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Strengthening Service Quality–Based Work Culture to Improve Patient Satisfaction: A Case Study at Sayang Regional General Hospital, Cianjur Regency

Neneng Efa Fatimah[1]*, **Azhar Affandi[1]**, **Horas Djulius[1]**

1. Universitas Pasundan, Bandung, Indonesia

Abstract

Background: Strengthening work culture grounded in service quality is critical for improving patient satisfaction, particularly in public healthcare settings. However, gaps persist in its consistent implementation among health workers and administrative staff. **Objective:** This study aimed to formulate a strategy for reinforcing a service quality–based work culture to enhance patient satisfaction at Sayang Hospital, Cianjur Regency. **Methods:** A qualitative case study was conducted using a descriptive-analytical approach. Data were collected through in-depth interviews, participatory observation, and documentation, with source triangulation applied for validation. Informants included hospital management, medical personnel (doctors and nurses), administrative staff, and patients. Data analysis followed the Miles and Huberman interactive model comprising data reduction, data display, and conclusion drawing. **Results:** The service quality–based work culture at Sayang Hospital remains partial and inconsistently practiced. Patient satisfaction was rated as moderate, with recurring complaints concerning communication, service speed, and staff empathy. Key barriers included a weak quality-oriented performance evaluation system, insufficient training on service excellence, and limited transformational leadership among managers. **Conclusion:** To strengthen work culture, the study proposes an integrated strategy comprising continuous values-based training and coaching, embedding service quality indicators into performance management, and implementing a balanced reward-and-sanction system to promote patient-centered professionalism.

Keywords: Management strategy, Service quality, Work culture

Correspondence
Neneng Efa Fatimah,
Program Doktor, Ilmu Hukum, Universitas Pasundan, Bandung,
Jl. Sumatera No.41, Sumur Bandung, Kota Bandung, Jawa Barat 40117, Indonesia
Email: neneng.efafatimah@mail.unpas.ac.id

1. BACKGROUND

Hospitals serve as critical pillars of the public health system, delivering promotive, preventive, curative, and rehabilitative services while also functioning as centers for education, research, and health innovation. Their primary mission is to restore, maintain, and

improve public health, ultimately contributing to national productivity and quality of life. However, achieving this mission requires more than adequate infrastructure, which demands a strong, service-oriented work culture that aligns with quality standards and patient expectations.

National data from BAPPENAS (2022) reveal persistent gaps in health service readiness: only 88.4% of hospitals in Indonesia are accredited, and merely 38% meet the plenary standards set by the Hospital Accreditation Commission (KARS). This indicates suboptimal implementation of service quality standards, often rooted in organizational factors, particularly work culture. Work culture, defined as the shared values, beliefs, norms, and practices that shape behavior within an organization, plays a pivotal role in driving service excellence (Jacobs et al., 2021; Halawa et al., 2020). In the context of public hospitals, it encompasses both formal policies and informal habits, such as daily interactions, teamwork, and a commitment to patient-centered care (Sudrajat, 2020; Karunia et al., 2022).

At Sayang Regional General Hospital in Cianjur Regency, a Class B public teaching hospital and a key referral center,

the adoption of the SOMEAH values (Smile, Optimist, Respect, Educational, Mainstay, Humanist) reflects an institutional commitment to delivering high-quality service. However, preliminary observations suggest these values have not been fully internalized across staff levels, remaining sporadic rather than systemic. This gap between policy and practice undermines service consistency and patient satisfaction.

Patient satisfaction, widely recognized as a key indicator of healthcare quality (Otani et al., 2025), hinges not only on clinical outcomes but also on interpersonal communication, responsiveness, empathy, and the comfort of the facility. When work culture is weak or fragmented, it often manifests in long waiting times, poor coordination, and unempathetic staff behavior, precisely the complaints frequently reported by patients at Sayang Hospital.

Leadership further mediates this relationship. As Hattangadi (2025) emphasizes, leaders are ultimately responsible for creating, managing, and, when necessary, transforming organizational culture. Transformational leadership that visibly embodies institutional values can foster engagement, accountability, and a shared service ethos

(Ari Ruliati et al., 2023; Kosnan, 2020). Conversely, inconsistent leadership or lack of role modeling impedes cultural internalization.

Given the pressures of Universal Health Coverage (UHC), rising public expectations, and regulatory demands (e.g., Law No. 25/2009 on Public Services and Ministry of Health Regulation No. 4/2019), hospitals like Sayang must move beyond the symbolic adoption of values toward the systemic integration of service quality into their daily work culture. This study, therefore, seeks to analyze the current state of work culture, identify barriers to its strengthening, and formulate actionable strategies to align organizational behavior with service excellence, ultimately enhancing patient satisfaction.

2. METHODS

Research approaches, methods, and steps are employed to gather relevant data in addressing research questions. This study aims to analyze and formulate a strategy to enhance the work culture based on service quality, thereby increasing patient satisfaction at Sayang Hospital, Cianjur Regency. To achieve this goal, a qualitative approach was chosen as the basis for the research. This approach enables researchers to gain a holistic and in-depth understanding of the phenomenon of work culture based on service quality from the perspective of various stakeholders within Sayang Hospital. Through a qualitative approach, the data collected will explore the meaning, interaction patterns, and dynamics that occur in the implementation of work culture and its impact on patient satisfaction.

This study employs a qualitative approach, aiming to gain an in-depth understanding of the strategy for strengthening work culture based on service quality in increasing patient satisfaction at Sayang Hospital, Cianjur Regency. The qualitative approach enables a more comprehensive examination of social, cultural, and work-related behavior phenomena related to the quality of health services. The research design is designed to capture empirical reality in depth through interviews, observations, and document analysis.

The selection of Sayang Hospital, Cianjur Regency, as the location is based on the relevance and importance of the institution as the primary referral health service facility in Cianjur Regency, which presents both challenges and opportunities for strengthening a work culture centered on service quality. The subject of the study

encompasses various parties with a direct or indirect connection to the work culture and health services at Sayang Hospital, including healthcare workers, hospital management, and patients as service recipients. Using data triangulation techniques, researchers will examine various perspectives to obtain a complete and comprehensive picture. The classic single-case study approach is employed when the research focuses on a single specific object that possesses unique or representative characteristics. In this case, Sayang Hospital was chosen as the sole case analyzed because it has a distinctive implementation of a strategy to strengthen a quality-based work culture and can serve as a model for other institutions.

This study uses a qualitative approach with an exploratory descriptive design. The approach entails detailed research planning, as well as meticulous detailing, involving all parties in a series of essential steps to achieve significant research outcomes. The first step is to explore in depth the phenomenon that occurs in the field related to management and services at Sayang Hospital, Cianjur Regency, namely the strategy of strengthening a work culture based on service quality to increase patient satisfaction at Sayang Hospital, Cianjur Regency. Furthermore, Planning is carried out by creating a flow that begins with an exploratory and descriptive approach to describe objective conditions, explore information, and identify patterns and strategies through the study of documentation and references. This approach allows researchers to obtain in-depth and contextual data related to work culture based on service quality, performance, and patient satisfaction level with the following steps: 1) Creating a research background, designing research methods, and determining the theoretical basis that can support the research. In this study, the researcher also reviewed and conducted documentation studies from scientific journals from previous research to serve as a reference; 2) Determine the unit of analysis in this study using the single case study. Selecting sources that match the research criteria is a crucial next step. It involves selecting groups or individuals that match the research objectives, so that the results obtained are more relevant and representative of the desired population; 3) Proper timing is also an important aspect. Setting a research schedule helps organize the data collection, analysis, and other stages to avoid unwanted delays; 4) The crucial method in research is interviews. Through interviews, researchers can collect in-depth qualitative data from respondents. This provides

valuable insights and allows researchers to get direct views from the source; and 5) The next step is the stage of reporting the results of the research that was discussed in detail. The data was analyzed and interpreted to identify key findings. The discussion of these results is critical in linking the findings to the theory.

In the study entitled "Strategies for Strengthening Service Quality-Based Work Culture in an Effort to Increase Patient Satisfaction at Sayang Health Hospital, Cianjur Regency," the unit of analysis is a crucial element in determining the study's focus and the research's limitations. Unit analysis refers to the primary unit of information that is studied to understand the phenomenon being examined.

By using unit analysis at the individual, group, and organizational levels, this study can provide a comprehensive understanding of the strategy of strengthening service quality-based work culture and its impact on patient satisfaction. This approach enables research to identify gaps in the implementation of strategies, obstacles encountered, and appropriate policy recommendations for improving the quality of services at Sayang Hospital, Cianjur Regency.

3. RESULTS

1) Profile of Sayang Cianjur Hospital

Sayang Cianjur Regional Hospital is a government-owned Class B teaching hospital with comprehensive facilities, including 467 inpatient beds, various outpatient services, an emergency department, intensive care, and medical support services. It also has a staff of 1,449 medical, nursing, and non-medical personnel. It has been fully accredited by the KARS (Hospital Accreditation Commission).

Table 1. Patient Satisfaction Interview Results

Service Aspect	Satisfaction Rate	Main Complaints	Patient Recommendations
Waiting Time	Low	Outpatient >60 minutes- Emergency room 5-8 hours- Convoluted administration	Improved queue system, better coordination
Officer Behaviour	Medium-Low	Not in accordance with SOMEAH's values- Lack of empathy- Lack of communication	Socialization of SOMEAH values, strict supervision
Facilities & Cleanliness	Keep	Smelly toilet- Limited waiting seat- Full room	Facility improvements, additional facilities
Cross-Unit Coordination	Low	Patients feel tossed Information is unclear Flow is not integrated	Regular coordination forums, integrated information systems
Information & Education	Low	No explanation- Lack of program socialization	Patient education, more open information

2) Key Findings Based on Research Propositions

Proposition 1: Quality-Based Work Culture Has Not Been Implemented Optimally

The values of SOMEAH (Smile, Optimist, Respect, Educational, Mainstay, Humanist) are still sporadic and have not yet become a collective habit. Implementation relies more on individual initiatives, rather than structured systems.

Proposition 2: Patient Satisfaction Has Not Reached the Target

Patients and their families expressed dissatisfaction with several aspects: Long waiting time (emergency room, outpatient, administration), Weak coordination between units, Officers' behavior was not in accordance with the SOMEAH values (lack of smile, empathy, and communication), Lack of physical and hygiene facilities, Lack of support, and Some patients did not recommend Sayang Hospital to others.

Proposition 3: Factors Inhibiting the Implementation of Work Culture

Table 3. Inhibiting Factors by Category

Category	Inhibiting Factors	Impact	Recommendations
TBSP	Work fatigue- Indiscipline- Inappropriate competence	Inconsistent service, slow response	Training, placement according to competencies, addition of human resources
System	Poor coordination- Unclear rewards- Unintegrated monitoring	Work culture is not formed, quality indicators are not achieved	System improvements, periodic evaluations
Means	Limited facilities- Uncomfortable environment- Outdated medical devices	Low patient satisfaction, down work efficiency	Repair of facilities, addition of medical equipment
Leadership	Lack of exemplar- Inconsistent evaluation- Unfocused planning	Work culture is not followed, change is not sustainable	Leadership commitment, structured evaluation
Milieu	UHC pressure- Regulations are not detailed- Public expectations are high	Workload increase, service is not optimal	Socialization, collaboration of local governments

Human Resources: Indiscipline, fatigue, misplacement of competencies. Systems: Inconsistent SOPs, unclear rewards and punishments, poor coordination. Facilities: Limited facilities and an uncomfortable environment. Leadership: Suboptimal leadership model, unintegrated evaluation. External: Unpreparedness for the Universal Health Coverage (UHC) program.

Proposition 4: Strategies for Strengthening Work Culture

Several strategies proposed by informants (directors and quality managers): Strengthening human resources through continuous training and integrity pacts. Exemplary leadership in implementing SOMEAH values. A transparent and fair reward and punishment system. Monitoring and evaluation based on behavioral indicators.

Improved facilities and infrastructure. Better cross-unit coordination.

3) Quality Indicator Monitoring Results (2024)

Of the 13 national quality indicators, Sayang Hospital's average achievement is only 60.22%, which is below the standard of 80.50%. Some indicators that have not been achieved:

Table 4. Quality Indicators and Achievements of Sayang Hospital in 2024

No.	Quality Indicators	Standard	Achievements	Information
1	Hand Hygiene Compliance	85%	77,47%	Not reached
2	Use of Personal Protective Equipment	100%	82%	Not reached
3	Patient Identification	100%	99,34%	Almost achieved
4	Emergency Cesarean Surgery Response Time (<30 minutes)	80%	71%	Not reached
5	Outpatient Wait Time (<60 minutes)	80%	65,55%	Not reached
6	Elective Operation Delay (<1 hour)	<5%	1,75%	Reached
7	Compliance with Doctor's Visit Time	80%	97,34%	Reached
8	Laboratory Critical Results Reporting (<30 minutes)	100%	100%	Reached
9	Use of the National Formulary	80%	90,35%	Reached
10	Clinical Pathway Compliance	80%	64,66%	Not reached
11	Prevention of Patient Fall Risk	100%	99,99%	Reached
12	Speed of Complaint Response	80%	99%	Reached
13	Patient Satisfaction	76,61%	85,74%	Reached
	AVERAGE	80,50%	60,22%	Below Standard

These are some key areas of focus, including hand hygiene compliance (77.47%), outpatient waiting time (>60 minutes), emergency cesarean surgery response time, and clinical pathway compliance.

4) **Analysis** with the Servqual Theory and Regulation Approach and Job Demands-Resources

This theory supports the finding that aspects of responsiveness and empathy influence patient dissatisfaction. The implementation of work culture has not met the requirements of Law No. 25/2009

concerning Public Services and Permenkes No. 4/2019 concerning Hospital Service Standards.

5) Fishbone Diagram: The Root of the Work Culture Problem

The Fishbone diagram identifies 5 categories of root problems:

(1) Human (HR): fatigue, lack of training

(2) Method (System): poor coordination, unclear reward

(3) Materials (Facilities): limited facilities

(4) Management: leadership lacks exemplary

(5) Environment: external pressure such as UHC

Table 2. Strategies To Strengthen Quality-Based Work Culture

Categories Strategy	Activity Details	Person in Charge	Timeline
Strengthening human resources	- Continuous training - Integrity pact - Refreshment of SOMEAH values	Board of Directors, HR Section	Short & Long Term
Systems & Methods	- Improvement of SOPs - Clear reward & punishment system - Integrated monitoring	Quality Committee, All Units	Short-term
Facilities & Infrastructure	- Addition of facilities - Improvement of the physical environment - Optimization of the registration system	General & IT Section	Medium Term
Leadership	- Leadership example - Periodic evaluation - Regular coordination forum	Board of Directors, Deputy Director	Sustainable
External Environment	- Socialization of UHC programs - Collaboration with local governments - External evaluation	Management, Public Relations	Long-term

The implementation of a work culture based on service quality at Sayang Cianjur Hospital has not been optimal. The value of SOMEAH has not yet become a collective habit, and patient satisfaction remains low due to weak support systems, inadequate human resources, subpar facilities, and ineffective leadership. A systematic and sustainable strategy is necessary to establish a work culture that is truly vibrant and has a positive impact on service quality.

4. DISCUSSION

This study reveals a critical disjunction between formal commitments to service excellence, as embodied in the SOMEAH values, and their actual enactment in daily operations at Sayang Regional General Hospital. The findings align with Schein's (2010) model of organizational culture, which distinguishes between espoused values (what leaders say) and basic underlying assumptions (what is truly practiced). While hospital leadership has articulated a

vision of humanistic, responsive care through SOMEAH, this vision has not penetrated the cultural "subsoil" of the organization. Consequently, service behaviors remain fragmented, reactive, and inconsistent across units.

Proposition 1: The Gap Between Policy and Practice in Work Culture

The sporadic implementation of SOMEAH reflects a common challenge in public sector reforms: symbolic adoption without systemic integration. Similar patterns have been observed in hospitals across low- and middle-income countries (LMICs), where cultural transformation is often reduced to posters, training modules, or slogans without accompanying structural support (Braithwaite et al., 2018; Gilson et al., 2021). In Sayang Hospital, the absence of behavior-based performance indicators, routine monitoring, and leadership modeling has prevented SOMEAH from becoming a lived reality. This corroborates findings by Islamy & Sulima (2020) in Baubau, Indonesia, where service values remained superficial due to weak accountability mechanisms.

Critically, the disconnect between leadership's perception (viewing SOMEAH as part of quality management) and frontline staff's understanding (who see it as "non-technical" and secondary to clinical KPIs) illustrates a vertical misalignment in organizational interpretation, a phenomenon Schein warns undermines cultural coherence.

Proposition 2: Patient Satisfaction as a Mirror of Cultural Health

Despite internal reports indicating that 85.74% of patient satisfaction is likely derived from standardized surveys prone to social desirability bias, qualitative interviews revealed deep dissatisfaction with waiting times, interpersonal communication, and empathy. This discrepancy aligns with global evidence that administrative metrics often obscure experiential realities (Otani et al., 2025; Atira, 2021). Patients did not merely seek clinical accuracy; they sought dignity, recognition, and predictability dimensions central to the SERVQUAL model's "empathy" and "responsiveness" constructs (Parasuraman et al., 1988).

Notably, complaints about being "tossed between units" and receiving "no explanation" signal a failure in relational coordination, a known predictor of patient safety and satisfaction in integrated care systems (Gittell, 2011). In the context of Indonesia's rapidly expanding Universal Health Coverage (UHC), such coordination gaps threaten not only

satisfaction but also system efficiency and trust.

Proposition 3: Multilevel Barriers to Cultural Change

The identified inhibiting factors, such as human, systemic, infrastructural, leadership, and environmental, map onto the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2017). High job demands (e.g., UHC-driven patient loads, understaffing) are not offset by adequate resources (e.g., training, clear SOPs, supportive leadership), leading to fatigue, disengagement, and depersonalization, classic signs of burnout that erode service culture.

Moreover, the lack of transformational leadership is particularly consequential. As Hattangadi (2025) and Ari Ruliati et al. (2023) emphasize, healthcare leaders do not merely manage; they ritualize, embody, and reinforce culture through daily actions. When managers fail to model SOMEAH, e.g., by skipping morning briefings, ignoring complaints, or tolerating indiscipline, they implicitly signal that values are optional. This "leadership hypocrisy" is more damaging than the absence of values altogether (Edmondson, 2019).

Proposition 4: Toward a Systemic Strategy for Cultural Transformation

The proposed strategies, integrated monitoring, behavior-based rewards, leadership exemplarity, and cross-unit forums are not novel in isolation, but their coherence and simultaneity matter. Cultural change in complex organizations requires parallel interventions at multiple levels (Braithwaite, 2018): Micro level: Embedding SOMEAH into daily rituals (e.g., pre-shift huddles, patient handovers); Meso level: Linking values to HR processes (recruitment, appraisal, promotion); and Macro level: Aligning hospital strategy with national standards (e.g., Permenkes No. 4/2019) and UHC accountability frameworks.

The recommendation to issue a Director's Decree integrating SOMEAH into quality indicators is a crucial first step toward formalizing cultural expectations. However, sustainability hinges on psychological ownership, all staff must co-create, not just comply. Participatory action research or quality improvement collaboratives could foster this ownership (Berwick, 2003).

Theoretical and Practical Implications

Theoretically, this study extends the application of organizational culture theory to public hospitals in LMICs undergoing UHC expansion. It

demonstrates that accreditation alone is insufficient without cultural anchoring.

Practically, it offers a context-sensitive roadmap for hospitals seeking to move from compliance-driven to values-driven service delivery. The integration of cultural indicators (e.g., empathy, respect) into performance dashboards alongside clinical metrics could bridge the policy–practice gap.

Future research should test the impact of such integrated strategies through quasi-experimental designs and explore the role of middle managers as cultural "translators," a group often overlooked in top-down reforms.

5. CONCLUSION

Based on research, the implementation of a quality-based work culture at Sayang Regional Hospital, Cianjur Regency, has not been optimal. The formally ingrained values of SOMEAH (Smile, Optimism, Respect, Education, Reliability, Humanism) have not yet become collective habits and remain sporadic, depending on the initiative of each individual. This work culture has not been fully implemented within the organization, which has only become a slogan. This is indicated by the gap between values and practices, so that the service tagline is not aligned with the

behavior of officers. The support system is weak, with indicators that there is no behavior-based monitoring, rewards & punishments are not effective, and leadership role models are not optimal. Overall, Sayang Regional Hospital in Cianjur has not succeeded in establishing a consistent and high-quality service ecosystem.

AUTHOR CONTRIBUTIONS

Neneng Efa Fatimah: Conceptualization, Data curation, Formal analysis, Writing-original draft, Writing-review & editing, Supervision, Manuscript revision. Azhar Affandi: Conceptualization, Data curation, Formal analysis, Writing-review & editing, Supervision. Horas Djulius: Conceptualization, Data curation, Formal analysis, Manuscript revision.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in this research.

DATA AVAILABILITY STATEMENT

The data are available from the corresponding author upon reasonable request.

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