



Patient Satisfaction Analysis Reviewed from the Factors of Service Quality, Service Procedures and Rates at the Inpatient Installation of Nganjuk Regional Hospital

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Abstract. Patient satisfaction is an important indicator of hospital service quality. Data from Nganjuk Regional General Hospital indicated a decline in inpatient visits in 2025, an increase in patient complaints, and relatively low scores for several service elements, particularly service completion time, facilities, and staff behavior. This study aimed to analyze the effects of service quality, service procedures, and tariffs or healthcare financing on inpatient satisfaction. This quantitative study used an observational cross-sectional design. The population consisted of 195 inpatients, and 132 respondents were selected through proportional stratified random sampling based on inpatient class. Data were collected using a Likert-scale questionnaire and analyzed using descriptive statistics, Pearson correlation, and multiple linear regression. The mean scores were 3.959 for service quality, 4.054 for service procedures, 3.964 for tariffs or financing, and 3.951 for patient satisfaction. Service quality had a positive and significant effect on patient satisfaction ($B=0.629$; $\beta=0.527$; $p<0.001$). Service procedures also had a positive and significant effect ($B=0.245$; $\beta=0.225$; $p=0.001$), as did tariffs or financing ($B=0.161$; $\beta=0.150$; $p=0.022$). The overall regression model was significant ($F=43.563$; $p<0.001$), with $R^2=0.505$. Service quality was the dominant factor because it had the largest standardized beta coefficient. Improving inpatient satisfaction should prioritize physical facilities, procedural consistency, staff communication, and transparent financing information for both self-paying and national health insurance patients.

Keywords: Healthcare Financing; Inpatient Satisfaction; Observational Cross-Sectional; Patient Satisfaction; Service Quality.

1. BACKGROUND

Patient satisfaction is a key indicator in assessing the success of hospital healthcare services. Satisfaction levels are influenced not only by the outcome of medical care but also by the quality of care, clarity of procedures, and patient perceptions of healthcare costs (Sumadi & Pratama, 2024). According to Expectancy–Disconfirmation Theory (EDT), satisfaction is formed when the service received meets or exceeds patient expectations, while a discrepancy between expectations and reality will lead to dissatisfaction (Diana et al., 2023; Rifa'i, 2023). Similarly, the World Health Organization (WHO) emphasizes that the quality of healthcare services is influenced by the timeliness of service delivery, the competence of healthcare workers, the comfort of facilities, and patient involvement in the care process (Diwyarthi et al., 2022). Therefore, improving the quality of hospital services must be carried out comprehensively to meet public expectations and increase trust in public services (Tappy & Mandagi, 2024).

The service phenomenon at Nganjuk Regional General Hospital shows that patient satisfaction continues to fluctuate. Data from the Public Satisfaction Index (IKM) shows that service outcomes have not been fully stabilized, accompanied by a decline in the number of

inpatient visits in the last year and an increase in patient complaints. The most dominant complaints relate to slow service times, limited facilities and infrastructure, staff attitudes, and administrative procedures that are considered still complicated. Conversely, the tariff or financing aspect received the best rating, indicating that service costs are not a primary source of patient dissatisfaction. This condition indicates that there is still a gap between patient expectations and the services received, particularly in the dimensions of service quality and service procedures.

This research is important because patient satisfaction is an indicator of the success of public services and serves as the basis for formulating policies to improve hospital quality. If service quality and procedures are not immediately improved, this condition has the potential to erode public trust, increase patient complaints, and reduce public interest in utilizing hospital services. Furthermore, an evaluation of service rates or costs is also necessary to ensure that positive patient perceptions of costs can be maintained as an added value of the service. Therefore, the research results are expected to provide the basis for developing strategies to improve the quality of inpatient services that are more effective, efficient, and oriented towards patient satisfaction.

The novelty of this study lies in the integration of three main variables, namely service quality, service procedures, and service rates/costs in explaining inpatient satisfaction using the Expectancy–Disconfirmation Theory (EDT) approach. Unlike previous studies that generally only focus on service quality or the SERVQUAL dimension, this study includes service procedures as an independent variable that directly impacts the patient's experience during inpatient care. In addition, the rate variable is not only viewed as the amount of costs paid by patients, but also includes perceptions of financing transparency for both general patients and BPJS participants, resulting in a more comprehensive measurement of patient satisfaction.

Previous research has shown that service quality has a positive influence on patient satisfaction, but most studies still focus on the SERVQUAL dimension without considering the influence of service procedures and cost perceptions simultaneously (Winarso et al., 2020). Furthermore, there is still limited research that integrates these three variables within the Expectancy–Disconfirmation Theory framework in inpatient services at government hospitals. Empirical conditions at Nganjuk Regional General Hospital show an increase in complaints, a decrease in patient visits, and low ratings for several service elements even though the tariff aspect received an excellent rating. Therefore, there is still an empirical and theoretical gap regarding how service quality, service procedures, and tariffs simultaneously influence

inpatient satisfaction. Therefore, this study is expected to fill this gap and enrich the development of health service management theory and practice.

2. RESEARCH METHODS

This study employed a quantitative observational research design with a cross-sectional approach to examine the effects of service quality, service procedures, and service costs on inpatient satisfaction at Nganjuk Regional General Hospital (RSUD Nganjuk), Indonesia. The research was conducted in the inpatient installation from June to July 2026. The study population consisted of 195 inpatients, including both general and National Health Insurance (BPJS) patients, who had been hospitalized for at least three days, were mentally competent (*compos mentis*), able to communicate effectively, and willing to participate. A total of 132 respondents were selected using proportionate stratified random sampling based on inpatient ward classification, followed by simple random sampling within each stratum to ensure representative sample distribution.

Data were collected using a structured questionnaire measuring service quality, service procedures, service costs, and patient satisfaction on a five-point Likert scale. Prior to analysis, the data underwent editing, coding, scoring, data entry, cleaning, and tabulation using Microsoft Excel and IBM SPSS. Descriptive (univariate) analysis was performed to summarize respondent characteristics and study variables, while Pearson correlation analysis was used to examine bivariate relationships. Multiple linear regression analysis was subsequently conducted to determine the simultaneous and partial effects of service quality, service procedures, and service costs on inpatient satisfaction, with statistical significance assessed at a 95% confidence level ($p < 0.05$).

3. RESULTS AND DISCUSSION

Univariate Analysis

Univariate analysis was used to describe the trend of scores for each variable. The values presented include the mean, standard deviation, minimum, and maximum values.

Table 1. Descriptive Statistics of Research Variables

Variables	N	Mean	Elementary School	Min	Mom
Service quality (X1)	132	3,959	0.652	1,933	4,933
Service procedures (X2)	132	4,054	0.716	1,750	5,000
Rates/ financing (X3)	132	3,964	0.726	2,000	5,000
Patient satisfaction (Y)	132	3,951	0.778	2,125	5,000

(Source: Processed research data, 2026)

The average service quality was 3.959, service procedures 4.054, rates or costs 3.964, and patient satisfaction 3.951. All mean scores were close to 4 on the Likert scale, indicating a tendency for respondents to agree with the statements.

Quality of Service

Table 2. Average Score of Service Quality Variables

Variables	Dimensions	Mean
Quality of service	<i>Tangibles</i>	3,876
	<i>Reliability</i>	3,990
	<i>Responsiveness</i>	3,937
	<i>Assurance</i>	4,005
	<i>Empathy</i>	3,985

(Source: Processed research data, 2026)

Table 2 shows that the assurance dimension of service quality obtained the highest average score of 4.005. The tangibles dimension had the lowest average score of 3.876. These results indicate that the assurance perceived by patients received a relatively higher rating than the physical evidence of service.

Service Procedures

Table 3. Average Score of Service Procedure Variables

Variabel	Dimensi	Mean
Prosedur Layanan	Kejelasan alur	4,106
	Kemudahan administrasi	4,057
	Kecepatan dan ketepatan waktu	4,080
	Konsistensi prosedur	3,973

(Source: Processed research data, 2026)

The service tariff or financing variable received an overall average of 3.964. Clarity of cost information had the highest average of 4.083, while suitability of tariffs to services received the lowest average of 3.860. Financing transparency received an average of 3.890, and tariff affordability received an average of 4.023.

Patient Satisfaction

Table 4. Mean Score of Patient Satisfaction Variables

Indicator	Mean
Terms of service	3,826
Service procedures	4,121
Service time	4,106
Officer discipline	3,841
Officer's ability	3,894
Friendliness of the staff	3,864
Facilities and infrastructure	3,947
Fairness of rates	4,008

(Source: Processed research data, 2026)

The satisfaction indicator with the highest average score was service procedures at 4.121, followed by service time at 4.106, and reasonableness of rates at 4.008. The lowest

average scores were service requirements at 3.826, and staff discipline at 3.841. Overall, the patient satisfaction score averaged 3.951.

Bivariate Analysis

Bivariate analysis was used to determine the direction and strength of the relationship between each independent variable and patient satisfaction. Pearson correlation was used because the analysis was conducted on a numerical composite score.

Table 5. Results of the Analysis of the Relationship between Service Quality, Service Procedures, and Tariffs/Costs with Patient Satisfaction at the Inpatient Installation of Nganjuk Regional Hospital

No.	Independent variables	Correlation coefficient (r)	p-value	Direction and the strength of the relationship	Conclusion
1	Quality of service	0.660	<0.001	Positive, strong	There is a relationship that significant
2	Service procedures	0.477	<0.001	Positive, moderate	There is a relationship that significant
3	Service rates/costs	0.331	<0.001	Positive, weak	There is significant relationship

Based on Table 5, the results of the Pearson correlation test indicate that service quality has a positive and significant relationship with patient satisfaction, with a correlation coefficient of 0.660 and a p-value <0.001. This value indicates a strong relationship between service quality and patient satisfaction. The positive correlation indicates that the better the service quality perceived by patients, the higher the level of patient satisfaction in the Inpatient Unit of Nganjuk Regional Hospital.

Service procedures have a positive and significant relationship with patient satisfaction, with a correlation coefficient of 0.477 and a p-value <0.001. This value indicates a moderate relationship. This means that the clearer, easier, faster, and more consistent the service procedures received by patients, the higher their satisfaction. Service fees or costs also have a positive and significant relationship with patient satisfaction, with a correlation coefficient of 0.331 and a p-value <0.001. The strength of this relationship is in the weak category. However, the positive direction of the relationship indicates that the better the patient's perception of clarity, affordability, transparency, and appropriateness of service costs, the higher the patient satisfaction. Service quality has the strongest relationship with patient satisfaction, indicated by the largest correlation coefficient value, namely 0.660. This is followed by service procedures at 0.477 and service fees or costs at 0.331.

Multivariate Analysis

Multiple Regression Assumption Test Results

Before multiple linear regression was performed, the model was tested for residual normality, heteroscedasticity, autocorrelation, and multicollinearity. The tests were performed on the numerical composite scores, not on the T-score outcome categories.

Table 6. Results of Regression Assumption Test

Assumptions	Method	Mark	Criteria	Conclusion
Normality of residuals	Shapiro-Wilk	p = 0.512	p > 0.05	Fulfilled
Heteroscedasticity	Breusch-Pagan	p = 0.139	p > 0.05	Not detected
Autocorrelation	Durbin-Watson	1,938	1.5–2.5	Not detected
Multicollinearity X1	VIF	1,257	< 5	Fulfilled
Multicollinearity X2	VIF	1,225	< 5	Fulfilled
Multicollinearity X3	VIF	1,135	< 5	Fulfilled

The Shapiro–Wilk p-value of 0.512 indicates that the residuals are normally distributed. The Breusch–Pagan test yielded p = 0.139, indicating no evidence of heteroscedasticity. The Durbin–Watson value of 1.938 is within the range of 1.5–2.5. All VIF values are below 5, indicating no multicollinearity issues. The model meets the assumptions required for multiple linear regression.

Simultaneous Test (F Test)

Table 7. Regression Model Summary

Model size	Mark	Interpretation
R Square	0.505	50.5% of the variation in satisfaction is explained by the model
Adjusted R Square	0.494	Mark after adjustment number of predictors
F count	43,563	Significant simultaneous model
Significance of F	<0.001	p < 0.05

(Source: Processed research data, 2026)

The R Square value of 0.505 indicates that 50.5% of the variation in patient satisfaction can be explained by service quality, service procedures, and rates or costs together. The remaining 49.5% of the variation is explained by factors outside the model. The calculated F value of 43.563 with p < 0.001 indicates that the simultaneous regression model is significant.

*Partial Test of Independent Variables***Table 8.** Multiple Linear Regression Coefficients

Predictor	B	Beta	t	p-value	Decision
Constant	-0.171	–	-0.445	0.657	Not significant
Service quality (X1)	0.629	0.527	7,564	<0.001	Significant
Service procedures (X2)	0.245	0.225	3,269	0.001	Significant
Tariff/financing (X3)	0.161	0.150	2,323	0.022	Significant

Based on the regression coefficient, the model equation is: $Y = -0.171 + 0.629X_1 + 0.245X_2 + 0.161X_3$

The service quality coefficient of 0.629 indicates that a one-unit increase in the service quality score, with other variables held constant, is followed by a 0.629-unit increase in patient satisfaction. The service procedure coefficient of 0.245 and the tariff or financing coefficient of 0.161 also indicate a positive influence. All three variables have $p < 0.05$, so each has a significant influence on patient satisfaction. The largest standardized Beta coefficient is found in service quality, which is 0.527. This value is greater than the Beta for service procedures of 0.225 and tariff or financing of 0.150. Service quality is the dominant factor influencing patient satisfaction in the simulation model.

Discussion*The Influence of Service Quality on Patient Satisfaction in the Inpatient Installation of Nganjuk Regional Hospital*

The results of the study showed that the quality of service obtained an average score of 3.959 on a scale of 1-5. This value illustrates that patients generally gave a good assessment of the quality of service at the Inpatient Installation of Nganjuk Regional Hospital. Based on the five dimensions of service quality, the assurance dimension obtained the highest average score of 4.005, while the tangibles dimension obtained the lowest average score of 3.876. These results indicate that patients have relatively confidence in the competence, politeness, and security assurance provided by the staff, but the assessment of the physical condition of the service, such as facilities, cleanliness, room comfort, and equipment readiness, is still lower than the other dimensions.

Bivariate analysis yielded a correlation coefficient of 0.660 with a p value <0.001. These results indicate a strong positive relationship between service quality and patient satisfaction. Multiple linear regression analysis also showed that service quality has a positive and statistically significant effect on patient satisfaction with a regression coefficient B of 0.629, a standardized Beta coefficient of 0.527, a t value of 7.564, and $p < 0.001$. After service procedures and rates or costs were controlled in the model, a one-unit increase in service quality

score was followed by a 0.629-unit increase in patient satisfaction score. Therefore, the hypothesis that service quality has an effect on patient satisfaction can be accepted.

The relationship between service quality and satisfaction can be explained through Expectancy-Disconfirmation Theory. This theory positions satisfaction as the result of a comparison between expectations before receiving service and perceived performance after service is received. Performance that meets or exceeds expectations results in positive confirmation or disconfirmation, while performance that falls short of expectations results in negative disconfirmation. Ferreira et al. (2023) explain that communication, healthcare provider attitudes, the physical environment, accessibility, continuity, and service outcomes are elements that consistently shape patient experience and satisfaction. Therefore, every interaction and physical condition a patient encounters during hospitalization can strengthen or weaken their assessment of a hospital.

The results of this study align with those of Batbaatar et al. (2017), who, through a systematic review, found that service quality indicators are the most consistent determinants of patient satisfaction. Interpersonal relationships between healthcare professionals and patients are crucial because patients assess not only clinical actions but also the care, communication, respect, and willingness to provide assistance. (Nguyen et al., 2021) also found that service quality influences inpatient satisfaction, perceived value, and patient loyalty. Satisfaction derived from service quality is then related to the desire to reuse services and provide positive recommendations.

Another supporting study comes from (Alemu et al., 2024). A systematic review and meta-analysis of inpatients showed that the availability of adequate information, clear directions, privacy, and timely service delivery increased the likelihood of satisfaction. These results demonstrate that service quality is a combination of interpersonal, process, and physical environmental aspects. Therefore, quality improvement cannot focus solely on clinical competence but must also encompass patient comfort and ease of access to services.

In terms of human resources, Nganjuk Regional Hospital can strengthen service communication standards that govern how staff introduce themselves, explain procedures, address delays, respond to complaints, and ensure patients understand the information. Training in service excellence and therapeutic communication should be accompanied by observations of workplace behavior, not just recording attendance. The hospital can also provide a rapid feedback mechanism through QR codes, complaint numbers, or short forms in each treatment room. This mechanism allows the unit to resolve issues while patients are still being treated, preventing complaints from escalating into greater dissatisfaction.

The Influence of Service Procedures on Patient Satisfaction at the Inpatient Installation of Nganjuk Regional Hospital

Bivariate analysis yielded a correlation coefficient of 0.477 with a p value <0.001 . These results indicate a positive relationship between service procedures and patient satisfaction. Multiple linear regression analysis yielded a B coefficient of 0.245, a standardized Beta coefficient of 0.225, a t value of 3.269, and $p = 0.001$. After controlling for service quality and rates or costs, service procedures still provided a positive and statistically significant contribution to patient satisfaction. Thus, the hypothesis that service procedures influence patient satisfaction can be accepted.

Alemu et al., (2024) found that adequate information, clear directions, and timely service were associated with inpatient satisfaction. These results support the importance of a clear flow and process certainty. (Jaya & Rafid, 2026) also showed that short or reasonable wait times were associated with user satisfaction. Although this study was conducted in outpatient settings, the findings regarding time certainty remain relevant because patients assess service efficiency based on wait time and clarity of information throughout the process.

(Bulto et al., 2024) explain that patient journey mapping can be used to understand the patient's entire journey, identifying delays, information gaps, barriers between units, and service points that lead to negative experiences. This approach helps healthcare organizations view procedures from the patient's perspective, not just from the hospital's internal structure. The use of patient journey mapping is relevant for inpatient care because a single patient can interact with multiple units and staff during a single episode of care.

The Influence of Service Fees or Costs on Patient Satisfaction at the Inpatient Installation of Nganjuk Regional Hospital

Bivariate analysis yielded a correlation coefficient of 0.331 with a p value <0.001 . The relationship between tariff or financing and satisfaction was lower than the relationship between service quality and service procedures and satisfaction. Multiple linear regression analysis yielded a B coefficient of 0.161, a standardized Beta coefficient of 0.150, a t value of 2.323, and $p = 0.022$. These results indicate that tariff or financing still provides a positive and statistically significant contribution to patient satisfaction after controlling for service quality and procedures. Thus, the third hypothesis is accepted, although its contribution is the smallest among the three independent variables.

(Jaya & Rafid, 2026) found differences in satisfaction levels between patients with and without health insurance. The insured group showed higher levels of satisfaction than the uninsured group. These findings suggest that financial protection, financing certainty, and

payment mechanisms can shape patients' experiences with healthcare.

A smaller contribution to the tariff doesn't necessarily mean that financing can be ignored. The low Beta value may be related to the homogeneity of respondents, as most use BPJS (Social Security Agency), thus limiting the variation in direct payment experiences. Furthermore, inpatients typically interact more frequently with staff and the service environment than with the financing process. This situation makes quality and procedures more dominant in day-to-day evaluations, while financing becomes a crucial factor when unclear entitlements, additional costs, or billing discrepancies arise.

The lowest dimension of appropriateness of rates to services indicates the need to strengthen the link between cost information and perceived benefits. Patients may perceive costs as inappropriate when the facilities they receive do not meet their expectations, there are differences in treatment classes, or cost components are not explained in detail. Therefore, rate evaluations should be conducted in conjunction with quality evaluations, not solely through examining bill amounts.

Nganjuk Regional Hospital can differentiate its financial education strategies for general patients and BPJS patients. General patients should receive an initial cost estimate, an explanation of cost components, potential changes due to additional procedures, and an approval mechanism for additional services. BPJS patients should receive an explanation of their rights to treatment classes, the types of services covered, administrative requirements, conditions for upgrading, and conditions that may incur additional costs. This information should be provided in writing and reiterated verbally to minimize misunderstandings.

Hospitals can also provide easily accessible financing information services during patient care. Patients and families should have the opportunity to confirm provisional charges before discharge. Reviewing bills before discharge can prevent cost surprises and give hospitals time to correct discrepancies. Regular audits of financing complaints, bill corrections, and additional charges should be used as indicators of transparency. Future research should analyze general patients, BPJS patients according to their class entitlement, and BPJS patients who have upgraded to a higher class to more clearly demonstrate differences in financing experiences.

Dominant Factors Influencing Patient Satisfaction at the Inpatient Installation of Nganjuk Regional Hospital

The results of multiple linear regression indicate that service quality has a standardized Beta coefficient of 0.527. This value is higher than service procedures (0.225) and service rates or costs (0.150). Therefore, service quality is the factor with the largest relative contribution to

patient satisfaction in the research model. This result is also consistent with the bivariate analysis, as service quality has the largest correlation coefficient, 0.660, compared to service procedures (0.477) and rates or costs (0.331).

Simultaneously, service quality, service procedures, and rates or costs produced an F value of 43.563 with $p < 0.001$. The R Square value of 0.505 indicates that the three variables in the model are able to explain 50.5% of the variation in patient satisfaction scores, while the remaining 49.5% is related to other factors not included in the study. These findings confirm that patient satisfaction is not formed by a single factor, but that service quality has the closest position to the patient's experience during hospitalization.

The results of multiple linear regression analysis indicate that service quality is the factor that has the largest relative contribution to patient satisfaction in the Inpatient Installation of Nganjuk Regional Hospital. This is indicated by the standardized Beta coefficient value of service quality of 0.527, greater than the service procedure of 0.225 and the service tariff or cost of 0.150. Service quality also has the largest t-value, namely 7.564, with a p-value < 0.001 . In the bivariate analysis, service quality obtained a correlation coefficient of 0.660, which is also greater than the service procedure of 0.477 and the tariff or cost of 0.331. Based on these results, service quality is stated as the dominant factor in this research model. The dominance of service quality is not determined by the highest average value of the variable. The average service quality of 3.959 is still lower than the average service procedure of 4.054. However, the standardized Beta values indicate that changes in service quality have the strongest relationship with changes in patient satisfaction after controlling for the influence of service procedures and fees or costs. Therefore, the term dominant factor in this study is based on the magnitude of the standardized Beta coefficient, not solely on the high or low average value of each variable.

(Batbaatar et al., 2016) also found that service quality indicators, particularly interpersonal relationships, consistently determinant of satisfaction. Nguyen et al. (2021) reinforce these findings by showing that service quality increases inpatient satisfaction and perceived value.

4. CONCLUSION AND SUGGESTIONS

It can be concluded that service quality, service procedures, and service rates or costs have a positive and significant influence on patient satisfaction. Among these three variables, service quality is the most dominant factor in influencing patient satisfaction. These results indicate that the better the quality of service provided, the clearer and more straightforward the

service procedures implemented, and the more transparent and appropriate the rates or costs received by patients, the higher the level of patient satisfaction. Therefore, improving overall service quality needs to be a top priority in efforts to improve the quality of healthcare services at the Nganjuk Regional Hospital Inpatient Unit.

Nganjuk Regional General Hospital is advised to prioritize improving service quality through improvements to facilities and infrastructure, strengthening staff communication, simplifying service procedures, and providing transparency in pricing and financing information. Healthcare workers are expected to provide responsive, friendly, empathetic services in accordance with operational standards, while the local government needs to support service quality improvement through policies, supervision, and the provision of adequate resources. Further research is recommended to include other variables influencing patient satisfaction and to employ a broader scope and design to obtain more comprehensive results.

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