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The Effect of Tangibles, Reliability, Responsiveness, Assurance, and Empathy Aspects on Hospitalization Services in Hospitals on Patient Satisfaction

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Abstract: One of the health services that has a very important role in providing health services to the community is the hospital. The existence of hospitals as health care institutions is regulated in Law No.44 of 2009. Hospitals play an important role in the health care system and are health care institutions that have an organized staff of medical professionals, and inpatient facilities, by providing medical, nursing and related services 24 hours per day, 7 days per week and providing complete health services to the community, both curative and preventive. In addition, the hospital also serves as a place of education for health workers and a place of research. Good health services provide effective, safe, and high-quality services to those who need them supported by adequate resources (WHO, 2014). From field observations and literature studies based on observations, there are several problems as follows: Poor tangibles aspects of service quality affect inpatient satisfaction at WALED Hospital, Cirebon Regency. Poor *reliability* aspects of service quality affect inpatient satisfaction at WALED Hospital, Cirebon Regency Poor responsiveness aspects of service quality affect inpatient satisfaction at WALED Hospital, Cirebon Regency Poor assurance aspects of service quality affect inpatient satisfaction at WALED Hospital, Cirebon Regency Poor Empathy aspects of service quality affect inpatient satisfaction at WALED Hospital, Cirebon Regency.

Keyword: Inpatient Services, Satisfaction

INTRODUCTION

The definition of health that is currently widely used is a state of well-being of body, soul, and social that allows everyone to live socially and economically productive lives. One of the health services that has a very important role in providing health services to the community is the hospital.

Hospitals play an important role in the health care system and are health care institutions that have an organized staff of medical professionals, and inpatient facilities, by providing medical, nursing and related services 24 hours per day, 7 days per week and providing complete health services to the community, both curative and preventive. In addition, the hospital also serves as a place of education for health workers and a place of research. Good

health services provide effective, safe, and high-quality services to those who need them supported by adequate resources (WHO, 2014).

About 30% of hospitals in Indonesia have not implemented service standards, Director General of Medical Services, Dr. Farid W Husain, SpB., KBD, said there are still about 20% to 30% of more than 1,000 hospitals that have not implemented minimum service standards. Most are regional and district hospitals. The minimum standards are not only based on the services provided to the community, but also include the availability of facilities and infrastructure. Including, buildings and equipment owned.

This has an impact on the attention health providers can no longer be given thoroughly and maximally in good service to patients. According to Parasuraman et al. (1991) service is formed based on 5 Service Quality principles, namely reliability (*Reliability*), assurance (Assurance), direct evidence / tangible (Tangible), empathy (Empathy), responsiveness (Responsiveness) (Supriyanto and Ernawati, 2010).

Users of hospital services, in this case patients, demand quality service not only regarding recovery from physical illness or improving their health status, but also regarding satisfaction with attitudes, always the availability of adequate facilities and infrastructure and the physical environment can provide comfort. Patient satisfaction depends on the quality provided. Service is all efforts made by employees to fulfill the wishes of their customers with the services provided.

Patients are an indicator of the quality of the services we provide and patient satisfaction is an asset to get more patients and to get loyal patients. Loyal patients will reuse the same health services if they need them again. Even loyal patients will invite others to use the same health care facilities (Suprivatno and Ernawaty, 2019).

Patient satisfaction is a level of patient feelings that arise as a result of the performance of health services obtained after the patient compares with what is felt. Patients will feel satisfied if the health service performance obtained is the same or exceeds expectations. From the data that the authors get based on interviews in the field, many patients still feel dissatisfied with the health services for JKN participant patients in most Regional General Hospitals, including at RSUD Waled, Cirebon Regency.

METHOD

The nature of this research is descriptive and verification, so the research methods used are descriptive survey method and explanatory survey method. The type of investigation in this research is causality. This research is included in the cross sectional category, namely information from the population is collected directly from the location empirically, with the aim of knowing the opinion of a part of the population on the object being studied. Population is the entire research subject applied in this study, the population is all inpatients at the Waled Regional General Hospital, Cirebon Regency in 2021.

The sample in this study were all inpatients at the Waled Regional General Hospital, Cirebon Regency. The sampling procedure is to use *accidental sampling* technique. To determine the sample size in this study, the averagenumber of inpatient visits to the Waled Regional General Hospital, Cirebon Regency, was used every month during 2021, namely:

Number of visits per Average patients per $n = \frac{NZ^2 pq}{d^2 (N-1) + Z^2 pz}$ year= 8502 month= 708 Using the *Stadley lameshow* formula:

Description:

n: approximate sample size N: approximate population size

P: estimated proportion of variable x under study q: 1-p d: level of precision: 0,05

Z: standard value of the normal distribution according to the selected alpha (\Box) (1.96)

 $NZ^{2} pq$ $n = \frac{1}{d^{2} (N - 1) + Z^{2} pz}$ $70(1.96)^{2} \cdot 0.5 \cdot 0.5$ $n = \frac{1}{(0.05)^{2} \cdot (708 - 1) + (1.96)^{2} 0.5 \cdot 0.5}$ 679.9632

 $\overline{2,7+2104}$ n=249,8

n = 250 people

Validity and Reliability Test Design

Validity Test

Validity testing was carried out using the *Product Moment Correlation* formula (Sugiyono, 2004: 182) and by using SPSS 17 *software*.

Reliability Test

This study uses the calculation of *Cronbach's Alpha* reliability. Because *Cronbach's alpha* is the most common / widely used reliability coefficient for items that describe the variation of attitude scale items (Anastasia and Urbina, 1998: 73). The reliability coefficient is calculated using the Alpha Cronbach formula and by using SPSS 17 *software*.

Analysis Design and Hypothesis Testing

The analysis design used is quantitative with the result of obtaining the path coefficient and determination which states the magnitude of the influence of the independent variable on the independent variable. Quantitative analysis is emphasized to reveal the behavior of research variables, while descriptive/qualitative analysis is used to explore the behavior of causal factors. By using a combination of these analytical methods, comprehensive generalizations can be obtained. The research was conducted following the acquisition of necessary ethical approval and permission from the Ethical Committee of Health Research, Faculty of Public Health, Universitas Muhammadiyah Jakarta (Komite Etik Penelitian Kesehatan, Fakultas Kesehatan Masyarakat) with reference number 10.035.C/KEPK-FKMUMJ/I/2024.

RESULTS AND DISCUSSION

Research Results Tangible

Tangible

Based on the results of the research conducted, statistical calculations regarding the physical evidence (Tangible) of respondents are obtained which can be seen in the following table:

Tabel 1. Distribution of Respondents Based on Tangible at Waled Hospital, Cirebon Regency

_		Year 2022		
	Tangible	n	%	

Simply	135	46	
Less	115	54	
Total	250	100	

Source: Primary Data, 2022.

Table 1 shows that 135 respondents (46%) felt insufficient while 115 respondents (54%) felt sufficient at RSUD Waled, Cirebon Regency in 2022.

Reliability

Based on the results of the research conducted, statistical calculations regarding the reliability of respondents are obtained which can be seen in the following table:

 Table 2. Distribution of Respondents Based on Reliability at Waled Hospital, Cirebon Regency

 Year 2022

Reliability	n	%
Simply	133	53,2
Less	117	46,8
Total	250	100

Source: Primary Data, 2022.

Table 2 shows that 133 respondents (53.2%) felt sufficient while 117 respondents (46.8%) felt insufficient at RSUD Waled, Cirebon Regency in 2022.

Responsiveness

Based on the results of the research conducted, statistical calculations regarding the *responsiveness of* respondents are obtained which can be seen in the following table:

	Year 2022		
Responsiveness	n	%	
Simply	135	54	
Less	115	46	
Total	250	100	

 Table 3. Distribution of Respondents Based on Responsiveness at Waled Hospital, Cirebon Regency

 Vear 2022

Source: Primary Data, 2022.

Table 3 shows that 135 respondents (54%) felt sufficient while 115 respondents (46%) felt insufficient at RSUD Waled, Cirebon Regency in 2022.

Assurance

Based on the results of the research conducted, statistical calculations regarding the respondents' Assurance are obtained which can be seen in the following table:

Table 4. Distribution of Respondents Based on Assurance at Waled Hospital, Cirebon Regency
\Year 2022

Assurance	n	%					

Simply	136	54,4
Less	114	45,6
Total	250	100
	Source: Primary Data, 2022.	

Table 4 shows that 136 respondents (54.4%) felt insufficient while 114 respondents (45.6%) felt sufficient at RSUD Waled, Cirebon Regency in 2022.

Empathy

Based on the results of the research conducted, statistical calculations regarding the attention (empathy) of respondents are obtained which can be seen in the following table:

Table 5 Distribution of Respondents Based on Empathy at RSUD Waled Cirebon Regency in 2022							
Empathy	n	%					
Simply	148	59,2					
Less	102	40,8					
Total	250	100					
	Source: Primary Data, 2022.						

Source: Primary Data, 2022.

Table 5 shows that 148 respondents (59.2%) felt sufficient while 102 respondents (40.8%) felt insufficient at RSUD Waled, Cirebon Regency in 2022.

Servqual

Based on the results of the research conducted, statistical calculations regarding respondent satisfaction (Servqual) are obtained which can be seen in the following table:

Servqual	n	%	
Satisfied	97	38,3	
Not Satisfied	153	61,2	
Total	250	100	

Source: Primary Data, 2022.

Table 6 shows that 153 respondents (61.2%) were dissatisfied while 97 respondents (38.3%) were satisfied at RSUD Waled, Cirebon Regency in 2022.

Bivariate Analysis

Variable Physical Evidence (Tangible) with Satisfaction (servqual)

To find out the relationship between Physical Evidence and patient satisfaction at Waled Hospital, Cirebon Regency, it can be seen in the following table

Table 7 Relationsh	ip between Tangible	e and servqual at R	SUD Waled Cir	ebon Regency in 2022
	Sat	tisfaction		
Category			Total	Statistical
Tangible	Satisfied	Not Satisfied		Test

	n	%	n	%	n	%	
Simply	79	23,3	56	76,7	135	100	P = 0,004
Less	18	45,2	97	54,8	115	100	
Total	97	69,8	153	30,2	250	100	

Source: Primary Data, 2022.

Based on table 7, it shows that of the 250 patient respondents who were satisfied with the sufficient physical evidence category were 79 (23.3%) while patients who were satisfied with the insufficient guarantee category were 18 (45.2%). Conversely, patients who feel dissatisfied with the category of sufficient physical evidence are 56 (76.7%) and patients who feel dissatisfied with the category of insufficient physical evidence are 97 (54.8%). Of the 5 components of the questionnaire regarding the *Tangible* aspect, 40% are dissatisfied with the 5th component, namely the bathroom is clean and the tools are complete. The results of the analysis using chi square obtained a p value = 0.004 or a p value <0.05 thus H0 is rejected and Ha is accepted, meaning that there is a relationship between physical evidence (Tangible) and satisfaction (Servqual). it can be concluded that the better the physical evidence provided by the Health Service Officer, the more satisfied the patient is treated.

Reliability Variable with Satisfaction (Servqual)

To find out the relationship between the reliability variable and patient satisfaction at Waled Hospital, Cirebon Regency, it can be seen in the following table

				ction			
Reliability Category	Satisfied		Not Satisfied		—Total		Statistical Test
_	n	%	n	%	n	%	
Simply	77	44,3	56	55,7	133	100	P = 0,011
Less	20	26,3	97	73,7	117	100	
Total	97	69,8	153	30,2	250	100	

 Table 8 Relationship between Reliability and Servqual at RSUD Waled Cirebon Regency in 2022

Source: Primary Data, 2022.

Based on table 8 shows that of the 250 patient respondents who were satisfied with the sufficient reliability category were 77 (44.3%) while patients who were satisfied with the lack of guarantee category were 20 (26.3%).

Conversely, patients who were dissatisfied with the category of sufficient physical evidence were 56 (55.7%) and patients who were dissatisfied with the category of insufficient physical evidence were 97 (73.7%). Of the 5 components of the questionnaire regarding the *Reliability* aspect, 43% were dissatisfied with the 5th component, namely the Officer provides information clearly according to patient needs. The results of the analysis using chi square obtained a p value = 0.011 or a p value <0.05 thus H0 is rejected and Ha is accepted, meaning that there is a relationship between reliability (Reliability) and satisfaction (Servqual). it can be concluded that the better the reliability provided by the Health Service Officer, the more satisfied the patient is treated.

Responsiveness Variable with Satisfaction (servqual)

To find out the relationship between responsiveness and patient satisfaction at Waled Hospital, Cirebon Regency, it can be seen in the following table:

Co.t.	Satisfaction				Total		64 - 4 ¹ - 4 ¹ 1
Category Responsiveness	Satisfied		Not Satisfied				Statistical Test
	n	%	n	%	n	%	_
Simply	67	44,1	68	69,4	135	100	P = 0,045
Less	30	30,6	85	55,9	115	100	
Total	97	69,8	153	30,2	250	100	

Table 9 Relationship between Responsiveness and Servqual at RSUD Waled Cirebon Regency in 2022

Source: Primary Data, 2022.

Based on table 9, it shows that of the 250 patient respondents who were satisfied with the sufficient responsiveness category were 67 (44.1%) while patients who were satisfied with the poor responsiveness category were 30 (30.6%). Conversely, patients who were dissatisfied with the sufficient physical evidence category were 68 (69.4%) and patients who were dissatisfied with the lack of physical evidence category were 85 (55.9%). Of the 5 components of the questionnaire regarding the Responsiveness aspect, 65% were dissatisfied with the 3rd component.

The results of the analysis using chi square obtained a p value = 0.045 or p value < 0.05. thus H0 is rejected and Ha is accepted, meaning that there is a relationship between responsiveness (Responsiveness) and satisfaction (servqual). it can be concluded that the better the responsiveness of the Health Service Officer, the more satisfied the patient is treated.

Assurance Variable with Satisfaction (servqual)

To find out the relationship between assurance and patient satisfaction at Waled Hospital, Cirebon Regency can be seen in the following table:

		Satisfaction					
Category Assurance	Satisfied		Not Satisfied		Total		Statistical Test
	n	%	n	%	n	%	-
Simply	80	45,2	56	76,7	136	100	P = 0,002
Less	17	23,3	97	54,8	114	100	
Total	97	69,8	153	30,2	250	100	

Table 10 Relationship between Assurance and servqual at RSUD Waled Cirebon Regency in 2022
Satisfaction

Source: Primary Data, 2022.

Based on table 10 shows that of the 250 patient respondents who were satisfied with the sufficient guarantee category were 80 (45.2%) while patients who were satisfied with the insufficient guarantee category were 17 (23.3%). Conversely, patients who are dissatisfied with

the sufficient physical evidence category are 56 (76.7%) and patients who are dissatisfied with the less physical evidence category are 97 (54.8%). Of the 5 components of the questionnaire regarding the Assurance aspect, 32.5% were dissatisfied with the 2nd component, namely the Officer provides information about the patient's illness.

The results of the analysis using chi square obtained a p value = 0.002 or p value < 0.05. thus H0 is rejected and Ha is accepted, meaning that there is a relationship between assurance (Assurance) and satisfaction (servgual). it can be concluded that the better the guarantee given by the Health Service Officer, the more satisfied the patient is treated.

Attention Variable (Empathy) with Satisfaction (servqual)

To find out the relationship between attention variables and patient satisfaction at Waled Hospital, Cirebon Regency, it can be seen in the following table

Empathy Category		Sati	sfaction		_Total		
	Satisfied		Not Satisfied				Statistical Test
	n	%	n	%	n	%	
Simply	73	48,3	75	51,7	148	100	P = 0,000
Less	24	24,2	78	75,8	102	100	
Total	97	69,8	153	30,2	250	100	

Source: Primary Data, 2022.

Based on table 11, it shows that of the 250 patient respondents who were satisfied with the sufficient attention category were 73 (48.3%), while patients who were satisfied with the insufficient guarantee category were 24 (24.2%). Conversely, patients who feel dissatisfied with the sufficient physical evidence category are 75 (51.7%) and patients who feel dissatisfied with the lack of physical evidence category are 78 (75.8%). Of the 5 components of the questionnaire regarding the Empathy aspect, 47% were dissatisfied with the 3rd component The officer is able to provide peace and tranquility in the patient's heart.

The results of the analysis using chi square obtained a p value = 0.000 or p value < 0.05thus H0 is rejected and Ha is accepted, meaning that there is a relationship between attention (Empathy) and satisfaction (servqual). it can be concluded that the better the attention given by the Health Service Officer, the more satisfied the patient is treated.

Multivariate Analysis

Multivariate analysis with logistic regression test obtained the influence between independent variables together (simultaneously) on the dependent variable. It was found that all variables in this study, namely 5 (five) variables, were eligible toproceed to multivariate analysis. The variables that qualify to be continued in the multivariate test are as follows:

Table 12 Eligible Variables for Multivariate Tests						
Variables	Test Result (p value)					
Tangible	0.004					
Reliability	0.011					

Responsiveness					0.045	
Assurance					0.002	
Empathy					0.000	
Constant						
	a	р ·	$\mathbf{D} \leftarrow \mathbf{V}$	2022		

Source: Primary Data, Year 2022

The final model of the logistic regression equation was obtained to determine the variables that most influence patient satisfaction at RSUD Waled, Cirebon Regency in 2022. The results of logistic regression can be directly interpreted from the coefficient values as follows:

Satisfaction variables at RSUD Waled Cirebon Regency in 2022								
Variables	B 3.	E Wa	ald	df Sig	•	Exp(B		
Tangible	.673	.433	2.416	1	.020	1.960		
Reliability	20.715	2.321E4	.000	1	.000	9.91718		
Responsiveness	.520	.444	1.371	1	.042	1.683		
Assurance	-22.275	2.321E4	.000	1	.999	.000		
Empathy	-1.326	.433	9.361	1	.002	.266		
Constant	032	.201	.026	1	.872	.968		

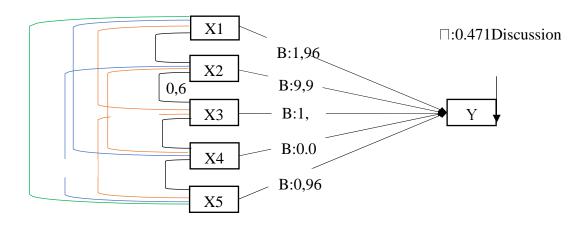
 Table 13. Results of Multivariate Analysis with Logistic Regression Effect of Independent Variables on Satisfaction variables

Source: Primary Data, Year 2022

Table 13 Tangible variables (p=0.020), Reliability variables (p=0.000) Responsiveness variables (p=0.042), and Empathy variables (p=0.002), have a p value <0.05, which means that statistically these variables have a simultaneous and significant influence on satisfaction at Waled Hospital Cirebon Regency, while the Assurance variable (p=0.999) does not have a significant effect on satisfaction at Waled Hospital Cirebon Regency.

Based on these results, it can be seen that the final capital of the Logistic Regression equation to determine the variables that are highly influential on patient satisfaction at RSUD Waled, Cirebon Regency is to see the highest Exp (B) value.

From the results of the logistic regression analysis above, it is obtained that the Reliability variable has the highest Exp (B) value, which is 9.9 times more influential on patient satisfaction at Waled Hospital, Cirebon Regency with a value of p = 0.000. The resulting Path Analysis can be in the form of an equation:



Patient Satisfaction based on Tangible

From the results of research on respondents at the Cirebon Regency Waled Hospital, 46% stated that the physical appearance in the hospital was good and 54% stated that it was not good, this means that the physical appearance in this hospital is good in terms of room cleanliness, prepared beds, room cleanliness, facilities such as air conditioning and fans still look good and function. This is in accordance with the opinion of Yazid (2005: 104), namely direct evidence can include the appearance of facilities or physical elements, equipment, personnel, and communication materials that aim to strengthen the impression of the quality of the services offered to service users (patients).

Patient Satisfaction based on Reliability

The results of research conducted at RSUD Waled Cirebon Regency showed that the reliability of patients as much as 53.2% stated that it was good because the hospitalized on duty were senior nurses who immediately handled if there was an emergency, and 46.8% stated that it was not good if those serving were interns or new nurses. There are several things that institutions must do to realize reliable services, including conducting education and training for nurses on an ongoing basis so that they become nurses who are truly able to provide reliable services (zero defect / free error) as well as have a high awareness of the importance of reliable services. In addition, institutions also need to provide infrastructure that supports the free error program. In the setting of hospital services, reliable services mean services that are free from errors in assessment, diagnosis, and treatment, there is no malpractice, and the services provide guarantee the improvement of the condition of patients who seek treatment.

Patient Satisfaction based on Responsiveness

Basically, a nurse is required with performance results that must be in accordance with patient expectations which means timeliness, the same service for all patients without errors, a sympathetic attitude, and with high accuracy so that later it will give birth to a sense of satisfaction in the patient himself. The better the patient's perception of reliability, the higher the patient's satisfaction will be. And if the patient's perception of reliability is poor, then patient satisfaction will be lower. In line with the results of research conducted by Atmawati and Wahyudin (2007) and Ratih Hardiyati (2010), it is stated that the reliability variable has a positive effect on patient satisfaction.

In Suparmi's research (2014) states that in addition to making patients feel satisfied, the psychological impact that will occur is obedience behavior in patients that can support their recovery. Another thing in Acton's Theory of Reasoned (Leventhal, et al, 1984) states that attitudes and subjective norms towards obedience behavior will predict further behavior. The reliability of nurses in providing services to patients. In its implementation, this dimension contains two main elements, namely the ability of the institution to provide services as promised and the accuracy of the services provided or how far the nurse is able to minimize/prevent errors in the service process provided. Hospitals/healthcare centers will become unreliable if the laboratory test results received by patients are confused with other patients, or other carelessness.

Patient Satisfaction based on Assurance

The assurance aspect includes ensuring safety, politeness, being able to foster the trust of its patients. Assurance also means that it is free of danger, risk and doubt. In this case, the nurse is expected to be able to provide a guarantee that when the patient is in her hands, healing will be obtained, by fostering patient confidence, that they are in good hands is the nurse's job so that the patient is sure of his choice in curing his illness. The results of research on respondents in this case with patients as much as 74, 4% said that they Guaranteed assurance provided by nurses to patients who were not good, and 26.6% stated that it was good, from the friendliness of nurses, politeness of nurses, nurses' concern for patients both so that the sense of satisfaction was experienced by patients so that many patients complained about using services at Waled Hospital, Cirebon Regency because what they got from nurses was felt to be not in accordance with what they expected.

This is in accordance with the opinion of Fadlan, (2014), assurance and certainty are able to provide information to customers in a language they can understand, safe from danger, risk or doubt, have the skills and knowledge needed to be able to provide certain services. In a study conducted by Krisnanda (2001) at Pelembang Regional Hospital with the title dimensions of emergency services with patient satisfaction in the Emergency Department, 53.8% of patients said they were less satisfied with the services provided, where nurses were less polite in providing services (assurance).

Patient Satisfaction based on Attention (Empathy)

From the results of research conducted at RSUD Waled Cirebon Regency, 59.2% stated that the empathy shown by nurses was quite good and 40.8% stated that nurses in providing empathy services were not good. This shows that empathy or a sense of attention and attentiveness shown by officers greatly affects patient satisfaction to be able to feel what is expected to heal and return.

Wijaksono's research (2013) states that the psychological touch that nurses and other medical teams can convey to patients will reduce the stress they experience during illness, and it turns out that psychological fatigue contributes to the patient's illness getting worse. Motivation from the medical team can reduce anxiety by providing emotional support in the form of patience, attention, motivation so that patients will recover faster.

Patient Satisfaction with Nursing Room Services (ServQual)

Based on the results of the study results that patients are less satisfied with the services of nurses because when providing services nurses do not show a sympathetic or caring attitude to patients and nurses are not fast in serving patients when patients want something, the communication relationship between nurses and patients is also rarely well established. As many as 38.3% of respondents who stated that they were satisfied with the services provided by nurses at RSUD Waled Cirebon Regency and as many as 61.2% who stated that they were not satisfied with the nurses who were there and provided direct services felt by patients.

This supports research conducted by Dahlan (2012) that if the service received exceeds customer expectations, then service quality is perceived as ideal quality. Conversely, if the service received is lower than expected, then the service quality is perceived as poor. Thus, whether the quality of service is good or not depends on the service provider's ability to consistently meet customer expectations.

The growing competition between hospitals is getting tighter and sharper, so every hospital is required to increase competitiveness by trying to provide satisfaction to all its patients. For this reason, it must be known what factors affect the level of patient satisfaction. And it is very important for us to know what our patients need to fulfill their satisfaction with the services we provide (Wijayanti, 2008).

CONCLUSION

There is a relationship between *Tangibles* and patient satisfaction at Waled Hospital, Cirebon Regency. There is a relationship between *Reliability* and patient satisfaction at Waled Hospital, Cirebon Regency. There is a relationship between *Responsiveness* and patient satisfaction at Waled Hospital, Cirebon Regency. There is a relationship between *Assurance* and patient satisfaction at Waled Hospital, Cirebon Regency. There is a relationship between *Empathy* and patient satisfaction at Waled Hospital, Cirebon Regency. *Reliability* factor is the most influential factor on patient satisfaction at Waled Hospital, Cirebon Regency.

REFERENCES

- Adisaputro, Gunawan. (2014), *Marketing Management (Analysis for Marketing Strategy Design)*, YKPN College of Management Sciences, Yogyakarta.
- Aiken, L. H., et al. (2017). "Patient satisfaction with hospital nurses and nurses in England: and observational study." <u>BMJ open 8(1)</u>: e019189.
- Anjaryani, W. D. (2009). Satisfaction of inpatients with Nurse services at Tugurejo Semarang Hospital, Diponegoro University.
- Anni Mar'atush Sholihah, Susanto. (2014), The Effect of Marketing Mix on the Interest in Repeat Visits of National Health Insurance (Jkn) Patients in the Outpatient Unit of Panembahan Hospital. Senopati Bantul.

Ashrafun, L. and M. J. Uddin (2011). "Factors determining inpatient satisfaction with hospital care in Bangladesh." Asian <u>social science</u> 7 (6): 15.

- Azwar, A (1996) Introduction to Health Administration. Ciputat. Tangerang 2010. Binarupa Aksara Publisher, Third Edition.
- Cannon, Perreault and McCarthy (2012), Marketing Management, Jakarta: Fourth Edition
- Chairunnisa, C and M. Puspita (2017). "An Overview of Outpatient Satisfaction with Services at the Jakarta Sukapura Islamic Hospital (RSIJS) in 2015. " Journal of Medicine and Health 13 (1): 9-27.

Desi Fitriani, Lukman Waris, and Anni Yulianti. (2017), Budgeting and Receipt of JKN Program Capitation Funds in Remote Areas of the Mentawai Islands Regency.

- Fatas, I. A. and M. F. Wajdi (2017). Analysis of the Level of Satisfaction of Inpatients with the Quality of Service of Hidayah Boyolali Hospital, Universitas Muhammadiyah Surakarta.
- Fayol, Henry. (2017), Public Relations Management, Jakarta: PT Elex Media. Gaspersz,
- George R, Terry. (2011), *Basics of Management*, Jakarta: PT Bumi Aksara Hawkin and Lonney. (2004) *Consumer Satisfaction Indicators*, Jakarta: Binarupa Aksara
- Husein Umar (2005), Research Methods for Thesis and Thesis, Jakarta: Rajawali Kotler
- Kotler, Philip and Armstrong. (2014), Marketing Basics, Jakarta: Prenhallindo Publisher
- Law No. 23 of 1992 concerning Health.
- Law No. 40 of 2004 concerning the National Social Security System. Law of the Republic of Indonesia No. 44 of 2009 concerning Hospitals. Government Regulation No.47 of 2021 concerning the Implementation of the Field of Hospitalization.
- Lonney. (2004) Consumer Satisfaction Indicators, Jakarta: Binarupa Aksara
- Lovelock, C and Wright, L.K. (2011), Services Marketing Management, PT. Index, Indonesia
- Makarem, J., et al. (2016). "Patients' satisfaction with inpatient services provided in hospitals affiliated to Tehran University of Medical Sciences, Iran, during 2011-2013. " Journal of medical ethics and history of medicine 9.
- Mamik. (2010). Organization and Management of Health and Midwifery Services. Jakarta: EGC.
- Ministry of Health RI. (2012). "Technical Guidelines for Inpatient Hospital Buildings." Directorate of Medical Support Services and Health Facilities.
- Minister of Health Regulation No. 56 Year 2014 on Hospitals in

https://peraturan.bpk.go.id/Home/Details/129900/permenkes-no-56-tahun- 2014.

- Minister of Health Regulation No. 3 of 2020 concerning Hospital Classification and Licensing.
- Moenir, H. (2010). Public Service Management in Indonesia. Jakarta: Bumi Aksara.
- Novi Henriyati Rahmi, Sampurno, Wahono Sumaryono. (2019), The Effect of Service

Marketing Mix and Quality of Health Services at Bojong Nangka Health Center on Bpjs Patient Satisfaction.

- Oliver, R. L. (2019). *Satisfaction: A behavioral perspective on the consumer,* London: ME Sharp Incorporated.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. The Journal of Marketing, 41-50.
- Pohan, I. S. (2012). "*Quality Assurance of Health Services, Basics of Definition and Application.*" Jakarta, EGC medical book.
- Pouragha, B, & Zarei, E. (2016). The Effect of Outpatient Services Quality on Patient Satisfaction in Teaching Hospitals in Iran. Journal of The Academy of Medical Sciences In Bosnia And Herzegovina
- Ridwan, and Engkos Achmad Kuncoro. (2008), *How to Use and Use Path Analysis*. Bandung: Alfabeta

Robbins, Stephen P. and Mary Coulter. (2011) *Management*, Erlangga, Jakarta Sugiyono. (2004). Quantitative, Qualitative, and R&D Research Methods. Bandung: Alfabeta, CV.

- Shan, L., et al. (2016). "Patient Satisfaction with hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care." Plos One 11 (10): e0164366
- Shan, L. et al. (2016). Patient Satisfaction with Hospital Inpatient Care: Effects of Trust, Medical Insurance and Perceived Quality of Care. http://journals.plos.org.
- Shita Hayyuning Astiti, Yaslis Ilyas. (2021), Implementation of Marketing Communication Mix of Hermina Karawang Hospital in the Covid19 Pandemic Era.
- Supartiningsih, S. (2017). Service Quality and Hospital Patient Satisfaction: The Case of Outpatients. Journal of Medicoeticolegal and Hospital Management, 6 (1); 9-15
- Sugiyono. (2014). Quantitative Qualitative and R&D Research Methods. Bandung: Alfabeta Publisher.
- Supriyanto, S. & Ernawati. (2010). Marketing the Health Services Industry Yogyakarta: CV Offset.
- Supriyanto & Ernawaty (2010). *Health Services Industry Marketing*." Yogyakarta, Andi.
- Supriyanto, S. & R. D. Wulandari (2011). "Quality Management of Health Services." Surabaya, Health Advocacy": Tree of Light.
- Tjiptono, F. (2014). Service Marketing. yogyakarta: ANDI.
- Tjiptono, F. (2012). Excellent Service Management Service. Yogyakarta: Andi Offset.
- Tjiptono, Fandy. (2017), *Strategic Marketing*, Yogyakarta: CV. ANDI OFFSET (Andi Publisher)
- Vincent. (1997) Balanced Integrated Performance Management System Scorecard with Six Sigma for Business and Government Organizations. Jakarta: Gramedia Pustaka Utama.
- Woldeyohanes, T. R., et al. (2015). "Perceived patient satisfaction with inpatient services at Jimma University Specialized Hospital, Southwest Ethiopia." BMC research notes 8 (1): 285.
- Xesfingi, S., et al. (2017). "Patient Satisfaction at Tertiary Level Healthcare Services in Greece: Inpatient vs Outpatient Healthcare Services Assessment. " <u>International Journal of</u> <u>Health Economics and Policy 2</u> (3): 125.
- Zeithaml, V.A., M.J. Bitner, D.D. Gremler. (2013). Services Marketing: Integrating Customer Focus Across the Firm, Mcgraw-Hill, Boston.