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The Effect of Registration Services, Patients Perceptions of Diagnostic Accuracy, Staff Ethics, and Facility Availability on Patient Satisfaction at Griya Medika Primary Care Lampung

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ABSTRACT

Patient satisfaction serves as an important measure of healthcare service performance and quality. This study investigated the relationships between registration services, patients' perceived diagnostic accuracy, staff ethics, facility availability, and patient satisfaction at Griya Medika Primary Clinic in Bandar Lampung, Indonesia. A quantitative cross-sectional correlational design was employed. The study population comprised 1,095 patients who received services between January and July 2026. Based on the Slovin formula with a 5% margin of error, 293 respondents were included. Data were collected using a structured questionnaire with Likert-scale items and analyzed through descriptive statistics, instrument validity and reliability testing, assumption testing, Pearson correlation, and multiple linear regression in SPSS. Pearson correlation analysis identified positive associations between patient satisfaction and registration services ($r = 0.710$), perceived diagnostic accuracy ($r = 0.672$), staff ethics ($r = 0.697$), and facility availability ($r = 0.708$), with all associations statistically significant ($p < 0.001$). Multiple regression analysis also indicated positive and statistically significant coefficients for registration services ($B = 0.393$), perceived diagnostic accuracy ($B = 0.431$), staff ethics ($B = 0.561$), and facility availability ($B = 0.471$), all with $p < 0.001$. The model yielded an R value of 0.889 and an R^2 of 0.791, indicating that the four predictors collectively accounted for 79.1% of the observed variation in patient satisfaction. Staff ethics had the highest standardized regression coefficient ($\beta = 0.315$). These findings suggest that improving administrative processes, communicating clinical information clearly, maintaining ethical interactions, and ensuring adequate facilities may contribute to better patient satisfaction in primary healthcare settings.

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INTRODUCTION

Healthcare quality is not determined solely by technical medical care; it is similarly shaped by how services are organized, delivered, and experienced by patients. Health-service management includes the coordination of people, processes, facilities, information, and patient communications so that care can be effective, efficient, accessible, and responsive to patient needs. Within this system, patient satisfaction is a meaningful outcome because it reflects patients' evaluation of the service they receive relative to their expectations. Previous research has also identified patient satisfaction as a key measure of healthcare quality, closely associated with patient trust, the intention to continue using healthcare services, and patient loyalty.

Registration services represent the first formal point of contact between patients and a healthcare facility. The registration process includes administrative procedures, queue management, information clarity, service speed, and staff responsiveness. When registration is efficient and understandable, the patient's initial experience may be more favorable. Conversely, prolonged waiting, unclear procedures, or limited responsiveness can create dissatisfaction before clinical care begins. Evidence cited in the thesis includes findings that waiting time is associated with patient satisfaction in primary health service settings and that delays could negatively influence the patient's overall service experience (Alrasheedi et al., 2019; Samura, 2022; Handayuni, 2021).

Patients' perceptions of diagnosis accuracy are another important component of the healthcare experience. Diagnosis provides the basis to understand a patient's condition and determining subsequent management. From the patient perspective, diagnostic quality is experienced not only through the clinical examination itself but also through the clarity, consistency, and understandability of explanations provided by healthcare professionals. Research in the thesis literature points out the importance of accurate clinical information and the quality of healthcare interactions in building patient confidence and satisfaction (Arimbawa et al., 2022; Pratama et al., 2023).

Staff ethics concerns how healthcare workers interact with patients, including politeness, respect, empathy, honesty, responsibility, communication, and protection of patient dignity and confidentiality. Interpersonal treatment is directly visible to patients and may therefore strongly shape their assessment of service quality. Previous research suggests that patient satisfaction is linked to healthcare professionals' ethical conduct, professional competence, and the quality of their interactions with patients (Nirmalarumsari, 2020; .Rijal et al., 2019). In addition, a service environment that treats patients respectfully may strengthen comfort and trust during care.

Facility availability provides the physical and operational support required for medical care delivery. Facilities include waiting areas, examination rooms, toilets, medical equipment, supporting equipment, cleanliness, comfort, and reachability. Adequate facilities can reduce inconvenience and support a smoother service process, whereas inadequate or poorly maintained facilities may reduce comfort and affect the overall medical patient experience. Prior studies cited in the thesis report positive relationships between service facilities and

patient satisfaction (Gusrianti et al., 2024; Putri, 2023; Sugondo et al., 2021; Irine et al., 2024).

At Griya Medika Primary Clinic, Bandar Lampung, preliminary observations and interviews described generally favorable experiences and also identified areas that could be improved. Patients reported that registration was generally easy and staff were usually friendly and communicative, although longer queues could occur during busy periods. Patients generally perceived clinical examinations and diagnoses as appropriate, while some expected more time for interaction and explanation. Staff were commonly perceived as polite and competent, although responsiveness was not always consistent. Facilities were considered reasonably adequate, while waiting-room comfort and supporting facilities were identified as points for enhancement. A preliminary survey of 30 patients reported that 40.0% rated registration as less good, 40.0% rated diagnosis accuracy as less good, 33.3% rated staff ethics as less good, 56.7% rated facility availability as less good, and 43.3% rated patient satisfaction as less good.

These observations offer a practical basis for examining whether the four service dimensions are statistically associated with patient satisfaction in this clinic. The present study therefore studies the partial effects of registration services, patients' perceptions of diagnosis accuracy, the relationships of staff ethics and facility availability with patient satisfaction, both individually and in combination. The study is expected to deliver empirical information for health-service management at the clinic and contribute evidence concerning patient-centered service improvement in primary healthcare.

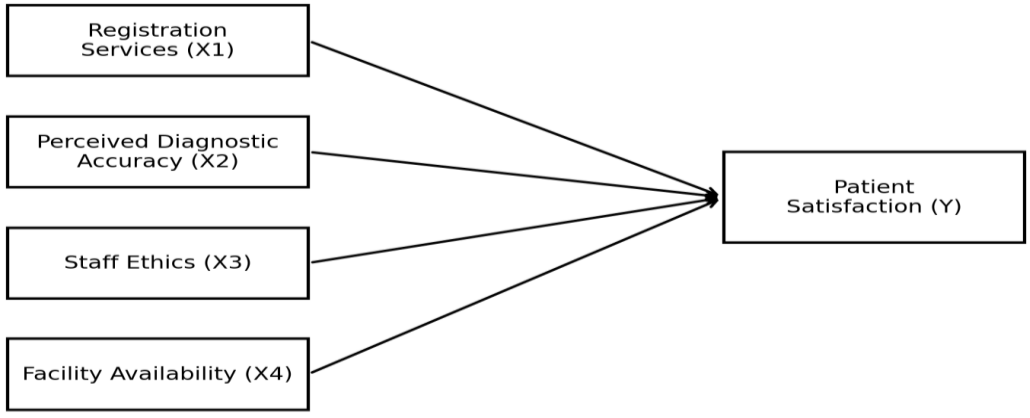


Figure 1. Conceptual Framework

RESEARCH METHODS

This research employed a quantitative, cross-sectional correlational method and was carried out at Griya Medika Primary Clinic in Bandar Lampung, Lampung Province. The study population included 1,095 patients who received healthcare services at the clinic between January and July 2026. Using the Slovin formula with a 5% margin of error, the required sample was calculated as 292.98 and rounded up to 293 respondents. Primary data were collected through structured

questionnaires administered to patients, whereas secondary data were obtained from clinic records and relevant scientific publications (Sugiyono, 2022; Ghozali, 2021).

The questionnaire measured five constructs. Registration services (X1) represented the initial administrative service and included speed, clarity of procedures, staff friendliness, and ease of the service flow. Perceived diagnosis accuracy (X2) reflected patients' assessment of whether the diagnosis matched their complaints and perceived health condition, based on the examination process and the explanation received. Staff ethics (X3) represented staff behavior during service, including friendliness, politeness, honesty, empathy, and responsibility. Facility availability (X4) covered the adequacy of supporting infrastructure such as the waiting area, toilets, examination rooms, medical equipment, and environmental comfort. Patient satisfaction (Y) represented patients' overall evaluation of the healthcare service in relation to their expectations.

All study variables were assessed using questionnaire statements rated on an ordinal Likert scale. The final questionnaire contained 60 items: 10 items for registration services, 10 for perceived diagnosis precision, 10 for staff ethics, 10 for facility availability, and 20 for patient satisfaction. The validity of each questionnaire item was evaluated by comparing its correlation coefficient against the critical r-value of 0.361, with all items meeting the established validity criterion. Internal consistency was examined using Cronbach's alpha, and all study variables achieved coefficients above the minimum acceptable threshold of 0.70.

The data were analyzed in SPSS using descriptive statistics, instrument validity and reliability assessments, classical assumption tests, Pearson correlation analysis, and multiple linear regression. The regression model was specified as $Y = a + b1X1 + b2X2 + b3X3 + b4X4 + e$. Partial effects were assessed using the regression coefficients and t statistics, while the simultaneous contribution of the four independent variables was assessed using the F test and coefficient of explanation. The thesis also evaluated multicollinearity using tolerance and VIF values and heteroscedasticity using an absolute-residual approach.

Participation was voluntary. An informed-consent statement was provided to participants, outlining the research objectives, the voluntary nature of their involvement, confidentiality safeguards, and their freedom to discontinue participation at any time. Individual responses were intended for academic and scientific purposes and were not reported individually.

RESULTS & DISCUSSION

The characteristics of the respondents in this study were analyzed to provide an overview of the demographic profile of the 293 patients who participated in the research. These characteristics included age, educational background, and sex. As presented in Table 1, the respondents were predominantly over 40 years of age, had secondary-level education (junior or senior high school), and were female. The distribution of these characteristics provides an overview of the respondents involved in assessing registration services, perceived diagnostic accuracy, staff ethics, facility availability, and patient satisfaction at Griya Medika Primary Clinic.

Table 1. Respondent Characteristics (n = 293)

Characteristic	Category	n (%)
Age	21-30 years	32 (10,9%)
	31-40 years	30 (10,2%)
	>40 years	231 (78,8%)
Education	Secondary (SMP/SMA)	183 (62,5%)
	Higher (Diploma/ Bachelor)	110 (37,5%)
Sex	Male	98 (33,4%)
	Female	195 (65,6%)

Source: Research Data (Processed), 2026

Among the 293 respondents, 231 (78.8%) were older than 40 years, 183 (62.5%) had secondary education, and 195 (66.6%) were female. The sample therefore predominantly represented older patients, patients with secondary education, and female patients. Consider these characteristics when interpreting the findings because perceptions of healthcare services may vary across patient groups. Research Data (Processed), 2026

Table 2. Descriptive Statistics of Study Variables

Variable	N	Minimum	Maximum	Mean ± SD
Registrarion services (X1)	293	10.00	38,92	27.5118 ± 8.08095
Perceived diagnostic accuracy (X2)	293	10.67	40,84	27.6611 ± 7.44977
Staff ethics (X3)	293	10.00	39,42	26.3948 ± 6.99436
Facility availability (X4)	293	10.00	40,31	27.9557 ± 8.16043
Patient satisfaction (Y)	293	29.55	84,23	60.0574 ± 12.47183

Source: Research Data (Processed), 2026

The descriptive analysis was conducted using complete data from all 293 respondents across the study variables. The mean scores were 27.5118 for registration services, 27.6611 for perceived diagnostic validity, 26.3948 for staff ethics, 27.9557 for facility availability, and 60.0574 for patient satisfaction. The relatively broad standard deviations indicate meaningful variation in respondents' evaluations rather than identical responses across the sample.

Table 3. Instrument Validity and Reliability Summary

Construct	Items	Validity	Cronbach's α
Registration services (X1)	10	All valid (r > 0.361)	0.950
Perceived diagnostic accuracy (X2)	10	All valid (r > 0.361)	0.942
Staff ethics (X3)	10	All valid (r > 0.361)	0.893
Facility availability (X4)	10	All valid (r > 0.361)	0.960
Patient satisfaction (Y)	20	All valid (r > 0.361)	0.924

Source: Research Data (Processed), 2026

All questionnaire items met the validity criterion reported in the thesis, and every construct demonstrated acceptable reliability. The Cronbach's alpha coefficients for the study variables fell between 0.893 and 0.960, demonstrating a high level of internal consistency across the measurement instruments.

Classical assumption testing supported the use of multiple regression with some qualification. The residual normality assessment using the Kolmogorov–Smirnov test yielded a test statistic of 0.062, with an asymptotic significance value of 0.008. Statistically, this value is below 0.05; however, the thesis also reports that the histogram and Normal P–P Plot showed a residual distribution that visually approximated normality, with points generally following the diagonal. The analysis revealed no evidence of multicollinearity among the independent variables, as tolerance values were between 0.579 and 0.672, while the corresponding VIF values ranged from 1.487 to 1.727. The heteroscedasticity test produced significance values of 0.840, 0.506, 0.180, and 0.196 for X1 through X4, respectively, indicating no evidence of heteroscedasticity under the procedure used in the thesis.

Tabel 4. Multiple linear Regression Results

Predictor	B	SE	β	T	p
Constant	9.366	1.586	—	5.907	<0.001
Registration services (X1)	0.393	0.055	0.254	7.192	<0.001
Perceived diagnostic accuracy (X2)	0.431	0.056	0.257	7.725	<0.001
Staff ethics (X3)	0.561	0.059	0.315	9.580	<0.001
Facility availability (X4)	0.471	0.052	0.308	9.141	<0.001

Source: Research Data (Processed), 2026

As presented in Table 4, the multiple linear regression analysis revealed that all four independent variables had positive and statistically significant effects on patient satisfaction ($p < 0.001$). The regression model yielded the following equation: $Y = 9.366 + 0.393X1 + 0.431X2 + 0.561X3 + 0.471X4 + e$. The standardized regression coefficients (β) were 0.254 for registration services, 0.257 for perceived diagnostic accuracy, 0.315 for staff ethics, and 0.308 for facility availability. Among the four predictors, staff ethics demonstrated the highest standardized regression coefficient ($\beta = 0.315$), followed by facility availability ($\beta = 0.308$), perceived diagnostic accuracy ($\beta = 0.257$), and registration services ($\beta = 0.254$). This finding indicates that staff ethics had the strongest relative contribution to patient satisfaction compared with the other predictors in the regression model. Nevertheless, all four variables demonstrated significant positive effects on patient satisfaction.

Tabel 5. Pearson Correlations and Model Fit

Relationship / statistic	r / value	p / significance	Interpretation
X1 ↔ Patient satisfaction	0.710	<0.001	Positive, strong
X2 ↔ Patient satisfaction	0.672	<0.001	Positive, strong
X3 ↔ Patient satisfaction	0.697	<0.001	Positive, strong
X4 ↔ Patient satisfaction	0.708	<0.001	Positive, strong
Multiple R	0.889	—	Very strong joint relationship
R^2	0.791	—	79.1% explained variance
Adjusted R^2	0.788	—	78.8% adjusted explained variance
F statistic	272.824	<0.001	Significant overall model

Source: Research Data (Processed), 2026

As shown in Table 5, Pearson correlation analysis revealed positive and statistically significant relationships between all four independent variables and patient satisfaction ($p < 0.001$). Registration services had the strongest correlation with patient satisfaction ($r = 0.710$), followed closely by facility availability ($r = 0.708$), staff ethics ($r = 0.697$), and perceived diagnostic accuracy ($r = 0.672$). Furthermore, the multiple regression model demonstrated a very strong overall relationship, with a multiple correlation coefficient (R) of 0.889. The coefficient of determination (R^2) was 0.791, indicating that the four independent variables jointly explained 79.1% of the variation in patient satisfaction, while the remaining 20.9% could be attributed to other factors not included in the model. The adjusted R^2 value of 0.788 further indicated that the model explained 78.8% of the variation after adjustment for the number of predictors. The overall regression model was statistically significant ($F = 272.824$, $p < 0.001$), confirming that registration services, perceived diagnostic accuracy, staff ethics, and facility availability jointly had a significant relationship with patient satisfaction.

This finding shows that the administrative entry point to care is closely connected to how patients evaluate the service as a whole. Registration involves more than recording patient identity: it includes queue organization, procedural clarity, waiting time, ease of access, and staff responsiveness. This interpretation aligns with evidence cited in the thesis showing that waiting time and registration processes relate to satisfaction in primary health service settings (Alrasheedi et al., 2019; Samura, 2022; Hendayana et al., 2021). At Griya Medika, the preliminary findings identified longer queues during busy periods as an area for improvement. Therefore, the data support improvements in queue management, administrative flow, information clarity, and staff responsiveness.

Patients' perceptions of diagnostic accuracy were positively correlated with satisfaction, with a statistically significant correlation coefficient of 0.672 ($p < 0.001$). Regression analysis also demonstrated a significant positive association, yielding an unstandardized coefficient of 0.431

($p < 0.001$). This indicates that patients who perceive the diagnostic process as appropriate and understandable tend to show elevated satisfaction. The result should be interpreted as an association between patients' perceptions and satisfaction rather than as an independent clinical verification of diagnostic validity. Patients experience diagnosis through the examination process, the explanation of findings, and their confidence that the diagnosis corresponds to their complaints. The thesis literature similarly points out the importance of accurate documentation, clinical reasoning, and communication of healthcare information (Arimbawa et al., 2022; Pratama et al., 2023). In practice, clear explanations of examination findings and diagnoses may help patients understand the care they receive and may strengthen trust in the service.

Staff ethics demonstrated a statistically significant positive association with patient satisfaction ($r = 0.697$, $p < 0.001$) and the largest standardized regression coefficient in the model ($B = 0.561$; $\beta = 0.315$; $p < 0.001$). The result indicates that interpersonal treatment is an important component of the patient experience at the study site. Patients directly perceive politeness, empathy, responsiveness, considerate communication, and professional conduct, which may influence whether they feel appreciated and comfortable during care. This finding aligns with previous studies cited in the thesis on the relationships between ethics, competence, and health-worker behavior and patient satisfaction (Nirmalarumsari, 2020; Rijal et al., 2019). The result also suggests that service improvement does not depend exclusively on additional physical resources; strengthening communication, interpersonal skills, professionalism, confidentiality, and complaint handling may be relevant quality-improvement components.

The availability of healthcare facilities was positively and significantly associated with patient satisfaction ($r = 0.708$, $p < 0.001$). Multiple regression analysis also identified a significant positive coefficient for facility availability ($B = 0.471$, $p < 0.001$). The standardized coefficient ($\beta = 0.308$) was the second largest among the four predictors. Facilities can influence patient comfort, perceived safety, service convenience, and the smoothness of clinical processes. The result is consistent with studies cited in the thesis reporting associations between facility quality and patient satisfaction (Gusrianti et al., 2024; Putri, 2023; Sugondo et al., 2021; Irine et al., 2024). At Griya Medika, preliminary observations identified waiting-room comfort and supporting facilities as areas for improvement. Regular maintenance, cleanliness, adequate seating, appropriate equipment, and a comfortable service environment may therefore support a more favorable patient experience.

Together, the four predictors showed a very strong relationship with patient satisfaction ($R = 0.889$). The overall regression model demonstrated statistical significance ($F = 272.824$, $p < 0.001$), and $R^2 = 0.791$ indicated that registration services, perceived diagnostic validity, staff ethics, and facility availability explained 79.1% of the variation in patient satisfaction in the sample. The remaining 20.9% of the variation in patient satisfaction may be explained by other factors not included in the current model. This result shows that patient satisfaction is multidimensional: prompt registration without clear clinical communication, accurate diagnosis without understandable explanation, courteous staff without adequate facilities, or good facilities without responsive service may not fully optimize the patient experience. Potential

factors outside the present model include waiting time for clinical care, cost, healthcare-worker competence, environmental comfort, accessibility, physician–patient communication, and service speed. These factors provide opportunities for future research.

CONCLUSION & SUGGESTION

This study found that registration services, patients' perceptions of diagnostic validity, staff ethics, and facility availability were each positively and significantly associated with patient satisfaction at Griya Medika Primary Clinic, Bandar Lampung. The corresponding Pearson correlations were 0.710, 0.672, 0.697, and 0.708, respectively, all with $p < 0.001$. Multiple regression analysis also revealed positive and statistically significant effects for all four independent variables, with unstandardized coefficients of 0.393, 0.431, 0.561, and 0.471, respectively 0.393, 0.431, 0.561, and 0.471, respectively. The overall model was significant ($F = 272.824$, $p < 0.001$), with $R = 0.889$ and $R^2 = 0.791$. Thus, the four service dimensions jointly explained 79.1% of the variation in patient satisfaction in this sample. Staff ethics had the largest standardized coefficient ($\beta = 0.315$).

For clinic management, the findings support integrated service improvement. Registration processes can be strengthened through clearer procedures, efficient queue management, and responsive communication. Clinical teams can improve the patient experience by communicating examination findings and diagnoses clearly and understandably. Staff development may emphasize considerate communication, empathy, professionalism, confidentiality, and complaint handling. Facilities should be monitored and maintained for cleanliness, comfort, accessibility, and functional adequacy. Upcoming research should consider additional determinants of satisfaction and, where feasible, use longitudinal or mixed-method designs to complement cross-sectional patient perceptions.

REFERENCES

Alrasheedi, K. F., Al-Mohaithef, M., Edrees, H. H., & Chandramohan, S. (2019). The Association Between Wait Times and Patient Satisfaction: Findings from Primary Health Centers in The Kingdom of Saudi Arabia. *Health Services Research and Managerial Epidemiology*, *6*. Https://Doi.Org/10.1177/2333392819861246

Al Salmi, Q., Al Fannah, J., & de Roodenbeke, E. (2024). The imperative of professionalising healthcare management: A global perspective. Future Healthcare Journal, 11(3), 100170.

Arimbawa, I. W. G., Yunawati, N. P. L., & Paramita, I. A. P. (2022). Hubungan Kelengkapan Penulisan Diagnosis Terhadap Keakuratan Kode Icd-10 Kasus Obstetri Triwulan Iii Pasien Rawat Inap Di Rsu Premagana. *Jurnal Manajemen Informasi Kesehatan Indonesia*, *10 No 1*(1), 35. Https://Doi.Org/10.33560/Jmiki.V10i1.370

Aribowo, K., Purwanda, E., & Rahmi, A. S. (2024). Hubungan kualitas pelayanan terhadap kepuasan dan loyalitas pasien di rumah sakit. Jurnal Akuntansi, Manajemen dan Ilmu Ekonomi (JASMIEN), 5(1), 58–66.

Asti, H. F. R. T., Budiyanti, R., & Kusumastuti, W. (2024). Tingkat kepuasan pasien terhadap

pelayanan poli umum di Klinik Pratama Diponegoro I Kota Semarang berdasarkan dimensi kualitas. Jurnal Manajemen Kesehatan Indonesia, 12(2), 130–145. https://doi.org/10.14710/jmki.12.2.2024.130-145

Darmawan, D., et al. (2022). BPJS patients' satisfaction analysis towards service quality of public health center in Surabaya. Media Kesehatan Masyarakat Indonesia, 18(4), 124–131.

Effendi, K., & Junita, S. (2020). Tingkat kepuasan pasien terhadap pelayanan kesehatan di UPTD Puskesmas Mutiara tahun 2019. Excellent Midwifery Journal, 3(2). Fandy Tjiptono. (2022). Manajemen dan strategi kepuasan pelanggan (Ed. 1). CV Andi.

Febriawati, H., Yandrizal, & Angraini, W. (2023). Service quality, satisfaction and patient loyalty in public health center of Bengkulu. JIKA: Jurnal Ilmu Kesehatan, 7(1).

Ghozali, I. (2021). *Aplikasi Analisis Multivariate Dengan Program Ibm Spss 26 (Edisi Ke-10)*. Badan Penerbit Universitas Diponegoro.

Gusrianti, G., Ulva, F., & Azka, N. (2024). Prosedur Pelayanan Dan Ketersediaan Fasilitas Dengan Kepuasan Pasien Di Puskesmas. *Jik Jurnal Ilmu Kesehatan*, *8*(2), 260. Https://Doi.Org/10.33757/Jik.V8i2.1093

Handayuni, L. (2021). Faktor-Faktor Yang Mempengaruhi Terhambatnya Proses Pendaftaran Pasien Berdasarkan E-Puskesmas. *Jurnal Manajemen Informasi Kesehatan Indonesia*, *9*(2), 129. Https://Doi.Org/10.33560/Jmiki.V9i2.326

Hendayana, A. F., Febiana, C., & Ismanda, S. N. (2021). Pengaruh Kualitas Pelayanan Pendaftaran Terhadap Kepuasan Pasien Rawat Jalan. *Jurnal Kesehatan Tambusai*, *Volume 2, Nomor 3*.

Irine, D. S. W., Prihartanto, E. W., Purwanta, & Fanny. (2024). *Albama: Jurnal Bisnis Administrasi Dan Manajemen Pengaruh Kualitas Pelayanan, Fasilitas Dan Citra Terhadap Kepuasan Masyarakat Pada Pelayanan Puskesmas Mulia Baru Kabupaten Ketapang Provinsi Kalimantan Barat* (Vol. 17, Number 2). Http://Jurnal.Amayogyakarta.Ac.Id/Index.Php/Albama

Kementerian Kesehatan Republik Indonesia. (2019). Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun 2019 tentang standar teknis pemenuhan mutu pelayanan dasar pada standar pelayanan minimal bidang kesehatan. Kementerian Kesehatan RI.

Khayru, R. K., & Issalillah, F. (2021). Service quality and patient satisfaction of public health care. International Journal of Service Science, Management, Engineering, and Technology.

Nirmalarumsari, C. (2020). Hubungan Kompetensi Perawat, Etika, Dan Disiplin Kerja Perawat Dengan Kepuasan Pasien Di Puskesmas Pontap Kota Palopo Tahun 2020. *Jklr: Jurnal Kesehatan Luwu Raya*, *7*(1), 1–6.

Pratama, A. S., Nurwidji, & Fardiansyah, A. (2023). Analisis Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Di Puskesmas Gayaman Kabupaten Mojokerto. *Hospital Majapahit*, *15 No 2*.

Putri, T., & Pradiani, T. (2023). Pengaruh Kualitas Layanan Dan Fasilitas Terhadap Loyalitas Dengan Kepuasan Pasien Rawat Jalan Sebagai Intervening di Klinik Fast Medika Center. In *Jurnal Ekonomi Dan Bisnis* (Vol. 2, Number 1).

Rijal, F., Muhammad, H., Dangnga, S., Usman, N., & Novitasari. (2019). Pengaruh Etika Dan Kinerja Tenaga Kesehatan Terhadap Pemberian Pelayanan Kesehatan Pasien Di Puskesmas Madising Na Mario Kota Parepare Effect of Ethics and Performance of Health Workers on Giving Patient Health Services At Madising Na Mario Health Center Parepare City. In *Januari* (Vol. 1, Number 1). Https://Doi.Org/Http://Jurnal.Umpar.Ac.Id/Index.Php/Makes

Samura, J. A. P., W. B., & F. R. S. (2022). *The Relationship of Registration Waiting Time with Patient Satisfaction at The Outstanding Patient Registration Place* (Vol. 4, Number 2).

Https://Doi.Org/Https://Ejournal.Medistra.Ac.Id/Index.Php/Jkg

Sugiyono. (2022). *Metode Penelitian Kuantitatif, Kualitatif, Dan R&D*. Alfabeta.

Sugondo, F. R., Faustina, P., & Bernarto, I. (2021). *Pengaruh Efisiensi Waktu Tunggu, Biaya Pelayanan, Kebersihan, Serta Kenyamanan Ruangan Terhadap Kepuasan Pasien (Studi Pada Pelayanan Instalasi Rawat Jalan Rumah Sakit Medika Lestari)*.

Suryadi, & Rachmiana, A. (2024). Pengaruh mutu pelayanan terhadap kepuasan pasien di Puskesmas terakreditasi dan bersertifikat ISO di Kota Banda Aceh. MKGK (Majalah Kedokteran Gigi Klinik), 10(3), 82–90. https://doi.org/10.22146/mkgk.103521

Zulfahmidah, & Rahman, R. A. (2021). Tingkat kepuasan pasien rawat jalan terhadap mutu pelayanan kesehatan di Puskesmas Sendana. Indonesian Journal of Health, 2(1), 8–17. https://doi.org/10.33368/inajoh.v2i1.28