Patient Satisfaction Levels in One of the Private Hospital in Padang City

Sebrin Fathia Rahman[1], Husna Yetti[2], Adila Kasni Astiena[2]

[1]Department of Public Health, Faculty of Medicine, Andalas University, Padang, Indonesia
[2]Department of Public Health and Community Medicine, Faculty of Medicine, Andalas University, Padang, Indonesia

Corresponding Author: Husna Yetti

ABSTRACT

Improving patient care is a priority for health service providers, with the aim of achieving optimal levels of patient satisfaction. Based on patient satisfaction data, the level of patient satisfaction in 2022 still doesn't meet the minimum service standard. It was also found that there were many complaints about the services provided at outpatient clinics. This research aims to determine the level of patient satisfaction based on satisfaction indicators and analyze which attributes are priority problems. The research method uses a sequential explanatory method. Data was obtained from 167 respondents and nine informants. Data analysis uses descriptive analysis and Cartesian diagrams. Qualitative research was carried out using in-depth interviews, observations, and reviews of related documents. Research results showed that the level of patient satisfaction was 72.5%. Based on the five dimensions of service quality, the level of patient satisfaction was found to not meet service standards. There are four main priority problems to be addressed: service registration procedures, inappropriate arrival times for doctors, staff attitudes and communication that aren't optimal, and waiting times for medicines that don't meet standards. It was concluded that the level of patient satisfaction still doesn't meet the minimum service standards.

Keywords: Outpatient care, patient satisfaction, service quality

INTRODUCTION

Improving patient care has become a priority for all healthcare providers, with the aim of achieving optimal levels of patient satisfaction. Currently, due to increasing expectations of service providers and increasing customer needs, hospitals are encouraged to provide superior care services to patients, namely by providing good and quality service (Zarei et al., 2015).

The quality of health service provision can be improved by early detection of existing service problems. To recognise this problem, patient satisfaction can be assessed. Evaluation and follow-up of patient opinions can help the hospital determine better management policies and processes in the future (Afrashtehfar et al., 2020).

Patient satisfaction is defined as the level of satisfaction a patient feels after receiving health services from a health facility. In this case, patient assessment becomes a tool for identifying health service problems that need to be resolved in order to increase patient satisfaction (Eshetie et al., 2020).

According to Ndambuki in Nababan, the patient satisfaction rate in Kenya was recorded at only 40.4% and in Bakhtapur, India, it was 34.4% (Nababan et al., 2020). Patient satisfaction with health services is also a dilemma for health agencies in Indonesia. Data regarding the level of patient satisfaction in Indonesia shows that patient satisfaction with health services in

Central Maluku is only 42.8% and in West Sumatra it is 44.4%. Until now, around 600,000 - 1 million Indonesians have still choosen to seek treatment in foreign hospitals. This causes the country to lose potential income of up to Rp. 161 trillion (JATI, 2023; Selfanay et al., 2021).

The scope of service quality stated by experts is summarised in five main dimensions related to service quality, better known as Service Quality, including tangibles, empathy, reliability, responsiveness, and assurance. User satisfaction is a fundamental indicator of service quality in health services. For this reason, the SERVQUAL instrument is available, which objectively measures the quality of a health service according to the level of user satisfaction (Febres-Ramos et al., 2020).

The hospital's annual report shows that the number of outpatient visits to the Hospital in 2022, approximately 13,450 patients per month, or around 449 patients every day. This shows that the outpatient clinic has provided very dense and complex health services. If the hospital cannot regulate hospital service activities properly, this will reduce the quality of service and impact patient satisfaction.

Hospital quality indicator data for semester 2 of 2022 found that the patient satisfaction rate was 86%, a slight decrease compared to semester 1, namely 87%. Based on data obtained by researchers from Google ratings and reviews conducted in April 2023, it was found that the patient service rating for the Hospital was 3.9 out of 5 points. From the existing review, researchers found that there were still many patient complaints regarding polyclinic services provided by hospitals, including unfriendly hospital staff, long administrative processes, long waiting times for services, doctor delays, many facilities that were not functioning properly and a long waiting time to pick up medicine at the pharmacy.

Through researchers' observations and interviews with patients at the Hospital outpatient clinic, it was discovered that the waiting time for patients at the polyclinic was long (> 60 minutes). Based on data on patient waiting times in November 2022, only around 19% can reach the trend of <60 minutes. Apart from that, there are problems with queues and long waiting times for drug services at the pharmacy (for general patients around 60 minutes while for JKN patients the waiting time is 1-2 hours), there are still many delays in the arrival of doctors at polyclinics (it was found that 36% of DPJP arrived >30 minutes from the specified time), as well as a busy waiting room atmosphere and many damaged building facilities.

The aim of this research is to determine the level of patient satisfaction based on satisfaction indicators and analyse which attributes are priority problems. Knowing the analysis of existing problems, can be an input for the hospital in improving existing services so that the level of patient satisfaction with hospital services will increase.

MATERIALS & METHODS

This research was conducted at a private hospital in Padang City. The type of research used in this research is a mixed-methods study, namely by combining quantitative research designs (sectional explanation) and qualitative research (cross-sectional study) sequentially. Quantitative research using a questionnaire survey method to obtain data on patient satisfaction levels. Next, qualitative research will be carried out with in-depth interviews, field observations, and reviews of related documents.

This research involved 169 respondents for quantitative research and 19 informants for qualitative research. Inclusion criteria are patients who have received services at outpatient clinics ≥ 2 (two) times and have experience of treatment at other hospitals. The samples that would become respondents were selected using a purposive sampling technique and the samples that would become informants were selected using a consecutive sampling technique.

Informants are polyclinic patients, service providers, and hospital management.

This study used a questionnaire with closed statements consisting of 27 statements with a Likert scale [score one (not important/satisfied) to score four (very important/satisfied)] for each perception and expectation. Data analysis is calculated from the level of individual satisfaction (LIS) (descriptive) and importance performance analysis (IPA). Qualitative data analysis using the triangulation method. This research was conducted within five months, from Mei until September 2023. The data was processed statistically and descriptively.

STATISTICAL ANALYSIS

Descriptive statistics is used to determine the frequency of each variable with the aim of seeing the variations in each variable. The results of the analysis are presented in the form of a table containing information about the characteristics of respondents and the level of patient satisfaction.

Importance performance analysis (IPA) is used to measure the relationship between consumer perceptions and priorities for improving service quality. The result of this analysis will be entered into a Cartesian diagram which is divided into four quadrants This level of suitability will determine the priority order of solving problems that must be resolved by the hospital.
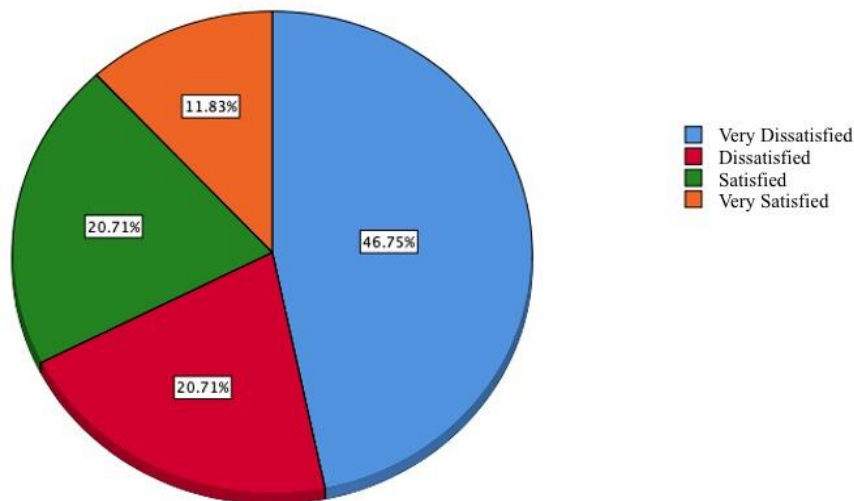
RESULT

Figure 1. Patient Satisfaction Level of Hospital Outpatient Polyclinic

Based on the research that has been carried out, it can be seen that Outpatient polyclinic patients who were very satisfied with health services at the Hospital outpatient polyclinic were 11.83% and 20.71% of patients were satisfied, while patients who were dissatisfied with health services at the Hospital outpatient polyclinic were 20.71% and 46.75% of patients feel very dissatisfied (Figure 1). The average patient satisfaction rate at the Hospital outpatient clinic is 72.5%. This value is still below the service standards set by the government, namely > 90%.

Table 1. Level of Perception and Expectations of Hospital Outpatient Polyclinic Patients Based on Service Attributes That Influence Patient Satisfaction

No	Service Attributes	X (Perception)	Y (Expectation)	LIS (%)
	Reliability			
1	The outpatient registration procedure is easy and not complicated	2.35	3.95	59.52
2	The doctor arrived on time according to the schedule submitted	2.33	3.96	58.66
3	The nurse provides service information and the doctor's arrival schedule well and clearly	2.47	3.96	62.39
4	The doctor explains the disease the patient is suffering from well and clearly	2.95	3.96	74.59
5	Pharmacy staff explain the dosage and rules for taking medication well and clearly	2.91	3.94	73.87
Mean		2.60	3.96	65.81
	Responsiveness			
6	Registration officers serve quickly and accurately	2.62	3.88	67.53
7	Nurses are responsive in serving patients who come	2.60	3.90	66.62
8	The waiting time for doctor services at the polyclinic is fast and according to schedule	2.51	3.90	64.49
9	The waiting time for drug service at the pharmacy is fast and appropriate	2.52	3.91	64.55
Mean		2.56	3.90	65.80
	Assurance			
10	Registration counter staff provide clear information on registration procedures and service flow	2.82	3.88	72.82
11	The doctor carries out an examination and explains the results of the examination in a convincing manner and provides the right solution	2.85	3.91	72.92
12	Nurses provide information related to health problems and illnesses suffered by patients accurately and correctly	2.84	3.88	73.17
13	Pharmacy staff are careful in dispensing medicines according to the prescription and the name of the patient receiving the medicine	2.93	3.91	74.89
14	The services provided do not differentiate between patient status	2.94	3.93	74.85
Mean		2.88	3.90	73.73
	Emphaty			
15	Doctors provide sufficient service time to patients.	2.97	3.93	75.60
16	Doctors can understand and care about patient complaints and desires	3.00	3.92	76.59
17	Nurses provide services according to the patient's wishes and needs.	2.78	3.89	71.28
18	The nurse gave me motivation/encouragement to recover	2.69	3.88	69.36
19	There is a family atmosphere between health service providers and patients	2.71	3.89	69.71
Mean		2.83	3.90	72.51
	Tangible			
20	Service flow information and directions are clearly available	2.96	3.86	76.84
21	The registration counter is clean, neat and comfortable	3.05	3.83	79.48
22	Doctor visit schedule information is clearly visible	3.04	3.89	77.96
23	The waiting room of the polyclinic building is clean, neat and comfortable	3.05	3.91	78.06
24	The diapharmacy waiting room is clean, neat and comfortable	3.01	3.89	77.36
25	The appearance of the Registration Officer is clean and neat	3.07	3.89	78.88
26	The doctor's appearance is clean and neat	3.08	3.91	78.79
27	The nurse's appearance is clean and neat	3.11	3.92	79.46
Mean		3.05	3.89	78.35
Mean Total		2.78	3.91	71.24

The frequency distribution of perceptions and expectations of outpatient clinic patients for each service quality attribute can be seen in table 1. The attribute with the lowest patient satisfaction score in the reliability dimension is that the doctor arrives on time according to the schedule submitted (58.66%) so that this dimension is not able to provide services in accordance with what is promised accurately and reliably.

Of the four attributes that represent the responsiveness dimension, there are no attributes that meet patient satisfaction. The attribute of waiting time for doctor services at the polyclinic is fast and according to schedule, which is the attribute with the lowest satisfaction rate, 64.49%.

Of the five attributes that represent the assurance dimension, there are no attributes that meet patient satisfaction, where the attribute with the lowest satisfaction rate was 72.82% (registration counter staff provided clear information on registration procedures and service flow). This shows that the knowledge, politeness and abilities of health workers have not been able to maximize patient trust.

Of the eight attributes that represent the tangible dimension, all of these attributes have met the minimum standard of patient satisfaction, where the attribute with the

highest satisfaction is the registration counter which is clean, neat and
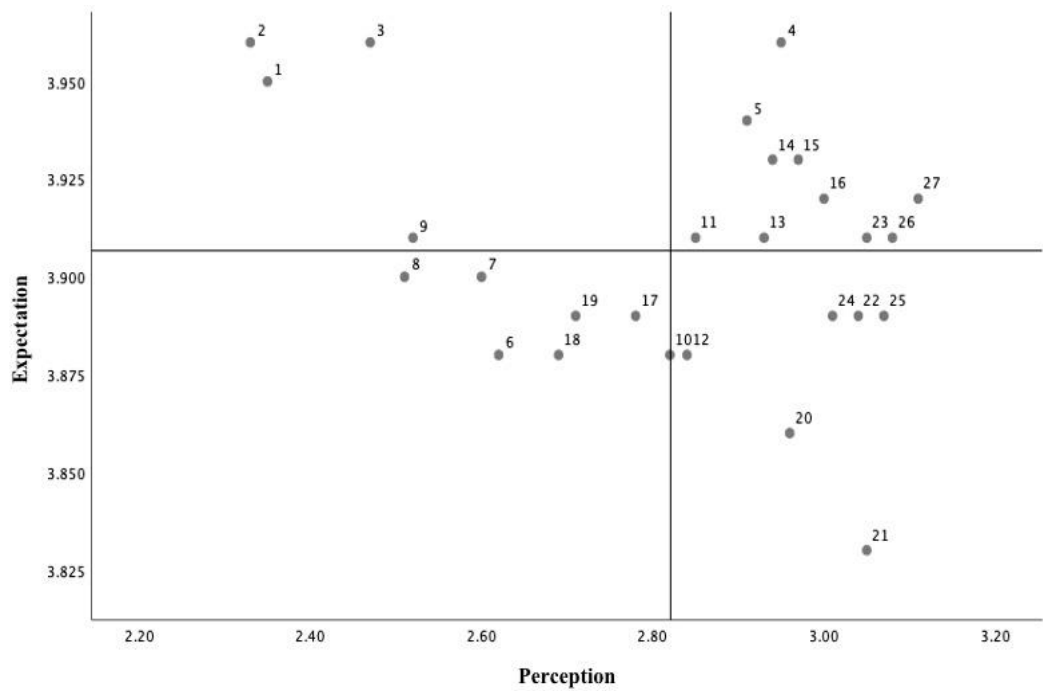
comfortable.

Figure 2. Cartesian Diagram of Priority Problems Patient Satisfaction Level at Hospital Polyclinic

Analysis using a Cartesian diagram that displays all service quality attributes as in Figure 2 can help a company to identify problems in service according to customer satisfaction and service provider performance and determine attribute points that require further management. There are four dimensional attributes of service quality which are included in the main priorities that must be immediately improved (quadrant A), namely outpatient service registration procedures, waiting time for medicine, arrival time of outpatient clinic doctors and the attitude and communication of nurses.

The main problem in this polyclinic service is the registration procedure for outpatient services which is not easy for patients to understand. Based on the results of triangulation analysis regarding the causes of problems with registration procedures for hospital outpatient services, procedural problems occur because the number of patients is large, so there is little interaction between staff and patients, a lack of staff for admissions officers, a lack of information

regarding registration procedures from hospitals, and patients who did not bring complete documents or brought the wrong documents during registration.

In fulfilling patient satisfaction with the services provided, doctor's service is an important aspect. In this case, it was found that the waiting time for the doctor's arrival was still not suitable so that patients had to wait a long time to get service. Based on the results of the triangulation analysis showed that problems with the arrival time of doctors at the Hospital outpatient clinic occurred due to the large number of doctors practicing in more than one practice location, the DPJP delay confirmation system which was not optimal, and the existing DPJP delay evaluation system which was not yet optimal.

The third priority problem in terms of patient satisfaction with outpatient clinic services in this study is regarding the attitude and communication of nurses that are not optimal. The results of in-depth interviews with polyclinic patients related to the causes of problems and the attitudes and

communication of Hospital outpatient polyclinic nurses, namely the attitude of nurses who were not friendly towards patients, lack of interaction between nurses and patients, lack of effective communication between nurses and patients. Meanwhile, according to hospital staff and management, the reasons for the problems with nurses' attitude and communication at the Hospital outpatient clinic are due to the accumulation of patients, resulting in a lack of time to interact with patients, the number of nurses is still insufficient and the presence of new staff so they have not adapted optimally to the polyclinic environment.

The final cause of patient satisfaction problems is the waiting time for medicines that does not meet standards. The results of in-depth interviews with outpatients regarding the causes of the problem of waiting time for medicines at the Hospital outpatient clinic showed that the findings of the problems felt by patients were the large number of patients, resulting in a large queue for prescriptions during service hours and sometimes there was no stock of medicines. Meanwhile, the results of interviews with hospital staff and management show that the cause of the problem with waiting times for medicines at the Hospital outpatient clinic is that there is an uneven distribution of doctors' practice hours so that there is a buildup of patients at certain times which results in a buildup of prescriptions, an increase in demand for compounded medicine prescriptions resulting in service times takes longer, confirming drug stock with insurance companies and doctors takes time and there are many new officers who don't understand the work system well so the officers' performance is not optimal. Apart from that, the results of the research analysis also show that the waiting time for medicines is also due to the low compliance of DPJP in the use of e-prescriptions so that they still use manual prescriptions where in reality there are several prescriptions that are difficult for pharmacy staff to read which

ultimately takes time to confirm back to the relevant DPJP.

DISCUSSION

According to Minister of Health Decree No. 129 of 2008, the minimum standard for customer satisfaction is more than equal to 90%, while according to the Minister of State Apparatus Empowerment Regulation No. 14 of 2017, the minimum standard for customer satisfaction is 76.61% (KEMENPANRB RI, 2017).

Reliability is the ability to provide promised services promptly, accurately and satisfactorily. If the reliability dimension is not implemented well, it will cause problems that can affect patient satisfaction (Jacobis, 2013). Of the five attributes that represent the reliability dimension, there are no attributes that meet patient satisfaction.

Research by Susanty et al (2023) found that there is a relationship between the reliability dimension and patient satisfaction (p-value = 0.001). The reliability dimension is important because it relates to the accuracy of error-free services and patient satisfaction will decrease if the services provided do not match what was promised (Susanty et al., 2023; V, 2007).

Responsiveness is the ability of medical personnel to provide fast and accurate services to patients by responding to patient complaints and resolving complaints from patients and their families as well as conveying clear information regarding patient complaints (Setyawan et al., 2019).

This shows that the responsiveness dimension has not been able to provide satisfaction to Hospital outpatient clinic patients, even though the responsiveness dimension is important because this dimension can foster a positive perception of the quality of services provided where this dimension emphasizes the attention and speed of employees in responding to requests, questions and complaints from patients (Lubis & Andayani, 2017; Susanty et al., 2023).

The results of research by Susanty et al (Susanty et al., 2023) show that the

responsiveness dimension is the most dominant dimension of service quality influencing patient satisfaction (p-value=0.003) and statistically it shows that the responsiveness dimension can increase patient satisfaction by 73.635 times (OR=73.635). This shows that patients really appreciate the skills and speed of health workers in providing services so that errors do not occur in the services received by patients.

Assurance includes the ability to know the product/service correctly, quality of hospitality, attention and politeness in providing services, skills in providing information, the ability to provide a sense of security in utilizing the services offered, and the ability to instill patient trust in the company (Mustika et al., 2019).

According to Supartiningsih (Supartiningsih, 2017), if the trustworthiness of health workers increases, hospital patient satisfaction with outpatients will also increase. This is confirmed by research by Mustika et al. (Mustika et al., 2019) which shows that there is a significant relationship between assurance dimensions and polyclinic patient satisfaction (p=0.005). Based on Giday's (2017) (Giday, 2017) research results, assurance and responsiveness are the dominant factors determining patient satisfaction. This indicates that hospitals are required to be trustworthy and feel safe by their patient customers. In addition, hospitals must notify patients exactly when services will be performed and respond promptly to patient requests.

Empathy is the ability to be sincere and provide individual attention to patients by trying to understand the patient's complaints as a whole (Setyawan et al., 2019). If every hospital has employees who have an empathetic dimension, patient suffering will be reduced, cases of death due to malpractice will be reduced, besides that the recovery rate will be higher, and patients will be happier because their satisfaction is fulfilled (Nepa & Tumbuan, 2019).

Tangible is physical evidence in the form of the appearance of media personnel and medical equipment used in providing health services (Setyawan et al., 2019). This shows that the appearance and capability of the physical facilities and infrastructure as well as the surrounding environment of health services are significantly good enough to influence the perception of service recipients (Lubis & Andayani, 2017).

Outpatient service registration procedures

Flow is defined as the correct path or rules, while procedures are part of the quality of service for health service providers (Gunawan & Herawaty, 2022). Service flow is a form of patient direction that provides an overview of the service stages from the moment the patient arrives at the health service until the service ends (CB., 2012).

One effort to increase patient understanding regarding outpatient registration procedures is by using tools such as audiovisual media, x-banners or leaflets which are made attractive and easy to understand. According to Batubara and Suri, communication media is a tool used by an organization to achieve work efficiency and effectiveness with maximum results. The choice of communication media in carrying out effective communication plays an important role in determining the effectiveness of a communication interaction (Rohman et al., 2022).

The results of research by Rustifani et al. (Rustifani et al., 2015) found a relationship between service performance in the outpatient registration section and patient satisfaction at Tulehu Regional Hospital. This is generally because the public's first impression in assessing a hospital is obtained from the performance of outpatient registration services and the impression of the friendly attitude given, where if the performance is not good then patient satisfaction is not met.

Inappropriate arrival Times for doctor

Service time is the minimum time used to serve patients from the moment they enter the registration area until they go home. The minimum time is the same as the standard time limit, namely 90 minutes with a division of time in the form of a waiting time for services ≤ 60 minutes, a doctor's examination time ≥ 15 minutes, and a minimum of 15 minutes for administering and taking medication. Service factors are divided into two, namely waiting time and examination time. The doctor's aspect of examination time greatly influences patient satisfaction (Mayasari, 2018). In the Decree of the Minister of Health of the Republic of Indonesia Number 129 of 2008 concerning Minimum Service Standards for Hospitals, waiting time is the time required from the patient registering until being served by a specialist doctor. It is stated that the standard waiting time for outpatients is less than or equal to 60 minutes.

Satisfaction with the communication aspect during consultation greatly influences other aspects of the interaction between health workers and patients. Hospital management needs to improve long waiting times by making policies and verbal warnings to doctors to improve practice schedules in a more disciplined and timely manner, so that patients do not have to wait long and the quality of hospital services can also improve. Apart from that, in terms of waiting time, based on research, officers or nurses who do not interact enough with patients who are in the waiting period will cause health services to be considered to be of lower quality (Mayasari, 2018).

Research by David et al (David et al., 2014) shows that there is a significant relationship between the timeliness of the arrival of specialist doctors in the outpatient unit and the level of patient satisfaction where specialist doctors who arrive on time to serve patients in the outpatient clinic will further increasing patient satisfaction. On the other hand, if the doctor does not arrive on time, this will further cause patient satisfaction to decrease.

The attitude and communication of nurses that are not optimal

Nursing is a profession that is focused on caring for individuals, families and communities so that they can achieve, maintain or strive for optimal health (I, 2014). One of the things that nurses do as an effort to maintain good cooperation with patients to help meet the patient's health needs, as well as cooperation with other health workers in order to help overcome patient problems, is by communicating where by communicating the nurse can listen to the patient's feelings and explain nursing procedures (Mundakir, 2013).

The results of research related to attitude and patient satisfaction at RSU GMIM Kalooran Amurang show that patient satisfaction is significantly determined by the nurse's attitude (p-value=0.000) (Walansendow et al., 2017). This shows that the attitude and communication of nurses is an important aspect and is a means of building relationships between patients and nurses where good attitudes and communication will be able to promote health and increase patient satisfaction with the health services received.

Waiting time for medicine is not up to standards

Pharmacy is one of the services in hospitals that supports quality health services. The waiting time for drug services is divided into the waiting time for prescription services for non-concocted drugs and the waiting time for prescription services for compounded drugs (Suryana, 2018). The Minister of Health's decision regarding minimum service standard for hospital waiting times for finished medicine services is less than 30 minutes and for compounded medicines it is less than 60 minutes and the error rate for administering medicines is 0% (KEMENKES RI, 2018).

The results of research by Ekadipta et al. (Ekadipta et al., 2022) regarding the finished medicine prescription and concoction services at RSIA Assyifa show that waiting time for medicine has a very

strong positive influence on patient satisfaction. Guarantees from hospitals, especially related to efforts to increase the speed of service for prescriptions for finished medicines and concoctions, have been proven to influence patient satisfaction where patients will feel they are getting complete service from the hospital (Ekadipta et al., 2022; Supartiningsih, 2017).

Based on this explanation, it is necessary to improve the waiting time for medicines at the Hospital outpatient clinic as an effort to improve the quality of service and meet patient satisfaction. Several things that can be done to improve polyclinic waiting times include rearranging the practice schedules of specialist doctors at polyclinics, providing a better hospital management information system (SIMRS) and increasing the effectiveness of communication between pharmacy staff and other health workers (Suryana, 2018).

CONCLUSION

The level of patient satisfaction with services at Hospital outpatient clinic only reached 72.5%, which is still below the minimum service standards set by the government (>90%). The level of patient satisfaction in the dimensions of reliability, responsiveness, assurance, empathy, and tangible has not been able to satisfy patients. The main priority problem is regarding outpatient registration procedures, inappropriate doctor arrival times, staff attitudes and communication that are not optimal, and waiting times for medicines that do not meet standards. There are many other factors that can influence the level of patient satisfaction that have not been discussed in this study. Future researchers are expected to be able to carry out another research.

Full support from hospital management and service providers is very necessary to support improved services in hospital outpatient clinics. There is a need to periodically monitor and evaluate patient satisfaction in outpatient clinics in order to

improve the quality of existing services. Monitoring and evaluation of officer performance also needs to be carried out regularly so that it can be used as a reference for improvement and early detection to support improving officer performance.

REFERENCES

1. Afrashtehfar, K. I., Assery, M. K. A. and Bryant, S. R. (2020) 'Patient satisfaction in medicine and dentistry', *International Journal of Dentistry*, e6621848. doi: https://doi.org/10.1155/2020/662188
2. CB, S. (2012) *Manajemen Unit Kerja Rekam Medis.* Yogyakarta: Quantum Sinergis Media.
3. David, D., Hariyanti, T. and Lestari, E. W. (2014) 'Hubungan keterlambatan kedatangan dokter terhadap kepuasan pasien di instalasi rawat jalan', *Jurnal Kedokteran Brawijaya*, *28*(1). doi: https://doi.org/10.21776/ub.jkb.2014.028.01.19
4. Ekadipta, E., Zuhriyanto, M. and Nurahayu, S. (2022) 'Evaluasi waktu tunggu resep obat terhadap kepuasan pasien rawat jalan di instalasi farmasi rumah sakit assyifa kota tangerang', *Jurnal Ilmu Farmasi Dan Farmasi Klinik*, *19*(1). doi: https://doi.org/10.31942/jiffk.v19i1.6682
5. Eshetie, G., Feleke, A. and Genetu, M. (2020) 'Patient satisfaction and associated factors among outpatient health service users at primary hospitals of north gondar, Northwest Ethiopia, 2016', *Advances in Public Health*, e6102938. doi: https://doi.org/10.1155/2020/6102938
6. Febres-Ramos, R. J *et al.* (2020) 'Satisfacción del usuario y calidad de atención del servicio de medicina interna del Hospital Daniel Alcides Carrión. Huancayo—Perú', *Revista de La Facultad*

de Medicina Humana, 20(3), 397–403. doi: https://doi.org/10.25176/rfmh.v20i3.3123

7. Giday, B. G. (2017) 'Perceived service quality and patients' satisfaction: the case of wolaita sodo university teaching hospital', *European Journal of Business and Management*, 9(4), 140–147.

8. Gunawan and Herawaty, S. (2022) 'Pemahaman Pasien Tentang Proses Alur Pelayanan Rawat Jalan Sebelum dan Sesudah Menggunakan "X-Banner" di Puskesmas Tugu', *Jenggala: Jurnal Riset Pengembangan dan Pelayanan Kesehatan*, 1(1), Article 1.

9. I, A. (2014). *Ensiklopedia Mini: Asal Mula Profesi Perawat*: Angkasa.

10. Jacobis, R. (2013) 'Faktor-faktor kualitas pelayanan pengaruhnya terhadap kepuasan pasien rawat inap peserta jamkesmas di blu rsup prof.dr. r.d. kandou manado', *Jurnal EMBA: Jurnal Riset Ekonomi, Manajemen, Bisnis Dan Akuntansi*, 1(4). doi: https://doi.org/10.35794/emba.1.4.2013.2742

11. Jati, R. P. (2023) *Minat Warga Indonesia Berobat ke Luar Negeri Masih Tinggi*, *kompas.id*. Available at: https://www.kompas.id/baca/nusantara/2023/06/09/transformasi-layanan-kesehatan-bisa-mencegah-warga-berobat-ke-luar-negeri

12. KEMENKES RI, K. R. (2018) *Keputusan Menteri Kesehatan RI Nomor 129/MENKES/SK/II/2008 tentang Standar Pelayanan Minimal Rumah Sakit*. KEMENKES RI.

13. KEMENPANRB RI, K. R. (2017) *Peraturan Menteri Pendayagunaan Aparatur Negara dan Reformasi Birokrasi RI No. 14 Tahun 2017 tentang Pedoman Penyusunan Survei Kepuasan Masyarakat terhadap Penyelenggaraan Pelayanan Publik*. KEMENPANRB RI.

14. Lubis, A. S. and Andayani, N. R. (2017) 'Pengaruh kualitas pelayanan *(service quality)* terhadap kepuasan pelanggan PT. Sucofindo Batam', *Journal of Applied Business Administration*, 1(2), Article 2. doi: https://doi.org/10.30871/jaba.v1i2.619

15. Mayasari, F. (2018) 'Analisis Hubungan Waktu Pelayanan dan Faktor Total Quality Service Terhadap Kepuasan Pasien di Poliklinik Kebidanan dan Kandungan RSIA Anugerah Medical Centre Kota Metro Tahun 2015', *Jurnal Administrasi Rumah Sakit Indonesia*, 2(3), Article 3. doi: https://doi.org/10.7454/arsi.v2i3.2203

16. Mundakir, M. (2013) *Komunikasi Keperawatan Aplikasi dalam Pelayanan.* Yogyakarta: Graha Ilmu.

17. Mustika, Y. A., Utami, J. N. W. and Sukismanto, S. (2019) 'Association of health service quality with patient satisfaction in primary healthcare center of Gedongtengen Yogyakarta', *Journal of Health Education*, 4(1), Article 1. doi: https://doi.org/10.15294/jhe.v4i1.20719

18. Nababan, M. C., Listiawaty, R. and Berliana, N. (2020) 'Analisis Kualitas Pelayanan Terhadap Kepuasan Pasien Di Puskesmas X Kota Jambi', *Jurnal Kesmas Jambi*, 4(2), Article 2. doi: https://doi.org/10.22437/jkmj.v4i2.10565

19. Nepa, T. N. and Tumbuan, W. J. F. A. (2019) 'Comparative analysis of employees empathy toward patient satisfaction between state-owned and private-owned public hospital in Manado', *Jurnal EMBA : Jurnal Riset Ekonomi, Manajemen, Bisnis Dan Akuntansi*, 7(1), Article 1. doi: https://doi.org/10.35794/emba.v7i1.22345

20. Rohman, M. F., Gunawan, G. and Romadi, U. (2022) 'Pengaruh Integrasi media komunikasi terhadap pengetahuan pengunjung wisata edukasi pertanian kabupaten tulungagung', *Jurnal Penyuluhan*, 18(01), 36–48. doi: https://doi.org/10.25015/18202235890

21. Rustifani, Y., Rumana, N. A. and Anggraini, M. (2015) 'Hubungan kinerja pelayanan dengan kepuasan pasien di bagian tempat pendaftaran pasien rawat jalan di RSUD Tulehu Januari 2015', *Indonesian of Health Information Management Journal (INOHIM)*, 3(1), Article 1. doi: https://doi.org/10.47007/inohim.v3i1.75

22. Selfanay, M., Pajung, C. B. and Suarjana, I. W. G. (2021) 'Hubungan antara kualitas pelayanan terhadap kepuasaan pasien rawat inap di RSUD Cendrawasi Dobo Kabupaten Kepulauan Aru', *Epidemia*, 2(3), 47–52. doi: https://doi.org/10.53682/ejkmu.vi.1889

23. Setyawan, F. E. B. *et al.* (2019) 'Medical staff services quality to patients' satisfaction based on SERVQUAL dimensions', *International Journal of Public Health Science (IJPHS)*, 8(1), Article 1.

24. Supartiningsih, S. (2017) Kualitas Pelayanan kepuasan pasien rumah sakit:

kasus pada pasien rawat jalan. *JMMR (Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit)*, *6*(1), Article 1. doi: https://doi.org/10.18196/jmmr.6122

25. Suryana, D. (2018) 'Upaya Menurunkan Waktu Tunggu Obat Pasien Rawat Jalan dengan Analisis Lean Hospital di Instalasi Farmasi Rawat Jalan RS Atma Jaya', *Jurnal Administrasi Rumah Sakit Indonesia*, *4*(2), Article 2. doi: https://doi.org/10.7454/arsi.v4i2.2553

26. Susanty, F. S., Shah, N. A. and Triman, W. (2023) 'The Relationship Between Service Quality and Patient Satisfaction at the Neurology Polyclinic of Mohammad Natsir Hospital', *Journal of Social Research*, *2*(3), 949–966. doi: https://doi.org/10.55324/josr.v2i3.756

27. V, G. (2007). *TOPS-Team Oriented Problem Solving-Creative Guide To Problem Solving To Success*. Jakarta: Gramedia Pustaka Utama.

28. Walansendow, V. L., Pinontoaan, O. R. and Rompas, S. (2017) 'Hubungan antara sikap dan teknik komunikasi terapeutik perawat dengan kepuasan pasien rawat inap Di Ruang Eunike RSU Gmim Kalooran Amurang. *Jurnal Keperawatan*, *5*(1). doi: https://doi.org/10.35790/jkp.v5i1.15828

29. Zarei, E., *et al.* (2015) 'An empirical study of the impact of service quality on patient satisfaction in private hospitals, Iran. *Global Journal of Health Science*, *7*(1), 1–9. doi: https://doi.org/10.5539/gjhs.v7n1p1

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