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The Influence of the Dimensions of Ovelity of Health

# The Influence of the Dimensions of Quality of Health Services on the Level of Patients Satisfaction at Ayamaru Health Center

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#### **Abstract**

**Background:** Health services provided in health care facilities must be of good quality according to the needs of the community. Health center as one of the health service facilities is expected to provide quality services. **Objectives:** This study aims to determine the effect of the dimensions of quality of health services on the level of patient satisfaction. **Methods:** This research was conducted at the Ayamaru Health Center, Ayamaru District, Maybrat Regency. The method used in this study is analytic research with a cross sectional approach. Sampling was carried out by means of non-random sampling, namely by accidental sampling, while the sample size was obtained using the Slovin formula with a sample size of 80 respondents. Data were analyzed using statistical analysis with the chi-square test. **Result:** The results of the study show that the quality of service based on the five dimensions says good univariately, namely reliability 81.2%, responsiveness 95%, assurance 68.8%, empathy 71.2% and physical evidence 65%. Based on the level of patients satisfaction, most patients stated that they were satisfied with the service, namely 63.8%. While the results of the study based on bivariate analysis with the chi-square test, found that there was no significant effect of service quality based on the five dimensions on the level of patients satisfaction, because each p-value > 0.05, namely reliability in obtaining a p-value of 0.127, responsiveness of p-value of 1.000, assurance of p-value of 0.331, empathy of p-value of 0.734 and physical evidence of p-value of 0.165.

Keywords:	Dimensions of	of Service Q	uality; Pati	ient Satisfa	ction.

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#### 1. Introduction

Quality of Health Services is the level of health services for individuals and communities that can improve optimal health outcomes, provided in accordance with service standards, and the latest scientific developments, as well as to fulfill the rights and obligations of patients [1].

Health services provided at health service facilities must be of good quality in accordance with the needs of the community [2]. Health center as one of the health service facilities are expected to be able to provide quality services. The problem that is often faced by health center in general is that they are not able to provide the maximum service that is really expected by service users/patients [3]. Patient satisfaction is the patient's expectations that arise from the actions of health workers as a result of the performance of health services during the process of interacting in an effort to provide services [4].

Patient satisfaction is one of the National Health Center Quality Indicators. The concept of service quality related to patient satisfaction is determined by five elements commonly known as service quality, namely reliability, responsiveness, assurance, empathy and tangibles [5].

Analyzing the quality of health services on patient satisfaction can be known from several studies that have been conducted. As is the case with research conducted by Ariani & Saputera (2019) concerning the effect of the dimensions of service quality on patient satisfaction, which of the five dimensions of quality of service there is an influence on patient satisfaction [6]. In contrast to the research conducted by Safitri and his colleagues (2022) saw from the five dimensions of service quality that there is a relationship, namely reliability and empathy, while there is no relationship, namely tangibles, responsiveness and assurance dimensions [7].

Research on service quality and patient satisfaction at Sorong Regency Hospital by Wafom and his colleagues (2019) obtained the result shows that there is a relationship between the variables studied, namely the quality of services and the satisfaction of inpatients participating in BPJS Health at the Regional Public Hospital in Sorong Regency. The results of the relationship analysis also obtained OR = 8.143, which means that good service quality has 8.1 times the chance for patients to feel satisfied compared to poor service quality [8]. The Ayamaru Health Center is one of the public health centers in Maybrat Regency which, based on its work area, is categorized as an Urban Health Center. In carrying out services, it needs to be done properly and with quality so that the people who are treated feel satisfied. Patient satisfaction is a reflection of the quality of health services. If the patient does not find satisfaction from the quality of the services provided, the patient tends to make the decision not to make a repeat visit to the health center. This problem is experienced at the Ayamaru Health Center which can be seen from the visit data from 2020 to 2022. Visit data at the Ayamaru Health Center in 2020 there were 3,398 patients, in 2021 there was an increase of 3,856 patients and in 2022 there was a decrease from January to October, only reaching 2,350 patients. The researcher who is the Head of the Health Center sees the visit data for 2022, which has decreased from the previous year, so the researcher conducts monitoring in the service rooms to monitor the performance of the health workers at the Ayamaru Health Center. At the time the researchers monitored it turned out that during the opening hours of the service, namely 08.00 the registration counter room had not been opened, making the patient wait because the officers had not arrived.

Then there are several rooms where the officers are still serving hours sitting playing on their cell phones, and some are sitting together to tell stories, while the patient is waiting. Apart from that, in the medicine service room, the officers did not seem to be able to explain properly about the rules for taking medicine, especially for elderly patients. This was also proven when the researchers conducted brief interviews with several patients after they were treated for treatment on their way home. The researchers asked for time to ask about their satisfaction in receiving services at the Ayamaru Health Center, they said that they were dissatisfied with the service because the officers did not serve them well, often got angry.

The above problems are also proven by the newly implemented smile box in 2022 to prepare for being submitted for an accreditation survey. This smile box is placed in every service room at the health center. The smile box contains red and green asturo paper cut in circles, and is given a smile icon for green and an angry icon for red. This box is evaluated every 3 months. In the first quarter, 110 people filled in the smile icon and 134 people in the angry icon. Again, in the second quarter, there were still many filling in the smile city with a red icon. These results indicate that there are still people who seek treatment at the Ayamaru Health Center who feel dissatisfied with the services provided.

Apart from visiting data, it can also be seen from accreditation, where according to Regulation of the Minister of Health Number 43 of 2019 concerning Health center, it states that in an effort to improve the quality of Health center services, accreditation must be carried out periodically at least once every 3 (three) years. The Ayamaru Health Center is included in the health centers that have not been proposed by the Maybrat Regency Health Office for accreditation. Accreditation is a form of recognition given by an independent accreditation agency that has been determined by the Minister of Health after meeting accreditation standards. Accreditation is one form of effort to improve the quality of health service facilities, including for FKTP services. Therefore, this research is an input to improve the quality of health center services in preparing the health center for accreditation.

One of the functions of the health center is to provide basic health services in a comprehensive, sustainable and quality manner. In carrying out the services of the Ayamaru Health Center, it is demanded to improve the quality or quality of work for the community so that the services provided are able to meet the needs, desires and expectations of the community and are able to provide satisfaction to the community (Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019). Thus it is very important for researchers to conduct research on the analysis of health service quality on patient satisfaction at the Ayamaru Public Health Center, Ayamaru Regency, West Papua Province.

# 2. Methods

The type of research used in this study is analytic research with a cross-sectional approach, namely research in which the variables studied, both independent and dependent variables, are measured simultaneously. In this study, it means measuring the influence of the dimensions of quality of health services on patient satisfaction simultaneously in the community who come for treatment at the Ayamaru Health Center, Maybrat Regency. This research was carried out from December 2022 to January 2023 which took place at the Ayamaru Health

Center, Ayamaru District, Maybrat Regency. The population in this study were patients who visited the Ayamaru Health Center both non-inpatient and hospitalized in August 2022, namely 341 people. By using the Slovin formula, the number of samples obtained was 80 respondents, using an accidental sampling technique. Primary data was obtained through interviews with respondents using direct questionnaires that had been designed beforehand. Data analysis was using chi-square test with significant level of 5%.

#### 3. Results

### 3.1. The Influence of the Reliability Dimension on the Level of Patient Satisfaction

**Table 3.1:** The Influence of the Reliability Dimension on the Level of Patient Satisfaction at the Ayamaru Health Center, Maybrat Regency, in 2022.

	Patient	Satisfaction	– Total			
Reliability Dimension	Un-satisfy			Satisfy		%
	n	%	n	%	_	
Lack	8	53.3	7	46.7	15	100
Good	21	32.3	44	67.7	65	100
TOTAL	29	36.2	51	63.8	80	100

P-value = 0.127; RP=1.651; CI 95% (0.915-2.978)

Source: Primary data, 2022

Based on table 3.1 it is known that of the 15 respondents with less reliability dimensions, there were 8 patients (53.5%) who were dissatisfied and 7 patients (46.7%) were satisfied with health services. While 65 respondents with good reliability dimensions, there were 44 patients (67.7%) who were satisfied and 21 patients (32.3%) who were dissatisfied. The results of the chi square test obtained a p value of 0.127 ( $>\alpha$  0.05), so that the reliability dimension has no significant effect on the level of satisfaction. With an estimated risk of RP = 1.651 (RP > 1) with a 95% CI (0.915 – 2.978), and because the lower and upper limits of the 95% CI contain the number 1, it can be said that the reliability dimension has no significant effect on patient satisfaction.

# 3.2. The Influence of the Responsiveness Dimension on the Level of Patient Satisfaction

**Table 3.2:** The Influence of the Responsiveness Dimension on the Level of Patient Satisfaction at the Ayamaru Health Center, Maybrat Regency, in 2022.

	Patient	Satisfaction	– Total	%		
Responsiveness Dimension	Un-satisfy				Satisfy	
	n	%	n	%	_	
Lack	1	25.0	3	75.0	4	100
Good	28	36.8	48	63.2	76	100
TOTAL	29	36.2	51	63.8	80	100

*P-value* = 1.000; *RP*=0.679; *CI* 95% (0.121-3.800)

Source: Primary data, 2022

Based on table 3.2 it is known that of the 4 respondents with less responsiveness dimensions, there were 1 patient (25.0%) who were dissatisfied and 3 patients (75.0%) were satisfied with health services. While 76 respondents with good responsiveness dimensions, there were 48 patients (63.2%) who were satisfied and 28 patients (36.8%) who were dissatisfied. The results of the chi square test obtained a p value of 1.000 (> $\alpha$  0.05), so that the responsiveness dimension has no significant effect on the level of patients satisfaction. With an estimated risk of RP = 0.679 (RP < 1) with a 95% CI (0.121 – 3.800), and because the lower and upper limits of the 95% CI contain the number 1, it can be said that the responsiveness dimension has no significant effect on patient satisfaction.

# 3.3. The Influence of the Assurance Dimension on the Level of Patient Satisfaction

**Table 3.3:** The Influence of the Assurance Dimension on the Level of Patient Satisfaction at the Ayamaru Health Center, Maybrat Regency, in 2022.

	Patient	Satisfaction	– Total	%			
Assurance Dimension	Un-satisfy				Satisfy		
	n	%	n	%	_		
Lack	11	44.0	14	56.0	25	100	
Good	18	32.7	37	67.3	55	100	
TOTAL	29	36.2	51	63.8	80	100	

P-value = 0.331; RP=1.344; CI 95% (0.751-2.407)

Source: Primary data, 2022

Based on table 3.3 it is known that of the 25 respondents with less assurance dimensions, there were 11 patient (44.0%) who were dissatisfied and 14 patients (56.0%) were satisfied with health services.

While 55 respondents with good assurance dimensions, there were 37 patients (67.3%) who were satisfied and 18 patients (32.7%) who were dissatisfied.

The results of the chi square test obtained a p value of 0.331 ( $> \alpha$  0.05), so that the assurance dimension has no significant effect on the level of patients satisfaction.

With an estimated risk of RP = 1.344 (RP > 1) with a 95% CI (0.751 - 2.407), and because the lower and upper limits of the 95% CI contain the number 1, it can be said that the assurance dimension has no significant effect on patient satisfaction.

# 3.4. The Influence of the Empathy Dimension on the Level of Patient Satisfaction

**Table 3.4:** The Influence of the Empathy Dimension on the Level of Patient Satisfaction at the Ayamaru Health Center, Maybrat Regency, in 2022.

	Patient	Satisfaction	– Total	%		
Empathy Dimension	Un-satisfy				Satisfy	
	n	%	n	%	_	
Lack	9	39.1	14	60.9	23	100
Good	20	35.1	37	64.9	57	100
TOTAL	29	36.2	51	63.8	80	100

*P-value* = 0.734; *RP*=1.115; *CI* 95% (0.600-2.037)

Source: Primary data, 2022

Based on table 3.4 it is known that of the 23 respondents with less empathy dimensions, there were 9 patient (39.1%) who were dissatisfied and 14 patients (60.9%) were satisfied with health services. While 57 respondents with good empathy dimensions, there were 37 patients (64.9%) who were satisfied and 20 patients (35.1%) who were dissatisfied. The results of the chi square test obtained a p value of 0.734 ( $>\alpha$  0.05), so that the empathy dimension has no significant effect on the level of patients satisfaction. With an estimated risk of RP = 1.115 (RP > 1) with a 95% CI (0.600 – 2.037), and because the lower and upper limits of the 95% CI contain the number 1, it can be said that the empathy dimension has no significant effect on patient satisfaction.

# 3.5. The Influence of the Tangible Dimension on the Level of Patient Satisfaction

**Table 3.5:** The Influence of the Tangible Dimension on the Level of Patient Satisfaction at the Ayamaru Health Center, Maybrat Regency, in 2022.

	Patient Satisfaction					
Tangible Dimension	Un-satisfy		Satisfy		Total	%
	n	%	n	%	_	
Lack	13	46.4	15	53.6	28	100
Good	16	30.8	36	69.2	52	100
TOTAL	29	36.2	51	63.8	80	100

*P-value* = 0.165; *RP*=1.509; *CI* 95% (0.854-2.667)

Source: Primary data, 2022

Based on table 3.5 it is known that of the 28 respondents with less tangible dimensions, there were 13 patients (46.4%) who were dissatisfied and 15 patients (53.6%) were satisfied with health services. While 52 respondents with good tangible dimensions, there were 36 patients (69.2%) who were satisfied and 16 patients (30.8%) who were dissatisfied. The results of the chi square test obtained a p value of 0.165 (> $\alpha$  0.05), so that

the empathy dimension has no significant effect on the level of patients satisfaction. With an estimated risk of RP = 1.509 (RP > 1) with a 95% CI (0.854 - 2.667), and because the lower and upper limits of the 95% CI contain the number 1, it can be said that the tangible dimension has no significant effect on patient satisfaction.

#### 4. Discussion

# 4.1. The Influence of the Reliability Dimension on the Level of Patient Satisfaction

Based on research conducted on 80 respondents at the Ayamaru Health Center, the reliability dimension did not have a significant effect on the level of satisfaction with a p-value of 0.127 > 0.05.

Reliability is the ability to provide health services precisely and accurately according to what is offered [9]. The results of this study are in line with the theory according to Junaidi in Purnomo (2012), revealing that understanding the needs and desires of consumers in terms of reliability is important which can affect patient satisfaction. To create patient satisfaction, you must be able to create and manage a system to get more patients and the ability to retain their patients [10].

According to Soedjas (2014), revealed that only extraordinary service can make customers satisfied and impressed. This extraordinary service can be felt during moments of interaction that can form an inner bond which is called a moment of truth. Extraordinary service is related to the timeliness of service, time to take care of registration, time of treatment/examination, compatibility between expectations and actual time for patients [11]. Based on the results of interviews with respondents about the reliability dimension related to the timeliness of service, there were 78 people (97.5%) who said health workers provided information to patients before services were given, meaning that the task existed before the patient arrived. Regarding the time to take care of registration, the time of treatment/examination to the rules for taking medication, from the interview results there were 80 respondents (100%) who said good. Thus it can be said that the Ayumaru Health Center has performed an extraordinary service to serve the people in its working area.

The reliability dimension has no effect on patient satisfaction because based on the results the proportion of respondents said they were satisfied around 81.2% with the reliability of the officers who were given either 67.7%. According to Nursalam (2015) that the friendliness of health workers, speed in the service of health service institutions is considered when providing services pays more attention to patient needs. Satisfaction arises from the patient's first impression of the nursing services provided [12].

# 4.2. The Influence of the Responsiveness Dimension on the Level of Patient Satisfaction

Based on research conducted on 80 respondents at the Ayamaru Health Center, the responsiveness dimension did not have a significant effect on the level of satisfaction, with a p value of 1.000 ( $>\alpha$  0.05).

There is no effect of the responsiveness dimension on the level of satisfaction can be seen from the results of the frequency distribution, namely the proportion number of 51 respondents (63.8%) who are satisfied with the responsiveness dimension is lacking, there are 3 respondents (75%) and 48 respondents (63.2%) who are good. Responsiveness is an element related to the willingness of staff to help and provide the best service for patients,

willing and implementing responsive service [12]. This is evidenced by the results of interviews regarding officers or employees or staff providing services with ladders to 78 respondents (97.5%).

The theory according to Margaretha cited by Nursalam (2013), defines responsiveness as a form of responsive service and responding to a service received, so that responsiveness is required as follows: (a). Provide wise explanations according to the forms of service they face. So that individuals who receive services are able to understand and approve all forms of services received. (b) Provide a detailed explanation, namely an explanation that is clear, transparent, concise and accountable. (c) Providing guidance on forms of service that are considered lacking or not in accordance with the indicated service procedures. (d) Directing every form of service from individuals served to prepare, implement and follow the provisions that must be fulfilled. (d) Persuading the person being served when facing a problem that is deemed to be contradictory or not in accordance with the applicable procedures and conditions [12].

### 4.3. The Influence of the Assurance Dimension on the Level of Patient Satisfaction

Based on research conducted on 80 respondents at the Ayamaru Health Center, the guarantee dimension did not have a significant effect on the level of satisfaction, with a p value of 0.331 ( $> \alpha 0.05$ ).

The results of this study are in line with research conducted by Safitri and his colleagues (2022) entitled the relationship between quality of health services and patient satisfaction with BPJS users at the Inderapura Health Center, Pancung District, Pesisir Selatan Regency, which found that there is no relationship between quality of service and the dimension of assurance with p-value of 0.577 > 0.05 [12].

There is no effect of the guarantee dimension on the level of satisfaction because based on the results of the frequency distribution it is known that out of 51 respondents (63.8%) who are satisfied with the good guarantee dimension there are 37 respondents (67.3%). According to Muninjaya (2015) these criteria relate to knowledge, courtesy and the nature of officers who can be trusted by customers [9]. Guarantee means employees/staff have competence, courtesy and can be trusted, free from danger, and free from risk and doubt. Based on the results of interviews that asked about officers providing good service so that patients felt comfortable and could trust officers, there were 70 respondents (87.5%). Then officers who are competent in serving patients are 69 respondents (86.25%). According to Margaretha as quoted by Nursalam (2013), argues that a work organization really needs the existence of a trust which is believed according to the fact that the organization can provide quality service that can be guaranteed in accordance with the ability to provide satisfaction in service, namely providing services that are fast, precise, easy, smooth, and of good quality, able to demonstrate high work commitment in accordance with forms of work integrity, work ethic, and work culture that are in accordance with the vision, mission of an organization in providing services according to the behavior he saw [12].

# 4.4. The Influence of the Empathy Dimension on the Level of Patient Satisfaction

Statistical test results using chi square obtained a p value of 0.734 (>  $\alpha$  0.05), so there was no effect of the empathy dimension on the level of satisfaction.

The dimension of empathy in a service is the existence of a concern, seriousness, sympathy, understanding and involvement of parties interested in the service to develop and carry out service activities according to the level of understanding and understanding of each party [12].

The results of this study are not in line with several studies that were used in the originality of the study because the health workers at the Ayumaru Health Center had carried out their service duties well, as seen from the percentage of answers about empathy given by patients, namely the most good category 64.9%. Empathy services include doctors providing sufficient service time, providing services according to the wishes and expectations of the patient, health workers paying serious attention to patients, doctors listening to complaints of illness and providing solutions and consultations, health workers are polite and friendly. This empathy service has been implemented at the Ayamaru Health Center.

# 4.5. The Influence of the Tangible Dimension on the Level of Patient Satisfaction

Statistical test results using the chi square obtained a p value of 0.165 (>  $\alpha$  0.05), so there was no effect of the physical evidence dimension on the level of satisfaction

The results of this study are in line with research conducted by Safitri and his colleagues (2022) entitled the relationship between quality of health services and patient satisfaction with BPJS users at the Inderapura Health Center, Pancung District, Pesisir Selatan Regency, which found that there was no relationship between service quality and tangibles with a p-value of 0.117 > 0.05 [7].

Aside from being a researcher, he is also the Head of the Ayamaru Health Center regarding physical evidence, the Health center already has some equipment that is quite complete to help in service. The Head of the Health center also monitors in the service how officers dress neatly and cleanly when serving patients. Patients also besides treatment they can get information through health messages posted on the walls in the service rooms and outside. With the firmness and discipline given by the leadership so that the patients served are satisfied and the services provided are of high quality. This is in line with the theory according to Gibson and his colleagues cited by Nursalam (2013), who sees the dynamics of the world of work today which prioritizes meeting the needs of community services. The quality of physical services (tangible) can be reflected in the application of the work environment in the form of: (a) the ability to demonstrate service performance in using work tools and equipment efficiently and effectively. (b) the ability to demonstrate mastery of technology in various data access according to the dynamics and developments in the world of work they face and (c) the ability to demonstrate self-integrity in accordance with appearances that demonstrate competence, authority and work dedication [12].

# 5. Conclusion

Based on the results of the discussion it can be concluded as follows:

a. There is no significant effect of service quality on the level of patients satisfaction based on the reliability dimension at the Ayamaru Health Center, Maybrat Regency, in 2022 ( p-value of  $0.127 > \alpha$  0.05).

- b. There is no significant effect of service quality on the level of patients satisfaction based on the responsiveness dimension at the Ayamaru Health Center, Maybrat Regency, in 2022 (p value of 1,000  $> \alpha 0.05$ ).
- c. There is no significant effect of service quality on the level of patients satisfaction based on the assurance dimension at the Ayamaru Health Center, Maybrat Regency, in 2022 (p value of  $0.331 > \alpha$  0.05).
- d. There is no significant effect of service quality on the level of patients satisfaction based on the empathy dimension at the Ayamaru Health Center, Maybrat Regency, in 2022 (p value of  $0.734 > \alpha$  0.05).
- e. There is no significant effect of the quality of service on the level of patients satisfaction based on the dimensions of physical evidence at the Ayamaru Health Center, Maybrat Regency, in 2022 (p value of  $0.165 > \alpha 0.05$ ).

### References

- [1] Ministry of Health of Republic of Indonesia; 2022. Peraturan Menteri Kesehatan Republik Indonesia Nomor 30 Tahun 2022 tentang *Indikator Nasional Mutu Pelayanan Kesehatan Tempat Praktik Mandiri Dokter dan Dokter Gigi, Klinik, Pusat Kesehatan Masyarakat, Rumah Sakit, laboratorium Kesehatan, dan Unit Tranfusi Darah.* Jakarta: Ministry of Health.
- [2] Ministry of Health of Republic of Indonesia; 2019. Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2019 tentang *Standar Teknis Pemenuhan Mutu Pelayanan Dasar Pada StandarPelayanan Minimal BidangKesehatan*. Jakarta: Ministry of Health.
- [3] Ilkafah; 2022. Patient satisfaction towards healthcare quality in Indonesian Public Hospital. [Access 2023, Feb 20]. Available from: https://news.unair.ac.id/2022/01/04/kepuasan-pasien-sebagai-indikator-mutu-dalam-pelayanan-kesehatan/?lang=id
- [4] Pohan, and S. Imbalo; 2012. *Jaminan Mutu Pelayanan Kesehatan, Dasar-Dasar, Pengertian*. Jakarta: Kesaint Blanc.
- [5] A.T. Iman, and D. L. Suryani; 2017. *Manajemen Mutu Informasi Kesehatan: Quality Assurance*. Jakarta: Ministry of Health.
- [6] N. Ariani, and A. Saputra; 2019. Hubungan Mutu Pelayanan Kesehatan Dengan Kepuasan Pasien Rawat Jalan Pengguna Kartu BPJS Di Rumah Sakit Daerah Idaman Kota Banjarbaru. Banjarbaru: Sekolah Tinggi Ilmu Kesehatan Cahaya Bangsa.
- [7] D.Safitri, R. Anastasya, R. Layli, and F.P. Gurning; 2022. Hubungan mutu pelayanan kesehatan terhadap kepuasan pasien pengguna BPJS di Puskesmas Inderapura Kecamatan Pancung Soal Kabupaten Pesisir Selatan. [Access 2023, Feb 20]. Available from: https://jurnal.arkainstitute.co.id/index.php/florona/article/ view/303/279

- [8] Y. Wafom, A.T.A Tucunan, and A. Rumayar; 2019. A. Kualitas Jasa Pelayanan Dan Kepuasan Pasien Rawat Inap Di RSUD Kabupaten Sorong. Manado: Fakultas Kesehatan Masyarakat Universitas Sam Ratulangi Manado.
- [9] A.A.G. Muninjaya; 2015. *Manajemen Mutu Pelayanan Kesehatan*. Jakarta: Penerbit Buku Kedokteran EGC.
- [10] F.H. Purnomo; 2019. Pengaruh Citra Rumah Sakit dan Kualitas Pelayanan terhadap Loyalitas Pasien BPJS Melalui Kepuasan pada RSU Dr. H. Koenadi Bondowoso. [Access 2023, Feb 20]. Available from:
  - https://repository.unej.ac.id/xmlui/bitstream/handle/123456789/93709/Febri%20Hadi%20Purnomo-160810201292.pdf?sequence=1
- [11] T. Soedjas; 2014. Layanan WOW Untuk Pelanggan. Yogyakarta: Media Pressindo.
- [12] Nursalam; 2013. *Manajemen Keperawatan: Aplikasi Dalam Praktik Keperawatan Profesional*. Edisi Ketiga. Jakarta: Salemba Medika.