

The effect of Service Quality on Outpatient Satisfaction at RSAU Lanud Sulaiman Bandung

Oktavia Sasmita^{1*}, Muhammad Fauzan Azhmy², Syahyunan³

^{1*,2,3}Master of Management Study Program, Faculty of Business Economics, Universitas Harapan Medan

*Corresponding Author Email: oktaviyasasmita@gmail.com

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Abstract: This type of research is quantitative research with survey methods, a cross sectional approach, and an explanatory research level. Data was obtained by respondents by filling out questionnaires using closed questionnaire techniques. With five dimensions of service quality as independent variables and patient satisfaction as the dependent variable. The population in this study were outpatients at RSAU Lanud Sulaiman, Bandung. The sample used was 94 people. The analysis used is descriptive analysis and inferential analysis which includes: multiple linear regression analysis, T test, F test, and coefficient of determination. The research results show that service quality in terms of tangible, reliability, responsiveness, assurance and empathy dimensions together (simultaneous) have a positive and significant effect on patient satisfaction with a significance value of $0.00 < 0.05$. The multiple linear regression equation $Y = 2.869 + 0.025X_1 + 0.079X_2 + 0.043X_3 + 0.096X_4 + 0.405X_5 + e$ shows the variable relationship pattern. The partial analysis results show that the variable reliability with P value of $0.00 < 0.05$, responsiveness with P value of $0.027 < 0.05$, assurance with P value of $0.000 < 0.05$ and empathy with P value of $0.000 < 0.05$ which shows positive and significant influence on patient satisfaction, however tangible variables have a positive but not significant influence on patient satisfaction, as indicated by the P value $0.324 > 0.05$. The results of the Standardized Coefficient Beta test show that the variable that has the most dominant influence on patient satisfaction is the empathy variable with β value of 0.691. Meanwhile, the coefficient of determination test shows that service quality influences patient satisfaction by 87.6%, and the remainder is influenced by other factors not studied.

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Introduction

Health is a very basic aspect for humans, because with excellent physical and spiritual health, humans can carry out their activities well. Health is seen as a resource that allows individuals, groups, and communities to improve their ability to manage and even change their lifestyles, habits, and the environment (Sudirman, 2021). According to Law No. 17 of 2023 concerning health, what is meant by health is a person's healthy state, both physically, mentally, and socially, and not just being free from disease to enable him to live productively. The World Health Organization defines health

as a state of physical, mental, and social well-being that is a whole and not just free from disease or disability.

The importance of health for humans makes countries and world health institutions mandate that every individual has the right to health services. A more emphatic statement is set forth in The Universal Declaration of Human Rights (UNO, 1948) which states that: "Everyone has the right to a decent life of health and life for himself and his family, including food, clothing, housing and adequate health and social services, and the right to protection in times of unemployment, sickness, disability, without a spouse, elderly or other incapacity in work/livelihood beyond their control" (Manurung, *et al.*, 2021). For this reason, in order to support health for everyone, efforts must be made, including the government providing health facilities for the community. One such facility is a hospital.

Law of the Republic of Indonesia No. 17 of 2023 concerning Health states that a hospital is a health service facility that provides individual health services plenary through promotive, preventive, curative, rehabilitative, and/or palliative health services by providing inpatient, outpatient, and emergency services. As one of the health service facilities, the hospital has a very strategic role in an effort to accelerate the improvement of public health status. The target of health development in Indonesia is the implementation of health services that are increasingly quality and equitable. In an effort to achieve this goal, improving the quality of hospital services is part of the goals of the national health development program (Sudirman, 2021).

According to Law of the Republic of Indonesia No. 8 of 1999 concerning Consumer Protection, it is stated that the scope of health services by hospitals to patients includes protection coverage. Furthermore, in Law of the Republic of Indonesia No. 17 of 2023 which regulates Health, and Government Regulation of the Republic of Indonesia No. 47 of 2021 concerning the Implementation of the Hospital Sector, it increasingly provides certainty regarding patient rights protected by law. With the existence of these three laws, it gives legal consequences about the obligations and responsibilities of hospitals to fulfill the rights of patients. As a result, the hospital as a business actor or service provider can be obliged to provide compensation, compensation, or replacement if there are complaints from consumers (patients) and legally proven to be true. Through this understanding, it is hoped that hospitals can eliminate patient demands and optimize patient satisfaction. In addition, with the increasing education and socioeconomic conditions of the community, society's value system and orientation began to change. People began to tend to demand better, friendlier and higher quality health services (Handayani, 2020).

Quality health services are health services that can satisfy every service user in accordance with the average satisfaction level of the population and its implementation in accordance with the code of ethics and predetermined medical service standards (Rani, M., *et al.*, 2020).

Patient demands for quality of service require a change in service from the old paradigm to the new paradigm. The needs of patients are prioritized so that patients feel satisfied with every service they receive, and then, from that satisfaction, their loyalty is born, which makes them not switch to another hospital. Patients who feel satisfied with the services they receive, will spread their satisfaction to others, as stated by Dedeh Kusniasih (2021): "Positive word of mouth is a positive reaction from consumers after being satisfied with the products and services that have been used". Creating satisfaction by forming a word-of-mouth recommendation (word to word) is certainly very beneficial for the hospital. In line with Kotler's opinion in Julyanthry (2022) which states that

consumers who are satisfied with the service they receive will show loyalty, positive word of mouth communication, and the company will be the main consideration.

Especially in the current era of globalization, where competition in all areas of life has become more open, including competition between increasingly fierce and sharp hospitals. Today, hospitals can no longer be viewed as mere social institutions (sociophilanthropic), but have become socioeconomic institutions, even becoming health industries. With this new paradigm, business rules also apply to hospitals without having to leave the identity of the hospital as a social institution full of norms, morals and ethics. For this reason, every hospital is required to increase competitiveness by trying to provide satisfaction to all its patients.

Patient satisfaction as a consumer of health services is an important element in evaluating the quality of service by measuring the extent of patient response after receiving health services. According to Kotler and Keller (2020), consumer satisfaction is a person's feeling of satisfaction or disappointment resulting from the comparison of product or service performance with expectations. Furthermore, Kotler and Keller (2020) suggest that the main factor determining consumer satisfaction is consumer perception of service quality.

There are two parties involved in the service process, namely service providers and service users (consumers). Consumer is someone who uses/uses, consumes goods and/or services. In other words, the so-called consumers are people who benefit from the activities carried out by the organization or officers of the service providing organization. According to Kotler, quality must start from consumer needs and end at consumer perception (Idrus, 2021). This means that improving the quality of good service does not only come from the hospital's point of view, but must also come from the perspective of patients as consumers of health services, so that the target to increase patient satisfaction in line with improving service quality can be achieved.

This requires hospitals as public health service providers to improve the quality of better services. In general, the purpose of hospital services is to satisfy patients with the expected results, namely patient recovery, so the hospital must provide services that focus on patient satisfaction but still within the corridors of applicable medical standards. This is in line with the opinion of Talib, M.T (2022) which states that hospital services have two components, namely the fulfillment of established service quality standards and the fulfillment of patient satisfaction, for this reason, there needs to be feedback, especially from patients as service users, which is expected to have a positive impact on improving the quality of hospital services and ultimately will increase patient satisfaction. This improvement in service quality and patient satisfaction also indicates the success of service delivery in hospitals (La Ode Kamalia, 2022). Patient satisfaction is used as one of the indicators of hospital performance because this measure reflects the quality of services provided by the hospital holistically to patients and the families they serve. High patient satisfaction indicates high hospital performance or high quality of hospital services, and vice versa. Improving the quality of health services can be started by evaluating each element that plays a role in shaping patient satisfaction. There are five dimensions used by consumers to assess or determine service quality according to Parasuman, et.al cited by Sulaiman Helmi (2022), namely: direct evidence (*tangible*), reliability (*reliability*), *responsiveness* (*responsiveness*) assurance (*assurance*), and empathy (*empathy*).

Several studies concerning the influence of the five dimensions of service quality above on the level of customer satisfaction (patients) have been widely conducted, among others by Julio Wahyu, et al. (2021), Ariella Pasalli & Arny Arsy (2021), Muhyar Nugraha & Sumadi (2020), Roy Rocky (2020), and Rohaeni, et al. (2018), all of which state that the five dimensions of service

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quality (*tangible, reliability, responsiveness, assurance, and empathy*) are proven to have a positive and significant effect on consumer (patient) satisfaction. But some other studies show different results, as stated by Muhammad Rani, *et al.* (2020), Mahfudhod and the Muslim Brotherhood (2020), Rosalia, *et al.* (2018), Solichah Supartiningsih (2017), Meutia Dewi (2016).

RSAU Lanud Sulaiman is an institution engaged in health services located in the city of Bandung, West Java which is tasked with organizing health activities needed by every Air Force operation, including health support, emergency, curative, general care, preventive and health support. The scope of services of RSAU Lanud Sulaiman is quite broad, in addition to serving members of the Air Force and their families, they also provide health services for the general public. This makes RSAU Lanud Sulaiman required to continue to improve the quality of better health services, not only curative services, but also required to be able to provide satisfaction to patients.

The pre-survey conducted by researchers through the distribution of a pre-survey questionnaire on 30 outpatients at RSAU Lanud Sulaiman which was randomly selected related to the assessment of service quality from the dimensions of *tangible, reliability, responsiveness, assurance, and empathy* and satisfaction gave the following results: 1) Respondents' answers to the question "Does the hospital have adequate facilities?" were: 53.33% of respondents answered "yes" and 46.67% of respondents answered "no". 2) Respondents' answers to the question "Do medical personnel and other personnel help if there is a patient problem?" were: 80% of respondents answered "yes" and 20% of respondents answered "no". 3) Respondents' answers to the question "Are medical personnel and other personnel responsive in serving patients?" are: 83.33% of respondents answered "yes" and 16.67% of respondents answered "no". 4) Respondents' answers to the question "Do medical personnel and other personnel serve with a reassuring attitude so that patients feel safe?" were: 86.67% of respondents answered "yes" and 13.33% of respondents answered "no". 5) Respondents' answers to the question "Do medical personnel and other personnel pay serious attention to patients?" are: 93.33% of respondents answered "yes" and 6.67% of respondents answered "no". 6) Respondents' answers to the question "Do you feel the service provided is in accordance with what you expected?" was: 86.67% of respondents answered "yes" and 13.33% of respondents answered "no".

From the answers to the pre-survey results above, it can be seen that respondents gave a fairly good assessment of the quality of service at RSAU Lanud Sulaiman, except regarding the physical evidence (*tangible*) of the hospital. And patient satisfaction is also at a fairly good number.

However, based on the observations of researchers, many patients still complain about punctuality in service. This can also be seen in the review on the hospital website provided by the community of health service users at RSAU Lanud Sulaiman has not reached the level expected by the hospital management. The rating given stays at 3 stars (out of 5 rating stars). Similarly, the number of patient visits has decreased significantly. Based on data from SIMRS RSAU Lanud Sulaiman, in 2019 the number of patients visiting the outpatient unit was 16,869, decreased in 2020 by 10,887, a sharp decrease occurred in 2021 with the number of visits of 1,342 and in 2022 only experienced a slight increase of 1,436. Although the decline in the number of patients was greatly influenced by the emergence of the COVID-19 pandemic in March 2020, where there were restrictions on health services in accordance with the guidelines of the Indonesian medical professional organization so that elective services were discontinued, when the pandemic began to subside in early 2022 and services began to run normally, it turned out that the increase in the number of visits did not occur significantly.

Based on the description above, researchers are interested in knowing further whether there is an influence of service quality seen from the dimensions of *tangible*, *reliability*, *responsiveness*, *assurance* and *empathy* on patient satisfaction, especially at RSAU Lanud Sulaiman, Bandung as the place where the research was conducted.

Research Method

The type of research is quantitative research with survey methods and cross sectional approaches. Furthermore, judging from the level of research, this research is a type of *explanatory research*. The *explanatory research* method is a research method that intends to explain the position of the variables studied and the influence between one variable and another (Sugiyono, 2020). In *explanatory research*, the relationship (causality) between variables is explained through hypothesis testing (Solimun, *et al.*, 2020). This method is relevant for social research that tries to see, measure and test causal between variables and for studies directed at testing hypotheses. The process from theory, then derived into a research hypothesis accompanied by measurement and operational concepts, so that it can be concluded as research findings.

The primary data in this study was in the form of data obtained from questionnaires given to outpatients at RSAU Lanud Sulaiman, Bandung. While secondary data include the number of outpatient visits of RSAU Lanud Sulaiman Bandung, a brief history and organizational structure of RSAU Lanud Sulaiman and other data relevant to the research. The population in this study was patients who came for treatment at the outpatient polyclinic of RSAU Lanud Sulaiman, Bandung. The population in this study was 1,436 people obtained from the number of outpatients in 2022. If the patient is not possible to provide information including children category patients, it can be represented by the patient's family/companion

Result and Discussion

Result

Analysis of Respondent Characteristics

This general description of respondents aims to find out the characteristics of the patients who are respondents. The classification of respondents is based on gender, age, education level and occupation. Based on the results of research that has been carried out at RSAU Lanud Sulaiman during November 2023 on 94 respondents through the distribution of questionnaires, the characteristics of respondents can be described as follows:

Characteristics of respondents by gender.

Table 1. Characteristics by gender

Gender	Sum	Percentage (%)
Man	34	36,2
Woman	60	63,8
Total	94	100,00

Source: (*output SPSS 25,0*)

Table 1. above shows that female respondents, 63.8%, dominated this study.

Characteristics of respondents by age

Age analysis is intended to determine the age composition of respondents. The following is the composition of respondents based on age:

Table 2. Characteristics by Age

Age	Sum	Percentage(%)
17 – 25 years	16	17,0
26 – 35 years	26	27,7
36 – 45 years old	32	34,0
46 – 55 years old	14	14,9
56 – 65 years old	5	5,3
Over 65 years old	1	1,1
Total	94	100,0

Source: (output SPSS 25,0)

Age classification in this study refers to the Age Category according to the Ministry of Health of the Republic of Indonesia in 2009, namely:

- Toddler period: 0 – 5 years
- Childhood : 5 – 11 years old
- Early adolescence: 12 – 16 years
- Late adolescence: 17 – 25 years
- Early adulthood : 26 – 35 years old
- Final adulthood : 36 – 45 years
- Early Elderly Period: 46 – 55 years
- Final Elderly Time : 56 – 65 years
- Manila time : > 65 years

Table 2. above shows that most respondents in this study are in the late adult age category, which is 34%.

1. Characteristics of respondents based on recent education

Analysis of education is intended to determine the composition of respondents' education. The respondent's recent education can influence subjectivity in assessing service quality and satisfaction. The following is the composition of respondents based on the last education:

Table 3. Characteristics by Occupation

Recent education	Sum	Percentage (%)
SD	2	2,1
SLTP	2	2,1
SLTA	60	63,8
Diploma	14	14,9
S1	15	16,0
S2	1	1,1
Total	94	100,0

Sumber : Data diolah (output SPSS 25,0)

From table 3 above, it can be seen that the largest respondents in this study had a high school education of 63.8%.

Characteristics of respondents by occupation

Analysis of the work is intended to determine the composition of the respondent's work. Occupational factors can also influence people's subjectivity in perceiving service quality and satisfaction. The following is the composition of respondents based on occupation:

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Table 4. Characteristics of respondents by occupation

Work	Sum	Percentage (%)
Student / Student	11	11,7
TNI	26	27,7
PNS	2	2,1
Private Officers	17	18,1
Wiraswasta	4	4,3
Retired/Retired	3	3,2
Housewives	31	33,0
Total	94	100,00

Source: Processed data (output SPSS 25,0)

From table 4. above, it can be seen that 33% of respondents in this study were housewives.

Statement Analysis of respondents' answers

Analysis of the results of respondents' answers in this study includes the mean, range, minimum, maximum and standard deviation values of *tangible*, *reliability*, *responsiveness*, *assurance*, *empathy* and satisfaction variables.

Table 5. Analysis of respondents' answers

Variable	Minimum	Maximum	Range	Mean	Standard Deviation
<i>Tangible</i>	25	30	5	27,71	1,206
<i>Reliability</i>	20	25	5	23,24	1,350
<i>Responsiveness</i>	14	20	6	18,56	1,365
<i>Assurance</i>	10	15	5	13,15	1,136
<i>Empathy</i>	12	15	3	13,63	1,016
Satisfaction	12	14	2	13,02	0,747

Source: Processed data (output SPSS 25,0)

Description of service quality variables (X)

Descriptive research variables were analyzed on service quality variables consisting of five dimensions: *tangible*, *reliability*, *responsiveness*, *assurance*, and *empathy*. Respondents' answers regarding this service quality variable, after being processed with IBM SPSS version 25 and the results of descriptive analysis calculations carried out on service quality variables are presented as follows:

Table 6. Descriptive analysis results tangible (X1)

Statement	Score					Sum*	Index**	Criterion
	1	2	3	4	5			
P1				15	79	94	91	Tall
				60	395	455		
P2			11	69	14	94	75,8	Tall
			33	276	70	379		
P3			2	56	36	94	82	Tall
			6	224	180	410		
P4				32	62	94	87,6	Tall
				128	310	438		
P5				1	93	94	93,8	Tall

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	4	465	469		
P6	19	75	94	90,2	Tall
	76	375	451		
Sum				520,4	Tall
Average ***				86,73	

Source : Data processed

Information:

* : Accumulated frequency of answers multiplied by each score

**: The sum (*) divided by 5 (score level)

: Accumulated index value (**) of all statements divided by the number of statements

Table 7. Descriptive analysis results reliability (X2)

Statement	Score					Sum*	Index**	Criterion
	1	2	3	4	5			
P1				4	90	94	93,2	Tall
				16	450	466		
P2				28	66	94	88,4	Tall
				112	330	442		
P3				9	85	94	92,2	Tall
				36	425	461		
P4			4	57	33	94	81,0	Tall
			12	228	165	405		
P5			1	57	36	94	82,2	Tall
			3	228	180	411		
Sum							457,0	Tall
Average***							87,4	

Source : Data processed

Information:

* : Accumulated frequency of answers multiplied by each score

**: The sum (*) divided by 5 (score level)

: Accumulated index value (**) of all statements divided by the number of statements

Table 8. Descriptive analysis results responsiveness (X3)

Statement	Score					Sum*	Index**	Criterion
	1	2	3	4	5			
P1			2	52	40	94	82,8	Tall
			6	208	200	414		
P2			1	50	43	94	83,6	Tall
			3	200	215	418		

P3	12	82	94	91,6	Tall
	48	410	458		
P4	18	76	94	90,4	Tall
	72	380	452		
Sum				348,4	Tall
Average***				87,1	

Source : Data processed

Information:

* : Accumulated frequency of answers multiplied by each score

**: The sum (*) divided by 5 (score level)

: Accumulated index value (**) of all statements divided by the number of statements

Table 9. Descriptive analysis results assurance (X4)

Statement	Score					Sum*	Index**	Criterion
	1	2	3	4	5			
P1				24	70	94	89,2	Tall
				96	350	446		
P2			3	65	26	94	79,8	Tall
			9	260	130	399		
P3			6	67	21	94	78,2	Tall
			18	268	105	391		
Sum							247,2	Tall
Average***							82,4	

Source : Data processed

Information:

* : Accumulated frequency of answers multiplied by each score

**: The sum (*) divided by 5 (score level)

: Accumulated index value (**) of all statements divided by the number of statements

Table 10. Descriptive analysis results empathy (X5)

Statement	Score					Sum*	Index**	Criterion
	1	2	3	4	5			
P1				46	48	94	84,8	Tall
				184	240	424		
P2				63	31	94	81,4	Tall
				252	155	407		
P3				20	74	94	90	Tall
				80	370	450		

Sum	256,2	Tall
Average***	85,4	

Source : Data processed

Information:

* : Accumulated frequency of answers multiplied by each score

** : The sum (*) divided by 5 (score level)

: Accumulated index value (**) of all statements divided by the number of statements

Description of the satisfaction variable (Y)

Descriptive analysis of research variables was carried out on patient satisfaction variables. The respondent's answer regarding this satisfaction variable, after being processed with IBM SPSS version 25 and the results of the calculation of descriptive analysis carried out on the satisfaction variable was presented as follows:

Table 11. Results of descriptive analysis Satisfaction (Y)

Statement	Score					Sum*	Index**	Criterion
	1	2	3	4	5			
P1				65	29	94	81	Tall
				260	145	405		
P2				43	51	94	85,4	Tall
				172	255	427		
P3				81	13	94	77,8	Tall
				324	65	389		
				Sum			244,2	Tall
				Average***			81,4	

Source : Data processed

Information:

* : Accumulated frequency of answers multiplied by each score

** : The sum (*) divided by 5 (score level)

: Accumulated index value (**) of all statements divided by the number of statements

Testing Hypothesis

Multiple Linear Regression Analysis

Table 12. Tabel Coefficients

Model	Unstandardized B	Coefficients Std. Error	Standardized Coefficients Beta	t	Say.
(Constant)	2,869	0,568		5,049	0,000
Tangible	0,025	0,025	0,050	0,991	0,324
Reliability	0,079	0,018	0,182	4,388	0,000
Responsiveness	0,043	0,019	0,104	2,256	0,027
Assurance	0,096	0,026	0,184	3,725	0,000

<i>Empathy</i>	0,405	0,026	0,691	15,809	0,000
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Dependent Variable : Satisfaction

Sumber : Data Diolah (*Output* SPSS 25.0)

Based on the output of the SPSS program *statitics* table coefficients, the multiple linear regression equation can be formulated as follows:

$$Y = 2,869 + 0,025 c1 + 0,079 c2 + 0,043 c3 + 0,096 c4 + 0,405 c5 + e$$

From the above equation, it can be concluded that:

- The value of the constant $\alpha = 2.869$ indicates that Y (patient satisfaction) will be constant by 2.869 if not influenced by variables X1 (*tangible*), X2 (*reliability*), X3 (*responsiveness*), X4 (*assurance*), and X5 (*empathy*).
- The magnitude of the regression coefficient β_1 is 0.025, this shows that increasing the variable X1 (*tangible*) will increase the variable Y (satisfaction) linearly by 0.025. And vice versa if variable X1 (*tangible*) decreases, then variable Y (patient satisfaction) will decrease as well.
- The magnitude of the regression coefficient β_2 is 0.079, this shows that with increasing variable X2 (*reliability*) it will increase the variable Y (satisfaction) linearly by 0.079. And vice versa if variable X2 (*reliability*) decreases, then variable Y (patient satisfaction) will decrease as well.
- The magnitude of the regression coefficient β_3 is 0.043, this shows that with increasing variable X3 (*responsiveness*) it will increase the variable Y (satisfaction) linearly by 0.043. And vice versa if variable X3 (*responsiveness*) decreases, then variable Y (patient satisfaction) will decrease as well.
- The magnitude of the regression coefficient β_4 is 0.096, this shows that with increasing variable X4 (*assurance*) it will increase the variable Y (satisfaction) linearly by 0.096. And vice versa if variable X4 (*assurance*) decreases, then variable Y (patient satisfaction) will decrease as well.
- The magnitude of the regression coefficient β_5 is 0.405, this shows that with increasing variable X5 (*empathy*) it will increase the variable Y (satisfaction) linearly by 0.405. And vice versa if variable X5 (*empathy*) decreases, then variable Y (patient satisfaction) will decrease as well.

F Test (Simultaneous Significance Test)

Table 13. Table Anova

Model	Sum of Squares	df	Mean Square	F	Say.
Regression	29,078	5	5,816	132,801	0,000b
Residual	3,854	88	0,044		
Total	32,932	93			

a. *Dependent Variable* : Kepuasan

b. *Predictor* : (Constan), *tangible*, *reliability*, *responsiveness*, *assurance*, *empathy*

Sumber : Data Diolah (*Output* SPSS 25.0)

From the results of data processing in table 13, it can be seen that significant values are $0.00 < 0.05$. It can be concluded that H_0 is rejected and H_1 is accepted, which means that the variables of service quality (X) consisting of tangible variables (X1), *reliability* (X2), *responsiveness* (X3), *assurance* (X4) and *empathy* (X5) simultaneously (together) have a positive and significant effect on the variable of patient satisfaction (Y).

Discussion

This study was conducted on patients who sought treatment at the outpatient polyclinic of RSAU Lanud Sulaiman, Bandung. This is because outpatient services have a considerable intensity of use compared to inpatient use and so that all study samples are in the same condition so that there is no biased data because the outpatient unit does not recognize the class of service as well as the class of care in the inpatient unit. The characteristics of respondents in this study were 63.8% women, 34% aged between 36-45 years (late adulthood), 63.8% had high school education, 33% were housewives and 27.75% were members of the TNI. The dominance of female respondents can be caused because of the 5 outpatient poly, there are 2 poly dominated by female patients, namely obstetrics, gynecology and children's poly, where most of the child patients are delivered by their mothers. This also affects the work of housewives who provide the highest percentage results in the respondent's work category.

The distribution of respondents' data on variables X1, X2, X3, X4, X5, and Y is even/good. This can be seen from the standard deviation of all variables studied, which is smaller than the mean value as shown in table 5. This means that the research data does not experience deviations and the sample data used can represent the entire population.

From multiple linear regression tests and F tests (simultaneous tests) with significance values of $0.00 < 0.05$ showed a positive and significant relationship between the five dimensions of service quality simultaneously with patient satisfaction. The relationship between the two is very strong, as shown in table 12, which has a value of $R = 0.940$. This is in line with the opinion of Kotler and Keller (2020), who mention service quality as one of the determining factors for customer satisfaction. The results of this study are also in line with research conducted by Julio Wahyu and Nurvita (2021) at Cicendo Eye Hospital, Bandung; Ariella Pasalli and Arny Arsy (2021) at Fatima Hospital, Makale and research conducted by Roy Rocky (2020) at Happy Hospital, Makassar all showed a positive and significant relationship between service quality and patient satisfaction.

And in this study based on table 4.19 (Model Summary table), service quality factors affect patient satisfaction by 87.6% while 12.4% are influenced by other factors that are not studied. This is in accordance with the opinion of Kotler and Keller (2020) that the quality of service predominantly determines patient satisfaction in hospital services.

The effect of the physical evidence *dimension (tangible)* on patient satisfaction

The research hypothesis that there is a positive and significant relationship of physical evidence (tangible) dimension to patient satisfaction is not fully accepted. From the results of the T test on the *tangible* dimension as shown in table 12 shows a significant P value of $0.324 > 0.05$, so it can be concluded that the *tangible* dimension does not have a significant effect on patient satisfaction. However, *tangible* contributes positively to patient satisfaction as the results of regression analysis in table 12 that the value of the tangible variable β is 0.025.

The results of this study are in line with research conducted by Ainun Amalia & Lia Amalia (2020) at Harapan Kita Heart and Blood Vessel Hospital and Solichah Supartiningsih (2017) at Sarila Husada Sragen Hospital which states that *the tangible* dimension has a positive but not significant effect on patient satisfaction.

From the results of the study, it can be seen that patients do not pay much attention to physical evidence (*tangible*) in terms of satisfaction with the quality of services provided by the hospital. In the research questionnaire, the physical evidence variable (*tangible*) consists of several indicators that

are responded quite well by respondents as seen in the results of respondents' answers in table 6 which all indicators enter the high criteria, with an average result of 86.73 including high criteria. However, the partial dimension of physical evidence (*tangible*) without being supported by four other variables, cannot affect the variable of patient satisfaction.

The results of the descriptive analysis of variables as shown in table 6 show that the indicators that have the highest score are "Medical personnel and employees look neat and clean" (P5) and the lowest score "Adequate parking space" (P2), this is indeed difficult to avoid due to limited hospital land. The absence of the influence of the dimension of physical evidence (*tangible*) on patient satisfaction can be caused by:

1. This research was conducted at the Military Hospital, where most of the patients who came to visit were members of the TNI and TNI families. As shown in table 4 that 27.7% of respondents are members of the TNI and 33% of housewives include families of TNI members in it. In military education, the principles of discipline and loyalty are emphasized and are able to survive in all terrains and conditions of limited physical means. A TNI soldier is required to always be ready to be assigned anywhere throughout the archipelago, including remote areas with difficult terrain and limited physical facilities. Because in the military world, by adhering to a straight-line command system or command system, requires every soldier to obey and obey and be willing to do anything on the orders of the leader without any thoughts of refusing or protesting in accordance with the Soldier's Oath. In addition, the Code of Ethics for Officers "Budhi Bakti Wira Utama" states that TNI members must have the characteristics of simplicity, the principle of Prasaja is also emphasized, namely simple and not excessive behavior and Gemi Nastiti, namely simplicity and the ability to limit the use and expenditure of everything to what is really necessary. This certainly affects the mindset and behavior of TNI members, and of course on their closest people/family. This condition causes the physical hospital not to be the main concern of respondents, most of whom are members of the TNI and their families. This is reinforced by Alamri's opinion (2021), that patient satisfaction is influenced by the level of education, work, knowledge and income which can affect a person's attitude and tendency to receive and assess health services. The military character formed by TNI members who are educated for discipline both in terms of time and attitude is illustrated in the descriptive analysis of variables (index), as shown in table 6 where the lowest score on statements related to *tangible* is "Adequate parking space" (P2) with a score of 75.8 where 11 respondents (11.7%) are undecided about the statement, 69 respondents (73.4%) agree and 14 respondents (14.9%) strongly agree. The time efficiency required of them makes it difficult to find a parking space, which is certainly time-consuming and quite disturbing. The highest score of respondents was obtained in the statement "Medical personnel and employees look neat and clean" (P5) with a score of 93.8, with 93 respondents (98.9%) strongly agreeing and 1 respondent (1.1%) agreeing who shows self-discipline which is one of the doctrines of the Indonesian National Army.
2. The classification of hospitals where research is carried out can also affect patients' high and low expectations, which certainly affects the perception of service quality. In accordance with *the theory of the expectation disconfirmation model* which states that there is a tolerance area between *desire service expectation* and *adequate service expectation*, where the two levels of expectations from consumers will be different for different categories and levels of service providers. RSAU Lanud Sulaiman as the place where the research was conducted is a type / class D general hospital,

which is located in the district so that the physical evidence of the hospital is not too much of their main concern, and the patient's expectations of the physical environment are not too high.

The effect of *reliability dimensions* on patient satisfaction

From the results of the T test on the *reliability* dimension as shown in table 12 shows a significant P value of $0.00 < 0.05$, so it can be concluded that the *reliability* dimension partially has a significant effect on patient satisfaction. In addition, the *reliability variable* contributes positively to patient satisfaction, as the regression analysis results in table 12 that the value of the *reliability variable* β is 0.079.

The results of this study show that the hypothesis of a positive and significant influence of the *reliability* dimension on patient satisfaction is accepted. This is in line with the theory that *reliability* is one of the dimensions of service quality affecting customer satisfaction (Kotler and Keller, 2020; Sulaiman Helmi, 2022). Professionalism in providing services from both medical and administrative personnel has a significant influence on patient satisfaction. The fulfillment of promises in service and performance in accordance with patient expectations in terms of punctuality, the same service for all patients, and the appropriate delivery of information will reflect the service provider's credibility.

The results of this study are also in line with the results of research conducted by Rosalia and Purwanti (2018) at RSU Surya Husada Denpasar and Meutia Dewi (2016) at the Medical Rehabilitation Hospital East Aceh Regency, which states that the *reliability dimension* has a positive and significant effect on patient satisfaction.

From the results of the descriptive analysis of variables as shown in table 7, it can be seen that the respondent's answer without hesitation is related to statements concerning the officer's attitude. A total of 90 respondents (95.7%) answered strongly in agreement, and 4 respondents (4.3%) answered in agreement with the statement, "Medical personnel are skilled and understand providing services and providing information about diseases clearly" (P1). A total of 66 respondents (70.2%) answered strongly in agreement and 28 respondents ((29.8%) answered in agreement with the statement "Medical personnel and other officers help if there is a patient problem" (P2). And 85 respondents (90.4%) answered strongly in agreement and 9 (9.6%) respondents answered in agreement with the statement "Serve well when checking" (P3). As for the timely service schedule and orderly queues, respondents still answered hesitantly as shown in table 7. A total of 4 respondents (4.3%) answered undecidedly to the statement "Providing services according to a predetermined schedule" (P4) and 1 respondent (1.1%) answered undecided about the statement "Orderly hospital service queue" (P5). This shows that RSAU Lanud Sulaiman has tried to provide satisfactory service to patients, but there are other things beyond the control of the hospital such as emergency medical treatment of doctors in hospitals / other health facilities that cause delays in service schedules, as well as rules prioritizing the handling of active TNI members in queues that make patients doubt the quality of services provided.

Table 7 shows that the descriptive analysis of variables on *reliability* variables obtained an average result of 87.4 including high criteria. The indicator that has the highest score is "Medical personnel are skilled and understand in providing services, and provide information about diseases clearly" and the lowest score is "Providing services according to a predetermined schedule", this is in accordance with the researchers' initial observations about the number of patients who still complain about inaccurate start times for services as scheduled. Problems that are often encountered in services in health facilities, which are related to doctors who practice in several different places with close practice times and sometimes it is difficult to predict the length of patient service, especially for

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doctors in disciplines that involve medical action, not to mention if there are medical emergency patients who need immediate help outside the schedule.

Effect of *responsiveness dimensions* on patient satisfaction

From the results of the T test on the *responsiveness* dimension as shown in table 12 shows a signification value P value of $0.027 < 0.05$, so it can be concluded that the *responsiveness* dimension partially has a significant effect on patient satisfaction. In addition, the *responsiveness variable* contributes positively to patient satisfaction, as the results of regression analysis in table 12 that the value of the β *responsiveness variable* is 0.043.

The results of this study show that the hypothesis that there is a positive and significant influence of the *responsiveness dimension* on patient satisfaction is received. This is in line with the theory that responsiveness is one of the dimensions of service quality affecting consumer satisfaction (Kotler and Keller, 2020; Sulaiman Helmi, 2022). Responsiveness to the services needed, especially in areas that intersect with one's health and safety greatly affects patient satisfaction. The responsiveness of health workers is related to the aspect of alacrity of health workers in meeting patient needs for the desired service. The level of alertness of health workers in providing services is one aspect that affects patient assessment of the quality of services provided. Patient expectations on responsiveness and speed of service tend to increase over time in line with advances in technology and health information owned by patients.

The results of this study are in line with the results of research conducted by Muhammad Rani, et al (2020) at Wahidin Sudirohusodo Hospital, Makassar; Anis Ansyori (2019) and Meutia Dewi (2016) at the Medical Rehabilitation Hospital East Aceh Regency who stated that *the responsiveness dimension* has a positive and significant effect on patient satisfaction.

The results of the descriptive analysis of variables on responsiveness variables gave an average result on high criteria, which was 87.1. However, respondents still gave hesitant answers to all questionnaire items about responsiveness. As shown in table 8, there were 2 respondents (2.1%) answering undecidedly to the statement "Hospital service procedures are not complicated" (P1), 1 respondent (1.1%) answered undecided to the statement "Officers provide the information needed quickly" (P2). The indicator that has the highest score is "Medical personnel respond well to patient complaints" (P3) and the lowest score "Hospital service procedures are not complicated" (P1), this is likely related to administrative procedures set by BPJS Kesehatan that must be obeyed by hospitals in JKN patient services, as well as the continued development of information about the rules determined by BPJS Kesehatan regarding JKN patient services often confuse officers Hospitals that can contribute to patients' perceptions of convoluted services or slow information needed.

Effect of *assurance dimensions* on patient satisfaction

From the results of the T test on the *assurance* dimension as shown in table 12 shows a significant P value of $0.000 < 0.05$, so it can be concluded that the *assurance* dimension partially has a significant effect on patient satisfaction. In addition, the *assurance variable* contributes positively to patient satisfaction, as the regression analysis results in table 12 that the value of the *assurance variable* β is 0.096.

The results of this study show that the hypothesis that there is a positive and significant influence of the *assurance dimension* on patient satisfaction is received. This is in line with the theory that assurance is one of the dimensions of service quality affecting customer satisfaction (Kotler and Keller, 2020; Sulaiman Helmi, 2022). The sense of security and comfort created when someone is sick and needs health services will greatly affect patient satisfaction. Good *assurance* will increase

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patient satisfaction with hospital services, thus making patients tend to trust and believe in every service carried out by the hospital. So, the better the assurance provided by the hospital, the higher the patient's satisfaction.

This result is also in line with the results of research conducted by Rosalia and Purwanti (2018) at RSU Surya Husada, Bali which states that the *assurance dimension* has a positive and significant effect on patient satisfaction.

Descriptive analysis of variables for *assurance* variables obtained an average result of 82.4 including high criteria. The results showed that the indicators that had the highest score were "Doctors have the ability to diagnose diseases and treat well, so as to generate confidence to heal" (P1) and the lowest scores "Creating a family atmosphere between health workers and patients" (P3).

From the results of descriptive analysis of variables as shown in table 9 shows 3 respondents (3.2%) answered undecidedly to the statement "Creating a safe and peaceful atmosphere in the hospital environment" (P2), and 6 respondents (6.4%) answered undecided to the statement "Creating a family atmosphere between health workers and patients" (P3). This situation can occur due to the military-based hospital environment so that there is a strong atmosphere of formal relationships between hospital personnel, which also affects the relationship between health workers and patients, giving the impression of a lack of kinship and reducing comfort in some people.

Effect of Empathy on Patient Satisfaction

From the results of the T test on the *empathy* dimension as shown in table 12 shows a significant P value of $0.000 < 0.05$, so it can be concluded that the *empathy* dimension partially has a significant effect on patient satisfaction. In addition, *empathy* contributes positively to patient satisfaction, as the results of regression analysis in table 12 that the value of the *empathy variable* β is 0.405.

The results of this study show that the hypothesis of a positive and significant influence of the dimension of attention (*empathy*) on patient satisfaction is received. This is in line with the theory that empathy is one of the dimensions of service quality affecting consumer satisfaction (Kotler and Keller, 2020; Sulaiman Helmi, 2022). *Empathy* refers to genuine and individual concern with hospitality service. *Empathy* possessed by a health worker is the ability and effort to enter a patient's life, to see and feel the patient's feelings and understand the meaning of these feelings. Empathy behavior is one of the attitudes in the therapeutic relationship which is a very important element in the process that takes place interpersonally. Health professionals with high levels of *empathy* work more efficiently in fulfilling their role in driving therapeutic change. Health care providers who embody such clinical empathy can create therapeutic alliances with their patients and increase a sense of emotional well-being. This will increase patient satisfaction.

The results of this study are also in line with the results of research conducted by Rosalia and Purwanti (2018) at RSU Surya Husada, Bali and Meutia Dewi (2016) at the Medical Rehabilitation Hospital East Aceh Regency which states that the empathy dimension has a positive and significant effect on patient satisfaction.

The results of descriptive analysis of empathy variables obtained an average result of 85.4 including high criteria. The indicators with the highest scores are "Doctors listen to complaints about their illnesses and provide solutions in consultations" (P3) and the lowest scores "Officers provide services to patients without being picky" (P2), this may happen because hospitals apply rules to prioritize patient services for active TNI members because of the attachment of service hours and the duties they must carry out, So that it gives the impression that services are provided not based on registration sequence numbers and prioritize certain patients.

In addition, the results showed that the empathy dimension had the most dominant effect on patient satisfaction. This can be seen from the results of the *Standardized Coefficient Beta* test as shown in table 12 with a regression coefficient (β) value of 0.691 among the regression coefficient (β) values of other variables

The empathy dimension being the most dominant influential dimension in this study can be caused by:

1. The characteristics of respondents in this study are as shown in table 3 where 63.8% of respondents have high school education. Education factors can influence the formation of a person's perception of the quality of service they receive (Mu'ah and Masram, 2021). A person's level of education will tend to help him to form a knowledge, attitude, and behavior towards something. With good knowledge, one can make evaluations related to the ability to justify or assess a material or object more objectively and involving fewer emotional factors. Someone with a higher level of education tends to demand or criticize the services he receives if he thinks he is not satisfied, while someone who has a low level of education tends to take for granted the services provided to him, especially if the hospital treats him kindly and the patient's goal of getting health help is responded well and given a solution. This is reflected in respondents' responses to statements in the research questionnaire, especially in the statement "Doctors listen to complaints about the disease suffered and provide solutions in consultation" (P3) which scored highest in the descriptive analysis of variables in table 10 with 74 respondents (78.7%) strongly agreeing and 20 respondents (21.3%) agreeing.
2. The place of study, a military hospital, with the characteristics of respondents who are dominated by military and family circles, also influenced the dominance of *empathy variables* in this study. The feeling of being one TNI family makes the relationship between health workers as service providers better understand the needs of patients as recipients of health services and communication can occur more smoothly because there are similar backgrounds even though they are still within the corridors of TNI formalities.
3. The foundation of the 3S value (Smile, Greeting and Greetings) emphasized by RSAU Lanud Sulaiman to all staff also encouraged positive patient perceptions of statements related to *empathy* in the questionnaire submitted to respondents. This can be seen in the results of the descriptive analysis of variables in table 10 where none of the respondents answered hesitantly to the three statements submitted. On the statement "Officers are friendly and polite in serving and communicating with patients" (P1) 46 respondents (48.9%) answered in the affirmative and 48 respondents (51.1%) answered strongly in the affirmative. On the statement "Officers provide services to patients without being picky" (P2) 63 respondents (67%) answered in the affirmative and 31 respondents (33%) answered strongly in the affirmative. As well as the statement "Doctors listen to complaints about the disease suffered and provide solutions in consultation" (P3) 20 respondents (21.3%) answered in the affirmative and 74 respondents (78.7%) answered strongly in the affirmative.

The dominance of *empathy* as the most influential dimension of service quality is also in line with the shift in aspects of today's patient-centered care-oriented health care, where individual specific health needs and desired health outcomes are the driving force behind all healthcare quality decisions and measurements. Patient care is not only from a clinical point of view, but also from an emotional, mental, spiritual, social and financial point of view where *empathy* and two-way communication model the relationship between doctor and patient.

From the results mentioned above, it can be concluded that all dimensions of service quality variables have high criteria in the descriptive analysis of variables. Similarly, the results of descriptive analysis of variables on satisfaction variables obtained an average result of 81.4 including high criteria. The indicator that has the highest score is "I will return to RSAU Lanud Sulaiman if needed" (P2) and the lowest score "I will recommend RSAU Lanud Sulaiman to family or colleagues" (P3). So it can be concluded that the level of outpatient satisfaction at RSAU Lanud Sulaiman is high. Thus, all research variables in this study provide average results on high criteria in the descriptive analysis of variables, so that in general it can be seen that the quality of outpatient unit services at RSAU Lanud Sulaiman is good, and patient satisfaction is also high. The problems faced by RSAU Lanud Sulaiman regarding the decrease in the number of patients can be caused by several external factors that were not studied in this study, including:

1. Shifts in the social functioning of hospitals.

Hospitals today can no longer be viewed only as mere social institutions (sociophilanthropic), but have become socioeconomic institutions, even becoming a health industry with business rules in it to attract investors to build hospitals, resulting in many private hospitals emerging today.

2. The *gatekeeper* function of FKTP is getting better day by day.

In the current JKN era, the positions of hospitals are FKTL and FKRTL, so the number of patient visits to the hospital is also determined by JKN participant patients referred from FKTP. The target number of referrals set by BPJS Kesehatan for FKTP of <5% (based on the Joint Regulation of the Secretary General of the Ministry of Health of the Republic of Indonesia and the President Director of BPJS Kesehatan No.HK.01.08/III/980/2017) certainly affects the decrease in the number of referrals which means a decrease in the number of patient visits to the hospital.

Conclusion

Based on the research that has been done, it can be concluded that:

1. The direct evidence dimension (*tangible*) has a positive but not significant effect on patient satisfaction
2. The reliability dimension has a positive and significant effect on patient satisfaction
3. The *responsiveness dimension* has a positive and significant effect on patient satisfaction.
4. The assurance dimension has a positive and significant effect on patient satisfaction.
5. The dimension of attention (*empathy*) has a positive and significant effect on patient satisfaction and is the most dominant.

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