

The Effect of Service Quality on Satisfaction of Low Economic Patient in District Public Health

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ABSTRACT

The quality of health services at the Public Health Center, or Public health, is greatly influenced by the process of providing health services. Quality is related to good service, namely the attitude or way of officers in serving customers or the community satisfactorily. The patient will be satisfied if the service he gets is at least the same or exceeds the patient's expectations. Meanwhile, dissatisfaction will arise if the results do not meet the patient's expectations. This study aimed to analyze service quality's effect on the satisfaction of low economic patients at the Jember Regency Health Center. The research uses quantitative research with survey methods. The population is a community with the poor category of DTKS (Integrated Social Welfare Data) and participates in the National Health Insurance from the Social Service Of 230,411 people in 8 Public Health Center areas. The total sample was 384 respondents. A sampling of Simple Random techniques. Data collection in the form of documentation and interviews with questionnaires. Data analysis using Partial Least Square (PLS) analysis was used to test the hypothesis of the influence of predisposing factors and enabling factors on service quality, the effect of service quality on patient satisfaction at the Jember Regency Health Center, and the effect of service quality on patient satisfaction at the Jember Regency Health Center with moderate variables that can strengthen or hinder the attitude of officers. The analysis is continued with the Importance Performance Analysis (IPA) method. The conclusion of this study with the IPA method to see the position of each indicator shows that the satisfaction of the respondents must be maintained.

Keywords: Quality of Service, Public Health Center, Patient Satisfaction, Partial Least Square (PLS), Importance Performance Analysis (IPA).

ABSTRAK

Mutu pelayanan kesehatan Puskesmas sangat dipengaruhi oleh proses pemberian pelayanan kesehatan. Kualitas berkaitan dengan pelayanan yang baik yaitu sikap atau cara petugas dalam melayani pelanggan atau masyarakat secara memuaskan. Pasien akan merasa puas jika pelayanan yang didapatkannya minimal sama atau melebihi harapan pasien. Ketidakpuasan akan muncul jika hasil tidak sesuai dengan harapan pasien. Tujuan penelitian ini adalah untuk menganalisis pengaruh kualitas pelayanan terhadap kepuasan pasien miskin di Puskesmas Kabupaten Jember. Penelitian ini menggunakan penelitian kuantitatif, dengan metode survei. Populasi adalah masyarakat dengan kategori miskin DTKS (Data Terpadu Kesejahteraan Sosial) dan merupakan peserta Jaminan Kesehatan Nasional dari Dinas Sosial Sebanyak 230.411 jiwa di 8 wilayah Puskesmas. Jumlah sampel sebanyak 384 responden. Pengambilan Sampel Teknik Simple Random. Pengumpulan data berupa dokumentasi dan wawancara dengan kuesioner. Analisis data menggunakan Analisis Partial Least Square (PLS) digunakan untuk menguji hipotesis pengaruh faktor predisposisi dan faktor pendukung terhadap kualitas pelayanan, pengaruh kualitas pelayanan terhadap kepuasan pasien di Puskesmas Kabupaten Jember dan pengaruh kualitas pelayanan terhadap kepuasan pasien di Puskesmas Kabupaten Jember dengan variabel moderasi yang dapat memperkuat atau menghambat sikap petugas. Analisis dilanjutkan dengan metode Importance Performance Analysis (IPA). Kesimpulan dari penelitian ini dengan metode IPA untuk melihat posisi masing-masing indikator menunjukkan bahwa kepuasan responden yang harus tetap dipertahankan.

Kata Kunci: Kualitas Pelayanan, Puskesmas, Patient Satisfaction, Partial Least Square (PLS), Importance Performance Analysis (IPA).

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Introduction:

Public Service is a service activity to fulfill the needs of service recipients carried out by public service providers¹. One example of public Service is the Community Health Center (Public health), which aims to make people aware and willing and able to live a healthy life; to create a community that can access health services; to create a society that has optimal health degrees individually and in groups². In order to establish a Public health to be achieved, it is necessary to have a Quality Health Service, which means a direct description of the characteristics of a product that can meet user needs³. In this case, health care providers must reflect the accuracy of the latest scientific, clinical, interpersonal, manual, cognitive, organizational, and elements of health service management knowledge. Sound quality will increase patient satisfaction, resulting in patients returning to visit and use services⁴. Other research, It has been found that there are still complaints submitted by outpatients regarding the length of waiting time for poli services⁵. Public Service recipients should cover levels of society, including the underprivileged, where they are often treated as objects that need to be worked on rather than as subjects who need to be allowed to develop⁶.

The government requires Public health to conduct periodic accreditation at least once every three years to improve service quality and patient safety. Service quality and patient satisfaction are two things that are interrelated and cannot be separated because of satisfaction. There will be an assessment of whether or not the services provided are good⁷. The good services are following research conducted at Dr. Hospital. Soegiri Lamongan, states that service quality affects patient satisfaction⁸. Service quality can be seen from five service dimensions⁹: Reliability, Tangibles, Responsiveness, Assurance, and Empathy. Service quality is related to patient satisfaction, which can be interpreted as a person's feeling of pleasure or disappointment that arises after comparing the expected product performance (outcome) to the expected n performance (or outcome). Several factors from the patient's self that affect satisfaction, namely age, gender, education,

occupation, and income. From some of the explanations above regarding service quality and patient satisfaction, the researcher aims to analyze the effect of service quality on the satisfaction of underprivileged or low economic at the Jember District Health Center. The research was carried out quantitatively using a survey method conducted on 384 respondents from 8 areas of the Public Health Center at random. Then the analysis is continued with the Importance Performance Analysis (IPA) method. The advantages of this study are that the target is people who are in the poor category, there is an influence of predisposing and enabling factors on service quality and on problem analysis using Importance Performance Analysis which we have not found in other studies.

Methods:

This study uses an objective quantitative approach, including data collection and analysis using statistical testing¹⁰ and the type of survey research, namely research methods that explore how and why these health phenomena occur. After that, perform an analysis using the Importance Performance Analysis (IPA) method. The primary purpose of IPA is as a diagnostic tool to make it easier to identify attributes based on their respective interests, whether the service or product is underperforming or overperforming¹¹ IPA is divided into four quadrant mapping as shown in the table below:

Table 1. Natural Science Model (Source: Algifari, 2016)

I. Concentrate Here (Prioritas Utama)	II. Keep Up The Good Work (Pertahankan Prestasi)
III. Low Priority (Prioritas rendah)	IV. Possible Overkill (Berlebihan)

The research population is the object of research as a whole¹². The population in this study is the underprivileged or poor community based on integrated social welfare data of 230,411 people in 8 areas of the Public health.

The sampling technique was carried out using Simple Random Sampling, a sampling technique from the population that was carried out randomly without regard to the strata or levels in the population¹³. Respondent data were taken for each Puskesmas from patients who had visited in 1 year on the P-Care application. Those who meet the criteria for being low economic are selected by means of a National Health Insurance participant number that is borne by the central and regional governments, then used as a population. Researchers determined the number of samples, as many as 384 respondents from 8 areas of the Public health, which were taken randomly. Determine the required sample using the Kranjie and Morgan formula. Make a random selection to determine the nominal sample. Three research variables were used¹⁴. Namely, the independent variables in this study are predisposing factors, enabling factors, and service quality; moderator variables, in this case, are health care workers; and the dependent variable is patientsatisfaction.

The data collected is sourced from primary and secondary data. Primary data is the first source of data obtained from individuals or individuals, such as the results of a collection of interviews or the results of filling out questionnaires which are usually carried out by researchers¹⁵. In this case, the primary data is in the form of customer satisfaction and service quality.

The validity test for the 5 officer's attitude statements resulted in a value of $r \text{ count} > 0.3$ (attached). These results can be stated that the officer's attitude questionnaire is valid. The conclusions from the results of the validity test on the research instruments carried out show that they are valid and can be used for further research. The reliability test was using 15 service quality statements resulting in a Cronbach Alpha value of 0.874. It can be stated that the service quality questionnaire is reliable because the value of Cronbach's Alpha is > 0.6 . The reliability test was using 18 service quality statements resulting in a Cronbach Alpha value of 0.915. It can be stated that the patient satisfaction questionnaire is reliable because the Cronbach's Alpha value is > 0.6 . The reliability test was using 5 officers'

attitude statements resulting in a Cronbach Alpha value of 0.652. It can be stated that the officer's attitude questionnaire in providing the service is reliable because the value of Cronbach's Alpha is > 0.6 .

At the same time, secondary data is the recording and reports of the Jember District Health Office in the form of a community satisfaction index, accreditation status, strategic plans for the health office, and E-reports. Data collection techniques were taken using interview data and previous documentation owned by the Public health in writing, pictures, or a work. Data analysis used descriptive analysis, namely Univariate analysis, and Multivariate analysis. Univariate analysis is a data analysis technique on one variable independently; each variable is analyzed without being associated with other variables¹⁶. Multivariate data analysis used in this study is a multiple linear regression test, namely a linear regression model involving more than one independent variable to determine whether there is an influence between the dependent variable and the independent variable.

Results:

The research was carried out in 2022 in 8 Jember District Health Center areas. The research data was conducted on 384 respondents. Data retrieval on the age variable was carried out using a ratio data scale. Then the data was processed so that it became an ordinal data scale. The frequency distribution of respondent data is based on individual characteristics from the results of interviews using a questionnaire on patients who have visited the Public health in Jember Regency.

Table 2. Frequency Distribution of Individual Characteristics (Predisposing Factors) in Patients who have visited the Jember District Health Center.

Personal Characteristic	Total (n)	Percentage (%)
Age		
Teenager 12-25	59	15,4
Adult 26-45	199	51,8
Elderly > 45	126	32,8
Total	384	100

Personal Characteristic	Total (n)	Percentage (%)
Gender		
Man	192	50
Woman	192	50
Total	384	100
Marital Status		
Single	37	9,6
Marry	273	71,1
Divorced	22	5,8
Death Divorce	52	13,5
Total	384	100
Last Education		
No School	16	4,2
SD	132	34,4
Junior High School	118	30,7
Senior High School	114	29,7
College	4	1,0
Total	384	100
Jon		
Farmer	112	29,2
Self-employed	38	9,9
Employee	52	13,5
Trader	56	14,6
Other	126	32,8
Total	384	100
Suku		
Java	233	60,7
Madura	151	39,3
Total	384	100

The results of calculations on Predisposing Factors (Age, gender, marital status, education, occupation, and ethnicity of respondents) show that of the 384 respondents, most of the respondents are adults 199 (51.8%), and gender is a biological sign that distinguishes humans based on groups, namely men and women, we take the same number of respondents. Marital status most respondents are married 273 (71.1%). Education is the basis of the intellectual knowledge that a person has. The higher the education, the greater the ability to absorb and receive information so that the knowledge and insight are broad, that it is one of the factors behind the actions taken and will subsequently affect a person's behavior, and education respondents are the most many graduated from SD/equivalent 132 (34.4%), worked as farmers and others, and the majority came from the Javanese 233 (60.7%).

Table 3. Frequency Distribution of Individual Characteristics (Enabling Factors) in Patients who have visited the Jember District Health Center

Personal Characteristics	Total (n)	Percentage (%)
Distance		
Near < 10 Km	257	66.9
Distance > 10 Km	127	33.1
Total	384	100
Travelling time		
A moment <10 Minutes	233	60.7
Length > 10 Minutes	151	39.3
Total	384	100
Askes participation		
PBID	102	26.6
PBIN	282	73,4
Total	384	100

Source : Primary Data , 2022

Enabling factors indicate that out of 384 respondents, the majority of respondents went to a health facility with a distance in the close category 257 (66.9%) and required travel time to a health facility in the short category (≤ 10 minutes) because in Jember Regency there are 50 Public health in 31 sub-districts, 11 general hospitals, two exceptional hospitals, 68 primary clinics (Jember District Health Office, 2021). Health insurance for most of the Participants of the National Contribution Assistance. This situation is in line with the participation data in Jember Regency of 78% of participants in the National Health Insurance (BPJS primary data, 2021).

Table 4. Frequency Distribution of Health Center Service Quality Aspects on respondents who have visited the Public health in Jember Regency

Health Care Service Quality Aspect	Total (n)	Percentage (%)
Physycal Aspect		
Bad	9	2,3
Enough	84	21,9
Well	291	75,8
Total	384	100
Reliability		

Health Care Service Quality Aspect	Total (n)	Percentage (%)
Bad	9	2,3
Enough	128	33,3
Well	247	64,3
Total	384	100
Guarantee		
Bad	8	2,1
Enough	96	25,0
Well	280	72,9
Total	384	100
Problem Solving		
Bad	4	1,0
Enough	130	33,9
Well	250	65,1
Total	384	100
Emphaty		
Bad	15	3,9
Enough	181	47,1
Well	188	49,0
Total	384	100

a. Physical Aspect

In the physical aspect, most respondents stated that the physical aspect of service quality at the public health was considered quite good with a percentage of 75.8%. The physical aspects of the quality of service at the public health that were considered reasonable by the respondents included, a clean and quite beautiful public health building, complete medical equipment in good condition, and a safe and comfortable waiting room for the patient's family.

The respondents still consider the health center adequate and inadequate because the building is good, but the cleanliness is not maintained, the room leaks, the waiting room is narrow, and it is not comfortable because of the heat.

b. Reliability

Of the 384 respondents who had visited the Jember District Health Center, most of the respondents stated that the reliability aspect of service quality at the Public health wa considered quite good, with 64.3%. Reliability in the quality of service at the public health is good by the respondents, including the service flow from registration to easy drug redemption, the right

doctor's service hours according to the schedule, and fast and precise patient handling.

c. Guarantee

The assurance aspect shows that most respondents stated that the aspect of personal interaction in the quality of service at the public health was considered quite good with a percentage of 72.9%. Personal interactions in the quality of service at the public health are good by respondents, including doctors who greet and ask patients' news politely and attentively, and paramedical officers (nurses, midwives, drug officers) serve patients politely and patiently. Registration officers provide service information with politeness and attention. troubleshooting

d. Proble Solving

The problem-solving aspect shows that most of the respondents stated that they felt pretty good with a percentage of 65.1%. Problem-solving in the quality of service at the health center is good by respondents, including doctors asking about patient complaints and willing to provide appropriate solutions, paramedical officers (nurses, midwives, drug officers) sensitive to helping complaints and patient needs, and public health officers (security guards and parking attendants) willing to help patient needs.

e. Empathy

In the aspect of empathy, the quality of service at the public health is considered good with a percentage of 49.0%. The empathy for the quality of service at the public health, which was considered sufficient by the respondents, included the service flow that prioritized patients with disabilities, services starting from registration to taking medication, officers giving attention and care to patients and their families, and appropriate working hours and punctual staff.

Table 5. Frequency Distribution of Officers' Attitudes in Providing Services to Respondents who have visited the Public health in Jember

Aspects of Officer Attitude	Total (n)	Percentage (%)
Officers Obey and Obey SOP		
Bad	109	28,4

Enough	0	0
Well	275	71,6
Total	384	100
Responsible Officer		
Bad	29	7,6
Enough	149	38,8
Well	206	53,6
Total	384	100
Honest Officers at work		
Bad	93	24,2
Enough	0	0,0
Well	291	75,8
Total	384	100
Non-Discriminatory Officer		
Bad	22	5,7
Enough	142	37,0
Well	220	57,3
Total	384	100
Initiative Officer at work		
Bad	114	29,7
Enough	0	0
Well	270	70,3
Total	384	100

Source: Primary Data, 2022

Of the five assessments of the attitude of officers in providing services, some officers still perform health services not complying with SOP 109 (28.4%), and there has been no monitoring and evaluation of compliance with the SOP.

Table 6. Frequency Distribution of Respondents' Satisfaction Aspects who have visited the Puskesmas in Jember Regency

Health Center Patient Satisfaction Aspect	Jumlah (n)	Persentase (%)
Requirment		
Not satisfied	98	25,5
Satisfied	269	70,1
Very Satisfied	17	4,4
Total	384	100
System, Mechanism, & Procedures		
Not satisfied	117	30,5
Satisfied	267	69,5
Very Satisfied	0	0,0
Total	384	100
Completion time		
Not satisfied	155	40,4
Satisfied	226	58,9

Health Center Patient Satisfaction Aspect	Jumlah (n)	Persentase (%)
Fee/tarif		
Not satisfied	0	0,0
Satisfied	241	62,8
Very Satisfied	143	37,2
Total	384	100
Product Specification Service		
Not satisfied	63	16,4
Satisfied	320	83,3
Very Satisfied	1	,3
Total	384	100
Implementing Competence		
Not satisfied	27	7,0
Satisfied	340	88,5
Very Satisfied	17	4,4
Total	384	100
Implementing Behavior		
Not satisfied	0	0,0
Satisfied	326	84,9
Very Satisfied	58	15,1
Total	384	100
Handling complaints, Suggestions and Feedback		
Not satisfied	35	9,1
Satisfied	333	86,7
Very Satisfied	16	4,2
Total	384	100
Facilities and Infrastructure		
Not satisfied	101	26,3
Satisfied	283	73,7
Very Satisfied	0	0,0
Total	384	100

Of the nine aspects of satisfaction, the majority of respondents have stated they are satisfied, but some aspects are still most dissatisfied with the system, mechanisms, procedures, and completion time. These results align with Lukiyana and Arsinta's research that administrative staff services are significant to BPJS patient satisfaction, medical staff work quality is significant to BPJS patient satisfaction,

and patient trust is significant to BPJS patient satisfaction. Dissatisfied respondents were because the officers conveying information were not clear and could not be understood because the officers who understood were permitted or did not enter. Patient satisfaction has been used as a tool to measure does the available health care

supply meet health needs and expectations¹⁷. There is no SOP for shifting tasks if they are allowed to work or not come to work, so this hampers the work process and the lack of guidance in recording and reporting on medical records so that it is not following Permenkes No. 269 of 2008 concerning Medical Records.

Partial Least Square (PLS) Analysis Results

Significance testing is used to test whether there is an effect of exogenous variables on endogenous variables. The test criteria state that if the T-statistics T-table (1.96) or the P-value < significant alpha 5% or 0.05, there is a significant effect of exogenous variables on endogenous variables. The significance and model testing results can be seen in the following figures and tables.

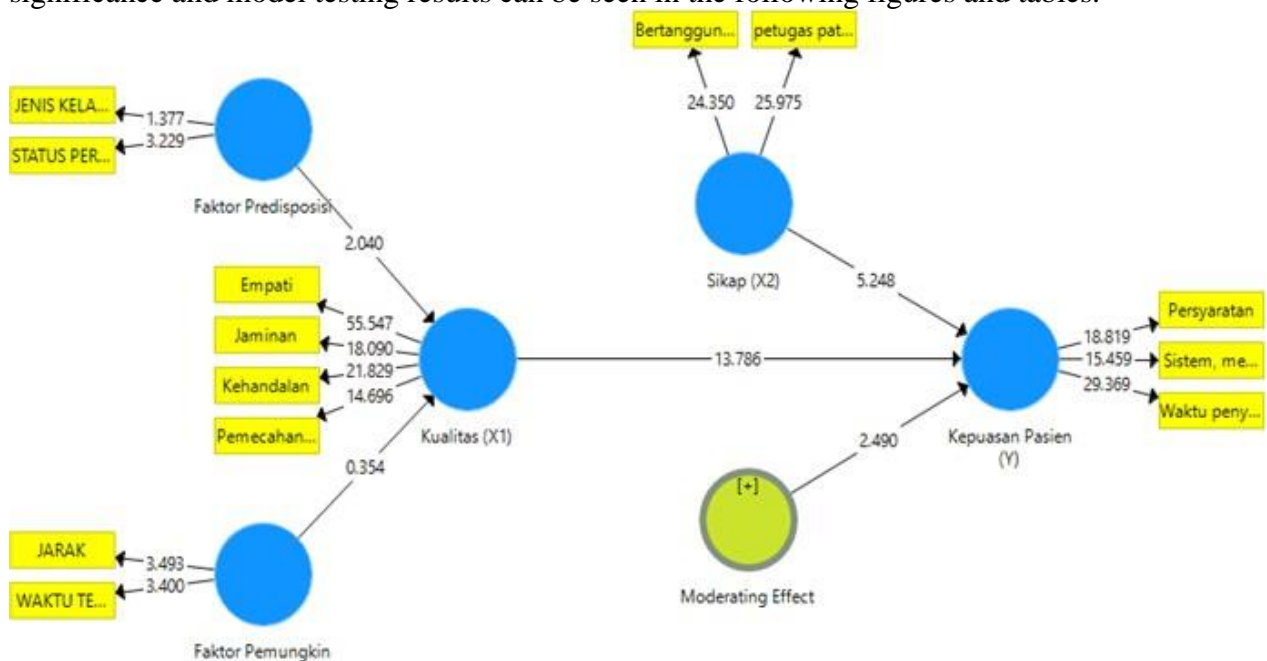


Figure 1. Inner Model Construct

The test of the influence of Predisposing Factors on Service Quality (X1) produces a statistical T value of 2.040 with a p-value of 0.042. The test results show that the T statistic is > 1.96, and the p-value is < 0.05. This data indicates a significant influence of Predisposing Factors on Service Quality (X1).

Table 7. Hypothesis Testing Results

	(O/STDEV)	Values
Faktor Predisposisi -> Kualitas (X1)	-0,103	2,040
Faktor Pemungkin -> Kualitas (X1)	0,022	0,354
Kualitas (X1) -> Kepuasan Pasien (Y)	0,586	13,786
Moderating Effect -> Kepuasan Pasien (Y)	-0,097	2,490
Sikap (X2) -> Kepuasan Pasien (Y)	0,252	5,248

source : SmartPLS, 2022

Testing the effect of Enabling Factors on Service Quality (X1) resulted in a T statistic of 0.354 with a p-value of 0.724. The test results show that the T statistic is < 1.96, and the p-value is > 0.05. This data means there is no significant effect of Enabling Factors on Service Quality (X1). The test of the effect of Service Quality (X1) on Patient Satisfaction (Y) produces a statistical T value of 13.786 with a p-value of 0.000. The test results show that the T statistic is > 1.96, and the p-value is < 0.05. This data means a significant effect of Service Quality (X1) on Patient Satisfaction (Y). The test of the effect of Service Quality (X1) on Patient Satisfaction (Y) moderated by Officer Attitude (X2) resulted in a T statistic of 2.490 with a p-value of 0.013. The

test results show that the T statistic is > 1.96 , and the p-value is < 0.05 . This data means that there is a significant effect of Service Quality (X1) on Patient Satisfaction (Y) moderated by Officer Attitude (X2).

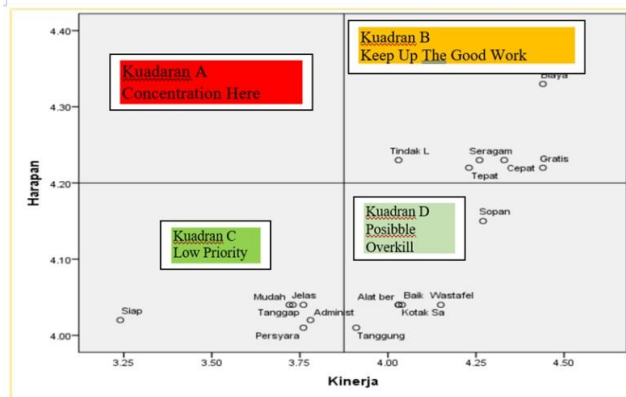


Figure 2. SPSS Importance Performance Analysis (IPA) analysis results

Quadrant A: Top priority / Concentration Here

In quadrant I (priority), satisfaction indicators are considered necessary by service users, but in reality, the performance of these indicators is not in line with the expectations of service users. The performance of these indicators is lower than the expectations of service users on these indicators.

Quadrant B: Keep Achievement / Keep Up The Good Work

In quadrant II, some attributes have been implemented well and need to be maintained because these attributes are considered essential and satisfying for respondents. Respondent satisfaction will affect the behavior of subsequent respondents. If the respondent is satisfied, he will show a higher probability of continuing to use the service; besides that, a satisfied respondent will be able to have a more significant impact on directing and influencing other people to use the service. Performance has been able to meet the expectations of service users and strive to maintain that performance.

Quadrant C: Low priority / Low Priority

In this quadrant, some attributes are less influential in influencing respondents to receive services, and the satisfaction they feel is also

standard. This state means that this attribute is considered less critical for respondents, and satisfaction with service is also less good or less satisfactory. This quadrant contains satisfaction indicators considered less critical by service users, and in fact, the performance of these indicators is not too memorable. Improving the performance of the satisfaction indicators of stakeholders/service users included in this quadrant can be reconsidered because the effect on the benefits perceived by stakeholders/service users is minimal.

Quadrant D: Excessive / Possible Overkill

In this quadrant, some attributes are less important according to the respondents, but the perceived satisfaction is high / the performance is excessive. Alternatively, in other words, consumer expectations for this attribute are low, but the satisfaction provided is high. Respondents from the category of community users who receive Contribution assistance are included in the low socioeconomic category.

Discussion:

The predisposing factor is the age indicator of the majority of adults and the elderly so that they do not demand and expect much from the ability of essential health services and tend to accept than the age group less than 30 years so that the demands and expectations are lower than young patients. This situation causes older patients to be satisfied more quickly than younger patients¹⁸. Education, the number of respondents, is elementary primarily and junior high school graduates or in the category of low education, so in expressing opinions regarding the quality of health services in health facilities, they tend to be more accepting because they do not know what they need, as long as getting well is enough for them. This state is similar to the results of Listiani's research (2017)¹⁹, which found that the level of patient education was significantly related to the patient's perception of the quality or quality of health services at the puskesmas. There is also a relationship between giving informed consent to patient satisfaction in

RSUD. Dr. Kariadi Semarang regarding providing complete patient information will lead to patient satisfaction with giving informed consent²⁰.

The effect of service quality on patient satisfaction is also related to moderating officer attitudes, such as complying with regulations according to service SOPs²¹, which emphasize not only quality assurance but also customer assurance and impact on increasing satisfaction²². This result is following research that found that there was a significant effect between quality and satisfaction²³. These influences include services from doctors, nurses, midwives, facility services, and administrative and financial services on patient satisfaction²². These results will have a positive and direct effect on the patient's perceived value, patient satisfaction, and patient loyalty to health care agencies²².

From the analysis using the quadrant above, the puskesmas in Jember Regency have good service quality, it can be seen that none of them are included in the first quadrant, but the puskesmas must continue to develop a follow-up plan based on these problems because respondents still feel many dissatisfactions. WHO defines quality of care as the degree to which health services provided to clients or patients improve desired health outcomes²⁴. If the officer's attitude is friendly and good service can determine the recovery of a patient, and vice versa, the attitude of the indifferent officer can reduce patient satisfaction with the service he receives²². Continuous monitoring and evaluation to improve the best service.

Conclusions:

The conclusion that can be drawn from this research is the result of research on the predisposing factors of T statistic value > 1.96 and $p\text{-value} < 0.05$. This data means that there is a significant influence of Predisposing Factors on Service Quality and enabling factors for T statistic value < 1.96 and $p\text{-value} > 0.05$. This data means there is no significant effect of Enabling Factors on Service Quality. There is a significant effect between service quality and patient satisfaction with a statistical T value > 1.96 and a

$p\text{-value} < 0.05$. The officers' attitude can moderate the effect of service quality on patient satisfaction. The coefficient value is negative, namely $- 0.097$, that the officer's attitude can inhibit the effect of service quality on patient satisfaction. The analysis results using the Importance Performance Analysis (IPA) method have no attributes included in quadrant I (main priority). Attributes included in quadrant II are cost information using the National Health Insurance delivered by officers, free service, officers follow up on complaints from patients, examination, treatment, and care services are carried out quickly and accurately, patient acceptance is carried out quickly, and officers use complete attributes including uniforms, shoes, and badges. Officers convey attributes in quadrant III, namely, administrative requirements, officers help patients/families to be able to meet existing requirements, officers are responsive and able to serve patient complaints, service procedures are conveyed by officers, service procedures are straightforward, and officers are available/ ready in the service room to serve patients. In quadrant IV, officers are polite and friendly, responsive, and able to serve patient complaints, provide services with full responsibility, and the tools used are clean, officers provide good service, available complaint/suggestion services, and available sinks and toilets. Toilets are comfortable and clean.

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