MJIFM | MAJAPAHIT JOURNAL OF ISLAMIC FINANCE AND MANAGEMENT

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

IMPLICATIONS OF SERVICE QUALITY AND WAITING TIME ON PATIENT SATISFACTION THROUGH EMPLOYEE COMMUNICATION AT PERWIRA COMMUNITY HEALTH CENTER, BEKASI CITY

Andhito Ramadhan[1]
Universitas Mitra Bangsa, Jakarta, Indonesia
Andhitoramadhan5@gmail.com

Zaharuddin[2]
Universitas Mitra Bangsa, Jakarta, Indonesia
Zaharuddin@umiba.ac.id

Dudun Junaedi[3]
Universitas Mitra Bangsa, Jakarta, Indonesia
dudunjunaedi@asmkencana.ac.id

Abstract

This study examines the challenges faced by Puskesmas Perwira Kota Bekasi as a primary healthcare provider in maintaining service quality, where service quality, waiting time, and employee communication are key factors influencing patient satisfaction. The research aims to analyze the implications of service quality and waiting time on patient satisfaction through employee communication at Puskesmas Perwira. Given that efficient and quality healthcare services strongly affect patient perceptions and satisfaction, this study used a quantitative approach with a survey of 100 patients who had received services at the health center. Data were analyzed using path analysis to test direct and indirect effects of independent variables on patient satisfaction, with employee communication as a mediating variable. The findings show that service quality and waiting time significantly influence patient satisfaction, both directly and indirectly, through employee communication. Effective communication by employees is a vital factor in reinforcing the impact of service quality and waiting efficiency. These results provide important implications for Puskesmas management in improving public healthcare services.

Keywords: Service Quality, Waiting Time, Patient Satisfaction, Employee Communication, Community Health Center (Puskesmas)

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

INTRODUCTION

Health services constitute a key element of national development, with community health centers (Puskesmas) serving as the frontline institutions in improving public health (Hendrawan et al., 2021). Puskesmas Perwira in Bekasi City holds a strategic role as a primary healthcare facility that directly interacts with the community by providing promotive, preventive, curative, and rehabilitative services. In carrying out its functions, Puskesmas is required not only to deliver high-quality medical services but also to pay attention to patient satisfaction, which is influenced by service quality, waiting time, and staff communication. Thus, this topic is significant as it concerns both the effectiveness of public service delivery and the sustainability of public trust in healthcare institutions.

Service quality has long been a central concern in service management studies. Parasuraman et al. (1985) introduced five core dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. In the context of Puskesmas, these dimensions are reflected in the aspects of facilities, reliability of diagnosis, staff responsiveness, medical competence, and empathy toward patients. Consistently, Zeithaml & Bitner (2000) emphasize that the degree of satisfaction among patients depends heavily on whether the services delivered fulfill the standards they anticipate. This indicates that service quality failing to meet patient expectations may result in lower satisfaction levels and diminished loyalty to primary healthcare services.

Beyond service quality, waiting time has emerged as a critical issue widely discussed in healthcare service research. Grönroos (2007) argues that excessive waiting duration is one of the main factors undermining perceived service quality, even when the core service itself is adequate. Fitzsimmons & Fitzsimmons (2011) also found that long waiting times can trigger feelings of neglect and reduce patient comfort. This phenomenon highlights a managerial gap in the optimization of waiting time management across healthcare facilities, including Puskesmas.

Employee communication plays an essential role as a mediating variable linking service quality and waiting time to patient satisfaction. Kotler & Keller (2016) stress that effective communication can build trust, reduce anxiety, and create positive patient experiences. Research by Berry & Parasuraman (1991) further indicates that transparent explanations regarding procedures and estimated waiting times can reduce patient frustration. Thus, employee communication is not merely the delivery of technical information but a critical strategy in shaping patients' perceptions of healthcare services.

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

Nevertheless, a research gap remains to be addressed. Previous studies have tended to examine service quality, waiting time, and employee communication separately, while the interaction of these three factors in influencing patient satisfaction has rarely been explored comprehensively, particularly within the urban Puskesmas context. This study offers novelty by analyzing the simultaneous relationship among these variables and positioning employee communication as a potential mediating factor that bridges patient perceptions.

The challenges observed at Puskesmas Perwira in Bekasi City include discrepancies between patient and provider perceptions of service quality, the negative effects of prolonged waiting times on patient experience, and suboptimal staff communication, which risks misinterpretation and dissatisfaction. Limited understanding of the interaction among these variables also hampers management in formulating comprehensive improvement strategies. These conditions underscore the urgency of research to empirically identify the factors most influencing patient satisfaction.

Based on the above discussion, this study aims to analyze the implications of service quality and waiting time for patient satisfaction through the mediating role of employee communication at Puskesmas Perwira in Bekasi City. A deeper understanding of these causal relationships is expected to provide theoretical contributions to the development of healthcare service management studies and practical contributions to Puskesmas in designing patient-oriented service improvement strategies.

LITERATURE REVIEW

Management

At its core, management represents a coordinated effort to utilize available resources through strategic design, organizational structuring, leadership, and oversight, ensuring that institutional objectives are reached with maximum efficiency. In the context of healthcare service organizations such as community health centers (Puskesmas), management plays a crucial role in coordinating human, financial, methodological, technological, material, and market resources to ensure smooth and successful operations. Human factors, as the core of management, are highly determinant in achieving organizational objectives (Fatma et al., 2024; Munir & Ilahi, 2006; Terry, 1977).

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

Service Quality

Service quality refers to the degree of excellence of services provided and their ability to meet or exceed customer expectations. According to the SERVQUAL model, the dimensions of service quality include tangibles, reliability, responsiveness, assurance, and empathy, which collectively shape customers' perceptions of services. High service quality contributes to customer satisfaction, loyalty, a positive organizational image, and competitive advantage in the healthcare service market (Kotler & Keller, 2016; Parasuraman et al., 1988).

Waiting Time

Waiting time in healthcare services refers to the duration spent by patients from arrival to the receipt of care, which significantly affects customers' perceptions of service quality and patient satisfaction. Queueing theory and patient satisfaction studies emphasize that effective waiting time management can reduce dissatisfaction and enhance patient experience, whereas prolonged waiting times may cause frustration and reduce loyalty (A. U. Fitri et al., 2025; Zeithaml et al., 2018).

Employee Communication

Employee communication in healthcare services is the process of conveying information through effective verbal and nonverbal interactions, encompassing clarity, communicative attitude, empathy, openness, and listening skills. Effective communication between employees and patients is vital for building trust relationships and improving both service quality and patient satisfaction through responsiveness and clear information delivery (Kourkouta & Papathanasiou, 2014; Robbins & Judge, 2005).

Patient Satisfaction

Patient satisfaction is the emotional and cognitive response to the healthcare service experience, arising from the comparison between expectations and actual service performance. Key factors influencing satisfaction include service quality, waiting time, and employee communication. Patients who perceive that services meet or exceed expectations tend to demonstrate loyalty and provide positive recommendations (Kotler & Keller, 2016; Oliver, 2010).

RESEARCH METHOD

This study employs a descriptive quantitative approach using a survey method, complemented by qualitative data to provide a more comprehensive understanding of the variables under investigation. The research was conducted at Puskesmas Perwira, Bekasi City, from May to July 2025, following procedures that included proposal preparation, instrument distribution, data collection

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

through questionnaires, observation, and documentation, and subsequently data analysis using Partial Least Squares Structural Equation Modeling (PLS-SEM). The research population consisted of 100 patients of Puskesmas Perwira, while the sample was determined using the Slovin formula to ensure representativeness (Sugiyono, 2022). The research instrument comprised a questionnaire with a five-point Likert scale covering the variables of service quality, waiting time, communication, and patient satisfaction. The collected data were processed through validity and reliability tests, followed by structural model analysis using SmartPLS software, as PLS-SEM is considered appropriate for predictive research involving relationships among latent constructs and is capable of handling non-normal data distributions (Hair, 2014).

RESULTS AND DISCUSSION

Research Analysis

This study applied the SmartPLS-SEM method, consisting of two stages: evaluating the measurement model (construct–indicator relationships) and the structural model (inter-construct relationships) (Abdillah, 2021; Ghozali, 2021)

Measurement Model Analysis

In PLS-SEM, the first step involves evaluating the measurement model (outer model) to ensure the quality of the measures through internal consistency, convergent validity, and discriminant validity (Ghozali, 2021). His research verified the reliability of the measurement model through the use of composite reliability and Cronbach's alpha. Meanwhile, validity was established by examining several statistical indicators, including factor loadings, Average Variance Extracted (AVE), cross-loading comparisons, and the Fornell–Larcker standard. The confirmation of these tests indicates that the instrument is appropriate for continued analysis at the structural level.

Theoretical Model of Research

In this study, service quality (SQ) is the dependent variable, with waiting time (WT), communication (C), and patient satisfaction (PS) as independent variables, while communication (C) also serves as a mediator between SQ and WT.

MJIFM | MAJAPAHIT JOURNAL OF ISLAMIC FINANCE AND MANAGEMENT
Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

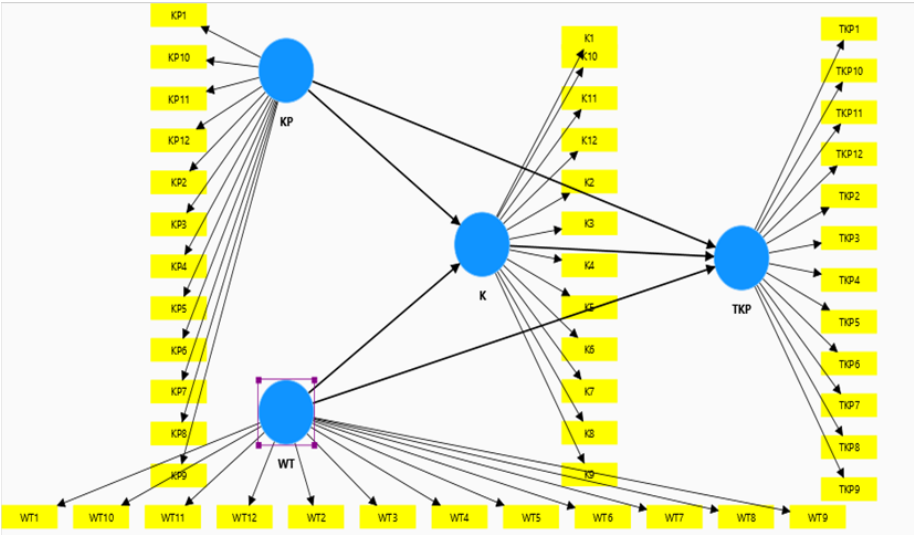

Figure 1.
Theoretical Model

Drawing on relevant literature and theoretical foundations, the framework clarifies the anticipated causal links between variables, serving as a cornerstone for formulating testable hypotheses and performing subsequent empirical analysis.

Measurement Model Test

A fundamental part of SmartPLS-based PLS-SEM is the evaluation of the outer model, which serves to verify that the constructs measured through survey indicators are both valid and reliable before advancing to structural analysis.

MJIFM | MAJAPAHIT JOURNAL OF ISLAMIC FINANCE AND MANAGEMENT
Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

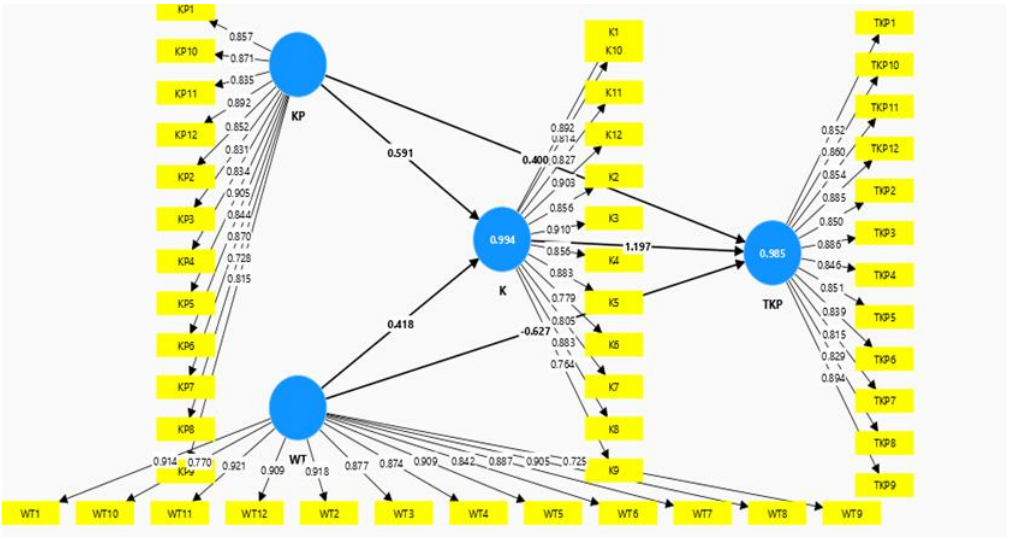

Figure 2.
Measurement Model

Convergent Validity Test

This type of validity investigates the degree to which the individual indicators of a construct move together, ensuring they measure the same latent factor effectively.

Outer Loadings (Factor Loadings)

Outer loadings represent the weights or correlations between indicators and their latent constructs, indicating the strength with which each indicator reflects its construct.

MJIFM | MAJAPAHIT JOURNAL OF ISLAMIC FINANCE AND MANAGEMENT
Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

Table 1.
Outer Loadings – Matrix

	K	KP	TKP	WT
K1	0.892			
K10	0.814			
K11	0.827			
K12	0.903			
K2	0.856			
K3	0.910			
K4	0.856			
K5	0.883			
K6	0.779			
K7	0.805			
K8	0.883			
K9	0.764			
KP1		0.857		
KP10		0.871		
KP11		0.835		
KP12		0.892		
KP2		0.852		
KP3		0.831		
KP4		0.834		
KP5		0.905		
KP6		0.844		
KP7		0.870		
KP8		0.728		
KP9		0.815		
TKP1			0.852	
TKP10			0.860	
TKP11			0.854	
TKP12			0.885	
TKP2			0.850	
TKP3			0.886	
TKP4			0.846	
TKP5			0.851	
TKP6			0.839	
TKP7			0.815	
TKP8			0.829	
TKP9			0.894	
WT1				0.914
WT10				0.770
WT11				0.921
WT12				0.909
WT2				0.918
WT3				0.877
WT4				0.874
WT5				0.909
WT6				0.842
WT7				0.887
WT8				0.905
WT9				0.725

Note: Ideally, outer loading values should exceed 0.70; thus, the obtained values can be considered acceptable.

Reliability Test

Reliability testing measures the internal consistency of a set of indicators used to assess a construct, indicating the extent to which the indicators consistently yield the same results when measurements are repeated.

MJIFM | MAJAPAHIT JOURNAL OF ISLAMIC FINANCE AND MANAGEMENT
Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

Table 2.
Construct Reliability and Validity – Overview

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
K	0.964	0.965	0.969	0.721
KP	0.963	0.964	0.968	0.715
TKP	0.967	0.967	0.970	0.732
WT	0.971	0.972	0.975	0.762

Note: Reliability is acceptable when CR and Cronbach's Alpha exceed 0.70 and AVE is above 0.50.

R-Square Test

In SmartPLS 4, R-square indicates how much variance in the dependent variable is explained by the independent variables.

Table 3.
R-Square

	R-square	R-square adjusted
K	0.994	0.994
TKP	0.985	0.985

Note: An R^2 value ≥ 0.97 indicates that the independent variables explain more than 99% of the variance in variables C and PS.

Path Coefficient Test

The path coefficient in PLS-SEM measures the direct influence between latent variables, derived from the structural (inner) model, and is used to test direct hypotheses.

Table 4.
Path Coefficient

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
K -> TKP	1.197	1.182	0.198	6.042	0.000
KP -> TKP	0.400	0.413	0.112	3.564	0.000
WT -> TKP	-0.627	-0.624	0.105	5.982	0.000

Note:

- H1: Communication (C) exerts a very strong positive and significant effect on patient satisfaction (PS) (β = 1.197, t = 6.042, p < 0.05).
- H2: Service quality (SQ) has a significant positive effect on PS (β = 0.400, t =

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

3.564, $p < 0.05$).

- H3: Waiting time (WT) shows a significant negative effect on PS ($\beta = -0.627$, $t = 5.982$, $p < 0.05$).
- H4: Both C and SQ jointly exert significant positive effects on PS, reinforcing the individual results.

Data Interpretation

Data interpretation is based on the results of the structural model (inner model) analysis using SmartPLS, focusing on path coefficients, t-statistics, and p-values to test the research hypotheses.

Table 5.
Path Coefficients and Hypothesis Testing Results

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
K -> TKP	1.197	1.182	0.198	6.042	0.000
KP -> TKP	0.400	0.413	0.112	3.564	0.000
WT -> TKP	-0.627	-0.624	0.105	5.982	0.000

Note:

1. Hypothesis 1 (H1): Effect of Communication (K) on Patient Satisfaction (TKP)
   A coefficient of 1.197 indicates a very strong positive effect of communication on patient satisfaction. Better communication by healthcare providers leads to higher patient satisfaction. The t-statistic of 6.042 (> 1.96) and p-value of 0.000 (< 0.05) confirm high statistical significance.
2. Hypothesis 2 (H2): Effect of Service Quality (KP) on Patient Satisfaction (TKP)
   A coefficient of 0.400 demonstrates a significant positive effect of service quality on patient satisfaction. Improved service quality results in higher satisfaction. The t-statistic of 3.564 and p-value of 0.000 support this significance.
3. Hypothesis 3 (H3): Effect of Waiting Time (WT) on Patient Satisfaction (TKP)
   A negative coefficient of -0.627 shows that waiting time has a significant negative effect on patient satisfaction. Longer waiting times reduce satisfaction levels. The t-statistic of 5.982 and p-value of 0.000 statistically confirm this conclusion.
4. Hypothesis 4 (H4): Combined Effect of Communication (K) and Service

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

Quality (KP) on Patient Satisfaction (TKP)

A coefficient of 1.197 indicates a very strong positive effect of communication, while a coefficient of 0.400 shows a significant positive effect of service quality on patient satisfaction. The respective t-statistics (6.042 and 3.564) and p-values (0.000) confirm the statistical significance of both effects.

The Influence of Service Quality on Patient Satisfaction at Perwira Public Health Center, Bekasi City

The findings reveal that service quality significantly affects patient satisfaction, as indicated by a coefficient value of 0.400, a t-statistic of 3.564 > 1.960, and a p-value of 0.000 < 0.05. This suggests that accuracy, friendliness, and comfort in services increase patient satisfaction. Patients particularly value clear explanations, responsiveness, and supportive interactions, whereas delays or unclear information in administrative processes reduce satisfaction. Theoretically, this aligns with Tjiptono (2004), who emphasized that service quality is the expected level of excellence in fulfilling customer needs. The SERVQUAL model Berry & Parasuraman (1991) also stresses that reliability, responsiveness, assurance, empathy, and tangibles shape patient perceptions of service. When patient perceptions meet or exceed expectations, satisfaction is achieved.

Prior research supports this conclusion; Imran et al. (2021) demonstrated that all service quality dimensions positively influence patient satisfaction in community health centers. Similarly, Rosa (2019) found significant effects of service quality on patient satisfaction at Bulukunyi Health Center, while Syaefulloh (2016) confirmed the importance of service quality in outpatient satisfaction in Pekanbaru.

The Influence of Waiting Time on Patient Satisfaction at Perwira Public Health Center, Bekasi City

The study shows that waiting time has a significant negative impact on patient satisfaction, with a coefficient of -0.627, t-statistic of 5.982 > 1.960, and p-value of 0.000 < 0.05. Patients reported lower satisfaction when waiting more than 90 minutes, exceeding the Ministry of Health's Minimum Service Standards (2008) of 60 minutes. Limited waiting areas, lack of information transparency, and registration bottlenecks contribute to dissatisfaction.

This finding corresponds with Queuing Theory, Hillier & Lieberman (2015), which highlights that high patient arrivals without adequate staff increase waiting times. Patient Satisfaction Theory Zeithaml et al. (2018)

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

emphasize responsiveness, where unmet expectations reduce satisfaction. Similarly, Goldratt's Theory of Constraints (1984) shows that waiting is often caused by service flow bottlenecks such as delays at registration or poor coordination.

Supporting evidence comes from Suntana (2024), who found that 90-minute waits negatively affected satisfaction at RSU Kertha Usada Buleleng. Rohmah (2021) also reported that waiting more than 60 minutes reduced satisfaction at Muhammadiyah Ahmad Dahlan Hospital, Kediri. Fitri & Hidayati (2021) further confirmed the negative effect of registration waiting times on patient satisfaction at Waringinkurung Health Center.

The Influence of Staff Communication on Patient Satisfaction at Perwira Public Health Center, Bekasi City

Research findings indicate that staff communication significantly affects patient satisfaction, with a coefficient value of 1.197, t-statistic of 6.042 > 1.960, and p-value of 0.000 < 0.05. Clear, friendly, and empathetic communication builds trust and comfort. Patients particularly appreciate when staff explain procedures clearly, provide waiting time estimates, and show empathy, while unclear or inattentive communication leads to discomfort and confusion.

This aligns with communication theories that define communication as the effective transfer of meaning between sender and receiver (Kreitner & Kinicki, 2007; Suriyana, 2021). Effective communication ensures clarity, fosters emotional connection, and motivates patients. Without it, even good service quality or efficient waiting times may lose perceived value.

Previous studies strengthen this finding. Hamdiah & Budiyanto (2024) proved that interpersonal communication among healthcare staff significantly influenced patient satisfaction at RSUD Dr. Soetomo Surabaya. Yulviana et al. (2020) also confirmed that friendly and informative nurse communication improved inpatient satisfaction at RSUD Prof. Dr. Margono Soekarjo Purwokerto. Rahagia & Nurhanifah (2025) demonstrated that therapeutic nurse communication at PKU Muhammadiyah Hospital Yogyakarta, increased patient satisfaction through empathy and active listening.

The Influence of Service Quality and Waiting Time on Patient Satisfaction at Perwira Public Health Center, Bekasi City

The results demonstrate that both service quality and waiting time significantly affect patient satisfaction. Service quality had a coefficient of 0.400 (t = 3.564; p = 0.000), while waiting time had a coefficient of -0.627 (t = 5.982; p = 0.000). This suggests that patient satisfaction depends not only on friendly and accurate service but also on efficient waiting time management. Complaints

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

regarding long waits for registration, examinations, and medication show the importance of balancing quality service with effective queue management.

This finding is consistent with the SERVQUAL model Parasuraman et al. (1988), which highlights tangibles, reliability, responsiveness, assurance, and empathy as key dimensions of service quality. Responsiveness and reliability, in particular, stress timeliness and institutional ability to address patient needs. Kotler & Keller (2016) also emphasized that satisfaction derives from the synergy of service quality and efficient processes.

Previous research supports this conclusion; Maharani et al. (2024) showed that both factors significantly influenced satisfaction at Purwokerto Health Center. Okto (2025) found similar results at Semarang City Regional Hospital, highlighting the importance of balancing service quality with waiting time management. Dewi et al. (2021) also confirmed that healthcare service quality and waiting time efficiency significantly affected satisfaction at Karawang Health Center.

CONCLUSION

Based on the analysis, this study demonstrates that communication has the strongest positive and significant influence on patient satisfaction, followed by service quality, which also plays a crucial role in enhancing patients' positive perceptions. In contrast, waiting time exerts a negative effect on patient satisfaction, indicating that the longer patients wait, the lower their perceived satisfaction. Furthermore, employee communication is shown to serve as a mediating variable that strengthens the relationship between service quality and waiting time with patient satisfaction, suggesting that good services yield more optimal outcomes when supported by effective communication from healthcare providers.

In line with these findings, it is recommended that future research expand the scope of study locations to compare results across different community health centers (Puskesmas) and further explore the specific dimensions of service quality that exert the greatest influence. Additionally, the role of technology in reducing waiting times and improving communication effectiveness warrants deeper analysis, given its substantial potential in healthcare services. The perspectives of healthcare professionals may also serve as a focus for future studies to complement the understanding of factors influencing service quality and patient satisfaction.

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

REFERENCES

Abdillah, L. A. (2021). *Metode Penelitian dan Analisis Data Comprehensive* (Penerbit Insania).

Berry, L., L., & Parasuraman, A. (1991). *Marketing Services: Competing Through Quality*. The Free Press.

Dewi, A., Eravianti, E., & Putri, D. K. (2021). Hubungan Lama Waktu Tunggu Pasien Dengan Kepuasan Pasien Di Puskesmas Lubuk Begalung. *Prosiding Seminar Nasional Stikes Syedza Saintika*, *1*(1). https://jurnal.syedzasaintika.ac.id/index.php/PSNSYS/article/view/907

Fatma, R., Rindu, & Lukman. (2024). Optimalisasi Penerapan Manajemen Puskesmas dalam Upaya Peningkatan Kinerja Puskesmas di Kota Banda Aceh dan Kabupaten Aceh Besar. *INNOVATIVE: Journal Of Social Science Research*, *4*(3), 7166–7186.

Fitri, A. U., Handayani, M., Kas, S. R., & Rahma, R. M. (2025). Hubungan Waktu Tunggu dengan Kepuasan Pasien di Puskesmas Bantimala Pangkep. *Graha Medika Public Health Journal*, *4*(1).

Fitri, H. M., & Hidayati, M. (2021). Pengaruh Lama Waktu Tunggu Pendaftaran Terhadap Kepuasan Pasien di Puskesmas Waringinkurung. *Cerdika: Jurnal Ilmiah Indonesia*, *1*(12), 1789–1795. https://doi.org/10.59141/cerdika.v1i12.262

Fitzsimmons, J. A., & Fitzsimmons, M. J. (2011). *Service Management: Operations, Strategy, Information Technology* (7th ed.). McGraw-Hill Education.

Ghozali, I. (2021). *Aplikasi Analisis Multivariate dengan Program IBM SPSS 26* (10th ed.). Badan Penerbit Universitas Diponegoro.

Grönroos, C. (2007). *Service Management and Marketing: A Customer Relationship Management Approach* (3rd ed). John Wiley & Sons.

Hair, J. F. (2014). *A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM)*. SAGE.

Hamdiah, D., & Budiyanto, A. (2024). Hubungan Komunikasi Interpersonal Perawat dengan Kepuasan Pasien. *Faletehan Health Journal*, *11*(01), 39–44. https://doi.org/10.33746/fhj.v11i01.684

Hendrawan, D., Nurcahyo, C., & Afdal, A. (2021). Pelayanan Primer yang Berkualitas: Sebuah Tinjauan Literatur. *Jurnal Jaminan Kesehatan Nasional*, *1*(1), 1–14. https://doi.org/10.53756/jjkn.v1i1.13

Hillier, F. S., & Lieberman, G. J. (2015). *Introduction to Operations Research* (5th Ed.). McGraw-Hill.

Imran, I., Yulihasri, Y., Almasdi, A., & Syavardie, Y. (2021). Dampak Kualitas Pelayanan Terhadap Kepuasan Pasien Puskesmas. *Jurnal Penelitian dan*

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

Pengembangan Sains dan Humaniora, *5*(3), 389–396. https://doi.org/10.23887/jppsh.v5i3.40846

Kotler, P., & Keller, K. L. (2016). *Marketing Management*. Pearson India Education Services.

Kourkouta, L., & Papathanasiou, I. V. (2014). Communication in nursing practice. *Materia Socio-Medica*, *26*(1), 65–67. https://doi.org/10.5455/msm.2014.26.65-67

Kreitner, R., & Kinicki, A. (2007). *Organizational Behavior*. McGraw-Hill Companies,Incorporated.

Maharani, A. D., Darmawan, A., Widhiandono, H., & Purwidianti, W. (2024). FAKTOR-FAKTOR YANG MEMPENGARUHI KINERJA KARYAWAN DI JAVA HERITAGE HOTEL PURWOKERTO. *Derivatif : Jurnal Manajemen*, *18*(1). https://doi.org/10.24127/jm.v18i1.1956

Munir, M., & Ilahi, W. (2006). *Manajemen Dakwah*. Prenada Media.

Okto, O. H. P. (2025). Analysis of the Influence of the Implementation of Minimum Service Standards (SPM) of Hospitals on the Satisfaction of Inpatients at Drs. H. Amri Tambunan Lubuk Pakam Regional Hospital. *MEDISTRA MEDICAL JOURNAL (MMJ)*, *2*(2), 67–71. https://doi.org/10.35451/mmj.v2i2.2709

Oliver, R. L. (2010). *Satisfaction: A Behavioral Perspective on the Consumer*. M.E. Sharpe.

Parasuraman, A., Zeithaml, V. A., & Berry, L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *1988*, *64*(1), 12–40.

Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. The Free Press.

Rahagia, R., & Nurhanifah, D. (2025). Relationship of nurse therapeutic communication to inpatient satisfaction. *Jurnal Ilmiah Kesehatan Sandi Husada*, *14*(1), 27–35. https://doi.org/10.35816/jiskh.v14i1.1244

Robbins, S., P., & Judge, T. A. (2005). *Perilaku organisasi (Edisi ke-11)*. Salemba Empat.

Rosa, V. (2019). *ANALISIS KUALITAS PELAYANAN TERHADAP KEPUASAN PASIEN DI PUSKESMAS BULUKUNYI KABUPATEN TAKALAR*. UNIVERSITAS MUHAMMADIYAH MAKASSAR.

Sugiyono. (2022). *Metode penelitian kuantitatif, kualitatif, dan R&D*. CV Alfabet. https://scholar.google.com/scholar?cluster=7108196603542146493&hl=en&oi=scholarr

Vol. 5 No. 3, 2025, 3193–3208 e-ISSN 2798-0170

SUNTANA, I. W. B. M. (2024). *HUBUNGAN WAKTU TUNGGU DENGAN KEPUASAN ORANG TUA DI POLI ANAK UPTD PUSKESMAS I DENPASAR TIMUR*. INSTITUT TEKNOLOGI DAN KESEHATAN BALI.

Suriyana, N. (2021). DETERMINASI KEPUASAN KERJA DAN KINERJA PEGAWAI: MOTIVASI, KOMUNIKASI, DAN GAYA KEPEMIMPINAN (LITERATURE REVIEW MANAJEMEN SUMBERDAYA MANUSIA). *JURNAL MANAJEMEN PENDIDIKAN DAN ILMU SOSIAL*, *2*(1), 389–412. https://doi.org/10.38035/jmpis.v2i1.558

Syaefulloh. (2016). Analisis Kualitas Pelayanan dan Kepuasan Pasien terhadap Rekomendasi Pelayanan Kesehatan Rawat Jalan Puskesmas di Kota Pekanbaru. *Jurnal Ekonomi KIAT*, *27*(1), 30–35.

Terry, G. R. (1977). *Principles of Management*. R. D. Irwin.

Tjiptono, F. (2004). *Manajemen Jasa*. Andi Offset.

Yulviana, R., Harnani, Y., & Oktaviani, W. (2020). *The Relationship between Effective Communication of Nurses and the Level of Patient Satisfaction in the Inpatient Installation of Mandau Duri Regional Hospital in 2019*. *2*(2).

Zeithaml, V. A., & Bitner, M. J. (2000). *Services Marketing: Integrating Customer Focus Across the Firm*. Irwin/McGraw-Hill.

Zeithaml, V. A., Bitner, M. J., & Gremler, D. D. (2018). *Services Marketing: Integrating Customer Focus Across the Firm* (7th Edition). McGraw-Hill Education.