

Satisfaction Indication of Health Patient in Hospital

Romliyadi

Student, Masters of Nursing, Faculty of Nursing, Andalas University, Padang, West Sumatera, Indonesia

Yulastri Arif

Lecturer of Masters of Nursing, Faculty, Nursing, Andalas University, Padang, West Sumatra

Ismar Agustini

Lecturer, Poltekkes Nursing Academy Palembang City, South Sumatra

Abstract:- Hospitals are required to always maintain the quality of service should get the service in accordance with their expectations. The aims of study to determine the index of patient satisfaction of health in Hospital leprosy dr Rivai Abdullah. This design of research used describe of quantitative. The Samples of 300 of health patients at outpatient and inpatient installation with accidental sampling. The Collected and analyzed, manage the data of IKM questionnaire that issued by Kemenpan in 2004. The results of the most of the patients who studied in early adulthood, high school education and self-employed. The result of quality item values is found in the outpatient installatio room which is considered the health patient is categorized as good as the element of service speed and the timeliness of service schedule. The result of patient satisfaction index of health to hospital performance, patient of Health categorized B (Good), the result of index of patient satisfaction of outpatient and inpatient also categorized B (Good). The suggestions to improve services through excellent service training, queue clarity facilities, voice recognition at the time of patient called and cooperation between nurse and doctor to arrived on time.

Keywords:- Satisfaction Index, Service Quality, Service Element.

I. INTRODUCTION

Patient satisfaction is still a health service problem in Indonesia. According to Shan et al (2016) study in China the rate of patient dissatisfaction ranges from 24%. While in Indonesia several studies reported such as research Rusmaningsih (2017) Boyolali hospital mentioned 18.6% of patients are not satisfied and this dissatisfaction rate also occurred in Health Center as reported by Andriani research (2017) dissatisfaction rate 36.9% Bukit Tinggi Puskesmas. So it can be concluded that the patient is not satisfied not only happened at the service facility level three and two, but also on the first level service, meaning that the patient satisfaction is not yet fulfilled by health service in Indonesia. The impact of health insurance in Indonesia at this time is the number of people who use the service facility, but the

users of health services is not balanced by the readiness of health providers.

Quality of service greatly affect patient satisfaction, therefore the government has guaranteed every citizen to get health insurance through national health insurance program (JKN). Under the law of the National Social Security System (SJSN) Article 22 paragraph 1 JKN's benefits are to guarantee comprehensive healthcare perindividual services, including promotive, preventive, curative and rehabilitative services, including drugs and media materials Putri (2014). One indicator tool that made the measure of successful implementation of national health guarantee is the index of community satisfaction. According to Triwibowo (2013) In addition to the indicators set MENPAN there are other indicators such as indicators of reliability, assurance, tangible, empathy and resvonsiness then according to Rose (2014) also developed an indicator of satisfaction with the SERVQUL model but MOH has determined that the IKM is measured using the MENPAN approach.

II. METHODOLOGY

This research is a research with quantitative descriptive design. This method begins by collecting data, analyzing data and interpreting (Suryana, 2010). Sampling is done with Non probability sampling that is by accidental sampling. The sample was taken by chance, if found the patient who is a participant health then will be the respondent. To meet the accuracy of the results of the preparation of the index, on the basis of the formula (number of elements + 1) X 10 = the number of respondents. $14 + 1 \times 10 = 150$. So the sample in this study amounted to 150 respondents installed outpatient and 150 respondents installed inpatient (Menpan, 2004). The sample criteria in this study are:

- 1) Adult Respondents early
- 2) Cooperative Respondents
- 3) Willing to be a respondent
- 4) Noted as a participant of Patient In Hospital

Researchers use the formula based on the proportion of sampling Sugiyono (2016). Based on the above calculation then the sample in the study amounted to 150 respondents per installation, and then divided by room.

No	Space Name	ΣPatients	Σ Samples
Inpatient			
1	Kenanga	163	$163/925 \times 150 = 26$
2	Asoka	271	$271/925 \times 150 = 44$
3	Flamboyan	491	$491/925 \times 150 = 80$
Amount		925	150

Table 1:- Number of samples in inpatient and inpatient rooms South Sumatra Hospital

The data collection tool used in this study is the questionnaire made by the decision of Minister of Education Number: KEP / 25 / M.PAN / 2/2004 consists of 14 elements of service that are the elements of procedure, requirements, clarity of officers, discipline officers, officer ability, speed, fairness gain, courtesy and friendliness, reasonable cost, cost certainty, schedule certainty, convenience, and security.

Procedures in the implementation of this research had previously been conducted ethical test and approved by the Ethics Commission of the Faculty of Medicine Sriwijaya University with No. 67 / kepkrsmhfkunsri / 2018. Principles of ethics based on ethical health guidelines issued by the National Commission on Health Research Ethics. Furthermore, also equipped with an Informed Consent sheet that contains an explanation of the purpose of the researcher about the overall implementation of the study to the participating respondents as research subjects.

The data that have been obtained is processed by the way adopted in Kemenpan Number Kep / 25 / M.PAN / 2/2004 about general guidance of preparation of index of public satisfaction of service unit of government institution. Stages of data management are as follows:

1. Calculate the average value (NRR) of each indicator with the following formula :

$$\text{NRR} = \frac{\text{Total Perception Values Indicators}}{\text{Number of Respondents}}$$

2. Calculate the balancing or weighting value to be used for all indicators with the following formula :

$$\text{Weighing value} = \frac{\text{the amount of weight}}{\text{Number of indicators}}$$

$$1 = \frac{14}{14}$$

3. Menghitung NRR weighted by the following formula:
NRR Weighted = NRR x weighing value
4. The IKM service unit is derived from the sum of the weighted NRR per indicator that is easier to interpret to be converted to a base value of 25
IKM service unit = Σ NRR weighted each indicator x 25
After knowing the value of NRR and IKM is to interpretasi the results of NRR and IKM

III. RESEARCH RESULT

Patient Characteristics of health who visited in Inpatient Installation Hospital South Sumatra Province in 2018. The patient characteristic variable consists of four sub variables namely age, gender, education and occupation. The four sub-variables are categorical data and analyzed by proportion. The results are presented with frequency distribution table. The complete results are presented in Table 2

No	Characteristics	Category	Frequency (f)	Percent (%)
1	Age	The final teenagers are 17-25 years old	0	0
		Early adult 26-35 years old	126	84.
		Adults end 36-45 years	22	14,7
		Elderly 46-55 years old	2	1,3
2	Gender	1. Man	35	23,3
		2. Woman	115	76,7
3	Education	1. SD	8	5,3
		2. SLTP	8	5,3
		3. SLTA	118	78,7
		4. DI,DIH,DIH	3	2,0
		5. S1	13	8,7
4	Work	1. PNS / POLRI/ TNI	13	8,7
		2. Pegawai Private	54	36
		3. Self-employed / IRT	83	55,3

Table 2:- Frequency distribution of patient characteristics Health by age, sex, education and employment at inpatient installation Hospital (n=150)

Table 2 shows the patient characteristics of health in hospitalization of the largest proportion of adult age 26-35 years old, female sex, high school education and self employed / IRT

➤ *Description of the quality index per service element in the Patient Health service providers at Inpatient Installation Hospital*

The variable of patient satisfaction index of health according to service element consists of fourteen sub-variables: procedure, requirements, clarity of officer, discipline officer, officer responsibility, officer ability, speed of service, justice get service, courtesy and hospitality officer, reasonableness cost, cost certainty, service schedule certainty, environmental comfort and environmental safety. All sub variables in the form of numeric data are analyzed using the mean. The full results are presented in Table 3.

No	Elements of service	Average value per element	Quality	Performance
1	Service Procedures	2.8	B	Good
2	Terms of Service	2.86	B	Good
3	Clarity of Service Officer	2.98	B	Good
4	Discipline Officer service	3.01	B	Good
5	Responsibilities Officer	3.04	B	Good
6	Ability of the Service Officer	3.04	B	Good
7	Speed of Service	2.92	B	Good
8	Justice of Getting Service	3.09	B	Good
9	Courtesy and Hospitality Officers	3.06	B	Good
10	Fairness of Service Fee	3.04	B	Good
11	Certainty of Service Fees	3.03	B	Good
12	Certainty Schedule of Service Time	2.89	B	Good
13	Environmental Comfort	3.05	B	Good
14	Security Service	3.21	B	Good

Table 3:- Value of Quality as per Elements of Hospital Inpatient Installation Services

Table 3. shows all the elements of inpatient care services perceived either by health patients but the highest average value of the highest grade is the security element of service while the lowest the service procedure

➤ *Description of the quality index per element of patient care health to Elements of Inpatient Inpatient Services by Room*

Variables of patient satisfaction index health service element hospitalized according to the room consists of

fourteen sub-variables namely: procedures, requirements, clarity of officers, discipline officers, officer responsibilities, officer ability, speed of service, justice received services, courtesy and hospitality officers, reasonableness cost , cost certainty, service schedule certainty, environmental comfort and environmental safety. All sub variables in the form of numeric data are analyzed using the mean. The full results are presented in Table 5.3.

No	Elements of service	Inpatient Installation								
		Kenanga Room			Asoka Room			Flamboyan Room		
		IKM	Quality	Performance	IKM	Quality	Performance	IKM	Quality	Performance
1	Service Procedures	2.92	B	Good	2.75	B	Good	2.78	B	Good
2	Terms of Service	3	B	Good	2.93	B	Good	2.78	B	Good
3	Clarity of Service Officer	3.07	B	Good	2.97	B	Good	2.96	B	Good
4	Discipline Officer service	3.19	B	Good	2.97	B	Good	2.7	B	Good
5	Responsibilities Officer	3.23	B	Good	3	B	Good	3.01	B	Good
6	Ability of the Service Officer	3.11	B	Good	3	B	Good	3.05	B	Good
7	Speed of Service	3	B	Good	2.9	B	Good	2.91	B	Good
8	Justice of Getting Service	3.3	B	Good	3.02	B	Good	3.06	B	Good
9	Courtesy and Hospitality Officers	3.03	B	Good	3.06	B	Good	3.07	B	Good
10	Fairness of Service Fee	3.11	B	Good	3.06	B	Good	3	B	Good
11	Certainty of Service Fees	3.15	B	Good	3.04	B	Good	2.98	B	Good
12	Certainty Schedule of Service Time	3.07	B	Good	2.88	B	Good	2.83	B	Good
13	Environmental Comfort	3.19	B	Good	3.11	B	Good	2.97	B	Good
14	Security Service	3.34	B	Good	3.11	B	Good	3.22	B	Good

Table 4:- Value of Quality per Elements of Inpatient Installation Services by Room at Hospita

Table 4 shows all the elements assessed by good health patients, the highest value of service security element is in Kenaga area whereas the lowest value of service procedure element of room Asoka.

IV. DISCUSSION

➤ *Patient Characteristics of Health Inpatient installation of Hospital*

The results of the study showed that the characteristics of health patients in the largest proportion of patients aged 26-35 years (84%), female sex (76.7%), high school education (78.7%) and work as self-employed / IRT (55.3%). Yusnita research results (2017) of all study respondents are aged 15-49 years (80.7%), for the difference of sex of all respondents most of them are women (50.7%), while the total of all education respondents is the highest proportion of many schools (56%) and for the proportion of work, most of the respondents were housewives (76%). The research results of Ishaq (2013) at Installation Pulmonary

(50%), then in this study the highest proportion of education tingkat is high school (48%), while most respondents entrepreneur (30%). Meanwhile, according to Putra's research (2013) the age level of the most proportion in the study was aged 26-35 years (40%).

Hospital presents from all respondents of the research for the sex of all respondents of the research most of the women

Based on these data it can be concluded that most of the people who came to the Leprosy Hospital Dr. Rivai Abdullah were early adults. Female, has high school education and works as an entrepreneur / IRT. Age reflects a person's physical condition. Ages 26-35 years old early, with this study measuring the satisfaction of patients aged 26 years and over, so they are considered able to give opinions because they are mature enough in giving opinions. Gender can indicate a person's physical condition. In terms of sex can give a physical sense of one's strength. In this study, respondents of the sexes were far more dissimilar to women. Because in serving people considered women more thorough and perfect in terms of service. The level of

education is able to reflect one's intellectual level. With all the high levels of education a person can afford, people can choose health services. The highest level of education in this study is equivalent to above / high school. In improving the health status of the socioeconomic status of a job, a person can determine the degree of health, where if the economic status is middle and above, they can choose the desired service. In this study most of the respondents work self-employed / IRT.

➤ *Overview of the quality index per element of service for Health patients on the elements of nursing services at the Inpatient of Hospital*

The description of the quality index per element of service of health patients in the leprosy hospital Dr. Rivai Abdullah in the inpatient installation is perceived both by health patients but the highest average value of the element is the security of the service environment 3.21 while the lowest service procedure is 2.8. Hariyanto's research (2016) obtained from the results of the highest value of the element of service found in the service cost certainty 3.21 and certainty of service time schedule 3.21 while the lowest value perceived by the patient was in the element of service speed 2.98. the results of the study are not in accordance with the results of Sukamti's research (2015) presenting the highest overall value of service elements is found in the ease of service procedure 3.74 and the lowest service element perception value is found in the fairness of service costs 3.39. The result of Putra's research (2013) presents the perception of respondents the highest value found in the elements of environmental comfort 3.07 and elements perceived by respondents as low discipline of service officers 2.74.

In the provision / implementation of quality services to customers, of course the security value of a service is one of them is the guarantee of the level of security of the environment of the service provider unit or the facilities used, so that patients feel calm to get services against the risks resulting from the implementation of services. Then Denhardt (2003) in Mote (2008) states that the comprehensive size of the public sector, among others, security is the measure of the level at which services provided make people feel safe and confident when receiving it. According to Bustami (2011) security means reducing the risk of injury, infection, side effects or other hazards related to service. Meanwhile, according to Syafrudin (2011) security of service, in the sense that the process and results of public services can provide security and comfort and can provide legal certainty. In addition, in the excellent service quoted by Warella (1997) in Mote (2008), the safety of security is a process and the results of services can provide security, comfort and provide legal certainty to the community. Whereas according to Sondahk (2013) service security refers to the professional code of ethics that refers to patient satisfaction such as doctor-patient relationships, service convenience, service effectiveness and security in receiving services.

Terms of service are the ease of service provided to patients seen in terms of the simplicity of the service flow. Warella (1997) in Mote (2005) states that to assess quality public services can be used, among others, simplicity, that

procedures or service procedures are carried out easily, smoothly, quickly, non-convoluted, easily understood and implemented by those who request services. Furthermore, there is clarity and certainty regarding procedures or procedures for services and transparency in service procedures. According to Denhardt (2003) in Mote, (2008) states that a comprehensive measure, among others, Convenience (convenience) is a measure in which government services are easily obtained and implemented by the community. According to Bustami (2011) procedure / continuity of service where patients will receive the complete service required without repeating unnecessary diagnostic and therapeutic procedures. In this case the patient must have access to referrals for specialist services. In addition to measuring the quality of services developed by Tjiptono (2002) in Mote (2008), among others, accessibility and flexibility in the sense that the operational system or service procedure is easily accessible and flexibly adapted to the demands and desires of patients. In addition, according to Syafrudin (2011) patients will feel satisfied satisfied based on the fulfillment of procedure requirements that have been established in addition to the simplicity of service procedures, in the sense that procedures / procedures for services are carried out easily, smoothly, fast and not complicated and easy understood and implemented by patients who will receive from a service provider

➤ *Description of the quality index per element of patient care health to the Inpatient Services Inpatient Unit according to the nursing service room*

The results of the quality index study per element of patient service inpatient health care according to the nursing room showed that all elements were assessed by good health patients, the highest value of kenanga room in the service safety element 3.34 while the lowest value of the flamboyant room in the service procedure 2.75. The results of the study are the same as the results of Yusnita's (2017) research on the elements of service security 2.65 and elements of service procedures 2.45. Wahdania research (2015) obtained service procedure elements 3.69. whereas according to Putra's research (2013) the value of service safety elements is 2.85. Ishaq Research (2013) The highest value is found in the service procedure whereas the lowest element value is obtained by the clarity of service personnel. Research Widodo (2005) there is a value of the highest element in clarity of service officer 2.96 whereas the lowest value there is the fairness of the cost of service 2.16. So it can be concluded from the fourteen elements of service considered good by health patients even though there is still a low value but in the threshold is considered good, the jam also needs to improve service, especially in the flow of service procedures made easy / not complicated so the patient feels satisfied about the elements of service. Furthermore, the leprosy hospital Dr. Rivai Abdullah to be considered a better service would always keep improving the quality of service towards a better service in patients.

Health patients generally perceive in the category of good quality per element of service in inpatient installations because the element of service security occupies the highest score. According to Tjiptono in Suroso (2011) health patients will feel satisfaction / arising

perception feeling satisfied when there is security in service. The guaranteed level of security of the service provider unit environment or facilities used as a description of safe services, so that health patients feel calm to get services and avoid the risks resulting from service delivery. Related to supporting facilities in inpatient installations that are perceived poorly by patients, it should be a concern of hospital management to make changes to facility improvements towards better use in order to improve the quality of service desired.

Procedures in providing services are sometimes still considered a problem by customers as according to Syafrudin (2011) the simplicity of service procedures, in the sense that the procedure / procedure of service is held easily, smooth, fast and not convoluted and easily understood and implemented is a reflection of service running with good. As for clarity and certainty such as general service procedures / procedures, general service requirements both technical and administrative, officers responsible for providing services, as well as service time schedules are steps to facilitate the service process.

According to Ministry of Health RI (2018) in SNARS patients have the right to submit a complaint about the services they receive. The organization sets out ways to find solutions to these dilemmas and complaints. The organization identifies in the regulation, who needs to be involved in the process, and how patients and their families participate in providing information and can support in improving quality when delivering services.

V. CONCLUSION

Characteristics of health patients in inpatient installations in South Sumatra Province Hospital in the study almost all were early adults, most were female, middle-educated upwards / high school and worked as large entrepreneurs / IRT. The initiation of quality hospitalization per service element is considered to be a good patient as well as the quality index per element of inpatient installation services according to the room is also perceived by patients who come for treatment in good category (B).

VI. SUGGESTION

Improving service through training of proma service, making of standardized service officer, adnya policy to serve on time.

VII. RELEVANCE OF THE STUDY

The results of this study are beneficial for hospitals, especially in improving the quality of services in inpatient installations. Author Contribution Romliyadi, Yulastri Arif, Ismar Agustin, The Three Of Them Both Contributed In Determining The Problem, Analyzing The Data And Conducting An Examination of The Article.

REFERENCES

[1]. Al-assaf. (2009). Quality of health services. Jakarta: EGC.
 [2]. Andriani, A. (2017). Relationship between Health Service Quality and Patient Satisfaction in the General

Poly Room of the Bukittinggi Health Center. Tesis. STIKes Yarsi Sumbar Bukittinggi.
 [3]. Arifin, M. zainal. (2017). Public Satisfaction Survey on Patient Healthy Card Holder at Puskesmas. Mojoagung Babupaten Jombang, 1–8.
 [4]. Azwar, A. (1996). Introduction to Health Administration (Third). Jakarta: Binarupa Aksara.
 [5]. Bustami. (2011). Quality Assurance of Health Services and Acceptability. (P. A. Rina astikawati, Ed.). Padang.
 [6]. Hariyanto, S. (2016). Analysis of Community Satisfaction on the Quality of Public Services in the Office of the UPTD Puskesmas Beji, Boyolangu District, Tulungagung District, 1-23.
 [7]. Hazfiarini, A. (2016). Patient satisfaction index for health care for hospital services in the eyes of the people of East Java.
 [8]. Herwindo, suryo. (2013). Community Satisfaction Index Analysis at the Kanigaran Community Health Center in Probolinggo City.
 [9]. Idris, F. (2016). Regulation of Quality Control and Cost Control in the Implementation of the National Health Insurance Program. Jakarta: Health.
 [10]. Iqbal, M. (2007). Satisfying Service. Jakarta: PT Elex media Komputindo.
 [11]. Ishaq, M. (2013). Community Satisfaction Index in Outpatient Installation Pulmonary Hospital Jember.
 [12]. Kartikaningdyah, E. (2010). Analysis of Community Satisfaction Index on Public Services at Tanjung Pinang City BP2T.
 [13]. Ministry of Health RI. (2018). National Standard for Hospital Accreditation edition 1. Hospital Accreditation Standards, 1-175. <https://doi.org/362.11>.
 [14]. Republic of Indonesia Ministry of Health. (2017). Dictionary of Hospital Performance Indicators and Balai. Retrieved from <https://www.persi.or.id/images/2017/manmutu/kamus-indikator-kinerjars.pdf>.
 [15]. Kurdi, M. (2016). Measurement of Community Satisfaction Index (IKM) at Pamarayan Puskesmas Serang District.
 [16]. Mandala, A. (2014). Community Satisfaction Index for Public Service of Samsat Regency Samsat.
 [17]. Mboi, N. (2013). Health Services on National Health Insurance. Jakarta: MENKES.
 [18]. Menpan. (2004). General Guidelines for Preparing the Community Satisfaction Index Service Unit for Government Agencies. Jakarta: Minister of Administrative Reform Utilization.
 [19]. Mote, P. (2008). Community Satisfaction Index (IKM) Analysis of public services at Puskesmas Ngesrep Semarang. Diponogoro University, Semarang.
 [20]. Muninjaya, A. a. G. (2015). Quality Management of Health Services. Jakarta: EGC.
 [21]. Nasution, M. N. (2015). Integrated Quality Management. Jakarta: Ghalia Indonesia.
 [22]. Ningtyas, R. (2013). Community satisfaction index (IKM) analysis on the quality of service at the bandarharjo health center in North Semarang District.

- [23]. Nursalam. (2011). Management of Nursing Applications in Nursing Practice. Jakarta: Salemba Medika.
- [24]. Nursalam. (2014). Nursing Management: Applications in Professional Nursing Practices. Jakarta: Salemba Medika.
- [25]. Puspitasari, D. (2013). Community Satisfaction Index Analysis of Services in the Regional Archives and Library Agency of Lamongan Regency, (070916014).
- [26]. Putra, R. E. (2013). Patient Family Satisfaction Index on the services of Batam Budi Glory Hospital.
- [27]. Princess, A. D. (2014). Community Satisfaction Index (IKM) Analysis in Accepting Administrative Services at the handsome office of the City Head of Pekanbaru.
- [28]. Putri, A. E. (2014). Understand JKN National Health Insurance. Jakarta: Friedrich-Ebert-Stiftung.
- [29]. Rayes, S. N. (2013). Patient Satisfaction Analysis of Inpatient Askes at Sembawa Regional General Hospital, (April), 103-106.
- [30]. Rose. (2014). Relationship of Hospital Service Quality with Health Patient Satisfaction.
- [31]. SSR, P. (2017). Profile of Leprosy Hospital Dr. Rivai Abdullah. South Sumatra: Leprosy Hospital Dr. Rivai Abdullah.
- [32]. Rusmaningsih, E. (2017). Nursing Service Satisfaction Analysis on National Health Insurance Participants (JKN) in Pandan Arang Hospital, Boyolali. Thesis. Muhammadiyah Klaten STIKes.
- [33]. Sabarguna, S. B. (2004). Hospital Marketing. Yogyakarta: Central Java Islamic Hospital Consortium
- [34]. Satrianegara, F. (2009). Organization and Management of Health and Midwifery Services. Jakarta: Salemba Medika.
- [35]. Shan, L., Li, Y., Ding, D., Wu, Q., Liu, C., Jiao, M., Ren, J. (2016). Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care, 1-19. <https://doi.org/10.1371/journal.pone.0164366>
- [36]. Sondahk, J. (2013). Quality of Health and Midwifery Services. Jakarta: Trans Media Info.
- [37]. Subiroso, S. B. (2011). Environmental Sanitation and Building Support for Patient Satisfaction Hospitals. Jakarta: Salemba Medika.
- [38]. Sugiyono. (2016). Quantitative Research Methods, Qualitative and R & D. Bandung: Alfa Beta.
- [39]. Sukamti, S. (2015). Community Satisfaction Index (IKM) Analysis on Public Services at the Kalicacing Health Center in Salatiga City. Among Makarti, vol.8 no.1, 1-15.
- [40]. Supranto, J. (2008). Measurement of Customer Satisfaction Level. Jakarta: Renika Cipta.
- [41]. Suroso, J. (2011). Patient Satisfaction Index of a Private Hospital in Purwokerto, 14-24.
- [42]. Suryanan. (2010). Research Methodology Practical Model of Quantitative and Qualitative Research. Jakarta: Universitas Pendidikan Indonesia.
- [43]. Syafrudin. (2011). Quality Management of Health Services for Midwives. Jakarta: Trans Media Info.
- [44]. Triwibowo, C. (2013). Nursing Service Management at the Hospital. Jakarta: Trans Media Info.
- [45]. Wahdania. (2015). Patient Satisfaction Index of Polewali Mandar District Public Hospital Services (RSUD), 1 (April).
- [46]. Wanarto, G. B. (2013). Assessment of Quality of Health Services by Customers. East Java: Trans Media Info.
- [47]. Widodo. (2005). Public Satisfaction Index (IKM) Motor Vehicle Tax Service at Samsat Semarang Office I. Postgraduate of Diponegoro University, Semarang.
- [48]. Wijono, D. (1996). Health Service Quality Management (Theory, strategy and application) (Vol 2). Jakarta: Airlangga University Press.
- [49]. Wismanu, R. E. (2018). Survey of Public Satisfaction on Service of Public General Hospital (RSUD) Gambiran Kediri, 4 (1), 18-26.
- [50]. Yusnita, W. (2017). Overview of the Community Satisfaction Index at the Tegal Angus Community Health Center in the National Health Insurance Center for Resolute Angus Community Satisfaction Index in the National Health Coverage Era.