

Quality Of Health Services With Bpjs Patients Satisfaction In Inpatient Rooms General Hospital University of Muhammadiyah Malang

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ABSTRACT

From the preliminary survey conducted on 10 inpatients using BPJS at the UMM General Hospital, 30-40% stated that they were not satisfied with the quality of service. The purpose of this study was to analyze the relationship between the quality of health services and the satisfaction of BPJS patients in the inpatient room of the UMM Hospital.

This research is a quantitative study using a correlation research design. The place of this research is in the inpatient room of UMM Hospital. The study was conducted on October 7 to November 5, 2019. The sample in this study were some inpatients using BPJS aged > 15 years, not anxious, anxious, angry, critical and emergency, totaling 152 patients with Proportionate Random sampling technique. Sampling and analysis used the Pearson statistical test with a significant level (α) of 0.05.

The results of the research on the quality of health services of the 5 services studied were the best quality of nutrition services (66.4%), because the nutrition officers provided information about clear diets and timely delivery. Meanwhile, most respondents (55.9%) rated satisfaction as very satisfied.

The results showed that there was a relationship between the quality of health services and the satisfaction of BPJS patients in the inpatient room of the UMM Hospital with a significant (Sig) = 0.000 and the strength of the relationship between the test results showed 0.936 which means that the relationship is strong and unidirectional.

Based on the research, it is concluded that the higher the value of health service quality, the higher the level of perceived patient satisfaction.

Keywords: Health Insurance Administering Bodies (BPJS), Patient Satisfaction, Quality of Health Services

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INTRODUCTION

The social security administering body (BPJS) is an agency that is responsible for administering health insurance, where the agency must provide good quality service in order to achieve service satisfaction. One of the policies of the BPJS in order to achieve quality services is to apply tiered referrals. In this system, the patient cannot choose the hospital according to the patient's wishes. Patients have to do an examination at the first health facility (puskesmas / clinic) for initial examination, if this is not handled, the health center will be given a referral to the second health facility at type C hospital and so on type B and type A hospitals. then with this policy the number of BPJS patient visits has increased rapidly. Based on the annual report, the number of visits in 2017 of 49,683 people increased to 85,248 people in 2018. And at the beginning of 2019 in the inpatient room the average number of patients reached 110-120 patients per day (RSU UMM, 2018). With the increase in the number of inpatients at the UMM Hospital, there were complaints received against health services such as the doctor's visit hours were too late, the speed of nurses in responding to patient complaints, patients who were never explained about the drug services provided, the nutritional menu was less varied and administrative services for returning (cashier) that take too long. In hospital health services, patient satisfaction is one indicator of the quality of health services. By applying the quality assurance approach to health care services, patient satisfaction becomes an

integral and comprehensive part of health service quality assurance activities. This means that measuring the level of patient satisfaction must be an activity that cannot be separated from measuring the quality of health services. (Azwar. A, 2010)

BPJS Kesehatan must understand the needs of the public health services it serves in determining the most effective way to deliver quality health services. Quality service is formed from five dimensions of Service Quality (Servqual), namely, reliability, responsiveness, assurance, empathy, and physical evidence (Muninjaya, 2015).

The quality of health services is important in health service organizations because the quality of health services will make health service organizations more efficient because all people who work in health service organizations will always work better in a system that is continuously improved, and will foster job satisfaction, commitment, and improvement. moral of the health care profession which will ultimately lead to patient satisfaction (Pohan, 2013).

In fulfilling desires and increasing satisfaction with the services provided, hospitals are required to always maintain consumer confidence by improving service quality so that customer satisfaction increases. One of the consumers who use health services is a participant in the Social Security Administration (BPJS).

A preliminary survey which was conducted on 10 inpatients who used BPJS at the UMM Hospital, there were 30-40% who stated that they were not satisfied with the services of the UMM Hospital. As for what is expressed in dissatisfaction regarding matters related to administration services that take too long to return home (50%), doctor services (30%), nursing services (30%), nutrition services (30%), and clinical pharmacy services (100 %).

Widyasih's research (2014) states that 31.9% of the public are dissatisfied with health services using a Social Security Administering Body card, especially class III services. The service is not good because it is the first time a patient in a sick family member is treated with a Social Security Administering Body card so that it is very difficult to take care of the requirements because the requirements must be taken care of 24 hours and lack of care facilities and restrictions on drugs for users of the Social Security Administering Bodies.

Agus Diman's research results. S (2015) with the research title Relationship of Healthcare BPJS Service Quality with Patient Satisfaction in Class II Inpatient Installation at Sekayu Hospital in 2015. The results of this study stated that 65 respondents (44.5%) stated that the quality of BPJS Health services was not good, and on satisfaction 69 patients (47.3%) expressed dissatisfaction with BPJS health services.

Based on the above background, the researcher has a goal in his research, namely to identify the quality of health services, identify patient satisfaction and analyze the relationship between the quality of BPJS patient satisfaction services in the inpatient room of UMM Hospital.

RESEARCH METHODS

This research is a quantitative study using a correlational research design (relationship) which examines the relationship between variables. Researchers can search for, explain a relationship, estimate, and test based on existing theories. Correlational research refers to the tendency that variations in one variable are followed by variations in other variables.

Correlational research is carried out when the variables under study can be measured simultaneously from a group of subjects, such as the relationship between the quality of health services and the satisfaction of BPJS patients in the Inpatient Room of the UMM Hospital in 2019. The relationship between variables is indicated by the correlation coefficient that moves from -1 to with +1. Correlation -1 means perfect negative correlation, while correlation +1 means perfect positive. Variables are said to be positively correlated if the variations in one variable are followed parallelly by other variables. Meanwhile, variables are said to be negatively correlated, if a variable is followed inversely by variations in other variables.

The population of this study were all inpatients using BPJS with an age of ≥ 15 years, not in a state of anxiety, anxiety, anger and criticality as well as an emergency. The sample in this study were some inpatients using BPJS aged ≥ 15 years, not in a state of anxiety, restlessness, anger and criticality and in an emergency department in October-November 2019. According to a population of 270 BPJS patients in October 2019, the samples taken were 152 patients with a significance level of 0.05. The sampling technique used in this study was a proportionate random sampling technique. The variables

in this study using 2 variables, namely independent and dependent. The instrument used in this study was a questionnaire, the answers of the respondents can be made the highest score "One" and the lowest score "Zero". For alternative answers in the questionnaire, the researcher determined that the answer to Yes = 1 while for the answer to No = 0. The research was conducted in the inpatient room of the UMM Hospital, on October 7, 2019 to November 5, 2019. Data analysis in this study was carried out by univariate and bivariate testing. Univariate analysis, the results were presented in the form of a frequency distribution table and narrative. Bivariate analysis is used to see the relationship between two variables, namely the independent variable and the dependent variable using the product moment correlation analysis formula (Pearson) using SPSS with (α) a significant level of 5% (0.05).

RESEARCH RESULT

1. Quality of Health Services

Table 4.6 Distribution of Respondents' Perceptions About Quality of Health Services at UMM Hospital, October 7 - November 5, 2019

No	Variable	Total	Prosentase
1	Bad	39	25,7 %
2	Poorly	12	7,9 %
3	Quite Good	11	7,2 %
4	Good	14	9,2 %
5	Very Good	76	50,0 %
Total		152	100%

Table 4.6 shows the respondents' perceptions about the quality of health services that out of 152 respondents, 76 respondents (50.0%) said that the quality of health services was very good, 14 respondents (9.2%) said it was good, 11 respondents (7.2%) said quite good, 12 respondents (7.9%) said it was not good, and 39 respondents (25.7%) said it was not good

2. Patient Satisfaction

Table 4.7 Distribution of Respondents' Perceptions About Quality of Health Services at UMM Hospital, October 7 - November 5, 2019

No	Variabel	Jumlah	Prosentase
1	Not satisfied	19	12,5 %
2	Less satisfied	21	13,8 %
3	Quite satisfied	13	8,6 %
4	Satisfied	14	9,2 %
5	Very satisfied	85	55,9 %
Total		152	100 %

Table 4.7 shows the respondents' perceptions about satisfaction that of the 152 respondents, 85 respondents (55.9%) said they were very satisfied, 14 respondents (9.2%) said they were satisfied, 13 respondents (8.6%) said they were quite satisfied, 21 respondents (13.8%) said they were not satisfied, and 19 respondents (12.5%) said they were not satisfied.

D. Crosses Between Variables

Table 4.8 Cross-Tabulation Analysis of the Relationship between Health Service Quality and BPJS Patient Satisfaction at UMM General Hospital on October 7 2019 - November 5 2019

Patient Satisfaction												
Quality of health services	Not satisfied		Less satisfied		Quite satisfied		Satisfied		Very satisfied		Total	
	f	%	F	%	f	%	f	%	f	%	f	%
Bad	19	12,5%	19	12,5%	1	0,7%	0	0 %	0	0 %	39	25,7%
Poorly	0	0 %	2	1,3%	7	4,6%	3	2,0 %	0	0 %	12	7,9%
Quite Good	0	0 %	0	0 %	3	2,0%	5	3,3 %	3	2,0%	11	7,2%
Good	0	0 %	0	0 %	2	1,3%	3	2,0%	9	5,9%	14	9,2%

Very Good	0	0 %	0	0 %	0	0 %	3	2,0%	73	48,0 %	76	50,0%
Total	19	12,5%	21	13,8%	1	8,6%	1	9,2%	85	55,9 %	152	100%
					3		4					

Table 4.8 shows that out of 39 respondents (25.7%) who stated that the quality of health services was not good, 19 respondents (12.5%) felt dissatisfied, 19 respondents (12.5%) felt less satisfied and 1 respondent (0.7 %) feel quite satisfied. For respondents who stated that the quality of health services was not good as many as 12 respondents (7.9%) there were 2 respondents (1.3%) who were not satisfied, 7 respondents (4.6%) felt quite satisfied, and 3 respondents (2.0 %) satisfied. For respondents who stated that the quality of health services was quite good, as many as 11 respondents (7.2%), 3 respondents (2.0%) felt quite satisfied, 5 respondents (3.3%) were satisfied, 3 respondents (2.0%) feel very satisfied. For respondents who stated that health services were good as many as 14 respondents (9.2%) there were 2 respondents (1.3%) who felt quite satisfied, 3 respondents (2.0%) were satisfied, 9 respondents (5.9%) felt very satisfied. satisfied. For respondents who stated that health services were very good, 76 respondents (50.0%) were 3 respondents (2.0%) who were satisfied and 73 respondents (48.0%) felt very satisfied.

E. Test Statistics

Table 4.9 Pearson Test Result

		Quality of health services	Patient Satisfaction
Quality of health services	Pearson Correlation	1	.936**
	Sig. (2-tailed)		.000
	N	152	152
Patient Satisfaction	Pearson Correlation	.936**	1
	Sig. (2-tailed)	.000	
	N	152	152

**. Correlation is significant at the 0.01 level (2 tailed).

Based on the table above, it shows the relationship between the quality of health services and patient satisfaction through the Pearson test, a significant result (Sig) = 0.000 with (α) a significant level of 5% (0.05). the significant value (Sig) is 0.000 < (α), the real level is 5% (0.05), thus H1 is accepted. So it can be concluded that there is a relationship between the quality of health services and patient satisfaction. The direction of the relationship shows a positive direction (+) or unidirectional can be seen in the table, namely the better the quality of service, the more patient satisfaction will be. The strength of the relationship between the results of the Pearson test above shows 0.936 * which means that the strength of the relationship is very strong and the direction of the relationship is unidirectional

DISCUSSION

A. Quality of Health Services in Inpatient Rooms of UMM Hospital

From the results of the research data, it was found that with 152 respondents, 76 respondents (50.0%) said that the quality of health services was very good, and 39 respondents (25.7%) said it was not good. And from this percentage, the researcher will describe the quality of health services which is assessed as covering: the quality of services for doctors, nurses, pharmacy, nutrition and administration.

1. Quality of doctor services

From the results of the research data, it was found that there were 24 respondents (15.8%) of respondents said the quality of doctors was not good, 13 respondents (8.6%) said it was not good, and 11 respondents (7.2%) said the quality of doctor's service was quite good, This is due

to the lack of discipline of doctors during the visit hours, there are still many doctors who visit above 21.00, even though the policy of the UMM Hospital for visits is required in the morning and at 21.00 hours, besides that it is also because doctors are less responsive and attentive to patient complaints.

This is in line with the research of Eka Murtiana (2016) at the Kendari City Hospital which states that patient dissatisfaction with doctor services is caused by the undisciplined doctor's arrival for service hours so that patients wait a long time. This is also in line with the theory put forward by Parasuraman (2001) in Nursalam 2017 which explains the application of service quality with the RATER concept, one of which is reliability, which is fast and timely service and has the ability in knowledge, expertise, independence and professionalism. work. And if the service quality is worse / not good, it will be viewed as bad by its users in accordance with the satisfaction formula theory by Muninjaya (2015), namely the performance < expectation formula, which results in service users feeling less satisfied with the service received if service performance is lacking.

Based on the data above, it can be concluded that the quality of doctor's service is not good because the visit hours are not on time and the doctor's lack of attention to patient complaints so that the patient feels dissatisfied, this can happen because the doctors of UMM Hospital besides practicing at UMM Hospital are also at UMM Hospital. Other hospitals so that doctors also share their time with other hospitals. For this reason, the hospital must regulate the visit hours for doctors.

2. Quality of Nursing Services

From the results of the research data, it was found that there were 31 respondents (20.4%) said the quality of nurse services was not good and 10 respondents (6.6%) said it was not good, this was due to the lack of clear explanations for nurses in nursing actions. schedule of nurse services is not timely and lacks attention and responsiveness to patient complaints.

This is in line with the research of Eka Murtiana (2016) which states that patient dissatisfaction with nursing services is due to the quality of nurses who are lacking in friendliness and politeness and are less responsive to patient complaints and difficult to communicate with.

Based on the data above, it can be concluded that the quality of nurse services is not good due to the lack of nurses in providing an explanation of what is being done, the service schedule is not on time and the lack of attention and responsiveness of nurses to patient complaints, so that patients feel dissatisfied, this is this can occur because the number of nurses is not balanced with the workload. The nurses are not in accordance with the amount of energy calculation that should be. At the UMM Hospital, the inpatient administration was not provided with administrative staff for inputting actions and other administration, for delivering prescriptions and taking drugs to the pharmacy also carried out by nurses, so that the nurse felt less time in taking action. In addition, there are also many cases of nurses who come and go, so there are many new nurses who still do not have much experience in communication and education. This situation will lead to a lack of quality of service in the long run. For hospital management, it is necessary to take steps to minimize complaints through improving the quality of nurse services by recalculating the number of nurses in accordance with the number of hospital BORs so that the workload of nurses is not high, and restoring the functions of units that should not be done by the nurse.

3. Quality of Pharmaceutical Services

From the results of the research data, it was found that there were 64 respondents (42.1%) said the quality of pharmacy services was not good and 5 respondents (3.3%) said it was not good, this was because the pharmacy officers did not provide an explanation for the drugs given (usefulness). , side effects), the schedule of drug administration services that are not on time, and lack of attention and responsiveness to patient complaints.

This is in line with the journal on the evaluation of service quality in community pharmacies in Kendari city based on pharmaceutical standards by Sunandar Ihsan (2014) which states that patient satisfaction in pharmacy services for the quality of pharmaceutical services is seen from the waiting time and procedures in the category are sufficient.

Based on the data above, it can be concluded that the quality of pharmacy services is not good due to a lack of pharmacy in terms of providing an explanation for the drugs given (usefulness, side effects), the schedule of drug administration services is not on time, so that patients feel dissatisfied, this can happen because the number of pharmaceutical personnel that is not balanced with the workload. There are only 7 pharmacists, not according to the standard number that should be in the type C hospital, which is 14 people. The number of personnel is further divided, there are those who are outpatient, inpatient and warehouse, for this reason the implementation of services which should be the Dose Dispensing Unit (UDD) system, namely a drug distribution system by providing pharmaceutical preparations to inpatients in the form of a single dose is still not can be covered, and in drug preparation it is still delegated to nurses. This situation will lead to a lack of quality of service in the long run. For hospital management, it is necessary to take steps to minimize complaints through improving the quality of pharmacy services by recalculating the number of pharmacy personnel in accordance with the standard provisions for the number of pharmacies in Type C Hospitals so that the workload of pharmacists is not high and returns the pharmacy function. delegated to another unit, namely the nurse.

4. Quality of Nutrition Services

From the results of the research data, it was found that there were 16 respondents (10.5%) said that the quality of nutrition services was not good and 7 respondents (4.6%) said that it was not good.

This is in line with the journal about the evaluation of the quality of nutritional services with the level of patient satisfaction in the Teratai room of the Jemur Sari Islamic Hospital in Surabaya by Iin Rachmawati (2014) which states that the quality of hospital nutrition services is quite good so that most (63.6%) respondents are satisfied.

Based on the data above, it can be concluded that the quality of nutritional services is mostly very good, this can be seen from the data and the results of interviews with respondents that most respondents said that nutritionists had provided very clear information about the diet that the respondent could and should not consume. and also given leaflets about nutrition in accordance with the disease (Responsiveness), besides that the officers are also friendly and the food is never late or on time. And for the bad nutritional quality, this could be due to the perspective factor that influences gender. Table 4.2 shows that of the 152 respondents, more than half of them were female, namely 95 respondents (62.5%), while male respondents were 57 respondents (37.5%). Female respondents are more critical in terms of menu and taste of food than men.

Apart from gender, age can also affect a person's perspective. Table 4.1 shows that out of 152 respondents 38.8% (55) were 31-46 years old.

5. Quality of Cashier Administration Services

From the results of the research data, it was found that there were 47 respondents (30.9%) who said the quality of the cashier administration service was not good and 7 respondents (4.6%) said it was not good, this was due to the long waiting time in the administrative process for returning home.

This is in line with the journal about inpatient satisfaction reviews in making payments (Billing System) at RSUD Dr. Rasidin Padang by Oktamianiza (2018) which states that there is a relationship between the quality of cashier administration services and patient satisfaction, namely 54.8% of respondents are dissatisfied in making payments, 67.7% of respondents were dissatisfied and said the waiting time in payments was longer and 56.5% lacked competence in processing the payment of treatment costs.

In the UMM Hospital, there were several factors that influenced the cashier administration service to be not good, even though the UMM Hospital had used a semi-integrated billing system. A long process can occur because when the patient is declared to go home, the room has to input the action and complete the patient's medical record file and have to go to the pharmacy to take the prescription home and take the medicine. If the patient is in a full room, the nurse will prioritize nursing action compared to discharge management because there are no

administrative officers in the room. This raises the perception that the cashier administration process is long, because the average administration process can take up to 2-3 hours or more. This condition contradicts the Minimum Service Standards (SPM) stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number 129 of 2008 which states that the maximum waiting time for providing information for inpatient bills is 2 hours.

B. Satisfaction of Bpjs Patients in the Inpatient Room of Rsu Umm

From this research data, it was found that out of 152 respondents, 21 respondents (13.8%) said they were not satisfied, and 19 respondents (12.5%) said they were not satisfied, while most of them 85 respondents (55.9%) said they were very Satisfied with the quality of services provided by doctors, nurses, pharmacy officers, nutrition officers, and UMM Hospital cashier administrators, besides that, from the data on the characteristics of the length of stay of the respondents, it was found that 94 respondents (61.8%) had more than 3 length of stay. days and 58 respondents (38.2%) whose length of stay was less or equal to 3 days.

Satisfaction is the feeling of being happy or disappointed by someone that comes after comparing their perceptions or impressions of the performance or results of a product or expectations (Kotler, 2007 in Nursalam 2011).

The results showed that most of the patients' expectations had been fulfilled, some patients received health services in accordance with their expectations and some were still not or not what they expected. This is caused by the doctor's inaccuracy in the visite, the nurse does not provide an explanation for the handling of nursing problems and the schedule of nursing services is not timely, the pharmacy staff does not provide an explanation of the drugs given and the waiting time in the discharge process (cashier administration). This is in line with the satisfaction formula theory by Muninjaya (2015), namely performance <expectation, which results in service users feeling less satisfied with the service received if service performance is lacking. And also vice versa, performance> expectation, that is, if the performance of health services is higher than what users expect, users will receive services that exceed their expectations. As a result, users are very satisfied with the health services received. Meanwhile, the length of stay indicated that patients who were treated for more than 3 days were greater than those less or equal to 3 days, this is a benchmark for the hospital to measure success in terms of marketing that it turns out that patients are satisfied so they choose to be at home. sick to recover his health than at home.

As is the case with Amelia O. M Orah's (2014) research at the Lansot City Health Center, Tomohon, which states that most respondents (79%) are satisfied with the services provided by health workers (which include doctors, nurses, administrative staff, and pharmacy workers) at Lansot Health Center. In addition, as with Endang Wikowarni's research in Wike Diah Anjaryani (2009) at Tugurejo Hospital Semarang, it was stated that the length of time the patient was treated was seen from 2 approaches:

1. The disease suffered by the patient does take a long time (can be one week or more).
2. The patient feels at home in undergoing treatment. This arises because of psychological and administrative matters in accordance with patient expectations.

C. The Relationship between Quality of Health Services and Satisfaction of Bpjs Patients in the Inpatient Room of RSU UMM

Based on table 4.9 shows that the statistical test results, namely the Pearson test, show a significant result (Sig) = 0.000 with (α) a significant level of 5% (0.05). the significant value (Sig) is 0.000 < (α), the real level is 5% (0.05), thus H1 is accepted. So it can be concluded that there is a relationship between the quality of health services and the satisfaction of BPJS patients in the inpatient room of the UMM Hospital.

Based on the results of the study in table 4.8, it shows that almost half / half (48%) of the inpatients at the UMM General Hospital felt satisfied with the category very satisfied with the quality of health services they received. These results indicate that the quality of health services received or felt by inpatients of the UMM Hospital is still not perfect. This is because patients who feel satisfied with the very satisfied category have not reached the minimum level of 50%, besides that almost half / half of the respondents (25.7%) said the quality of health services was also not good.

The best service to patients and the level of quality can be achieved consistently by improving services and paying special attention to the health service standards set by the hospital. The results showed that the hypothesis in this study was accepted that there was a relationship between the quality of health services and the satisfaction of BPJS patients at UMM Hospital.

The results of this study are in line with Eka Murtiana's (2016) research at the Kendari City Hospital regarding the relationship of health service quality with BPJS patient satisfaction, indicating that there is a relationship between the quality of health services (administrative services, doctors, nurses, infrastructure advice, and hospital environment) with satisfaction. BPJS patients based on fisher's exact statistical test with p value = $0.00 < 0.05$. This research is also supported by research by Amelia OM Orah (2014) at the Lansot Public Health Center in Tomohon City, which is about the relationship between patient perceptions of health care worker services and patient satisfaction, indicating a significant relationship between patient perceptions of health worker services and patient satisfaction based on the Chi statistical test. Square with p value < 0.005 , namely 0.000.

The results of the relationship test showed that the direction of the relationship was positive with a very strong strength, which means that the quality of service felt by most of the UMM hospital inpatients at the category level was very good, as well as the patient satisfaction of almost some inpatients at the UMM Hospital at the very category level. satisfied. The higher the quality of health services, the higher the patient satisfaction is felt and vice versa, the lower the quality of health services, the smaller the level of patient satisfaction felt by the patient.

CONCLUSION

The quality of health services affects the level of patient satisfaction, this can be proven by research carried out in the Inpatient Room of the General Hospital of the University of Muhammadiyah Malang with the results of the analysis of the relationship between the quality of health services consisting of doctors, nurses, pharmacy, nutrition, and administration services. the cashier with BPJS patient satisfaction shows a unidirectional or positive relationship.

The quality of health services in the inpatient room of the UMM Hospital, partly / half in the very good category, was 76 respondents (50.0%)

Most of the inpatients at UMM Hospital were in the very satisfied category, namely as many as 85 respondents (55.9%)

There was a significant relationship between the quality of health services which consisted of (doctor, nurse, pharmacy, nutrition, and cashier administration services) with the satisfaction of BPJS patients in the inpatient room of UMM Hospital.

REFERENCES

- Agus Diman. S, 2015. *Hubungan Mutu Pelayanan BPJS Kesehatan dengan Kepuasan Pasien di Instalasi Rawat Inap Kelas III RSUD Sekayu Tahun 2015*. Akademi Keperawatan Pemkab Banyuasin. Jurnal Naskah Publikasi Volume VIII.
- Alwi. S, 2012. *Manajemen Sumber Daya Manusia : Strategi Keunggulan Kompetitif Edisi Kedua*. BPFEE. Yogyakarta.
- Amelia O.M Orah, 2014. *Hubungan Antara Persepsi Pasien Tentang Pelayanan Tenaga Kesehatan dengan Kepuasan Pasien di Puskesmas Lansot Kota Tomohon Manado*. Fakultas Kesehatan Masyarakat, Universitas Sam Ratulangi Manado.
- Azwar, A, 2010. *Pengantar Administrasi Kesehatan Edisi Ketiga*, Binarupa Aksara. Jakarta.
- BPJS. 2018. *Profil BPJS Kesehatan*. Unggul [on line] accessed 1 Februari 2016 Available at www.jamsosindonesia.com/sjsn/bpjs.
- Damaiyanti, M. 2010. *Komunikasi Terapeutik dalam Praktik Keperawatan*. PT. Refika Aditama. Bandung
- Departemen Kesehatan RI.2008, *Standar pelayanan Minimal Rumah Sakit*
- Eka Murtiana, 2016. *Jurnal hubungan mutu pelayanan kesehatan. Dengan kepuasan pasien BPJS di RSUD kota Kendari*. Universitas Haluoleo Kendari.
- Ida. A, 2014. *Jurnal. Hubungan Antara Persepsi Mutu Pelayanan Asuhan Keperawatan Dengan Kepuasan Pasien Rawat Inap di RSUD Wanggaya Denpasar*. Universitas Udayana.

- Iin Rachmawati, 2014. *Jurnal Mutu Pelayanan Gizi dengan Tingkat Kepuasan Pasien di RS Islam Jemur Sari Surabaya*. UNUSA.
- Kotler. P, 2009. *Dasar-dasar Pemasaran*, Jilid Sembilan. Edisi Bahasa Indonesia. PT. Indeks. Jakarta
- Muninjaya, A. A. G. 2015. *Manajemen Mutu Pelayanan Kesehatan*. EGC. Jakarta.
- Nursalam, 2017, *Manajemen Keperawatan*, Aplikasi dalam Praktik Keperawatan Profesional, Edisi Kelima. Salemba Medika. Jakarta.
- Notoadmodjo, 2010. *Metodologi Penelitian Kesehatan*. Rineka Cipta, Jakarta
- Oktamianiza, 2018. *Jurnal Tinjauan Kepuasan Pasien Rawat Inap dalam Melakukan Pembayaran (Billing System) di RSUD dr. Rasidin Padang*. STIKes Dharma Landbouw Padang.
- Peraturan Menteri Kesehatan RI No 262/Menkes/Per/VII/1979 Tentang *Standar Ketenagaan di Rumah Sakit*. Departemen Kesehatan RI, Jakarta.
- Peraturan Menteri Kesehatan RI No 129/Menkes/SK/II/2008 Tentang *Standar Pelayanan Minimal Rumah Sakit*. Departemen Kesehatan RI, Jakarta.
- Pohan, S. Imbolo, 2013. *Jaminan Mutu Layanan Kesehatan*, EGC, Jakarta.
- Satrianegara. M. F, 2014. *Organisasi dan Manajemen Pelayanan Kesehatan*. Salemba Medika, Jakarta.
- Sugiyono, 2016. *Statistika untuk Penelitian*. Alfabeta, Bandung.
- Sunandar Ihsan, 2014. *Jurnal Evaluasi Mutu Pelayanan di Apotek Komunitas Berdasarkan Standar Pelayanan Kefarmasian di Kota Kendari*. Universitas Haluoleo Kendari.
- Suparyanto, 2011. *Kepuasan Pelanggan Pelayanan Kesehatan*. Unggul [on line] accessed 1 Februari 2016 Available at www.scrib.com
- Undang-Undang RI Tahun 2009 tentang Rumah Sakit. Jakarta.
- Undang-Undang RI. Nomor 44 Tahun 2009 tentang *Rumah Sakit*. Biro Hukum Departemen Kesehatan RI, Jakarta.
- Widyasih. E, 2014. *Jurnal. Persepsi Masyarakat Terhadap Pelayanan BPJS di RS Kendal*. Universitas Indonesia.