Analysis of Response Time and Quality of Health Officers' Services Towards Outpatient Patient Satisfaction in Public Health Center Talango Sumenep District

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Received: March 7nd 2022

Accepted: April 11rd 2022

Published: May 27th 2022

ABSTRACT

Patient evaluation of health services is based on patient experience. The patient experience aspect can be interpreted as a treatment or action from a health worker who is currently or has been undergoing, felt and borne by someone who uses health services. The purpose of this study is to analyze influence *response* time and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency. The design of this research is an observational quantitative research with a cross sectional approach with the focus of the research being directed at analyzing influence response time and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency. The total population is 191 respondents and a sample of 117 respondents is taken by using Simple Random Sampling technique. In the study, it was found that most of the respondents had a fast response time category as many as 98 respondents (83.76%). Most of the respondents have good service quality category as many as 67 respondents (57%). Most of the respondents had a satisfied category of 86 respondents (73.50%).Based on the results of Multiple Linear Regression analysis shows that with a p-value of 0.000 < 0.05 then H1 is accepted so it can be concluded that simultaneously there is influence response time and the quality of service of health workers on the satisfaction of outpatients at the Talango Health Center, Sumenep Regency with an effect of 84.7%. It is hoped that respondents can participate in improving the services that will be provided to patients by providing constructive input and criticism so that health facilities can develop even better in the future.

Keywords: Satisfaction, Service quality & response time

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INTRODUCTION

Patient evaluation of health services is based on patient experience. The patient experience aspect can be interpreted as a treatment or action from a health worker who is currently or has been undergoing, felt and borne by someone who uses health services (Jatmiko, 2013).

The number of problems regarding the lack of satisfaction from the services of health workers, one of which is due to the long response time. A number of phenomena are often encountered due to the many agendas of health workers, internal factors and external factors that cause officers to override the response time which should not be more than 60 minutes, patients have to wait a long time for the presence of these health workers starting from the waiting time spent in the administration section until

the end of the day. Even the check queue has to wait again. So this causes the response time to be longer and affects negative complaints about services at the health facility (Indarto, 2010).

In addition to response time, there are also problems regarding the quality of health workers who are not in accordance with existing operational standards. Based on data from the Sumenep District Health Office for the last three years, the Talango Health Center of Sumenep Regency which annually experienced a decrease in outpatient visits from 2017 to 2019, in 2017 the number of patient visits was 26,801 people, in 2018 there were 23,173 people, in 2019 as many as 20,756 people (Sumenep District Health Office, 2020). The decrease in the number of patient visits every year is due to two factors, namely satisfaction and service that allows the number of sick patient visits in the working area of the Talango Health Center, Sumenep Regency to decrease,

Based on a preliminary study conducted by researchers on October 7, 2020 at the Public health center Talango Sumenep Regency, from 20 respondents data collection was carried out. It is known that 15 respondents (75%) said the waiting time spent in one service was too long, around 60 minutes and when they were receiving services, health workers were less responsive to patient complaints so that patients were not satisfied with the services at the public health center. And 5 respondents (25%) said the waiting time spent in one service was not long which was only less than 60 minutes, the officers were responsive to patient complaints and caused good patient satisfaction with the health facility services.

According to the Indonesian Ministry of Health (2012), one indicator of service quality is response time or what is called Response Time. The Minister of Health in 2009 has set one of the general principles regarding the handling of patients which must be treated no later than 60 (sixty) minutes from the time the patient comes to register at the counter, queues and waits for a call to the polyclinic to be analyzed and examined by a doctor, nurse or midwife. The minimum service standard in outpatients based on the Ministry of Health Number 129/Menkes/SK/II/2013 is less or equal to 60 minutes (Kemenkes, 2013).

Service quality (service quality) can be known by comparing the perceptions of consumers on the services they receive with the services they actually expect on the service attributes of a company. Service quality is perceived as good and satisfying if the service received or perceived is as expected, if the service received exceeds consumer expectations, then the service quality is perceived as very good and of high quality (Wijoyo, 2012).

Health services are an important factor in improving the health and welfare of every human being throughout the world. According to Law No. 36 of article 19 of 2009 concerning health, explains that everyone has the right to obtain health services and the government is responsible for the availability of all forms of quality, safe, efficient, and affordable health efforts by all levels of society. One of these efforts is to increase the availability and equity of basic health facilities such as public health center in each area (Bappenas, 2013).

Service quality (service quality) can be known by comparing the perceptions of consumers on the services they receive with the services they actually expect on the service attributes of a company. Service quality is perceived as good and satisfactory if the service received or perceived is as expected, if the service received exceeds consumer expectations, then the service quality is perceived as very good and of high quality. Service quality is perceived as bad if the service received is lower than expected (Amrizal, 2014). The quality of health services refers to the level of perfection in the appearance of health services that can satisfy every user of health services in accordance with the level of satisfaction of the average population.

Understanding the needs and desires of patients is an important factor that affects patient satisfaction. Satisfied patients are a very valuable asset because if patients are satisfied they will continue to use the service of their choice, but if patients are not satisfied they will tell twice as much to others about their bad experience. To create patient satisfaction, hospitals must create and manage a system to acquire more patients and the ability to retain patients.

Based on the above conditions, the authors are interested in researching the analysis of response time and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency.

METHODS

In this study, the researcher used an observational quantitative design with a cross sectional approach, which is a study to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data all at once (point time approach), that is, each subject The study was observed only once and measurements were made on the status of the character or variable of the subject at the time of examination. This does not mean that all research subjects are observed at the same time (Soekidjo, 2012). This study will analyze the effect of *response time* and the service quality of health workers on the satisfaction of outpatients at the Talango Health Center, Sumenep Regency. The total population is 191 respondents and a sample of 117 respondents is taken by using Simple Random Sampling technique. Data analysis using Linear Regression test. This research has gone through the ethical test phase with the number SK: 2341/KEPK/III/2021.

RESULTS

Table 1 Results of linear regression analysis analysis of response time and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency which was carried out on 5-23 August 2021 with a total of 117 respondents

No	Variable	Sig	В	R^2	Sig
1	(Constant)	0.007	1.368	_	
2	Response Time	0.003	1,628	0.847	0.000
3	Service quality	0.000	1,423	=	

1. Partial

a. The Effect of Response Time on Satisfaction

Based on the results of Linear Regression analysis shows that the p-value is 0.003 < 0.05 then H1 is accepted so it is concluded that partially there is the effect of health worker response time on outpatient satisfaction at the Talango Health Center, Sumenep Regency

b. The Effect of Service Quality on Satisfaction

Based on the results of Linear Regression analysis shows that the p-value 0.000 < 0.05 then H0 is rejected and H1 is accepted so it is concluded that partially there is influence service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency

2. Simultaneous

Based on the results of Multiple Linear Regression analysis shows that with a p-value of 0.000 <0.05 then H1 is accepted so it can be concluded that simultaneously there is influence *response time* and the quality of service of health workers on the satisfaction of outpatients at the Talango Health Center, Sumenep Regency with an effect of 84.7%.

DISCUSSION

A. Response Time Health Officer at Talango Health Center, Sumenep

The results showed that most of the respondents had a fast response time category as many as 98 respondents (83.76%). Meanwhile, 19 respondents (16.24%) had a slow response time category.

Waiting time is the time used by patients to get health services from the registration point to entering the doctor's examination room. Patient waiting time is one component that has the potential to cause dissatisfaction. The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations (Depkes RI, 2010).

The category of distance between waiting time and examination time which is estimated to be satisfactory or unsatisfactory for the patient, among others, is when the patient comes from registering to the counter, queuing and waiting for a call to the general polyclinic to be analyzed and examined by a doctor, nurse or midwife for more than 90 minutes (old category), 30 - 60 minutes (medium category) and 30 minutes (fast category). Waiting times in Indonesia are set by

the Ministry of Health (Kemenkes) through minimum service standards. Each hospital or health center must follow the minimum service standards regarding this waiting time. The minimum service standard in outpatients based on the Ministry of Health Number 129/Menkes/SK/II/2008 is less or equal to 60 minutes (Kemenkes, 2013).

The speed and accuracy of the assistance given to patients who come to the Public health center requires standards according to their competence and ability so that they can guarantee a health treatment with a fast response time and appropriate treatment. This can be achieved by improving facilities, infrastructure, human resources and management of Public health center according to standards (Kepmenkes, 2009).

The Canadian of Association Emergency Physician (2012) wrote that the incidence of lack of stretchers for handling acute cases has a serious impact on the arrival of new patients who may be in very critical condition. The American College of Emergency Physician (2013) writes that in Public health center experiencing problems with the large number of patients who want to get services, placing a doctor in the triage area can speed up the process of discharge or discharge for minor patients and help start treatment for patients whose condition is more ill. Green, et.al. (2014) which suggests that very small and simple changes in staffing have an impact on delays in handling.

Response Time (response time) is a service standard that must be owned by a health service. The researcher also concludes that Response Time is an element of Responsiveness which is one of the factors of patient satisfaction at the Public health center. The achievement of the standard Response Time of nurses in services at the Public health center is influenced by the availability of infrastructure, human resources and a good Public health center management system. With a good arrangement, the public health center can provide services with accurate time and are able to provide good service even though there are very many patients who come.

From the results of the study, the researcher argues that the response time given by health workers is overall in the fast category. This can happen because the management system applied in the public health center is well organized where the functional positions are very professional. Response time which tends to be faster in the afternoon while in the morning is less fast due to technical problems related to the public health center policy which requires every employee to have a morning call from 07.30 to around 08.00 even though patients start arriving from 07.45 so there is little waiting time to be had, performed by the patient before receiving health services.

B. Quality of Service of Health Officers at Talango Health Center, Sumenep Regency

The results showed that most of the respondents had good service quality category as many as 67 respondents (57%). In addition, 34 respondents (29%) have sufficient service quality. While a number of 16 respondents (14%) have poor service quality category.

Service is an activity or a series of tools that are invisible (cannot be touched), which occur due to interactions between consumers and employees or other things provided by service providers that are intended to solve consumer problems (Winarsih, 2015).

People as consumers certainly want quality services. Service quality is defined as the level of excellence expected and control over the level of excellence to meet customer desires. Service quality can be interpreted as an effort to fulfill consumer needs and desires as well as the accuracy of delivery in balancing consumer expectations (Oktafani, 2014).

One of the services that is widely used by the community is health services. Utilization of health services by using the service facilities provided either in the form of outpatient care, inpatient care, home visits by health workers or other forms of activity from the use of these services based on the availability and continuity of services, public acceptance and fairness, easily accessible by the community, affordable and quality (Anwar, 2014).

Good service is health services that are available in the community (acceptable) and sustainable (sustainable). This means that all types of health services needed by the community are found and their presence in the community is available at any time of need. Health services must be reasonable (appropriate) and acceptable (acceptable) by the community. This means that the health service can overcome the health problems faced, does not conflict with customs, culture, beliefs and beliefs of the community, and is unnatural, is not a condition of good health services.

The location angle is easily accessible by the community, so the distribution of health facilities is very important. Coverage of auxiliary facilities to determine effective demand. If the facility is easily accessible by using the available means of transportation, this facility will be

widely used. Past user levels and trends are the best indicators of short and long term changes in future demand.

The services provided are affordable (affordable) by the community, where the cost of these services is sought in accordance with the economic capacity of the community. Expensive health services may only be enjoyed by some people. And shows the level of perfection of the health services provided (quality/quality) and shows the healing of diseases and the safety of actions that can satisfy service users in accordance with established standards.

The researcher argues that health services must have various basic requirements, namely the basic requirements that influence the community in determining their choice to use health services. The services needed by the community in general are health services that are available in the community and sustainable, health services must be reasonable and acceptable to the community, locations are easily accessible by the community, services provided are affordable and the perfection of health services provided. With good service, it will attract people to use health facilities properly and wisely. In addition, there are several respondents who say the quality of service is in the poor category.

C. Outpatient Satisfaction at Talango Health Center, Sumenep Regency

The results showed that most of the respondents had a satisfied category of 86 respondents (73.50%). Meanwhile, a number of 31 respondents (26.50%) had a dissatisfied category of satisfaction.

Understanding the needs and desires of patients is an important factor that affects patient satisfaction. Satisfied patients are a very valuable asset because if patients are satisfied they will continue to use the service of their choice, but if patients are not satisfied they will tell twice as much to others about their bad experience. To create patient satisfaction, health facilities must create and manage a system to obtain more patients and the ability to retain patients (Hendawan, 2015).

Patients are sick people who are treated by doctors and other health workers in practice (Yuwono, 2017). While satisfaction is a person's feeling of pleasure that comes from a comparison between the pleasure of an activity and a product with his expectations (Nursalam, 2016). Nursalam (2016) states that satisfaction is a person's feeling of pleasure or disappointment that arises after comparing his perception or impression of the performance or results of a product and his expectations. Tjiptono (2014) argues that customer satisfaction is an emotional response to experiences related to certain purchased products or services, retail outlets, or even behavioral patterns (such as shopping behavior and buyer behavior), as well as the market as a whole.

According to Yamit (2017), customer satisfaction is the result (outcome) that is felt on the use of products and services, equals or exceeds the desired expectations. Meanwhile, Pohan (2014) states that patient satisfaction is the level of patient feelings that arise as a result of the performance of the health services he gets, after the patient compares with what he expects. Another opinion of Mamik (2015) that patient satisfaction is an evaluation or assessment after using a service, that the selected service at least meets or exceeds expectations.

According to Wijono (2014) several things that affect patient satisfaction are the approach and behavior of officers, especially at the time of the first visit, the quality of the information provided, the appointment procedure, waiting time, health checks and taking drugs, public facilities in health facilities and the results of the treatment received.

Patient satisfaction is a benchmark that the services provided by health workers are good or not. Patient satisfaction is influenced by various things, namely the suitability between patient expectations and the reality that patients encounter in the field, the two forms of service during the service process provided by health workers, personal behavior of health workers to patients, atmosphere and physical conditions of the environment that are managed. by public health center staff, fees or prices to be paid by patients and promotions or advertisements that are in accordance with reality.

According to researchers, the cause of most patients being satisfied with the services provided by health workers is because health workers are able to serve patients very well, health workers hear patient complaints and respond to them do not distinguish between JKN and non-JKN patients. In addition, the facilities and infrastructure available at the Public health center are very complete and have a clean environment. The study found dissatisfaction because there was a

misunderstanding between patients and health workers, especially during the morning service because every morning the officers held an apple and caused the service to be delayed for a moment when several patients came.

D. The Effect of Response Time and Quality of Health Care Services on Outpatient Patient Satisfaction at Talango Public Health Center, Sumenep Regency

Based on the results of Multiple Linear Regression analysis shows that with a p-value of 0.000 <0.05 then H1 is accepted so it can be concluded that simultaneously there is influence *response time* and the quality of service of health workers on the satisfaction of outpatients at the Talango Health Center, Sumenep Regency with an effect of 84.7%.

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According to the researchers, understanding the patient's needs and desires is an important

thing that affects patient satisfaction. Satisfied patients are a very valuable asset because if patients are satisfied they will continue to use the service of their choice, but if patients are not satisfied they will tell twice as much to others about their bad experience. To create patient satisfaction, hospitals must create and manage a system to obtain more patients and the ability to retain patients. With a good arrangement, the public health center can provide services with accurate time and are able to provide good service even though there are very many patients who come. So that patients who come to the public health center will feel comfortable and satisfied with the services provided at the public health center. So it can be concluded that there is an effect of response time and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency.

CONCLUSION

- 1. Most of the respondents have a fast response time category as many as 98 respondents (83.76%).
- 2. Most of the respondents have good service quality category as many as 67 respondents (57%).
- 3. Most respondents have a satisfied category of satisfaction as many as 86 respondents (73.50%).
- 4. There is influence *response time* and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency

SUGGESTION

1. For Respondents

It is hoped that respondents can participate in improving the services that will be provided to patients by providing constructive input and criticism so that health facilities can develop even better in the future.

2. For Other Researchers

It is hoped that further research needs to be deepened and added more research on the influence of infrastructure, demographic factors and types of disease on the interest of outpatient visits at the Talango Health Center, Sumenep Regency.

3. For Research Agencies

It is hoped that research institutions can use the results of this study as input for structuring the effect of response time and service quality of health workers on outpatient satisfaction at the Talango Health Center, Sumenep Regency and can be developed again for further research to be more useful for research sites.

ACKNOWLEDGMENT

I solemnly declare that to the best of my knowledge, in this thesis there is no scientific work that has been submitted by another person to obtain an academic degree at a university, and there is no work or opinion that has been written or ordered by anyone. others, except those quoted in this manuscript and mentioned in the citation sources and bibliography.

CONFLICT OF INTEREST

In this study, there is no interest whatsoever regarding myself or with other institutions other than the Indonesian Strada Institute of Health Sciences, Kediri City.

REFERENCES

Achadiat, Chrisdiono M. (2016). Dinamika Etika dan Hukum Kedokteran dalam tantangan Zaman. Jakarta: EGC.

American College of Emergency Physician. (2013) Emergency Department Crowding: High Impact Solutions. http://ebookbrowse.com/emergencydepartment-crowding-high-impact-solutions-acep-task-force-on-boardingapril-2008-pdf-d319291546.

Anggraini. (2011). Kepuasan pelanggan. Diakses dari: http://repository.unand.ac.id/18028/.

Arikunto, Suharsimi. (2010). Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: Rhineka Cipta.

Aritonang, Lerbin R. (2015). Kepuasan Pelanggan: Pengukuran dan Penganalisisan dengan SPSS. Jakarta: PT. Gramedia Pustaka Utama.

Bidang Diklat PPNI Jawa Timur. (2013). Basic Trauma Cardiac Life Support.

Budiharto. (2013). Metodologi Penelitian Kesehatan Dengan Contoh Bidang Ilmu Kesehatan Gigi. Jakarta: EGC.

Canadian Association Emergency Physician. (2012). Overcrowding. http://www.caep.ca/advocacy/overcrowding.

Citra. (2011). Unit Gawat Darurat. Diakses dari: http://www.citraharapan.com/2011/04/unit-gawat-darurat-ugd.html.

Green L.V., Soares J., Giglio J.F., Green R.A.,.(2016). Using Queueing Theory to Increase the Effectiveness of Emergency Department Provider staffing. http://www.hbs.edu/units/tom/seminars/docs/Igreen3.pdf.

Haryatun, N & Sudaryanto, A. (2013). Perbedaan waktu tanggap tindakan keperawatan pasien cedera kepala kategori I-V di Instalasi Gawat Darurat RSUD Dr. Moewardi. Berita Ilmu Keperawatan, ISSN 1979 – 2697, Vol. 1. No. 2, Hal. 69 – 74.

Jakarta Medical Service 119 (2013). Basic Trauma Cardiac Life Support. Jakarta.

Kepmenkes RI No. 856. (2014) Standar IGD Rumah Sakit. Menteri Kesehatan. Jakarta.

Lupiyoadi, Rambat. (2014). Manajemen Jasa. Yogyakarta: Andi.

Maryuani, Anik & Yulianingsih. (2009). Asuhan Kegawatdaruratan. Jakarta: Trans Info Media Medis.

Muninjaya A A Gde, MPH, dr. (2011). Manajemen Mutu Pelayanan Kesehatan. Jakarta:EGC.

Muslihan, S.Kep, Ns. (2010) Keperawatan Gawat Darurat. Yogyakarta: Nuha Medika.

Notoadmodjo, Soekidjo. (2010). Metode Penelitian Kesehatan. Jakarta: PT. Rhineka Cipta.

Novendra (2010). Pengaruh pemaparan hasil survey terhadap peningkatan kepuasan pasien di IGD RSUD Cengkareng. Tesis. Universitas Indonesia. Depok.

Pasolong, Harbani .(2012). Teori Administrasi Publik. Bandung: Alfabeta.

Pohan Imbalo. S, MPH, dr. (2012) Jaminan Mutu Layanan Kesehatan. Jakarta: EGC.

Potter, A. Patricia & Perry G. Anne. (2015). Buku Ajar Fundamental Keperawatan: Konsep, Proses dan Prkatik. Edisi 4. Jakarta: EGC.

Sabri, L. & Hastono. (2016). Statistik Kesehatan. Jakarta: PT. Raja Grafindo Persada.

Sabriyati, W,O, N, I. Islam, A.A, Gaus. S. (2012) Faktor yang berhubungan dengan ketepatan waktu tanggap berdasarkan response time di Instalasi Gawat.

Sastroasmoro, Sudigdo dan Ismael. (2013). Dasar-dasar Metodologi Penelitian Klinis, Jakarta: Binarupa Aksara.

Setiadi. (2012). Konsep dan Penulisan Riset Keperawatan. Yogyakarta: Graha Ilmu.

- Siboro, T. (2014). Hubungan pelayanan perawatan dengan tingkat kepuasan pasien di Ruang Unit Gawat Darurat Rumah Sakit Advent Bandung. Skripsi. Universitas Advent Indonesia. Bandung.
- Soedjas, T, MM, SE, Sp.A ,dr (2014). Layanan Wow Untuk Pelanggan. Yogyakarta: Media Pressindo.
- Suryani. (2010). Keperawatan gawat darurat. Diakses dari: http://www.library.upnvj.ac.id/pdf/5FIKESS1KEPERAWATAN/1010712 012/BAB%201.pdf.
- Suryawati.C, Dharminto & Shaluhiyah.Z (2016). Penyusunan indikator kepuasan rawat inap rumah sakit di Provinsi Jawa Tengah. Jurnal Manajemen Pelayanan Kesehatan. Vol.9.No.4 Desember 2006.Hal:177 184.
- Syofyanti,R.A. (2014). Hubungan pelayanan keperawatan gawat darurat dengan tingkat kepuasan pasien di Instalasi Gawat Darurat RSSN Bukittinggi Tahun 2014. Skripsi. UMSB. Bukittinggi. Tjiptono, Fandy. (2008). "Service Manajemen Mewujudkan Pelayanan Prima". Yogyakarta: Andi.
- Wilde, E.T. (2014). Do Emergency Medical System Response Times Matter for Health Outcome?. New York: Columbia University.
- Arikunto 2010. Metodologi Penelitian Kuantitatif Edisi Revisi. Bandung: Remaja Rodakarya.
- Hidayat . 2011. Metode Penelitian Keperawatan dan Teknik Analisis Data, Salemba Medika, Jakarta.
- Notoatmodjo 2009. Pengembangan Sumber Daya Manusia. Jakarta: PT. Rineke Cipta.
- Notoatmodjo. 2010. Metodologi Penelitian Kesehatan. Jakarta: PT. Rineka Cipta.
- Nursalam. 2013. Konsep Penerapan Metode Penelitian Ilmu Keperawatan. Jakarta: Salemba Medika.
- Sugiyono, 2012. Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D. Penerbit Alfabeta, Bandung.