

PATIENTS SATISFACTION ANALYSIS OF PRIMARY HEALTHCARE SERVICE QUALITY IN BONDOWOSO, INDONESIA

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ABSTRACT

Indicators of efficiency and quality in healthcare often include patient satisfaction with the care they received. Health managers and policymakers may benefit greatly from the information gleaned from patient satisfaction surveys when conducting analyses of the existing state, awareness, quality, and quantity of process improvement initiatives and quality improvement. Improving patient satisfaction and providing patient-centered care relies heavily on meeting and even exceeding patients' expectations of the health care they get. There is still limited data about patients' satisfaction and service quality in Bondowoso's Primary Health Care. Therefore, this study was made to measure patients' satisfaction toward service quality in Bondowoso's Primary Healthcare. This is quantitative cross-sectional primary research. The data was collected using a questionnaire with 22 pairs of questions (organized in two aspects of service importance and performance) in 5 dimensions of tangibility, reliability, responsiveness, assurance and empathy. The importance-performance analysis (IPA) was used to determine the weaknesses of service quality and prioritizing the aspects requiring improvement. Data was collected at Primary Health Care Raider 514 Bondowoso from February to March 2023. Samples were filtered with several inclusion criteria based by age, residence, and their status as a patients in Primary Health Care Raider 514 Bondowoso. From 72 respondents, 54.2% (n=39) was Male, 81.9% (n=59) age were under 46 years old, 37.5% (n=27) had university degree, and 65.3% (n=47) were employed. The result of IPA showed that the Assurance in the Q I (concentrate here), and reliability and responsiveness in the Q II (keep up the good work). tangible in the Q III (low priority), empathy was located in the Q IV (possible overkill). According to our findings, assurance was an aspect which was prioritized for improvement. A more comprehensive operational standard could improve assurance. Results are limited only to 1 primary health care site from February to March 2023 and limited to first level health facility patients only.

Keywords : patient satisfaction, service quality, primary healthcare, importance-performance analysis

ABSTRAK

Indikator efisiensi dan kualitas dalam perawatan kesehatan sering mencakup kepuasan pasien dengan perawatan yang mereka terima. Manajer kesehatan dan pembuat kebijakan dapat memperoleh manfaat besar dari informasi yang diperoleh dari survei kepuasan pasien ketika melakukan analisis keadaan yang ada, kesadaran, kualitas, dan kuantitas inisiatif peningkatan proses dan peningkatan kualitas. Meningkatkan kepuasan pasien dan memberikan perawatan yang berpusat pada pasien sangat bergantung pada pemenuhan dan bahkan melebihi harapan pasien terhadap perawatan kesehatan yang mereka dapatkan. Masih terbatasnya data tentang kepuasan dan kualitas pelayanan pasien di Layanan Kesehatan Primer Bondowoso. Oleh karena itu, penelitian ini dilakukan untuk mengukur kepuasan pasien terhadap kualitas pelayanan di Primary Healthcare Bondowoso. Ini adalah penelitian primer cross-sectional kuantitatif. Data dikumpulkan menggunakan kuesioner dengan 22 pasang pertanyaan (disusun dalam dua aspek kepentingan layanan dan kinerja) dalam 5 dimensi tangibilitas, reliabilitas, daya tanggap, jaminan dan empati. Analisis penting-kinerja (IPA) digunakan untuk menentukan kelemahan kualitas layanan dan memprioritaskan aspek-aspek yang memerlukan perbaikan. Data dikumpulkan di Puskesmas Raider 514 Bondowoso dari Februari hingga Maret 2023. Sampel disaring dengan beberapa kriteria inklusi berdasarkan usia, tempat tinggal, dan statusnya sebagai pasien di Pelayanan Kesehatan Primer Raider 514 Bondowoso. Dari 72 responden, 54,2% (n = 39) adalah Laki-laki, 81,9% (n = 59) usia di bawah 46 tahun, 37,5% (n = 27) memiliki gelar sarjana, dan 65,3% (n = 47) bekerja. Hasil IPA menunjukkan bahwa Assurance dalam Q I (berkonsentrasi di sini), dan keandalan dan daya tanggap dalam Q II (keep up the good work). nyata di Q III (prioritas rendah), empati terletak

di Q IV (kemungkinan berlebihan). Menurut temuan kami, jaminan adalah aspek yang diprioritaskan untuk perbaikan. Standar operasional yang lebih komprehensif dapat meningkatkan jaminan. Hasil dibatasi hanya untuk 1 situs perawatan kesehatan primer dari Februari hingga Maret 2023 dan terbatas pada pasien fasilitas kesehatan tingkat pertama saja.

Kata kunci : kepuasan pasien, kualitas pelayanan, layanan kesehatan primer, analisis penting-kinerja

INTRODUCTION

Patient satisfaction has been a popular term in health service in the last few decades. Evaluating patient satisfaction with health services allow some positive changes in the quality of healthcare delivery by identifying problems. Patients' reflections towards the health service's quality could improves management and health professionals' behaviors (Batbaatar *et al.*, 2015). Also, it could be important for public policy analysts, healthcare managers, practitioners and customers. In many instances when investigators claim to be measuring satisfaction, more general evaluations of healthcare services are being undertaken (Crow *et al.*, 2002).

In the consumer satisfaction literature, satisfaction is commonly defined by a consumer subjective judgement of their expectation and the actual experience of the product/service (Batbaatar *et al.*, 2015). Patient satisfaction is a cognitive response that is influenced by various factors. Evaluating patient satisfaction by determining factors affecting satisfaction, fulfilling patients need, and eliminating dissatisfaction sources could enhance service level and will result in the increase of patient's satisfaction (Ng and Luk, 2019). From the previous research, patient's satisfaction is related to improvement of their physical and mental health; and the aim of health system which is promotion of care quality is achieved (Farzianpour *et al.*, 2015). Several studies have been conducted in different countries to examine patient satisfaction from different points of view. These points of view including patients' access to services, knowledge of service, first encounters with the health staff, hospitalization waiting time, treatment from the medical personnel, including doctors and nurses, and payment. Even in a study, the role and importance of welcoming the patients in their first admission hospital was investigated and it was found that appropriate initial treatment at the hospital helps eliminating stress and fear and increase patient satisfaction (Peters *et al.*, 2007).

Results of patient satisfaction surveys allow health care providers to identify service factors that need to be improved. It also enables policy makers to understand patients' needs and, consequently, to make strategic plan for effective and higher quality services. On the other hand, higher patient satisfaction with health care services changes patients' behavioral intentions, such as compliance with doctor's recommended treatment and appointments to follow-up, which results in better health outcomes and recommendations of the service to others (Batbaatar *et al.*, 2017).

Previous research suggested that customers will feel satisfied if they get good service as they expected, which means that service quality adds patient satisfaction. (Lestariningsih *et al.*, 2018). This statement was supported by another previous research that established that high-quality services provide several benefits, including customer satisfaction (Syah and Wijoyo, 2021).

Parasuraman *et al.* (Parasuraman *et al.*, 1991) have developed a service quality model that can frequently be used in healthcare service quality measurement called Servqual. Servqual is a model based on the gap model comparing expectations of clients before receiving the services and perceptions of service quality after receiving the services. According to the Servqual model, there are five dimensions/factors to assess the perceived service quality: 1) reliability; 2) tangibles; 3) responsiveness; 4) assurance; 5) empathy.

Reliability depicts whether a service supplier follows assured promises and how precise it is in the actions. The significant importance lies in fulfilling promptly the patients' requests. Reliability reflects the service provider's ability to perform service dependably and accurately (Parasuraman *et al.*, 1991). It includes doing the right things and as for the patients it is one of the most significant dimensions. In detail, reliability implies that the organization conveys on its guarantees about conveyance, service supply, issue determination and pricing policy (Ali *et al.*, 2021).

Responsiveness - refers to the organization's readiness to settle issues and availability to provide fast service (Parasuraman *et al.*, 1991). It is important to respond to all patients' requests, otherwise the request can turn into a complaint. Service suppliers' capability to ensure that they provide patients with a proper service on time is a basic part of service quality for major patients. This dimension underscores mindfulness and immediacy in managing patients' appeals, questions, complaints and other issues (Ali *et al.*, 2021).

Responsiveness is conveyed to clients by the length of time they need to wait for the reply for inquiries. Responsiveness likewise catches the idea of adaptability and capability to adjust the service based on client's needs. Front-line staffs, like receptionists, waitress, hostess, public relation, have to be very well trained as well as should be responsive towards patients (Ali *et al.*, 2021).

Assurance indicates the knowledge and courtesy of employees and their ability to inspire trust and confidence (Parasuraman *et al.*, 1988). It is important for the hospitals to prove that they could be trusted and worth the money. The guest should feel safe when they were being served by the hospital. Also based on another study, patients should feel safe in all financial transactions, therefore employees should be trustworthy. This dimension is especially critical for services that perceived being hazardous by the patients (Ali *et al.*, 2021).

Empathy depicts proper communication skills and job knowledge while offering related services. Ability to have be a good communicator, understanding patients and giving individualized attention has been discussed. The point of empathy is imparted through customized service that shows that clients are unique. It is very important to the hospital's guest to feel that their needs are understood by the hospitals. They appreciate when a frontline staff calls them by name, this in turn build up relationship between patients and an employee (Ali *et al.*, 2021).

To examine service quality, IPA matrix analysis was used. It's a useful managerial tool that builds on the extension of the path analyses by adding an additional dimension namely "performance" based on the mean values of the latent variables. The matrix contrasts the importance (structural model total effects) and the performance (latent variable's mean values) to highlight important areas for managerial actions or improvement. In the context of the present study, the matrix analysis allowed for prioritizing the antecedent variables to improve patient satisfaction. Specifically, the management should be able to identify the determinants of patient satisfaction that need to be improved as well as those that are consuming way too much resources (Hair Jr *et al.*, 2021).

The research conducted in Primary Health Care Raider 514 Bondowoso, Indonesia due to the lack of research about service quality and funding, An underfunded health facility tends to have problem with fulfilling the adequate service for the patients (Ali *et al.*, 2021).

METHODS

This is descriptive analytic research with a cross sectional approach. The cross-sectional approach is a study that examine the relationship between risk factors (independent) and effect factors (dependent). Patients' satisfaction with service quality was the studied variables. Patients satisfaction is defined as perceived happiness or disappointment the patient felt after

receiving health service products by comparing the perceived performance or results with the patient's needs and expectations. Service quality is defined as the ability of a company to meet consumer expectations by providing services to consumers during and after the transaction takes place.

22-item Service Quality (SERVQUAL) scale (Parasuraman *et al.*, 1988) was used to collect data from the respondents using the bahasa Indonesia version of the scale (α ; 0.92) (Tebai *et al.*, 2017). The scale contains 5 dimensions: tangibility, reliability, responsiveness, assurance and empathy with 5 points Likert scale (Really Disagree-Really Agree). The Likert scale measures attitudes, opinions, and perceptions of people or groups about the services provided. The variables measured by the Likert scale are converted into variable indicators. Later, these indicators are used as a starting point for elaborating the elements of the instrument, which can be in the form of questions or statements (John W. Creswell, 2009). Higher score in the measurement meant better service quality that perceived by patients.

Population in this study are patients from Primary Health Care Raider 514 Bondowoso Indonesia. Sample was selected with several inclusion criteria: 1) They are a patient in Primary Health Care Raider 514 Bondowoso Indonesia 2) Literate 3) Willing to fill out a questionnaire or willing to be a respondent 4) older than 17 years. Sample was taken from February to March. To collect the data, the questionnaire was distributed directly to the respondents. Before filling the questionnaire, the respondents were given a briefing and a form of consent.

The data in this study were analyzed by using Importance Performance Analysis (IPA). IPA matrix from Martilla & James (Martilla and James, 1977) will be used as a tool to examine patients' satisfaction toward dimension of service quality in Bondowoso's Primary Healthcare by comparing expectation and service reality perceived by patients. IPA matrix usually used to measure service quality in various fields (Ennew *et al.*, 1993; Matzler *et al.*, 2003). In this method, the dimensions will be categorized in for quadrants: 1) concentrate here 2) keep up the good work 3) low priority 4) possible overkill. The figure illustrates the matrix:

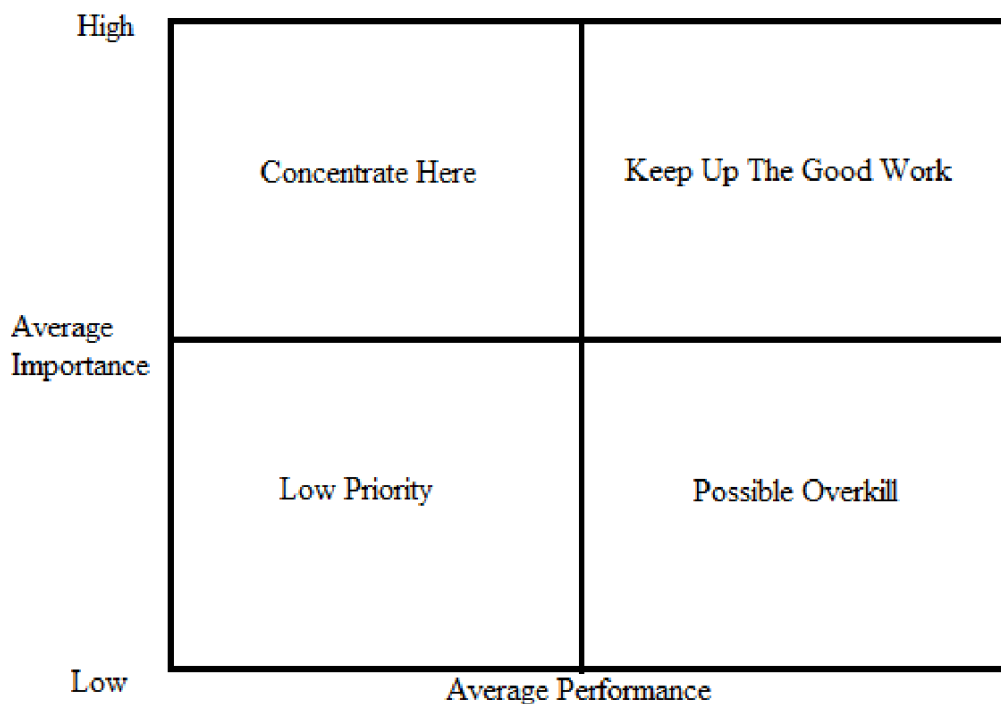


Figure 1. Service Quality IPA Matrix

First Quadrant shows factors or attributes that are considered to affect customer satisfaction, including elements of services that are considered very important, but management has not implemented it according to customer wishes. Considered very important and unsatisfactory; Second Quadrant shows the essential service elements that have been successfully carried out by the company, for which it must be maintained. Considered very important and very satisfying. Third quadrant shows some of the less important factors for the customer, its implementation by the average company. Considered less important and less satisfying. The last quadrant (exaggerated) shows the factors that influence customers is less important, but the implementation is excessive. Considered less important but very satisfying (Matzler *et al.*, 2003). Individual consent was obtained from patients before filling the questionnaire.

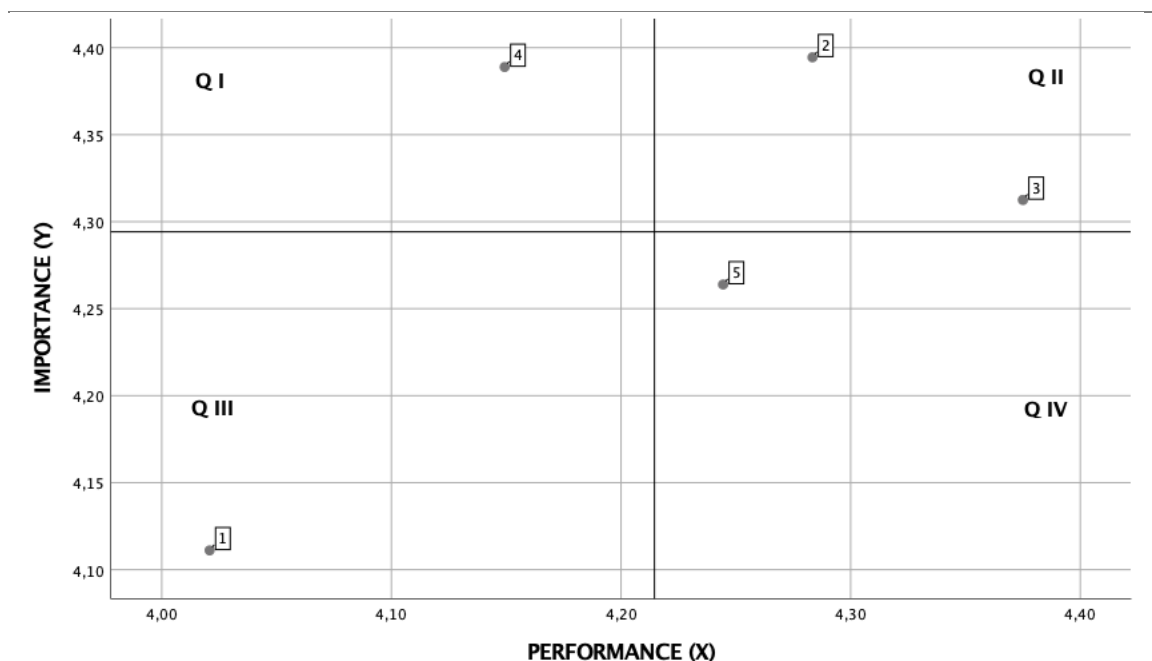
RESULTS

From 72 respondents, 54.2% (n=39) was Male, 81.9% (n=59) age were under 46 years old, 37.5% % (n=27) had university degree, and 65.3% (n=47) were employed. The criteria for subjects were 1) They are a patient in Primary Health Care Raider 514 Bondowoso Indonesia 2) Literate 3) Willing to fill out a questionnaire or willing to be a respondent 4) older than 17 years.

Table 1. Demography Table

Demography	Category	Frequency	Percentage
Gender	Male	33	45.8%
	Female	39	54.2%
Age	<46 years old	59	81.9%
	≥46 years old	13	18.1%
Job	Employed	47	65.3%
	Unemployed	25	34.7%
Education	Elementary-High School	45	62.5%
	College	27	37.5%

Figure 2. IPA Matrix For Service Quality Dimensions



From the table, it was found that the majority of the respondents are Male (54.2%), younger than 46 years old (82%), employed (65.3%). After distributing questionnaires and calculating the data, we found that the mean score of importance and performance were 4.29 and 4.21, the service quality has fulfilled 98.1% of patients' expectation. Cartesian diagram is built by using SPSS and could be seen in figure.

Table 2. Patients Satisfaction Dimensions and Their Quadarant

Dimensions	Quadrant	Gap Score
Assurance	I	-0.23
Reliability	II	-0.11
Responsiveness	II	0.06
Tangible	III	-0.08
Empathy	IV	-0.03

The result of IPA matrix analysis showed that the, Assurance in the QI (concentrate here), and reliability and responsiveness in the Q II (keep up the good work). tangible in the Q III (low priority), empathy was located in the Q IV (possible overkill).

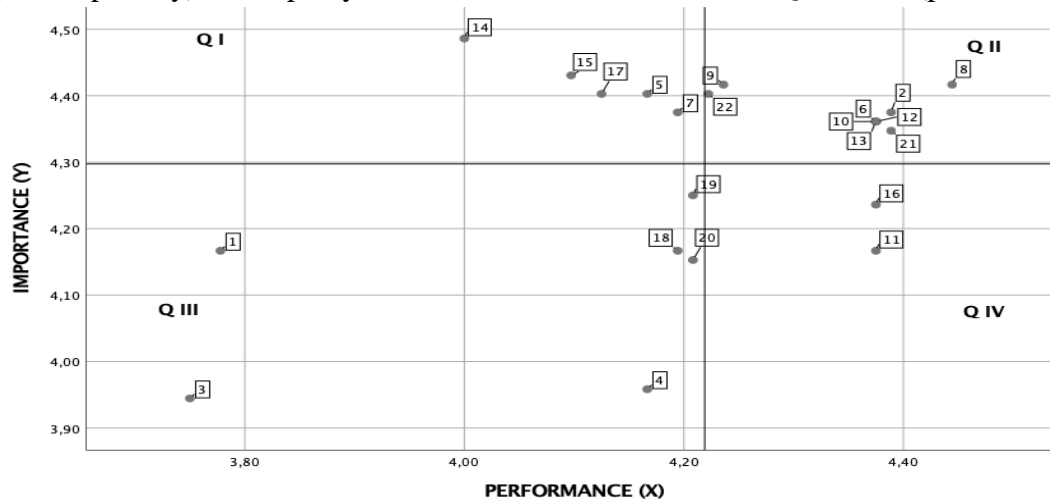


Figure 3. IPA Matrix for Service Quality Items

Table 3. Items Based on Their Quadrant Placement

Item in Quadrant 1		
Item Number	Item Description	Gap Score
5	Medical personnel provide thorough and timely service	-0.22
7	The nurse tells the complete type of disease, how to treat it and how to take the medicine	-0.19
14	Doctors have the ability and knowledge to determine a patient's diagnosis well enough, so they are able to answer patient questions confidently	-0.50
15	Medical personnel have patient medical records	-0.34
17	Doctors serve with reassurance so that patients feel safe	-0.24
Item in Quadrant 2		
2	The hospital has comfortable rooms, toilets, enough water, and good air ventilation	0.01
6	Medical personnel and other officers help if there are patient problems	0.02
8	Medical personnel provide information to patients before services are provided	0.01
9	Medical personnel are willing to respond to patient complaints	-0.16
10	Responsive nurses serve patients	0.01

12	Medical personnel take action quickly and precisely	0.01
13	The medical staff performs the procedure according to the procedure	0.01
21	Doctors listen to patient complaints and provide solutions in consultations	0.03
22	Nurses are polite and friendly	-0.18
Item in Quadrant 3		
1	The hospital building looks beautiful and clean	-0.38
3	Hospital has complete equipment	-0.19
4	Appearance of medical personnel clean and neat	0.26
18	Doctors provide adequate service time to patients	0.02
19	Nurses provide services according to patient needs	0.04
20	The nurse pays close attention to the patient	-0.01
Item in Quadrant 4		
11	Medical personnel receive and serve well	0.09
16	Medical personnel are nimble and respectful of patients	0.18

From the table, it was discovered that 5 items are on the first quadrant (concentrate here), 9 items are on second quadrant (keep up the good work), 6 items are on third quadrant (low priority), and two items on the fourth quadrant (possible overkill). From IPA matrix, not all aspects that have negative gaps are a priority for improvement.

DISCUSSION

This study delivers evidence regarding patients' satisfaction toward service quality in Bondowoso's Primary Healthcare. First, it was found that the service quality has fulfilled 98.1% of patients' expectation. Fulfilled expectations tends to end in patient's satisfaction (Fatima *et al.*, 2018). This gives an indication of a good standard of care and the fulfillment of the standards within the Bondowoso's Primary Healthcare. From the patients' perspective, the fulfillment of expectation could result in trust and loyalty (Fatima *et al.*, 2018). The result of IPA matrix analysis showed that the, Assurance in the QI (concentrate here), and reliability and responsiveness in the Q II (keep up the good work). tangible in the Q III (low priority), empathy was located in the Q IV (possible overkill).

From Figure I we could see that assurance is placed on the first quadrant (QI). The patients considered assurance to be an important thing, but the management has been unable to fulfill patient's expectation regarding the staff ability and knowledge to diagnose patients, keeping patient medical records, and being respectful. A research from other primary health services found similar dissatisfaction towards assurance aspect (Umam *et al.*, 2019). Previous research indicates health professionals' competency, ability, experience, professional ethics, and technical care may have played an important role in increased patient satisfaction level. Perceived competency of health professionals had one of the most significant impacts on the variations in patient satisfaction (Batbaatar *et al.*, 2017).

On the second quadrant (QII), there are reliability and responsiveness. This meant the management are considered reliable and responsive enough for the patients. Reliability reflects the service provider's ability to perform service dependably and accurately (Parasuraman *et al.*, 1991) by giving thorough and disciplined service, helping patients, providing complete information, and willing to respond to patient complaints. Responsiveness is the organization's alertness to settle issues and availability to provide fast service. Well-mannered and responsive staff are the example of responsiveness. In some reviews, s sufficiency of number of physicians, nurses, facilities, and their alertness was one of the main determinants of patient

satisfaction. Several studies in the review revealed evidence on nursing staff shortage was significantly negatively associated with satisfaction level, while physicians' and nurses' promptness of response elevated patient satisfaction (Batbaatar *et al.*, 2017).

On the third quadrant (QIII), there's tangibility. This means patients did not perceive hygiene, comfortability, toilets availability, and good air ventilation as important. More proof could be seen at the Table 2. Items that related to tangibility had low score on importance. On the last quadrant, there's empathy which means the customer did not perceive good communication, patients understanding and individualized attention to be important but, but felt the implementations of them are too excessive. The proof could be seen on the Table 4 where the only items related to empathy are there. Although from previous research which reveal evidence that interpersonal care may have had effect on patient satisfaction. Physicians and nurses care were first two of the main patient satisfaction determinants. One study found that interaction with the staff in health services was another important factor of patient satisfaction. The physicians and nurses care were assessed by their affective behaviors: friendliness, sincerity, concerns, sympathy, empathy, kindness, courtesy to patients and their family or friends, and respect for patient preferences (Batbaatar *et al.*, 2017). From Table 2, it was found that patients felt disappointed by the lack of thorough and disciplined service, lack of information about the illness, and distrust toward the doctor ability. To remedy this issue, constructing a more comprehensive standard operational procedure about services might help to fulfill patient's expectation (Ikhwana, 2021).

In general, patients' satisfaction with the service quality of public healthcare tends to be different. The patients tend to be satisfied in a certain aspect and dissatisfied at other aspect. Other studies presented dissatisfactions in reliability and tangibility (Susanti, 2019), and empathy (Mustara, 2021). The cause of these differences could be stemmed from the difference between the primary health facility's physical facilities, human resources, accessibility to services, budget, medical devices, and other facilities, process factors consist of the PDCA method (Planning, Doing, Checking, Actuating), as well as the outcome factors in the form of success on the level of service and degree of public health (Afiyah and Ayuningtyas, 2023)

CONCLUSION

Result of this research could be used as an additional data before expanding research about primary health service quality. The positive result also could help the fulfilment of Health Regulation Number 7 of 2019 which state that when performance increases, income sourced from JKN capitation can increase so that the quality of public health services can be maximized. It is also important to acknowledge that the research was limited to measure patients' satisfaction toward service quality in Raider 514 Primary Healthcare from February to March 2023 and limited to first level health facility patients only. Small sample size is also a limitation.

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