discussion

Result

This research examined the implementation of elderly-friendly Hajj services in Bengkulu City through comprehensive field research involving eight key informants. The analysis used the service quality framework developed by Zeithaml et al., encompassing five key dimensions, such as tangible, reliability, responsiveness, assurance, and empathy. The following sections present detailed findings for each dimension based on in-depth interviews, direct observations, and document analysis.

Tangible Dimension

¹⁶ Hardiyansyah, *Kualitas Pelayanan Publik*.

¹⁷ Sari, Yunus, and Fryanti, "Manajemen Pelayanan Ibadah Haji Pada Lanjut Usia Di Kementerian Agama Kabupaten Kaur."

¹⁸ Hardiyansyah, *Kualitas Pelayanan Publik*.

¹⁹ A Bhattacharjee, *Social Science Research: Principles, Methods, and Practices*, Revised ed (Florida: University of South Florida, 2019).

The tangible dimension analysis yielded comprehensive findings regarding the physical facilities, equipment, and staff appearance in elderly-friendly Hajj services. Through field observations and interviews with informants, several key aspects emerged regarding the physical manifestations of service delivery. The accommodation facilities demonstrated significant attention to elderly needs, with hotels equipped with specialized amenities to ensure comfort and accessibility. As reported by Informant AS (May 4, 2024), "The hotel rooms were equipped with proper toilet seats and maintained at a high standard of cleanliness, which greatly helped us perform our daily activities comfortably"²⁰. The research found that room maintenance was conducted regularly, with housekeeping services ensuring clean and hygienic living conditions throughout the pilgrimage period. The example as in Figure 1.

Transportation services emerged as another crucial tangible aspect, with dedicated buses providing regular service between accommodation facilities and pilgrimage sites. The research revealed a systematic organization of transportation, including assistance for boarding and disembarking, which proved particularly beneficial for elderly pilgrims with mobility challenges. However, some informants reported occasional scheduling issues during peak times, suggesting a need for enhanced coordination in transportation management. The example is shown in Figure 2 and Figure 3.

The nutritional service system demonstrated careful attention to elderly pilgrims' dietary requirements, with meals being served at regular intervals (breakfast, lunch, and dinner) and menus designed to balance nutritional needs with familiar flavors. As noted by Informant JN (May 8, 2024), "The food was prepared with Indonesian tastes in mind, which helped us maintain our appetite and strength throughout the pilgrimage"²¹. The example is shown in Figure 4.

Figure 1. Hajj Lodging Facilities



Source: Ministry of Religious Affairs
of the Republic of Indonesia

²⁰ A S, May 4, 2025.

²¹ J N, May 8, 2024.

Figure 2. Hajj Pilgrims Air Transport Facility



Source: Ministry of Religious Affairs
of the Republic of Indonesia

Figure 3. Hajj Pilgrims Land Transport Facility



Source: Ministry of Religious Affairs
of the Republic of Indonesia

Figure 4. Hajj pilgrims' consumption facilities



Source: Ministry of Religious Affairs
of the Republic of Indonesia

The healthcare infrastructure demonstrated comprehensive planning and implementation, with the Office of Religious Affairs in Bengkulu deploying a dedicated medical team comprising doctors, nurses, and paramedics, equipped with medications specifically selected for common elderly health conditions.

Table 1. Regional Hajj Officer of Bengkulu Province in 2023

No	Name	Formation
1	Fazrul Hamidy	Worship Guidance Officer
2	M. Nasron	Worship Guidance Officer
3	Jonsi Hunandar	Worship Guidance Officer
4	Siti Chomsatun	Worship Guidance Officer
5	Vipi Susilowati	Health Officer
6	Sarizki Puspita	Health Officer
7	Anjari Wahyu Wardhani	Health Officer
8	Mahmud Azhari	Health Officer
9	Meli Puspasari	Health Officer
10	Khoiruman	General Service Officer
11	Gusti Santoso	General Service Officer
12	Syarifudin	General Service Officer
13	Adi Sucipto	General Service Officer
14	Yuli Sasman	General Service Officer
15	Syarifuddin Sinaga	General Service Officer

Source: Regional Office of the Ministry of Religious Affairs of Bengkulu Province, 2023

As demonstrated in the above table, the Regional Hajj Officers of Bengkulu Province in 2023 are comprised of 15 officers, including 4 worship guidance officers, 5 health officers, and 6 general service officers. The role of Regional Hajj Officers is to provide assistance to pilgrims throughout the process of departure, travel, and return. The role of Regional Hajj

officers is of paramount importance, as they are entrusted with the responsibility of ensuring the smooth and safe conduct of the pilgrimage. In addition to this, Regional Hajj officers are charged with the provision of guidance and education to pilgrims, ensuring their comprehension of the requisite procedures for performing the Hajj pilgrimage.

The distribution of Regional Hajj Officer across a range of roles reflects a strategic approach to addressing the diverse needs of pilgrims. Health officers play an especially crucial role in the management of elderly pilgrims' wellbeing. This focus on health management was particularly evident in the implementation of innovative solutions to monitor pilgrim health. However, certain infrastructural challenges remained.

The implementation of a medical history-based bracelet marking system proved particularly effective in monitoring and managing elderly pilgrims' health needs. However, public toilet facilities emerged as a significant area requiring improvement, with many facilities still featuring squat-style toilets, which posed considerable difficulties for elderly users. The research revealed that frequent queuing issues were experienced due to inadequate facilities, particularly in areas with high pedestrian traffic. This limitation was repeatedly cited by elderly informants as a primary concern that impacted their pilgrimage experience.

Reliability Dimension

Investigation of the reliability dimension revealed a systematic approach to service delivery and staff competency development. The research findings show a structured system ensures consistent and reliable services for elderly pilgrims.

The selection and training of Hajj officers demonstrates a commitment to service quality through a rigorous tiered selection process. Officers undergo comprehensive screening at the city, provincial, and regional levels, followed by mandatory participation in a 15-day BIMTEK (Technical Guidance) program by the Directorate General of Hajj and Umrah. This training ensures standardized service delivery and a comprehensive understanding of the roles to be performed, as shown in Figure 5.

Figure 5. Hajj Officer Technical Guidance (BIMTEK) Activities
Bengkulu Region in 2023



Source: Documents from the Ministry of Religious Affairs
of Bengkulu Province

The technical guidance for Regional Hajj Officer of Bengkulu Province for the 1444 H/ 2023 M Hajj season is a strategic initiative aimed at ensuring the preparation of reliable, professional and responsible Hajj officers. Figure 5 illustrates the commitment of the local government in preparing Hajj officers who will accompany pilgrims during the Hajj pilgrimage.

In addition, this technical guidance is also a strategic forum to build coordination and networking among officers and stakeholders involved in organizing the Hajj, which is very important considering the need for strong synergy between various parties in organizing the Hajj. It is hoped that with the knowledge and skills acquired through this technical guidance, the Hajj officers can perform their duties professionally, provide excellent service to the pilgrims, and be able to handle any situation that may arise during the implementation of the Hajj effectively. This is comprehensive, thus ensuring a meaningful spiritual for the pilgrims.

Service coordination emerged as a particular strength in the reliability dimension. When elderly pilgrims report problems or requirements, officers immediately coordinate with relevant parties to facilitate a quick resolution. Informant KH (May 15, 2024) said, "We maintain constant communication between different service unit to ensure a quick response to the needs of elderly pilgrims"²². The study found that this coordination system effectively addressed the various challenges faced during the pilgrimage.

All six elderly informants confirmed the officer's a competence in carrying out their duties, stating that they were always available and understood their duties. The research revealed that the officers maintain the availability of assistance 24 hours a day and 7 days a week, demonstrating reliability in service delivery across different locations and situations.

Responsiveness Dimension

Analysis of the responsiveness dimension revealed systematic emergency response protocols and regular assistance mechanisms for older pilgrims. The research revealed structured approaches to addressing both urgent and routine needs.

The emergency response systems showed effective implementation through the strategic positioning of officials throughout the Holy Land. This positioning enabled a rapid response to the needs of older pilgrims, particularly in cases where pilgrims became separated from their groups or required immediate assistance. The research found that this strategic deployment of staff significantly improved the responsiveness of the service.

Daily support services were consistently implemented, with officers readily available to assist older pilgrims with physical tasks. This included assistance with boarding and alighting from buses, managing belongings, and navigating the various pilgrimage sites. As reported by informant AS (May 4, 2024), "Although there is no special officer to accompany elderly pilgrims, the pilgrims are still accompanied by *cloter* officers and health workers. For elderly pilgrims who require a wheelchair and cannot walk, the Ministry of Religious Affairs will arrange for someone to accompany them, usually a family member such as a child or spouse"²³. This action is shown in Figure 6.

²² K H, May 15, 2024.

²³ S, interview.

Figure 6. Photo of officers helping the elderly

Source: Social Media Kanwil Kemenag Bengkulu

However, the research identified areas for improvement in terms of proactive assistance. Some older pilgrims indicated that officer sometimes waited for explicit requests rather than anticipating needs, suggesting room for improvement in proactive service provision.

Assurance Dimension

Findings from the assurance dimension show that there is a structured support system to ensure the quality of services for elderly pilgrims. The study found that there are several mechanisms in place to ensure the safety, comfort, and well-being of pilgrims.

The presence of health officers and specialized officers in each group of pilgrims provides consistent support and guidance. This arrangement effectively facilitates a better understanding of instructions and improves the overall service. Based on interviews with three informants, it appears that there is no dedicated officer to accompany the elderly on the journey, but rather a group officer whose role is to assist all pilgrims, including the elderly, to board and disembark the aircraft and accompany them throughout the journey. The elderly who need special assistance, such as those who use wheelchairs, are usually accompanied by family members. Medical officers and accompanying staff play an important role in providing guidance and ensuring the comfort and safety of all pilgrims during the journey.

Another important outcome is the implementation of the Family Assistance Programme. The Religious Affairs Office provides services to elderly pilgrims' with physical limitations by allowing selected family members to accompany them during the pilgrimage. This program runs according to the available quota and has proven to be very beneficial for elderly pilgrims who need assistance.

The Family Accompaniment Programme for Elderly Pilgrims is an initiative designed to support elderly pilgrims who require assistance during Hajj. The program allows family members, such as biological children or in-laws, to accompany elderly

pilgrims who have paid the Hajj Implementation Fee (BPIH) and have special needs according to recommendations from the Health Office. The companion must fulfil several requirements, including being registered as a prospective Hajj pilgrim before the specified date, coming from the same province, and fulfilling health criteria. The application process includes registration with the local regional office of the Ministry of Religious Affairs, verification of personal data, and payment of the companion fee. Companions are expected to be physically, mentally, and knowledgeably prepared to provide optimal support during the pilgrimage.

Access to adequate facilities is also guaranteed, including comfortable accommodation and reliable transport services. Health services will be supported by medical professionals who are available for consultation and treatment. Meals will be provided regularly with Indonesia flavour's and served three times a day.

Empathy Dimension

Exploration of the empathy dimension revealed strengths and areas requiring improvement in terms of personal attention and understanding the needs of elderly worshippers. The research findings show varying degrees of success in implementing empathetic service delivery.

The implementation of the 5S approach (*senyum, salam, sapa, sopan, dan santun*) demonstrates a commitment to creating positive relationship with elderly pilgrims. This standardized approach to interaction is well received and contributes to a positive service experience, as conveyed by Informant JN (May 8, 2024), that in her last Hajj experience, she expressed how the Hajj journey felt very pleasant. "Our relationship with fellow pilgrims was good, as well as with roommates and the same group, very familiar and full of mutual assistance"²⁴. This gave a positive impression that strengthened the sense of community among them. However, when talking about the attention from the staff, Informant JN felt that the attention given tended to be ordinary, without any special treatment for elderly pilgrims. "I noted that in situations where elderly pilgrims are sick, they have to take the initiative to report to the relevant medical officer"²⁵.

However, this study found limitations in terms of special attention to elderly pilgrims, Interviews with six elderly informants indicated that officers sometimes lack initiative and provide attention that tends to be rigid and impersonal.

This is as stated by JN (May 8, 2024), who highlighted the dimension of officer empathy that needs to be improved. Officer empathy towards elderly pilgrims can be realized through more proactive and personalized attention, such as monitoring pilgrims' health conditions regularly, helping when needed without having to be asked and creating a more friendly and supportive environment for elderly pilgrims. This will not only increase the comfort of elderly pilgrims but also enrich their spiritual experience during Hajj.

In addition, the special attention given by officials is limited to high-risk elderly pilgrims, while other elderly pilgrims are treated the same as younger pilgrims.

The study revealed that although courtesy and respect are practiced on an ongoing basis, a deeper understanding and anticipation of the needs of elderly. The findings suggest

²⁴ N, interview.

²⁵ N.

the need for additional training in elderly care and communication to enhance the empathy dimension of service delivery.

Discussion

The empirical findings of this study reveal complex dynamics in the implementation of elderly-friendly Hajj services in Bengkulu City in 2023, especially when viewed from Zeithaml's dimensions of service quality. This study shows that although there has been significant progress in some aspects of the service, there are still some things that need to be improved in providing comprehensive elderly-friendly services.

The dimension of service quality that is tangible in the form of physical facilities shows mixed results in its implementation. While the government's preparation of physical infrastructure prior to the Hajj season demonstrates proactive service planning, the actual implementation of services shows certain gaps. While accommodation facilities generally fulfill the needs of the elderly with features such as sit-down toilets and clean rooms, public facilities show glaring shortcomings. The limited number of public toilets and squat toilet designs create accessibility challenges for elderly pilgrims, which contradicts the key principle of elderly-friendly services. This finding is in line with Zeithaml's emphasis on the importance of physical evidence in service quality, where inadequate facilities can significantly impact the service experience, especially for vulnerable populations such as the elderly.

Transport services, although available, showed gaps in service design when analyzed through Zeithaml's framework. The absence of special seating arrangements for elderly travellers on the bus indicates a missed opportunity in service customization. According to Zeithaml's theory, such customization is essential to meet specific user needs, suggesting that simply providing transport without considering the specific needs of the elderly will not result in optimal service quality. Providing wheelchairs through partnerships with various stakeholders demonstrates an approach more aligned with service quality principles, showing how tangible service elements can be improved through collaborative efforts.

The reliability dimension showed stronger alignment with theoretical expectations. The rigorous selection and training process for Hajj officers, which involves various stages from administrative selection to Computer Assisted Tests, demonstrates a commitment to service consistency. This is in line with Zeithaml's emphasis on reliable and accurate service delivery. The implementation of technical guidance (BIMTEK) for selected officers further strengthens this dimension, ensuring standardized service delivery. Positive feedback from elderly pilgrims regarding the competence of officers validates this approach, demonstrating how a systematic selection and training process contributes to reliable service delivery.

When examining the responsiveness dimension, the study revealed the implementation of effective rapid response mechanisms. The deployment of officers at various locations during the Hajj rituals indicates a proactive service design, in line with Zeithaml's emphasis on the willingness to help customers immediately. The readiness of officers to assist elderly pilgrims with their luggage and their quick response to reported needs demonstrates the practical application of the principles of responsiveness. However,

this dimension could be strengthened by developing more structured response protocols tailored specifically to the needs of elderly pilgrims.

The assurance dimension shows strong implementation through various mechanisms. The presence of dedicated health workers and flight group (kloter) officers provides comprehensive support, in line with Zeithaml's emphasis on building trust through competence and credibility. The provision for family members to accompany physically challenged elderly pilgrims demonstrates how service assurance can be enhanced through support systems. Guaranteed access to facilities and prioritization of elderly pilgrims when conditions permit demonstrate the systematic application of service assurance principles.

The empathy dimension showed the most significant gap between theoretical expectations and actual implementation. Although basic 5S behaviors are practiced, this study found that staff often lack initiative and special attention towards elderly pilgrims. This finding is very much in line with Zeithaml's service theory, which emphasizes the importance of individualized attention and understanding of customer needs. The lack of proactive service, except for high-risk elderly pilgrims, indicates the need for better alignment between service delivery and the theoretical principles of empathetic service.

The findings of this study suggest that while the framework for elderly-friendly Hajj services is in place, its implementation requires better integration with service quality principles. Successes in the provision of physical facilities and staff training need to be complemented by better emphasis on empathetic service delivery and special attention to the needs of older people. This is in line with Zeithaml's assertion that service quality is not just about meeting basic requirements but about creating a comprehensive service experience that addresses both the tangible and intangible aspects of service delivery.

The increase in the number of service providers, while positive, needs to be accompanied by increased training in specialized care approaches for the elderly. This study shows that the number of service providers does not automatically translate to service quality, especially in terms of empathetic care. This finding reinforces Zeithaml's principle that service quality is multidimensional and requires attention to both technical and interpersonal aspects of service delivery.

Going forward, this study suggests that improving elderly-friendly Hajj services requires closer alignment between theoretical service quality principles and practical implementation. This can be done by developing more structured protocols for elderly care, improving staff training in empathetic service delivery, and creating stronger feedback mechanisms to continuously improve service quality. The findings also point to the need for better integration of physical infrastructure improvements with personalized service improvements, ensuring that all aspects of service quality work together to create a comprehensive elderly-friendly Hajj experience.

This research contributes to our understanding of how service quality theory can be applied in the context of religious services, especially for vulnerable populations such as elderly pilgrims. The research highlights the importance of balancing standardized service procedures with personalized services, indicating that successful implementation of elderly-friendly services requires careful attention to both technical and human aspects of service delivery. This understanding can inform the development of future policies and

service implementation strategies, not only for Hajj services, but also for other religious and public services targeting the elderly population.

Conclusion

The findings of the research and discussion, which were guided by the Zeithaml et al. service theory, indicated that the five domains utilized to assess the quality of elderly-friendly Hajj services, namely Tangible, Reliability, Responsiveness, Assurance, and Empathy. Interesting findings were found in two areas. First is Tangible, which revealed public toilet facilities remain inadequate, with the public toilet also serving as a squat toilet with limited availability. Second, the Empathy aspect also presents challenges, as officers tend to demonstrate less attention and initiative in serving elderly pilgrims. In light of the findings of the aforementioned research, it is recommended that some improvements be made to enhance the provision of elderly-friendly Hajj services in Bengkulu City in the future. The study proposes the following recommendations::

1. It would be beneficial for the PPIH (Hajj Organising Committee) to liaise with the Saudi Arabian government with a view to enhancing the provision of public facilities, specifically in the area of sanitation. An increase in the number of public toilets would be a valuable addition.
2. The PPIH (Hajj Organising Committee) should liaise with the government of Saudi Arabia regarding the construction of public toilets in the form of sitting toilets.
3. The Ministry of Religious Affairs should establish a team who are responsible for addressing the needs of elderly pilgrims at the central, provincial, or district/city levels.

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