

Effect of Service Quality Dimensions and Patient Satisfaction in Health

(Empirical Study from Morowali District)

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Abstract:- Quality of service is an important concern in supporting patient satisfaction, especially in the aspects of health such as health centers. Quality of Service developed by Parasuraman et.al consisting of assurance components, reliability, responsiveness, sincerity, and formality until today become a major component in measuring service quality. This study uses a quantitative approach by conducting surveys as a method of collecting data on 195 patients Morowali health centers throughout Central Sulawesi province. The analytical method used is Structural Equation Modeling (SEM) with advanced test using Sobel Test to test the direct and indirect relationship of each variable. The results of this study stated that one). Tangible significant positive effect on satisfaction but significant negative on repeat visits, 2). Reliability no significant effect on satisfaction and repeat visit 3). Assurance significant positive effect on satisfaction but no significant effect on the repeat visit 4). Sincerity has no significant effect on customer satisfaction and repeat visit 5). Formality effect on satisfaction and repeat visit 6). Personality significant positive effect on satisfaction but a significant negative effect on a repeat visit 7). Satisfaction significant effect on a repeat visit 8). Assurance no significant effect on a repeat visit with satisfaction as an intervening variable 9). Formality significant effect on the repeat visit 8). Assurance significant effect on a repeat visit with satisfaction as an intervening variable 10). Personality significant negative effect on a repeat visit 8). Assurance significant effect on a repeat visit with satisfaction as an intervening variable 11). Reliability no significant effect on a repeat visit with satisfaction as an intervening variable, 12). Sincerity does not significantly influence the repeat visit with satisfaction as an intervening variable, 13). Tangible significant negative effect on a repeat visit with satisfaction as an intervening variable. Reliability no significant effect on a repeat visit with satisfaction as an intervening variable, 12). Sincerity does not significantly influence the repeat visit with satisfaction as an intervening variable, 13). Tangible significant negative effect on a repeat visit with satisfaction as an intervening variable. Reliability no significant effect on a repeat visit with satisfaction as an intervening variable, 12). Sincerity does not significantly influence the repeat visit with satisfaction as an intervening variable, 13). Tangible significant negative effect on a repeat visit with satisfaction as an intervening variable.

Keywords:- Service Quality, Satisfaction, Repeat Visit.

I. INTRODUCTION

Health is a human right to the ideals of the Indonesian nation and one of the elements of prosperity be realized. This can be achieved if the hospital has a good management and planning, supported by reliable human resource (Widiastuti, 2018). At the present time to provide quality health care will face many challenges whether it is emerging from within and outside the country. Of the country such as the monetary crisis emerged in 1997 that later appear multi-dimensional crises include political crises, economic, social, cultural and security that led to the disintegration of the nation's broad impact on life of the nation.

These changes have an impact on increasing the number of poor people and the unemployment rate which in turn affects the health of society in general. Challenges from abroad that happens is the ongoing globalization marked by increasing free competition, require that each component of the nation improve competitiveness, including in terms of health care (MOH, 2002). To survive and thrive in a rapidly changing environment and competitive today, the health center should change the paradigm of management. Public health services should be air-orientation on customer satisfaction (in this case the patient), empowering employees and improving the welfare of Medical Personnel and Paramedics.

Approach to service quality and customer satisfaction or patient to be one important strategy that can not be ignored by policy-makers in the health center. Improved quality in health services other than oriented to quality service, is also the result of the quality of health services in accordance with the wishes of customers or patients (Wijono, 1999). The main focus of the activities is the Health Center health measures required, and health efforts PHC development, therefore a major component in the implementation of the health service is very conveniently from existing resources, especially human resources. Many health centers can not perform its primary function in the effort and provide optimal service, is due to a lack of health resources it has. The more types of services provided by the more choice by consumers and the higher consumer purchase interest in the products offered (Trisnantoro, 2005).

Mission Health Center Health menggerakkan berlawanan development in their working area, encourage independence of healthy life for families and communities in their working area, maintain and thus increasing the

quality, pemerataan and affordability of health services are organized, maintain and improve the health of individuals, families and communities along with its environment. The quality of health center services is the degree of perfection of health center services to meet the needs of the customer (patient) health care services that comply with professional services and service standards by using the potential resources available in Puskesmas fairly, efficiently and effectively and be safely and satisfactorily as per the norm, ethical, legal and socio-culture with attention to the limitations and the ability of governments and public / patient (MOH, 2000).

Quality health care has become the demand of all stakeholders, including the communities of the service users, thus the problem of health care quality is always a concern. Among the institutions that provide health services to the community is a community health center. Quality of services provided will never be perfect, because every patient is unique individuals, so that the service can not always be satisfactory in these people. Become so because of the influence of service quality on patient satisfaction is largely determined by the implementing service (Rangkuti, 2003). Puskesmas a technical unit the district health department / city responsible for organizing health development in one or most of the districts (Minister of Health Decree No. 128 of 2004). PHC has a function in the healthcare system, which is a health oriented development center, the center of family and community empowerment, health care centers undergraduate. PHC functions in the health service are conducted in Puskesmas with the system of outpatient and inpatient units. As the technical and operational units, PHC has a dynamic nature, labor-intensive and influenced by the ever-changing environment.

However, the health center is still expected to fulfill its mission as an institution of social service by clicking the service to the community priority (Muninjaya, 2004). The visits data for the first half (January, February, March 2015) outpatients totaled 21 968 people, hospitalized 492 people registered ginap, HIV disease and AIDS three cases in 9 health centers. The total population of 117 613 inhabitants Morowali is composed of poor penduduk 2,558 inhabitants. Who get health insurance Regions (Jamkesda) as many as 83 871 inhabitants (data District Health Morowali 2015).

To reform the Health Center Services should approach to improve the quality and capacity. In service prolanis, during this health center clinical management should separate as individual health units (UKP) and management of the public health unit. It is expected that health workers were never satisfied with what was achieved and never stop looking for their efforts and alternative forms of health care quality improvement. Improving the quality of health services carried out by the health service quality assurance approach towards the better is the target is always moving towards the direction the better. (Pohan et.al, 2007).

System of values and orientation in society began to change. People start demanding better public services, more friendly and more qualified, including this health care. With more and more people's demands for quality health services, the health care functions including service in health centers should be increased gradually, in order to become more effective and efficient, and give satisfaction to patients, families and communities (Widiastuti, 2018). Research conducted Haryati (2004) Analysis of Perception of Service Quality Satisfaction Patient In Space Inpatient Hospital Langsa concluded that there was a significant relationship between the quality of service of the dimensions of reliability (reliability), responsiveness (responsiveness), assurance (assurance), attention (empathy), physical evidence (tangibles) with patient satisfaction. Quality of service is popular used to measure the quality of service in various countries is SERVQUAL is usually taken on a particular cultural context. Asubontong et.al (1996) believes that the main advantages of SERVQUAL of another measure of the quality of service as SERVPERF is its ability to be adapted adequately. However, Raajpoot (2004) developed a scale Pengu-is less than the quality of culturally sensitive services were called PAKSERV (PAKITAN Service Quality). PAKSERV is development of SERVQUAL.

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Some findings reinforce PAKSERV SERVQUAL dimensions of tangibility, reliability, and assurance. But instead of responsiveness and empathy with the three new dimensions: sincerity, formality, and personalization. Raajpoot (2004) showed that the implications of his research is that the service companies not only have to involve the local cultural dimension when measuring quality of service, but also to be open and aware of the different interpretations of the dimensions are more common. Based on the concept of service quality PAKSERV above, in this study will be tested relationship of service quality dimensions. PAKSERV dimensions namely: tangibility, reliability, assurance, sincerity, formality, and personalization. This dimension will have an impact on the quality of services at the health center.

Quality of care in health centers at the moment still inadequate. According Wijono (1999), the quality is a total picture of the nature of the services related to its ability to provide the satisfaction of needs. Quality of service in the health center in handy to reduce the level of disability or error. Safety (safety) has become a global issue as well as to hospitals.

Patient safety is a key priority for the Community Health Center and it is related to quality issues and the image of the hospital. Since the beginning of 1900, the institution hospital always improve the quality of the three elements, namely:

- (a) The structure,
- (b) Processes, and
- (c) The outcome with a wide range of program regulations from the authorities, for example, among others, the implementation of service standards Hospital, ISO, Clinical Indicators and others.

But admittedly, on quality service still occur Genesis Not Suspected (KTD) (Dep Kes RI 2006). Patient safety is a system where PHC make patient care safer. The system includes a risk assessment, identification and management of matters relating to the patient, accident reporting and analysis, the ability to learn from the accident and its follow-up and implementation of solutions to minimize the risk (Dep Kes RI, 2006). Quality is something that must be done properly by the service provider or service (Tomey, 2009). Application quality as a characteristic of the product appearance or performance is a key part of the company strategy in order to achieve sustainable excellence, both as a market leader or as a strategy for growth.

The advantages of a product service or services is dependent on the uniqueness of the service, whether it is in accordance with the expectations of the customer's wishes (Supranto, 2001). Quality is the determination of the customer, not the provision of engineers, markets or management provisions. He is based on the real experience of customers towards the products and services, measure it, expect it, promised or not, conscious or merely perceived, operational or subjective technique altogether and always portray a moving target in a competitive market "(Wijono, 1999). So the quality of a product given to the customer to provide satisfaction to the needs of the services provided to customers, to ensure continuous service quality, effective, efficient and responsive to the indicators that lead to dissatisfaction. Quality Management according to JM Juran and Wijono (1999) that a higher quality makes it possible to reduce the error rate, reduced re-employment, reduce failures in the field, reducing customer dissatisfaction, reduced necessity checking and testing, increase capacity, provide a major impact on the cost, and usually higher quality less cost.

Customer satisfaction has become a central concept in the discourse of business and management (Tjiptono and Chandra, 2005: 192). Customers generally expect the product in the form of goods or services consumed can be accepted and enjoyed with good service or satisfactory

(Assauri, 2003: 28). Customer satisfaction can shape perceptions and can further position the company's products in the eyes of its customers. Quality is central to the survival of an institution. Quality revolution movement through an integrated quality management approach to the demands that should not be ignored if an institution wants to live and grow, increased competition these days requires a provider agency / service to always pamper consumers / customers by providing the best service. The customers will be looking for a product in the form of goods or services from companies that can provide the best service to him (Assauri, 2003: 25). PHC in Morowali is a government agency that is engaged in the health service. The main problem as a health services agency that many of its competitors. Therefore, health centers are required to always maintain customer confidence by improving the quality of services in order to increase pelanggannya satisfaction.

The health center may need to carefully determine the needs of patients in an effort to fulfill the wishes and improve customer satisfaction with the services provided, Liaise and conduct research on their needs to be done for services provided as expected. This is called the orientation on customers, system services are provided by health centers and hospitals the same, only difference in the level of service therefore the same quality of service at the health center to the hospital. Satisfaction can be interpreted as an effort to fulfill something or make something adequate (Tjiptono and Chandra, 2005: 195).

According to Oliver (in Barnes, 2003: 64) is a response to customer satisfaction on fulfillment; whereas Kotler (2003: 61) defines satisfaction as feeling happy or disappointed someone who is experienced after comparing the perception of performance or the result of a product with expectations. Some of the most successful companies are currently raising expectations and provide appropriate performance. These companies are heading to TCS-total customer satisfaction (Kotler, 2003: 62). The concept of TCS (Total Customer Satisfaction) stressed the importance of targeted and high or very satisfied satisfaction so that consumers are not easily tempted by another offer.

According Wahyuddin and Muryati (2001: 192) for companies whose insightful customer satisfaction is at the same target marketing tips. There are a variety of tools to track and measure customer satisfaction, the system of complaints and suggestions, customer satisfaction surveys, shopping stealth, and lost customer analysis. According Gummesson (in Tjiptono and Chandra, 2005: 10) emphasizes that service is something that can be exchanged but often difficult physically experienced or perceived. Correspondingly, Kotler (2003: 444) said service is any act or benefits that may be offered by one party to another that is essentially intangible and does not result in the ownership of anything. Its production may or may not be associated with a physical product. There are four characteristics of services that greatly influenced the design of the marketing program, which is intangible, inseparable, variable, and easily lost.

PHC service quality state that is not in accordance with the diharapkan patient, and an expression of lack of patient satisfaction, making researchers interested in conducting scientific studies on the problems of PAKSERV dimensions, the quality of public health services throughout Morowali and satisfaction in terms of the perception of the patient. Where is the quality in terms of satisfaction is everything that is perceived or considered or perceived by a person (the customer). Meanwhile, according to a statement satisfaction Kotler (1997) is the level of one's feelings (customer) after-dingan boasts between perceived performance or results (services received and perceived) as expected. Health development which have been held over the years, has managed to improve public health significantly, although it can not be enjoyed equally by all residents in Morowali who live in remote locations, referred to the islands.

We need to see health center categories based on characteristics of the working area, namely health centers in urban areas, health centers in rural areas, Health centers in remote areas and very remote (Minister Regulation No. 75 of 2014). Interest PHC division on categories of characteristics of the working area with the approach of health care provided corresponding characteristic pattern of local community life, health services provided in accordance with community needs setempat. Kemudian in serving patients who visit the health center space needed health services, room service and medical devices health Center in the first two parts of the room service and medical devices in non-nursing health center, two room service and medical equipment at the health center inpatient (Minister Regulation No. 75 of 2014). PHC workforce minimum standards must be fulfilled by the health center because it is expected that the minimal conditions that PHC can terselenggarakan well, labor standards each health center is 1). Workers in Urban Area Community Health Center; 2). Rural health center personnel in the region; 3). Labor health centers in remote areas and very remote.

Health efforts is any activity or series of activities carried out in an integrated manner the integration and sustainable to maintain and improve public health in the form of disease prevention, health promotion, treatment of illness and rehabilitation of health by the health center responsible for organizing the development in a work area requires support infrastructure facilities and medical devices and effort required courses include: efforts Health Promotion, Health Services Environmental Health efforts mother and child and family planning, community Nutrition improvement efforts, Disease Prevention and treatment efforts.

Geographically, 132 villages bordering the beach, 14 villages located in watersheds / valley, 29 villages on the slopes / hills and 65 villages located in the mainland. Judging from the surface position Morowali region lies on the beach in Gulf waters and Telok Tolo Tomori, as well as other neighborhood located in forest areas and mountain valleys. Population districts Morowali who visited the

health center in Morowali 2014 is 74.358 (65%) of the total population of 114.406, which consisted of outpatients total visits 86.027 (75%) of the total population of the district of Morowali This indicates that there is still a very high society disturbed health. Very high PHC outpatient visits are kaleroang total outpatient visits 38.718 (278%) of the total population of 13.909 inhabitants means that exceeded the actual number of people, perluh in the review of existing health problems in PHC kaleroang.

Data Inpatients in Morowali 2014 total hospitalizations 2,069 (2%) of the total population of 114.406 inhabitants, the highest visit hospitalization was PHC laantula Jaya with a population of 18.181 inhabitants total outpatient visits nginap is 1,201 (7%), total visit the health center was 8.587 (47%) of the population in the region laantula Jaya Puskesmas. the number of hospitalized patients who lowest ginap 24 Pasian (0%) visit a total of 1,229 health centers (9%) of the total population of 14.198 inhabitants in the region Ulunambo. Complaints laantula Jaya district health center staff Morowali internally that umun examination room, the emergency room, the room ASI, health promotion room, pharmacy room, delivery room, postpartum care rooms, indoor action, the inpatient room, the laboratory, sterilization room, indoor children's health and immunization, maternal health room and family planning, oral and dental health room and the whole set of medical equipment of each room is very less so inpatient care attendant what their use medical devices in order for health services in an integrated manner.

Tool tension meter in a health center that serves only one to use some of the clinic at the health center. Complaints about drug-oabatan officer, general medical, essential drugs such as injections, intravenous fluids, local anesthesia is still lacking, drug emergenci (-isdn, wound medications, anticonvulsants supsemlitik) is still lacking at the health center. oral and dental health room and the whole set of medical equipment of each room is very less so inpatient care attendant what their use medical devices in order for health services in an integrated manner. Tool tension meter in a health center that serves only one to use some of the clinic at the health center.

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II. METHODOLOGY

This study is a survey research in the form of explanatory (explanatory research) Analysis of the data in this study using the Partial Least Square (PLS) data used in this study are primary data that data collection is based on a questionnaire with a scale of measurement using a scale of 1-5 liqueur (Strongly disagree - Strongly agree). The total sample population of PHC se Morowali during 2018 was 2,106 people. By using purposive then the sample is calculated according to the following criteria:

- Who come for treatment, hospitalization status.
- Already treated two days or more.
- Understand Indonesian.
- Understand how to fill out a questionnaire.
- Willing to become respondents.

According to the criteria in question, then the sample is drawn broken down as follows:

- PHC Ulunambo many as 10 people,
- PHC Kalerang, no hospitalization,
- PHC Bohodapi many as 40 people,
- PHC Woso many as 45 people,
- PHC Bahonsuai many as 50 people, and
- PHC Lantulajaya many as 95 people.

A total of 195 people respondents, Therefore, based on the description on the background Within this framework, the ultimate goal is to repeat the study visits (go back) patients to seek treatment at the health center. Repeat visits are directly affected by the quality of service that is built on six dimensions according PAKSERV and indirectly through patient satisfaction as an intervening variable. The conceptual framework of this research is described as in figure 1.

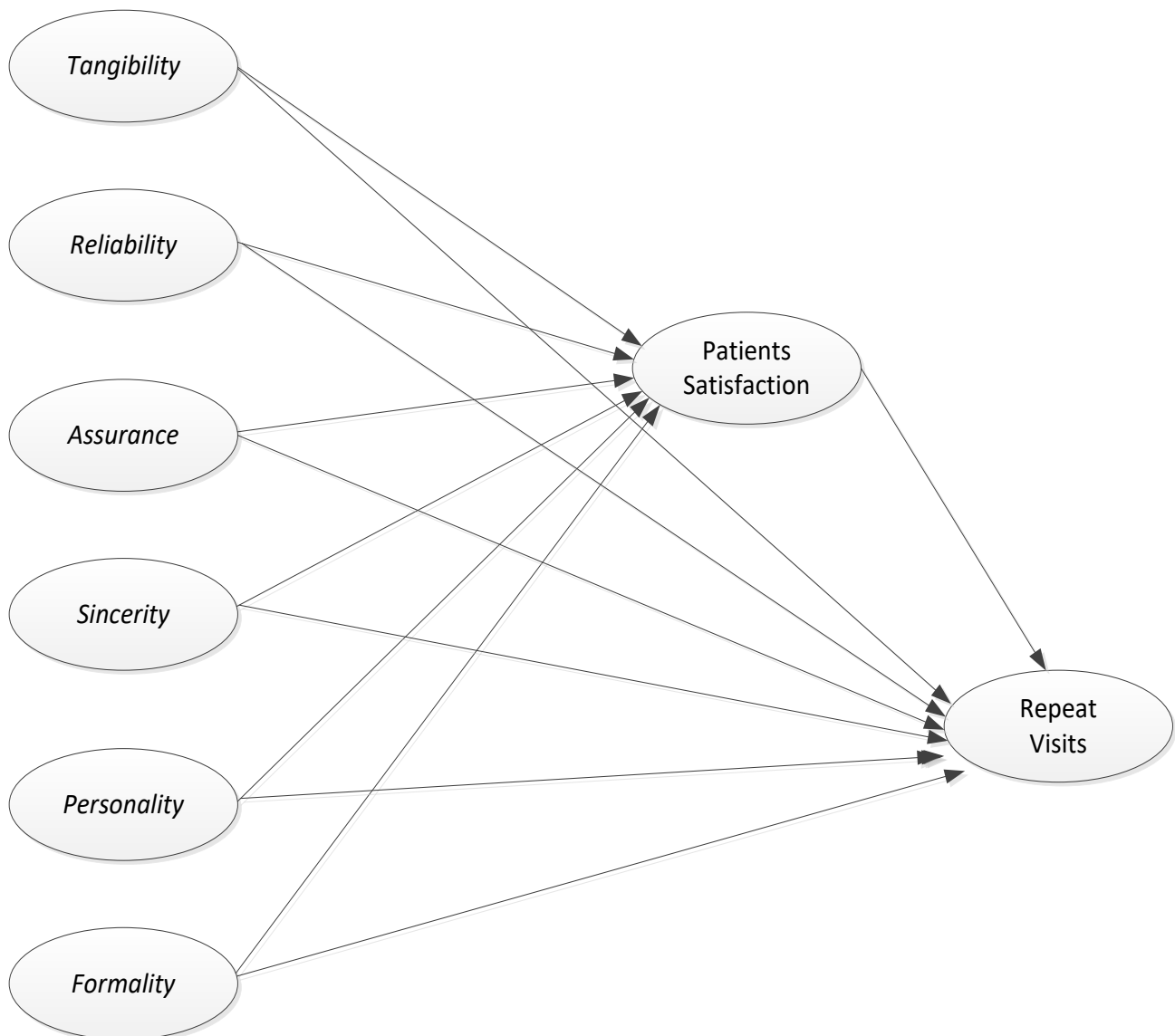


Fig 1:- Research Framework

Questionnaires assisted with some limitations in dimensions and indicators research as described in Table 1 below

variables	Indicator
<i>tangible</i>	<ul style="list-style-type: none"> Physical facilities provided by the hospital management (PHC). Existing physical facilities, conditions and attractive visual appearance Facilities used receptionist dressed Board viewer / user, presenting sufficient information Recording medic every patient is free of errors
<i>Reliability</i>	<ul style="list-style-type: none"> The provision of services as promised by the service provider. The service provided is accurate since the first The services promised to the patient always be filled
<i>assurance</i>	<ul style="list-style-type: none"> Paramedics and medical personnel guarantee to provide good service. Paramedics and medical personnel willing to address the problems faced by patients. Patients feel safe on collateral services provided. Giving an action or service and always according to Standard Operating Procedures have been determined.
<i>Sincerity</i>	<ul style="list-style-type: none"> Paramedics and medical personnel provide the service with sincerity. Paramedics and medical personnel willing to provide the service whenever needed by the patient. Paramedics and medical personnel provide good service regardless of the social status of the patient.
<i>formality</i>	<ul style="list-style-type: none"> Paramedics and medical personnel always appear neatly Paramedics and medical personnel always greeted with a friendly Paramedics and medical personnel always use polite language
<i>Personality</i>	<ul style="list-style-type: none"> Paramedics and medical personnel providing services as needed each patient individually. Paramedics and medical personnel are always willing petrified solve the problems facing each individual patient. The services provided, tailored to the needs of each individual patient. Medical services given as soon as possible to the patients who arrive requested service
<i>patient satisfaction</i>	<ul style="list-style-type: none"> The performance of medical personnel services The condition of the physical facilities The food and menu provided to patients Quality of service administration system Cost Quality information
<i>repeat Visit</i>	<ul style="list-style-type: none"> Urge for healing Impression Satisfactory service affordable Cost Insurance guaranteed maintenance costs Strategic location Support kin Awareness of the importance of health care

Table 1:- The operational definition of variables

III. RESULT AND DISCUSSION

Based on the research results of respondents stated that the dominant health center in Morowali sampled as many as 99 persons were women (50.8%) and the males were 96 people (49.2%). Based on Table 5 from the standpoint of age groups of respondents, then age group above 55 years old have a dominant portion, as many as 77 people (39.4%), age group 15-25 years as many as 44

people (22.6%), age group 26-35 years as many as 29 people (14.9%), age group 37 - 45 years as many as 21 people (10.8%), and the age group of 46-55 years as many as 24 people (12.3%), according to the group education level of respondents, a group of high school education are 87 (44.6%) have a portion of the dominant, followed by junior high school as much as 63 people (32.3%), elementary education group as many as 44 people (22.6%), education S-1 as much as 1 (0.5%). Explanation in Table 2. Shows about the validity and reliability of the test results.

Item	Pearson Correlation	Sig. level	Information
T1	0360		
T2	0877		
T3	0791		
T4	0320		
R1	0834		
R2	0736		
R3	0746		
A1	0406		
A2	0828		
A3	0634		
A4	0247		
S1	0926		
S2	0951		
S3	0950		
F1	0668		
F2	0967	0.00> 0.05	valid
F3	0967		
P1	0748		
P2	0859		
P3	0815		
KP1	0538		
KP2	0694		
KP3	0549		
KP5	0.481		
KP6	0.478		
KP7	0233		
RV3	0333		
RV4	0502		
RV5	0840		
RV6	0.785		
RV7	0.478		
R1	0752> 0.6		
R2	0793> 0.6		
R3	0786> 0.6		
A1	0.680> 0.6		
A2	0649> 0.6		
A3	0622> 0.6		
A4	0743> 0.6		
S1	0.846> 0.6		
S2	0824> 0.6		
S3	0813> 0.6		
F1	0895> 0.6		
F2	0755> 0.6		
F3	0755> 0.6		
P1	0806> 0.6		
P2	0710> 0.6		
P3	0788> 0.6		
KP1	0613> 0.6		
KP2	0602> 0.6		
KP3	0603> 0.6		
KP4	0619> 0.6		
KP5	0672> 0.6		
KP6	0649> 0.6		
KP7	0672> 0.6		
RV3	0748> 0.6		
RV4	0720> 0.6		
RV5	0.636> 0.6		
RV6	0639> 0.6		
RV7	0668> 0.6		

Table 2:- Test Validity and Reliability

Testing feasibility study data and assumptions are described in Table 3 below:

<i>item</i>	<i>Asymp. Sig</i>	<i>Information</i>
Test Simultaneous Equation 1 (Tangible, Assurance, formality, Sincerity, Personality, Reliability → Satisfaction)	0.100 > 0.05	Normal
Test Simultaneous Equation 2 (Tangible, Assurance, formality, Sincerity, Personality, Reliability → Repeat Visit)	0.065 > 0.05	Normal
Test Simultaneous Equation 3 (Satisfaction → repeat visit)	0.073 > 0.05	Normal
tangible	1351 < 10	Non-Mutikol
Reliability	1240 < 10	Non-Mutikol
assurance	1392 < 10	Non-Mutikol
Sincerity	2214 < 10	Non-Mutikol
formality	1451 < 10	Non-Mutikol
Personality	2093 < 10	Non-Mutikol
<i>item</i>	<i>F-Test</i>	<i>Sig. level</i>
Test Simultaneous Equation 1 (Tangible, Assurance, formality, Sincerity, Personality, Reliability → satisfaction)	12 065	0000 < 0:01
Test Simultaneous Equation 2 (Tangible, Assurance, formality, Sincerity, Personality, Reliability → Repeat Visibility)	13,916	0000 < 0:01
Test Simultaneous Equation 3 (Satisfaction → repeat visit)	19 134	0000 < 0:01
<i>item</i>	<i>R</i>	<i>R-Square</i>
Test Simultaneous Equation 1 (Tangible, Assurance, formality, Sincerity, Personality, Reliability → satisfaction)	0527	0278
Test Simultaneous Equation 2 (Tangible, Assurance, formality, Sincerity, Personality, Reliability → Repeat Visibility)	0555	0308
Test Simultaneous Equation 3 (Satisfaction → repeat visit)	0300	0090

Table 3:- Test Data and Test Assumptions Feasibility Studies

Test data analysis that includes the effect of direct, indirect and total effect is described as in Table 4 below:

HP	Exogenous variables	variables intervening	variables endogenous	effect			p-value	Ket
				Direct	indirect	Total		
1	<i>tangible</i>	-	Satisfaction	0374	-	0374	0000	Support
2	<i>Reliability</i>	-	Satisfaction	0072	-	0072	0301	not Support
3	<i>assurance</i>	-	Satisfaction	0303	-	0303	0000	Support
4	<i>Sincerity</i>	-	Satisfaction	0100	-	0100	0281	not Support
5	<i>formality</i>	-	Satisfaction	0454	-	0454	0000	Support
6	<i>Personality</i>	-	Satisfaction	0476	-	0476	0000	Support
7	<i>tangible</i>	-	<i>repeat Visit</i>	-0434	-	-0434	0000	Support
8	<i>Reliability</i>	-	<i>repeat Visit</i>	0020	-	0020	0763	not Support
9	<i>assurance</i>	-	<i>repeat Visit</i>	0037	-	0037	0608	not Support
10	<i>Sincerity</i>	-	<i>repeat Visit</i>	-0022	-	-0022	0807	not Support
11	<i>formality</i>	-	<i>repeat Visit</i>	0192	-	0192	0010	Support
12	<i>Personality</i>	-	<i>repeat Visit</i>	-0249	-	-0249	0005	Support
13	-	Satisfaction	<i>repeat Visit</i>	0300	-	0300	0000	Support
14	<i>tangible</i>	Satisfaction	<i>repeat Visit</i>	-0434	.1122	-0.3218	0001	Support
15	<i>Reliability</i>	Satisfaction	<i>repeat Visit</i>	0020	.0216	0.0416	0313	not Support
16	<i>assurance</i>	Satisfaction	<i>repeat Visit</i>	0037	.0909	.1279	0003	Support
17	<i>Sincerity</i>	Satisfaction	<i>repeat Visit</i>	-0022	.0300	.0080	0292	not Support
18	<i>formality</i>	Satisfaction	<i>repeat Visit</i>	0192	.1362	.3282	0000	Support
19	<i>Personality</i>	Satisfaction	<i>repeat Visit</i>	-0249	.1428	-0.1062	0001	Support

Table 4:- Test the Effect of direct, indirect and total

Noting the data in Table 4, the three-dozen direct effects and the indirect effect six hypothesized, there are twelve lanes significant and insignificant seven lanes. The interpretation of can be explained as follows:

1. Physical evidence (*tangible*) has a positive and significant impact on patients' satisfaction with $p = 0.000 > 0.05$ with a coefficient value of 0374. Therefore the first hypothesis is accepted. These test results indicate that the physical evidence that there is now creating a significant patient satisfaction PHC.
2. Reliability (*Reliability*) has a positive impact on patient satisfaction was not significant with $p = 0.301 > 0.05$ with a coefficient of 0.072. Therefore, the second hypothesis of this study was rejected. These test results show that the reliability of health center patients feel now is not creating a significant satisfaction to those who came for treatment. But the coefficient is positive, so that if the reliability of the service provided by the health center, the better, then the patient will get better satisfaction anyway. Conversely, if the value of reliability in the eyes of the patient's ugly, it is also getting smaller patient satisfaction.
3. Assurance (*Assurance*) has a positive and significant impact on patients' satisfaction with $p = 0.000 > 0.05$. Thus the third hypothesis of this study is accepted. The value of the coefficient is equal to 0303 and is positive. This means, the better the assurance given by the health center, the satisfaction of the patient will be better anyway. Conversely, if the value of the collateral ugly in the eyes of the patient, then the patient satisfaction is also getting smaller.
4. Sincerity (*Sincerity*) has a significant influence on patient satisfaction and positive mathematical marked with $p = 0.281 > 0.05$. Thus the fourth hypothesis of this study was rejected. Coefficient value of 0.100 and this coefficient is positive. This shows that the higher the sincerity serve a patient, then the patient will be more satisfied. Conversely, the lower the level of sincerity to serve patients, then patients come for treatment at the health center will also increasingly dissatisfied.

5. Formalities (formality) has a significant positive effect on patient satisfaction with $p = 0.000 > 0.05$ with a coefficient value of 0.454. Thus this study received the fifth hypothesis. This coefficient is positive so that if the health center formality memorable in serving the patient, then the patient will be more satisfied. Conversely, if the formality the health center serving patients in low, then it would make patient satisfaction also becomes smaller.
6. Personality (Personality) have a significant positive effect on patient satisfaction with $p = 0.000 > 0.05$. Coefficient value of 0.476 and a positive sign. Thus the sixth hypothesis of this study is accepted. Mathematical marked positive coefficient. It menunjukkan indikator jika intensitas aplikasi kepribadian meningkat, kepuasan pasien, semakin baik. Sebaliknya, jika intensitas aplikasi kepribadian menurun, maka kepuasan pasien yang mencari pengobatan di pusat kesehatan juga semakin menurun.
7. Physical evidence (Tangible) has a negative and significant impact on the repeat visit (repeat visits) with $p = 0.000 > 0.05$ and a coefficient of 0.474. Therefore the hypothesis is not fully accepted the seven studies (expected positif, but it is negative). Upon analysis of this coefficient menunjukkan negatif matematis. Ditandai dengan indikator kedua, yaitu: fasilitas fisik yang ada dengan kondisi dan penampilan visual menurut 54.9% pasien tidak baik ke kurang baik, sehingga kunjungan pasien ke pusat kesehatan untuk pengobatan adalah keniscayaan dan tidak ada pilihan lain. Pada dasarnya ketika bukti fisik adalah untuk diperbaiki, maka alasan yang membuat pasien memilih pusat kesehatan untuk pengobatan akan meningkat.
8. Reliability (Reliability) has a positive and significant impact on the reasons for choosing college with $p = 0.763 > 0.05$ with a coefficient of 0.020. Thus the eighth hypothesis of this study was rejected. The coefficient obtained positive matematis menunjukkan bahwa jika kesehatan pusat keandalan meningkat, maka pasien akan menjadi alasan yang baik untuk memilih pusat kesehatan sebagai tempat pengobatan. Sebaliknya, jika keandalan Puskesmas menurun, maka alasan yang membuat pasien datang untuk pengobatan ke pusat kesehatan akan menurun.
9. Assurance (Assurance) has a significant positive effect and not the interest of repeat visits to the health center with $p = 0.080 > 0.05$, with a coefficient of 0.037. Thus the ninth hypothesis of this study was rejected, though not completely. The test results indicate that the guarantee provided the health center can not be directly strengthened the case for re-treatment of patients to the health center. Statistically, if the guarantee is increased, then the reason to go back to the health center for treatment will decrease. Of course in the real world, it is not always like that happens. If the guarantee is increased, then the reason patients choose health center will also increase.
10. Sincerity (Sincerity) have a negative impact and no significant effect on repeated visits to the health center for treatment with $p = 0.087 > 0.05$ with a coefficient value of -0.022. Thus the tenth hypothesis of this study was rejected. The test results showed that the sincerity of Medical Workers and Paramedics determine the sick people desire to make repeated visits to the health center for treatment. If the patient feels insincere serviced by Medical Personnel and Paramedics and they have enough money, then they will be treated to the Regional Hospital in the capital city.
11. Formality has a positive impact and no significant effect on repeated visits to the health center for treatment with $p = 0.010 > 0.05$ with a coefficient value of 0.192, thus the eleventh hypothesis of this study was rejected. The test results on this coefficient indicates that formality a person has no direct effect on the patient's visit to the health center for treatment.
12. Personality (Personality) have a negative and significant impact on a patient's reason for the visit to the health center with a p-value = $0.005 > 0.05$ with a coefficient value of -0.249, thus twelfth hypothesis of this study was rejected. Indikator dari kedua variabel tersebut, yaitu: Power Medical Paramedical and always willing to help solve the problems facing each individual patient is perceived by the patient strongly disagree to disagree as many as 86 people (44.10%). Persepsi ini memicu sehingga koefisien negatif matematis. Dikatakan bahwa jika Kepribadian dan Paramedics Medical Power meningkat intensitas, maka akan memperkuat alasan yang membuat pasien untuk mengunjungi pusat kesehatan untuk pengobatan.
13. Patient satisfaction has positive and significant impact on the patient's visit to the health center for treatment with p-value = $0.000 > 0.05$ with a coefficient of 0.300, thus hypothesis of this study received thirteen. This means that the higher the satisfaction of the patient, then the patient visits to health centers for treatment will increase.
14. Physical evidence has indirect influence on repeated visits to the health center for treatment of patients through patient satisfaction were negative and significant with $p = 0.001 > 0.05$. Thus the hypothesis of this study Fourteenth rejected. The value of total effect of -0.3218. Upon analysis of this coefficient shows a negative matematis menunjukkan bahwa ketika bukti fisik adalah untuk diperbaiki, maka akan cenderung mengurangi kepuasan pasien dan menurunkan kunjungan pasien ke pusat kesehatan untuk pengobatan. Ternyata jika bukti fisik, seperti laboratorium dan radiologi fasilitas diperbaiki, maka tingkat yang dibayar oleh pasien meningkat (tidak sepenuhnya BPJS). Akibatnya kunjungan pasien ke pusat kesehatan untuk pengobatan akan menurun.
15. Reliability has indirect influence on the patient's visit to the health center for treatment through positive patient satisfaction and not significant with p-value = $0.313 > 0.05$ with a coefficient of 0.0416. Thus the hypothesis fifteenth of this study was rejected. However, because the total effect coefficient obtained positive matematis menunjukkan bahwa jika kesehatan pusat keandalan meningkat, maka pasien akan lebih puas dan meningkatkan kunjungan pasien ke pusat kesehatan untuk pengobatan. Sebaliknya, jika keandalan Puskesmas menurun, maka akan mengurangi kepuasan pasien dan

weakening the patient's reason for the visit to the health center for treatment.

16. Guarantees have indirect influence on repeated visits to the health center for treatment of patients through patient satisfaction were positive and significant with $p\text{-value} = 0.003 > 0.05$. Coefficient of influence of a total of 0.1279. Thus the hypothesis of this research sixteenth accepted. The test results indicate that the guarantee provided through the efforts of the health center and thus increasing patient kapuasan will reinforce the reasons patients visit the health center for treatment. The indirect effect of this variable positively increase the total effect.
17. Sincerity has indirect influence on reason revisits the patient to the health center for treatment through patient satisfaction were positive and not significant to reason revisits the patient to the health center for treatment with $p\text{-value} = 0.292 > 0.05$ with the coefficient of influence a total of 0.0080, thus hypothesis seventeenth this study was rejected. The test results on this coefficient indicates that sincerity should be aimed at creating patient satisfaction, and then push the patient's reason for the visit to the health center for treatment. It needs to be taken, because the correlation sincerity and reason patients visit the health center for treatment of patients to negative, but if through patient service satisfaction, the correlation becomes positive. Direct influence of -0.022, its indirect effect by 0.030 so that the effect of the total to 0.008. Thus, statistically, patient service satisfaction variables are significant intervening because of changing negative influence of sincerity towards the patient's visit to the health center for treatment to be positive in total.
18. Formality has indirect influence on the reason for the visit to the health center for treatment of patients through positive patient service satisfaction and significant with $p\text{-value} = 0.000 > 0.05$ with the total effect coefficient of 0.3282. Thus the hypothesis of this study eighteenth received. The test results on this coefficient indicates that formality should be aimed at creating patient satisfaction, and then push the patient's reason for the visit to the health center for treatment. It needs to be taken, because the correlation of Personality and Reason repeated visits to the health center for treatment of patients was positive. Indirect influence of 0.1362, increasing the total effect amounted to 0.3282. Thus, statistically,
19. Personality has indirect influence on the reason for the visit to the health center for treatment of patients with negative patient service satisfaction and the $p\text{-value} = 0.001 > 0.05$, the total effect coefficient of -0.1062. Thus the nineteenth hypothesis of this study was rejected. A direct impact on the patient's reason for the visit to the health center for treatment are negative, amounting to -0.249. Indirect influence 0.1428 -0.1062 so that the total effect. In connection with this, the Personality should be directed to establish patient service satisfaction first. Through patient satisfaction, will improve the patient's reason for the visit to the health center for treatment. Statistically.

IV. DISCUSSION

Testing of instruments research shows that the patient's perception of the dimension of the physical evidence can be interpreted that the respondents provide an assessment of average to good. This means that the respondents understand the indicators of the variable in question. Indicators of the highest form dimensions of physical evidence is the statement "Record medic every patient is free from error" (fourth indicator, the average score of 3.99), while the statement "The physical facilities that exist with the condition and its visual appearance attractive" (the second indicator, the average score 3:43) has the lowest average value. Testing the hypothesis in Table 4 show that physical evidence have positive influence is not significant to the student satisfaction. It is statistically based on the probability of values, where the $p\text{-value} = 0.000 > 0.05$. The results of this study showed that the existing physical evidence has now been able to create satisfaction in patients with PHC. These findings concur with those of Agnes Sumantini (2010), which states the patient is generally satisfied with the availability of the facilities available. This is relevant to the findings of Parasuraman et al., (1991); Owlia and Aspinwall (1998); Sohail and Saikh (2004), which says a thing can not be denied that the appearance of the building and the physical facilities of interest can affect the motivation of customers (patients) for treatment of health care facilities are concerned. Research Asih (2004) research dihasil get results: 1). Management commitment not significantly affect the quality of health services and the performance of health centers. 2) Competence employee health centers had no significant influence on the performance of health centers. 3) The process of internal services not significantly affect the quality of service, while the internal service processes significantly affect the performance of health centers. 4) The quality of service does not significantly affect the internal customer satisfaction while service quality significantly affect the external customer satisfaction. 5) The performance of health centers significantly influence the internal customer satisfaction, but has no effect on satisfaction pelanggan. Berdasarkan above analysis, it is worth if the respondents are satisfied with the physical evidence, because the physical evidence is in place adequate research perceived by the respondents.

Of testing instruments research shows that the perception of the dimension of reliability could mean that the patient gives a good value / importance. This means that patients understand the indicators of the variable in question. The highest indicator of forming the dimensions of reliability is the statement "the service provided was accurate since the first", while the statement "the promised service to the patient always be filled" has the lowest average value. The patient's response mengidikasi the effect that medical personnel and paramedics often provide medicine and treatment services as promised earlier. This could be due to their limited manpower in the health centers, especially the remote location. From the hypothesis testing showed that reliability has a positive effect not significant to the patient's satisfaction. The

results of this study showed that the reliability of Power Medical and Paramedics have not been able to create satisfaction in patients. This finding contrasts with the results Asih (2004) presented in the foregoing description that states that the quality of service in which there are dimensions of reliability influence on patient satisfaction in the health center. Moreover, these results also differ from research conducted by Taylor (1994) which states that the quality of the care provided and the level of patient satisfaction began to emerge as the core of the many strategies in health care, especially the reliability of infrastructure and medical personnel to achieve a competency different in health care services more competitive. Under the health care literature, service quality and patient satisfaction is always accompanied by the unreliability of the health care workers to mengendalikannya, execute, and control the service strategy effectively. Facts in the study showed that the frequency response of 585, there were 572 respondents (97.78%) agreed to be the business realizing the dimensions of reliability of this health center. There are only eight frequencies less agree with the statement that the health center failed to provide reliable services. This indicates that there are patients in need of medical personnel and paramedics can be timely in providing the service. 78%) agreed to be the business realizing the dimensions of reliability of this health center. There are only eight frequencies less agree with the statement that the health center failed to provide reliable services. This indicates that there are patients in need of medical personnel and paramedics can be timely in providing the service. 78%) agreed to be the business realizing the dimensions of reliability of this health center. There are only eight frequencies less agree with the statement that the health center failed to provide reliable services. This indicates that there are patients in need of medical personnel and paramedics can be timely in providing the service.

Perceptions of assurance dimensions mean that the respondents gave good value / importance. This means that patients who responded to understand the indicators of the variable in question. Indicators of the highest form assurance dimension is the statement: Skilled paramedics and medical guarantee to provide good services, while the statement: Skilled paramedics and medical willing to solve the problems facing patients had the lowest average value. The positive influence on patient satisfaction guarantee dimension is reflected in the positive value of standardized regression weight. That is, if the dimensions of collateral increases, patient satisfaction will also increase. Conversely, if the dimensions of collateral drops in intensity, then the patient satisfaction will also be decreased. The results consistent with the results of research conducted by Camilleri and O'Callagan in 1998 results of this study show that private hospitals offering high quality services, in particular the reliability of the service. Study methodology and questionnaire design concept becomes the basis for the application of SERVQUAL method to measure the impact of service quality on patient satisfaction in hospitals.

From the testing instrument research shows that the perception of the dimension of sincerity can be interpreted that respondents gave good value / importance. This means that the respondents understand the indicators of the variable in question. The highest indicator of sincerity dimensional form is a statement of "Power paramedics and medical service whenever needed by patients", while the statement of "Power paramedics and medical providing good service and regardless of the social status of the patient" has the lowest average value. Supposed to serve and sincere statement did not see the social status of patients dominant in shaping the quality of service to patients. The fact it has an impact on the results of the research hypothesis testing in Table 4 which shows insignificant. The results of this study showed that sincerity that there is now able to create satisfaction in patients, even small and insignificant. This finding is consistent with the development of the concept of SERVQUAL by Raajpoot (2004), called the concept PAKSERV (Pakistan Service Quality) where Raajpoot enter the dimensions of sincerity (sincerity) in measuring service quality. The results show that the dimensions of sincerity have a positive effect on satisfaction. His findings explain that the dimensions of sincerity / sincerity in accordance with the culture of the South African blacks and embraced Islam. Saunders (2008) also found that sincerity but not significant positive effect on customer satisfaction. In addition to the above two researchers, This study is also consistent with the results of research Khairil Aswan (2013) which states that honesty / sincerity is able to positively influence loyalty. This indicates that respondents require good communication between Medical Personnel and Paramedics with patient and friendly attitude.

Testing research data shows that the patient's perception of the personality dimensions of Medical Workers and Parametric give good value / importance. This means that the respondents understand the indicators of the variable in question. Indicators of the highest form of personality dimensions is the statement "The services provided, tailored to the needs of each individual patient," while the statement "Paramedics and Medical Personnel was always willing to help solve the problems facing each individual patient" has the lowest average value. The results of this study showed that existing personality able to create satisfaction in students. This finding is consistent with research Stephan Graham Sander, Raajpoot and last research conducted by Kashif M. (2016). Research conducted almost similar Kashif Researchers conducted, where Kashif examined at three universities in Pakistan with a variety of different cultural backgrounds. As a result, the dimension of personality has a positive influence terhadap customer satisfaction, in this case the patient satisfaction. By him, a paramedic and Medical Power is expected to increase his personality in providing services for the results that have been achieved, can be increased again in the future. Of testing research data shows that the perception of the dimension of the formalities can be interpreted that respondents gave good value / importance. This means that the respondents understand the indicators of the variable in question. The highest indicator of

formality dimensional form is a statement of "Power paramedics and medical clicking polite language use", while the statement "The paramedics and medical power always look and neat" has the lowest average value. The results of this study showed that the formalities are now able to create satisfaction inpatient care at the health centers studied. This study is in line with research conducted by Stephan Graham Sander, (2008), Raajpoot (2004) and Kashif M. et al (2016). The results of the above three researchers confirms the positive influence on satisfaction dimensions formality. By him, a paramedic and Medical Power is expected to increase the dimensions of formality owned in providing services for the results that have been achieved, can be increased again in the future. In order to strongly disagree that can already be eliminated.

Effect of physical evidence against repeat visit (revisited) mean that the respondents gave good value / importance. This means that the respondents understand the indicators of the variable in question. The coefficient is negative effect implies that if the physical evidence provided complete treatment facilities, will impact the patient's decreased its interest to revisit to the health center for treatment. The experience of patients, health centers equipped with modern tools that the costs to be paid to be expensive. Those who have enough money prefer to seek treatment to the Regional Hospital in the capital district or province. This phenomenon is the reason, why in deciding to re-visit in the clinic to a negative correlation. But indirectly, through patient satisfaction, The effect is positive. Coefficient indirect effect by 0.112 and with a p-value of $0.001 > 0.05$. Despite this positive indirect effect, but because the value is less than its direct effect, the effect of total physical evidence against repeat visit still negative, amounting to -0.3218. However, the intervening variables patient satisfaction have improved the total effect (reducing the negative effects). Thus, it should Personnel Paramedical and Medical directs its services to create patient satisfaction, and then encouraged to visit again in an effort to treat his illness clicking. Facts in the study indicate that the completeness of the tools of modern health care to the attention of the patient. But they hope that the cost of treatment does not increase sharply. Even those patients hope that all the costs of such treatment can be paid for through Medicare or BPJS. Furthermore, physical evidence empirically seen directly by the naked eye is a major concern of patients and after finding out that the health centers already have sophisticated equipment, they are encouraged to come for treatment. For the physical appearance and the availability of supporting facilities, good health care (advanced) become so important in the eyes of the patient.

Referring to the results of the analysis of data on the effect of reliability to repeat visit (revisited) for treatment in health centers acquired: (a) the direct effect positive but not significant. Due to the indirect influence coefficient is positive, then the total penaruh reliability against repeated visits increased to 0.0416). This means intervening variable patient satisfaction making a positive contribution to the total effect. These results are not in line with the results of

research conducted by Jamaluddin and Djabir (2010). One conclusion states that the cost of services associated quality of service turns positive and significant impact on the image of the institution (in this case Puskesmas) and be a driving force to the patient to keep coming to the health center for treatment. This indicates that the element of quality in the world of services, including health services, a key consideration in the decision. That is, when patients want quality treatment, then even if health care costs to be incurred is quite expensive, as long as still within the bounds of reasonableness, the costs referred to tend to be understood. This study is not in line with research conducted by Rizki (2014). Rizky concludes that the reliability provide a positive and significant influence decision terhadap choose service facilities. all still within the bounds of reasonableness, the costs referred to tend to be understood. This study is not in line with research conducted by Rizki (2014). Rizky concludes that the reliability provide a positive and significant influence decision terhadap choose service facilities. all still within the bounds of reasonableness, the costs referred to tend to be understood. This study is not in line with research conducted by Rizki (2014). Rizky concludes that the reliability provide a positive and significant influence decision terhadap choose service facilities.

Hypothesis testing shows that have a direct impact positively guarantee that no significant effect on repeated visits to the health center for treatment. This coefficient shows that the guarantee provided the health center can not directly strengthen the patient's visit. But indirectly, through Patient Satisfaction there is a significant positive effect. Thus this patient satisfaction variables increase the total effect terha guarantee re-dap patient visits to health centers for treatment. The total influence becomes 0.128 (12.8 percent). This finding contrasts with Munjiati Munawaroh (2000), as well as with research SM Irfan et al (2012), in which the two-dimensional assurance of the research has a significant influence in the construct / service quality model. The findings in the research area shows that the customer, in this case the patient, tend to pay attention to a form of guarantee that empirically observable and easily evaluated. Meanwhile, to the things unseen requires a new interaction can be felt. This is the reason why no significant direct guarantees to give effect to the reason for the visit to the health center patients to seek treatment. Not unlike the assurance dimension, the dimension of sincerity also requires interactions to be perceived directly. Sincerity is a process that is difficult to assess objectively quickly. Rather it should be understood through the interaction. However, recognition of the sincere services Paramedical and Medical Workers became the pride both by the general public as well as patients themselves. By him therefore, Patient satisfaction is a positive feeling usage of health care services during use or after use of the services in question. In this case the services are health care services at the health center. Patients who experience a mismatch between expectations with actual performance of services or products it is concerned is in a state not satisfied. Patients who experience dissatisfaction that would have a negative

impression to the service institution. Instead patients who are in the condition, which is felt to equal or exceed that expected to experience the satisfaction.

V. CONCLUSION

Patient satisfaction as an intervening variable showed significant significance in this study. It is said that, because of Patient Satisfaction enlarge the influence of exogenous variables on endogenous variables. Effect of tangible dimension directly have a negative influence on the patient's visit to the health center. But indirectly (through patient satisfaction) negative effect is reduced because the indirect effect is positive. Effect of hospitality (sincerity) to re-visit is negative and insignificant. But through patient satisfaction into a positive and significant impact. Thus, in creating a memorable health care health centers in the study site, the Medical and Paramedics should strive to first create patient satisfaction.

PAKSERV approach to measure the impact of the quality of public health services to client satisfaction in the District Moroawali, through this research can be proven accurate. All PAKSERV dimensions, namely: Tangible, Reliability, Assurance, Sincerity, formality and Personality proven to contribute positively to the establishment of service quality and positive effect on patient satisfaction. This is in line with the findings of the Sounders that PAKSERV not feasible in cultured western countries and have different beliefs in western countries, are Muslim. Sincerity (sincerity) and formalities (formality) negatively correlated with repeated visits (repeat visit) patients to the health center for treatment. It was out of order. Both of these dimensions should be positively correlated with the patient's visit to the health center, so if sincerity and kerteukaan Power Medical and Paramedics increases, the interest of the patient to re-visit for treatment also increased. The negative correlation triggered by the patient's perception that the Power of Medical and Paramedics tend to be introverted and less willing to patiently listen to the complaints of the patient. That tends to happen when they are busy with many patients who come for treatment. Things changed for the better if the service is directed to attempt to satisfy the patient first. However Electric Medical and Paramedics must show friendly behavior, mem-open ourselves to patiently listen to the complaints of the patient. In this way, patients will assess Labor Paramedics Medical and sincere in providing services hence the interest of patients to make repeat visits for treatment also increased. The negative correlation triggered by the patient's perception that the Power of Medical and Paramedics tend to be introverted and less willing to patiently listen to the complaints of the patient. That tends to happen when they are busy with many patients who come for treatment. Things changed for the better if the service is directed to attempt to satisfy the patient first. However Electric Medical and Paramedics must show friendly behavior, mem-open ourselves to patiently listen to the complaints of the patient. In this way, patients will assess Labor Paramedics Medical and sincere in providing services hence the interest of patients to make

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The findings of this study stated that the dimensions of reliability, sincerity no significant effect on patient satisfaction. This result is contrary to the findings of previous researchers. Although both dimensions were not able to improve patient satisfaction, does not mean that the previous theory is not relevant for use increase patient satisfaction. This misalignment is caused by a lack of attention to the health center to determine the priority needs of the service to the patient, and the need for facilities and infrastructures nurse's high-tech health. Other findings in this study stated that patient satisfaction affects the patient repeated visits to the health center for treatment. This is in line with the findings of previous research.

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