



Analysis of Outpatient Satisfaction Level of Clinical Pharmaceutical Services at Puskesmas Bungursari Tasikmalaya

Fahmi Sidiq^{1*}, Rabi Hamisu Kankarofi²

¹Pharmacy Study Program, Faculty of Health Sciences, Universitas Perjuangan Tasikmalaya

²Department of Mathematics, Yusuf Maitama Sule University, Kano, Nigeria

*Corresponding author email: fahmisidiq78@gmail.com

Abstract

Pharmaceutical service agencies to carry out quality administration in the health sector. Quality administration must be seen, one of which is by checking the level of patient satisfaction. Patients are likely to be a broad and quality confirmation action in health services, which means that patient satisfaction must be an act that cannot be separated from the nature of health services. The motivation behind this research is to determine the level of short-term patient satisfaction with drug administration at the Bungursari Tasikmalaya Health Center. This examination is descriptive non-experimental by chance testing, sharing information using a survey. The results showed the level of short-term patient satisfaction with drug administration at the Bungursari Tasikmalaya Public Health Center pharmacy in all aspects with a level where the appearance aspect (Tangible) had a satisfaction level of 79.81% (satisfied), the empathy component (Empaty) had a typical satisfaction with a level of 79.63% (satisfied), the element of the satisfaction level of reliability (Reliability) has a satisfaction level of 79.44% (satisfied), the responsiveness component has a satisfaction level of 77.98% (satisfied) and the element of certainty (Assurance) has a typical patient satisfaction level of 81.46% (very satisfied). Considering the consequences of examining the level of outpatient patient satisfaction with pharmaceutical services at the Bungursari Tasikmalaya Health Center pharmacy installation with the Spearman Rank Test for each variable, each variable obtained a value less than 0.5, it can be concluded that there is a significant relationship between the quality of pharmaceutical services and patient satisfaction the road to services at the Bungursari Tasikmalaya Health Center.

Keywords: Patient satisfaction, Pharmaceutical services, Pharmaceutical installations.

1. Introduction

Pharmaceutical services have a responsibility to the patient of a pharmaceutical preparation. It aims to get definite results in improving the quality of life of patients. Pharmaceutical services have a major influence on the administration of a hospital. Improving the quality of pharmaceutical services is a demand for community pharmacy officers who require an expansion from the old product-oriented (drug-oriented) paradigm to a new patient-oriented paradigm called the philosophy of pharmaceutical service (Pharmaceutical Care) (Chandra et al, 2019; Fufa & Negao, 2019; Thornton et al, 2017).

Pharmaceutical services include resource management (human resources, infrastructure, pharmaceutical preparations and medical supplies and administration) and clinical pharmacy services (receiving prescriptions, dispensing drugs, dispensing drugs, drug information and recording or storing prescriptions) in an effort to achieve the goals stated. arrange. Prescription service is one aspect of clinical pharmacy services which includes receiving prescriptions, checking prescription administration, pharmaceutical suitability, clinical considerations, compounding and packaging of drugs and drug delivery to patients. The recipe service process must pay attention to good service quality. The determination of service quality can be influenced by waiting time (Sulek & Hensley, 2004; Kumari et al., 2009).

Satisfaction according to Kotler in (Singh, 2006) is expressed as a level of feeling where a person states the results of a comparison of the performance of the product or service received and expected. Customer satisfaction in relation to pharmaceutical services can be measured based on five dimensions, namely Reliability, Responsiveness, Assurance, Empathy, Tangible. One of the quality evaluations at the health center is the evaluation of service quality, such as the level of customer satisfaction. According to Hertanti et al, 2021) the quality of services provided by health workers will affect patient satisfaction.

The Community Health Center (Puskesmas) is a district/city health office technical implementation unit (UPT) that is responsible for implementing health development in a work area. Pharmaceutical services are direct and responsible service providers to patients related to pharmaceutical preparations that aim to achieve definite results to improve the quality of life of patients. This service is performed by pharmaceutical staff which includes pharmacists and Pharmacy Technical Staff (TTK) (Al-Quteimat & Amer, 2016).

Bungursari Community Health Center in Tasikmalaya City is located on Jl. Bungursari, Bungursari Village, Bungursari District, Tasikmalaya City. The Bungursari Health Center is a community health service unit in Tasikmalaya City, which provides health services to two pustu and 7 sub-districts, including Sukamulya, Sukarindik, Bungursari, Sukajaya, Cibunigeulis, Bantarsari and Sukalaksana Villages. The Bungursari Health Center offers types of assistance in three classifications, namely the Social Security Administration Agency (BPJS), National Health Insurance (JKN), Jamkesda and General. Patients/community groups survey quality administration as an administration that can meet their assumptions and needs (Glasgow & Emmons, 2007). The nature of administering welfare related to patient fulfillment can affect the welfare and assistance of the local regional government, considering that patients who are fulfilled will take treatment and need to come for treatment. The quality of health services related to patient satisfaction affects the degree of public health and welfare, because satisfied patients will comply with treatment and want to come for treatment again (Kotakorpi & Laamanen, 2010).

The average number of visits to the Bungursari Health Center is 35-50 patients per day with 2 pharmacists, 1 pharmacist and 1 pharmacy technician. This study will observe clinical pharmacy services provided by pharmacists and/or pharmacy technicians including prescription review, drug information services, counselling, monitoring drug side effects, monitoring drug therapy, and evaluating drug use as well as measuring patient satisfaction through the dimensions of direct evidence, reliability, responsiveness, comfort, and empathy (Berliana & Amelia, 2018).

Waiting time is the time frame for the convenience of patients to get service administration. The waiting time for prescription service begins with receiving the prescription until the delivery of the drug to the patient. Waiting time plays an important role in the further development of quality and fulfillment of patient expectations in obtaining services as an illustration of the standard waiting time for services. Waiting time for service has an interval where the officer stops or has not continued serving the prescription. This is due to the processing of previous prescriptions or other activities, the compounding process, and/or the total number of patients compared to health resources. Research conducted by Krisnaresanti et al. (2022) at the Ngemplak II Health Center in Sleman showed that the average waiting time for concoction prescription services reached 12.94 minutes and non-concoction recipes reached 6.09 minutes with the influencing factors (Ningsih & Afriaris, 2019; Khuong & Dai, 2016; Krisnaresanti et al., 2022).

The Puskesmas is the choice in assessing the quality of prescription services because it is one of the first-level health agencies whose existence is close to the community and spreads to all regions, every sub-district, sub-district and district. Based on the results of a preliminary study in the form of observations, the Bungursari health center is one of the health centers in Tasikmalaya City which has an average outpatient visit of 70-100 patients so that prescription services in the medicine room are getting busier than all the polys in the Bungursari health center. Some of the obstacles faced by patients for pharmaceutical services at the Bungursari Health Center are that there are still patients who complain about the lack of access to the Bungursari location which is not reached by public transportation.

Through this study, the level of patient satisfaction can be seen to what extent the quality of health services that have been held by the UPTD of the Bungursari Tasikmalaya Health Center in terms of five aspects of SERVQUAL (Service Quality) consisting of appearance (Tangibles), empathy (Empathy), reliability (Reliability), responsiveness (Responsiveness), and assurance (assurance).

2. Research Methods

This research is a non-experimental research that uses quantitative methods with a descriptive observational design. The information used in this study is primary data, namely information can be obtained through the results of survey questionnaires from respondents.

2.1. Tools and materials

The tool used in this research is distributing questionnaires to consumers in the form of a Likert Scale of 5. Responses on each Likert scale questionnaire ranged from very positive to very negative and used terms such as "quite satisfied", "very satisfied", "satisfied", and "dissatisfied". Fill in the questionnaire with a tick (checkbox) (Renna et al; 2020).

In this study the researchers did not test the validity and reliability, because the questionnaire used regarding service quality and patient satisfaction had been tested for validity and reliability by Rohmah in his research in 2019 (Rohmah, 2020).

2.2. Research Path

This research was conducted at the UPTD Bungursari Health Center, Tasikmalaya City. Research data collection is planned to be carried out in June - July 2022. The data collection process involved 89 people as respondents, who had a time limit of ± 20 minutes for respondents to complete it.

The inclusion criteria included patients and families of outpatients aged 17 to 60 years, the reason being that patients aged 17 years and over were patients who had entered adulthood according to WHO, patients could read, write and communicate well and patients were willing to fill out questionnaires provided (Putra, et al, 2021).

2.3. Data analysis

Analysis of research data consists of two ways, namely:

1. Descriptive analysis used to characterize respondents. The characteristics of the respondents analyzed include gender, age, learning, and occupation with the percentage of the number of which the results are expressed in the form of percentages and tables.
2. Statistical analysis using the non-parametric Spearman rank correlation test. Spearman rank correlation is a statistical test tool used to test the associative hypothesis of 2 variables if the information is ordinal scale (rank). Statistical procedures were originally developed based on rank and are thought to be very well known to this day. So the Spearman rank correlation procedure is a procedure that works on an ordinal or ranking information scale and is free of distribution. The Spearman rank correlation value lies between -1 to 1. If the value = 0, it means that there is no relationship between the independent and dependent variables.

Tabel 1: Correlation Coefficient Criteria

Value	Meaning
0.00 – 0.19	Very weak
0.20 – 0.39	weak
0.40 – 0.59	currently
0.60 – 0.79	strong
0.80 – 1.00	Very strong

3. Results And Discussion

3.1. Characteristics of Respondents

In this study, questionnaires were distributed to outpatients at the Bungursari Health Center who received health services at the Pharmacy Installation in June - July 2022 to find out how fulfilled the patients were with the services provided. The number of patients taken by the researchers was 89 outpatients who met the inclusion criteria. Next is the quality of the respondents obtained from the results of filling out the questionnaire at the Bungursari Health Center Outpatient Pharmacy Installation.

Tabel 2: Distribution.answerscharacteristicsrespondents. (n = 89).

Characteristics	Respondents		
	N	%	
Gender	Male	30	33.7
	Female	59	66.3
Age	17-20	5	5.6
	21-30	24	27
	31-40	23	28.8
	41-60	37	41.6
Education	SD	33	37.2
	SMP	21	23.6
	SMA	29	32.6
	Diploma	2	2.2
	SI	4	4.5
Profession	Civil Servant	2	2.2
	Private Employee	8	9
	Housewife	48	53.9
	Entrepreneur	21	23.6

	Student	4	4.5
	Others	6	6.7
Group	BPJS	59	66.3
	Non-BPJS	30	33.7

Based on the information from the characteristics table above, it is clear from filling out the questionnaires from 89 patients based on gender that the majority of respondents were female patients (66.3%), compared to male patients (33.7%). One of the variables that can affect how people react to a product or service is gender. This is true because men usually act on reason, whereas women usually act on feelings. Based on the results of research at the Bungursari Tasikmalaya Health Center, female respondents make up the majority of those who buy drugs at pharmaceutical installations (Berliana & Amelia, 2018).

The results showed that the proportion of patients aged 41 to 60 (41.6%). When a person reaches adulthood, their way of thinking is most logical. Age-related additions to organ structure and function can impact a person's health, making older people more vulnerable than young people to use health services. Based on the results of research at the Bungursari Health Center in Tasikmalaya, respondents aged 41-60 years are the most respondents who buy drugs at pharmacy installations.

Based on this research, the last education of the largest respondents was Elementary School (SD) with a score of 37.2% of 33 respondents, and secondary education (Diploma) ranked last with a score of 2.2%. One of the behavior modification mechanisms is education; The more educated a person is, the more they know and understand about health. The easier it is for someone to absorb information, the higher the education they have. Someone with higher education will usually get information from other individuals and from the media. You gain greater knowledge when more information is available, including understanding health (Berliana & Amelia, 2018).

Based on the results of the study, the group of respondents with the largest percentage of patients working as housewives was the group of respondents with a percentage (53.9%), while the group of respondents with the second largest percentage of patients working as self-employed was the group of respondents with a percentage (23.6%). states that because people who work have higher expectations than those that do not have an impact on how satisfied patients are with the medical services they receive. Because one has a solid job and an above-average income, the relationship between one's job and satisfaction is significant.

3.2. Outpatient Satisfaction Level Analysis

3.2.1. Appearance Dimension Indicator (Tangible).

The appearance dimension (Tangible) is related to the real attractiveness of the buildings, tools and materials used in the Puskesmas, as well as the personal appearance of the officers, all of which are aspects of the appearance dimension (Tangible). If the interior and exterior of the room are well laid out and the conditions are comfortable, the staff is clean and neat, clean and tidy, then the Puskesmas has good physical evidence.

Table 3: Distribution of Respondents' Answers on Tangible Dimensions.

No.	Questions	Answer (n = 89) %					% Score
		NS	LS	FS	S	VS	
1.	Staff installationpharmacy looksneatin uniform	0	0	8	69	12	80.90%
2.	Appearance of the pharmacist using identification (ID Card or Suit)	0	0	18	60	11	78.43%
3.	The place for drug delivery is convenient for providing information	0	0	10	69	10	80.00%
4.	Waiting room clean. comfortable and tidy	0	0	20	58	11	77.98%
5.	Queue cards are obtained easily and clearly	0	0	8	71	10	80.45%
6.	Patient service nameplates can be seen easily	0	0	8	68	13	81.12%
Average							79.81%

Information:

1. VS : Very Satisfied

2. S : Satisfied

3. FS: Fairly Satisfied

4. LS : Less satisfied

5. NS : Not satisfied

Based on Table 3. it can be seen that this dimension is a basic supporting matter of a service. The research results obtained from this dimension show that the highest score is at a score of 81.12, namely on the signboard indicator for outpatient services that can be easily seen. This was proven during the research which clearly made it easier for every

patient who went to the Bungursari Health Center to receive prescriptions and drug information carried out by pharmacists.

The lowest score was 77.98%, indicated by the question indicator. The waiting room was clean, comfortable and tidy. This happened because during the study the observations were made at the Bungursari Health Center with the large number of patients who came. or shoes and maintain the cleanliness of the puskesmas environment so that the services carried out are not running well and effectively so that it requires repair or improvement of service quality. The average score obtained on this tangible dimension is 79.81% or with the criteria of satisfaction.

Based on the results of the study, the Bungursari Health Center has adequate facilities and infrastructure to support pharmaceutical services, but due to limited space and buildings, the Puskesmas does not have a counseling place where counseling is carried out to provide a correct understanding of drugs to patients/patients' families including treatment goals, schedules medication, how to use and duration of drug use, side effects, signs of toxicity, how to store drugs and drug use and there is no archive space which is part of the infrastructure and facilities there.

3.2.2. Empathy Dimension Indicator (Empaty)

The empathy component (Empaty) seeks to ensure the level of patient satisfaction in relation to the ability of staff to form bonds with patients, show compassion, and pay attention to their needs.

Table 4: Distribution of Respondents' Answers on the Empathy Dimension.

No.	Questions	Answer (n = 89)					% Score
		NS	LS	FS	S	VS	
1.	Pharmacy officers provide enthusiasm and hope regarding the patient's recovery	0	0	6	78	5	79.78%
2.	Pharmacists understand patient needs and provide solutions	0	0	18	62	9	77.98%
3.	Pharmacy staff listen patiently to questions and complaints from patients or their families	0	0	16	67	6	77.55%
4.	Pharmacy staff give good attention to patients	0	0	15	67	7	78.20%
5.	Pharmacy officers provide services wholeheartedly	0	0	7	72	10	80.67%
6.	Good communication between patients and pharmacists	0	0	9	58	22	82.92%
7.	Pharmacy officers do not let patients wait long	0	0	19	56	14	80.22%
8.	Pharmacists take on the role of treating patient-related problems	0	0	12	67	10	79.55%
Average						79.63%	

The Empathy Dimension at the Bungursari Tasikmalaya Health Center, is the ability of pharmacists to give individual attention to patients so that patients feel cared for, must be friendly without discriminating between patients. The research results obtained from this dimension show that the highest score is at 82.92%, namely the indicator of good communication between patients and pharmacy staff. This was proven during research where pharmacists tried to show a friendly attitude and provide useful information and were responsible for their health care. From the results of patient satisfaction based on 8 empathy indicators, a score of 79.63% was obtained in the satisfied category.

At the lowest score, 77.55% is shown on the question indicator. The pharmacist is patient in listening to patient questions and complaints or the patient's family. This happened because the number of pharmacy officers at the Bungursari Puskesmas installation consisted of only two people, namely one pharmacy technician and one pharmacist, due to limited staff so that they were not optimal in providing information to patients.

3.2.3. Indicator Dimensions of Reliability (Reliability)

Reliability is the ability to be trusted for accurate and responsible services. When a business is reliable, it keeps its promises regarding delivery, problem solving, and pricing from a company.

Table 5: Distribution of Respondents' Answers on the Reliability Dimension.

No.	Questions	Answer (n = 89)					% Score
		NS	LS	FS	S	VS	

1. The pharmacist explained about how to use the drug	0	0	13	63	13	80.00%
2. Pharmacist gives information about the use of the drug given	0	0	24	42	23	79.78%
3. The pharmacist explains the dosage/should be taken	0	0	8	60	21	82.92%
4. The pharmacist explains how to store the medicine	0	2	32	40	15	74.83%
5. The pharmacist explained about the side effects of the drug	0	3	29	46	11	74.61%
6. Officers administrative activities seem more organized	0	0	15	45	29	83.15%
7. Pharmacists provide information on what activities need to be avoided related to drug use	2	2	28	43	14	76.85%
8. The procedure for obtaining pharmaceutical drugs is not confusing and easy to understand	0	0	9	56	24	83.37%
Average						79.44%

Dimensions of Reliability (Reliability) the ability to provide services quickly, accurately, reliably, and understand the patient according to the promised procedure. Pharmaceutical services are very important drug-related services, so that they can provide adequate services and valid information about drug use. Pharmacists have to manage drugsto avoid vacancies. Pharmacists have duties and responsibilities in receiving drugs, storing drugs, and distributing drugs to patients. The results of patient satisfaction based on eight reliability indicators resulted in a score of 79.44% in the satisfied category.

Based on the highest score obtained with the highest score of 83.37% when asked about the process of getting drugs at the pharmacy. This is due to the regularity of drug administration, pharmacist attention and clear information signs. You have to be careful when taking medicine so that patients know where to take prescription drugs and where to take them. The minimum score was 74.61%, with questions about pharmacists explaining drug side effects. According to Permenkes Number 30 of 2014, Article 3 concerning Monitoring and Reporting of Unwanted Drug Reactions (ESO) is the activity of monitoring unwanted or unexpected reactions to drugs that occur in doses normally used in humans for prophylactic purposes.

This is due to the fact that so many patients come to the pharmacy every day so that pharmacists do not have time to provide complete drug information services to patients. Reliability itself is a service that is provided appropriately to patients. A good explanation of the drugs given by pharmacists to patients can help patients understand the rules for drug use and drug side effects.

3.2.4. Responsiveness Dimension Indicator

Responsiveness Being responsive means being ready to help customers and offering timely service. This dimension emphasizes attention to detail and responsiveness to customer requests, questions, complaints, and concerns. This responsiveness dimension refers to customers and how quickly they respond to problems that arise.

Table 6: Distribution of Respondents' Responses on the Responsiveness Dimension

No.	Questions	Answer (n = 89)					% Score
		NS	LS	FS	S	VS	
1.	Drugs are given on time by pharmacists	0	1	29	50	9	75.06%
2.	Officers provide written drug information if the patient does not really understand	0	0	27	58	12	76.63%
3.	Pharmacy staff are competent in carrying out pharmacy installation services	0	1	17	58	13	78.65%
4.	Every patient complaint is resolved quickly	0	0	16	61	12	79.10%
5.	Good communication between patients and pharmacists	0	0	16	64	9	78.43%
6.	Pharmacy officers are able to provide responses to patient complaints	0	0	16	62	11	78.88%
7.	Services provided by Pharmacy officers are fast (<30 minutes for finished drugs and <60 minutes for concocted drugs)	0	1	23	56	9	76.40%
8.	The procedure for obtaining pharmaceutical drugs is not confusing and easy to understand	0	0	17	52	20	80.67%
Average						77.98%	

Responsiveness Dimension The pharmacist's ability to respond to patient complaints and concerns and be ready to provide immediate therapy is known as the responsiveness dimension. Pharmacists need to accept patients' concerns and complaints about medicines, and they need to be able to clearly explain patients' worries and complaints about medicines. From the results of patient satisfaction based on the 8 indicators of responsiveness, a score of 77.98% was obtained in the satisfied category.

Based on the Responsiveness dimension at the Bungursari Tasikmalaya Health Center in the satisfaction category, the highest score on questions regarding good communication between patients and pharmacy staff was 64 people. In the very satisfied category, respondents answered with the highest score on the procedural question for obtaining drugs at the pharmacy that was easy to understand with an answer of 80.67%. As for the lowest score with a value of 75.06%, drug questions were given in a timely manner by pharmacy staff.

3.2.5. Indicators of Patient Satisfaction in the Dimension of Assurance

The purpose of the description of satisfaction in the dimension of assurance (Assurance) is to find out how satisfied the community is with the standard of service provided by pharmaceutical officers to pharmaceuticals, as well as with the friendliness and ability of officers to build relationships with patients.

Table 7: Distribution Answers Respondents on Dimensions Certainty (Assurance).

No.	Questions	Answer (n = 89)					% Score
		NS	LS	FS	S	VS	
1.	Patients believe the drugs given can cure them	0	1	15	51	22	81.12%
2.	The patient is sure of the truth of the medicine he is receiving	0	0	7	59	23	83.60%
3.	There is a guarantee if an error occurs in the drug information service	0	1	17	62	9	77.75%
4.	The quality of pharmaceutical services is guaranteed	0	0	4	69	16	82.70%
5.	The services provided are fast and precise	0	3	10	63	13	79.33%
6.	Pharmacy staff are friendly and polite to patients when giving medicine	0	1	6	70	12	81.35%
7.	The privacy of patient information is always maintained by pharmacists	0	0	3	69	17	83.15%
8.	Pharmacist. have broad knowledge and skills in providing services	0	0	8	61	20	82.70%
Average						81.46%	

Dimensions of assurance (Assurance) To build trust in the services that have been offered, the assurance component refers to an understanding of pharmaceutical goods, creating a sense of security and risk or danger. Patients should feel comfortable and confident in the pharmacist's ability to administer the desired medication. Based on the results of this study it can be concluded that respondents' confidence in pharmaceutical services was 81.46 and was in the very satisfied criteria.

Based on the results of this study indicate that the dimension of certainty (Assurance) shows the results of patient satisfaction with services at the Bungursari Tasikmalaya Health Center pharmacy installation, in the highest scoring category, patients believe in the correctness of the drug. he received with a value of 83.60%. Pharmacists ensure that patients receive effective drug therapy so that many patients are satisfied and return to the Bungursari Tasikmalaya Health Center for treatment.

The results of this investigation received the lowest rating (75.06%). The concern concerns the availability of assurance in the event that the drug information service makes an error. If such a problem is found it is a problem where the pharmacist is obliged to review the prescription in accordance with regulatory, pharmacological and clinical standards, where the service provider must be ready to listen to customers and be able to help them understand the problem and solve it with the right treatment. Both for inpatients and outpatients.

4. Conclusion

The level of satisfaction of outpatients at the Bungursari Tasikmalaya Public Health Center pharmacy installation on the provision of pharmaceutical services on all sizes with a percentage where the Appearance measure (Tangibel) has an average level of satisfaction with a percentage of 79.81% (very satisfied), the measure of empathy (Empaty) has level average. satisfaction with a percentage of 79.63% (satisfied), a measure of reliability (Reliability) has an average percentage level of satisfaction of 79.44% (satisfied), a measure of understanding energy (Resvonsiveness)

has an average level of satisfaction with a percentage of 77.98% (satisfied) and a measure of certainty (Assurance) has an average level of patient satisfaction with a percentage of 81.46% (very satisfied).

References

- Chandra, S., Ward, P., & Mohammadnezhad, M. (2019). Factors associated with patient satisfaction in outpatient department of Suva Sub-divisional Health Center, Fiji, 2018: a mixed method study. *Frontiers in public health*, 7, 183.
- Fufa, B. D., & Negao, E. B. (2019). Satisfaction of outpatient service consumers and associated factors towards the health service given at Jimma Medical Center, South West Ethiopia. *Patient related outcome measures*, 347-354.
- Thornton, R. D., Nurse, N., Snavely, L., Hackett-Zahler, S., Frank, K., & DiTomasso, R. A. (2017). Influences on patient satisfaction in healthcare centers: a semi-quantitative study over 5 years. *BMC health services research*, 17(1), 1-9.
- Sulek, J. M., & Hensley, R. L. (2004). The relative importance of food, atmosphere, and fairness of wait: The case of a full-service restaurant. *Cornell hotel and restaurant administration quarterly*, 45(3), 235-247.
- Kumari, R., Idris, M. Z., Bhushan, V., Khanna, A., Agarwal, M., & Singh, S. K. (2009). Study on patient satisfaction in the government allopathic health facilities of Lucknow district, India. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 34(1), 35.
- Singh, H. (2006). The importance of customer satisfaction in relation to customer loyalty and retention. *Academy of Marketing Science*, 60(193-225), 46.
- Hertanti, N. S., Huang, M. C., Chang, C. M., Fetzer, S. J., & Kao, C. Y. (2021). Knowledge and comfort related to palliative care among Indonesian primary health care providers. *Australian Journal of Primary Health*, 26(6), 472-478.
- Al-Quteimat, O. M., & Amer, A. M. (2016). Evidence-based pharmaceutical care: The next chapter in pharmacy practice. *Saudi Pharmaceutical Journal*, 24(4), 447-451.
- Glasgow, R. E., & Emmons, K. M. (2007). How can we increase translation of research into practice? Types of evidence needed. *Annu. Rev. Public Health*, 28, 413-433.
- Kotakorpi, K., & Laamanen, J. P. (2010). Welfare state and life satisfaction: Evidence from public health care. *Economica*, 77(307), 565-583.
- Berliana, N., & Amelia, D. (2018). Analysis of Maternity Satisfaction Level to Antenatal Care Quality in Primary Health Care Markanding Muaro Jambi 2016. *Journal of Global Research in Public Health*, 3(1), 61-67.
- Krisnaresanti, A., Naufalin, L. R., & Dinanti, A. (2022). The Academic Services during the Covid-19 Pandemic: Study on Five Service Quality Dimensions. *Performance: Jurnal Personalita, Financial, Operasional, Marketing dan Sistem Informasi*, 29(1), 40-51.
- Khuong, M. N., & Dai, N. Q. (2016). The Factors Affecting Customer Satisfaction and Customer Loyalty--A Study of Local Taxi Companies in Ho Chi Minh City, Vietnam. *International Journal of Innovation, Management and Technology*, 7(5), 228.
- Ningsih, F., & Afriaris, S. (2019). Quality Of Public Services At The Population And Civil Registration Services Indragiri Hulu District. *Journal of Industrial Engineering & Management Research*, 1(1a), 1-5.
- Renna, M. S., Metcalfe, A., Ellard, D., & Davies, D. (2020). A patient satisfaction survey investigating pre-and post-operative information provision in lower limb surgery. *BMC Musculoskeletal Disorders*, 21, 1-9.
- Rohmah, M. K. (2020). Perspective of molecular immune response of SARS-COV-2 infection. *Jurnal Teknologi Laboratorium (JTL)*, 9(1), 1-9.
- Putra, D. S., Atmadani, R. N., & Hidayati, I. R. (2021). Relationship between knowledge level of hiv/aids patient with antiretroviral adherence in primary healthcare service in Malang City. *Journal of HIV/AIDS & Social Services*, 20(3), 228-245.