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THE RELATIONSHIP ANALYSIS OF INTERPERSONAL CARE AND CONTINUITY OF CARE WITH THE PATIENT SATISFACTION INDEX IN THE OUTPATIENT POLYCLINIC OF TGK.CHIK DITIRO PIDIE REGIONAL HOSPITAL

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ABSTRACT

Patient satisfaction is an important indicator in evaluating health care quality. Outpatient care are one type of hospital service that requires quality assessment aspects, and nursing services are an integral part of hospital services. This research was conducted to determine the relationship between interpersonal care and continuity of care with patient satisfaction index in outpatient polyclinics. This study is quantitative research with a cross-sectional design. The respondents in this study were patients who received outpatient services at the Polyclinic of Tgk. Chik Ditiro Pidie Regional Hospital, totaling 209 respondents selected by Probability sampling. The study was conducted in October 2023. The Spearman test showed a relationship between interpersonal care ($p=0,000$; $r=0.490$) with patient satisfaction index, interpersonal communication ($p=0.000$; $r=0.498$) with patient satisfaction index, interpersonal style ($p=0.000$; $r=0.509$) with patient satisfaction index, decision making $p=0.000$; $r=0.482$) with patient satisfaction index. The relationship between continuity of care ($p=0,000$; $r=0,478$) with patient satisfaction index, long-term patient and medical partnerships ($p=0.000$; $r=0.508$) with patient satisfaction index, doctor and nurse information of patient medical record ($p=0.000$; $r=0.338$) with patient satisfaction index and service facilities ($p=0.000$; $r=0.545$) with patient satisfaction index at the outpatient polyclinic of Tgk.Chik Ditiro Pidie Regional Hospital. The results of the linear regression test of the service facilities are the most related to the patient satisfaction index (coeff=-0,662; $p=0,000$). Service facilities are the variables most related to the patient satisfaction index at the outpatient polyclinic of RSUD Tgk. Chik Ditiro Pidie.

KEYWORDS: Interpersonal care, continuity of care, patient satisfaction

BACKGROUND

Patient satisfaction is an important indicator in evaluating the quality of health services because patients have the role of contributor, target, and reformer in quality assurance (Batbaatar, 2016).

Patient satisfaction is a level of patient feeling that arises as a result of the health service performance they obtain after the patient compares it with what they expected (Pohan, 2015). Satisfaction can be divided into two types, namely tangible satisfaction which is the satisfaction that can be felt and seen by customers and has been utilized, and psychological satisfaction which is intangible from health services but can be felt by patients (Farianita, 2016).

The government has made many efforts to meet public satisfaction with the health sector. One form of this effort is to build hospitals in each region (Husna and Kadir, 2020). Government-owned hospitals in each region are often called Regional General Hospitals, which are the government-owned health institutions in the city/district. A service from a hospital is usually not far from public perception (Butar, 2016). Outpatient services are a type of hospital service that requires quality assessment aspects, and nursing services are an integral part of hospital services. Overall, they are interconnected and run in an integrated manner to provide services to users of hospital services so that service is one of the determining factors for a hospital's image in the eyes of the public (Butar, 2016).

Public perception is also needed to provide an evaluation to the hospital regarding the health services that have been provided, even though the majority of the public does not know the benchmarks for whether a health service in a hospital is good or not. If the quality of health services is not continuously maintained and improved, the number of patients will likely decrease. Patient satisfaction with health services will also influence the number of visits. If the patient is not satisfied, it will make the patient disappointed. Patient satisfaction factors can also create public perceptions about the hospital's image (Aditama, 2007).

This broad satisfaction is related to service quality, financing, distribution channels, guaranteed safety of use, and aspects of employee morality/performance from a health service organization. The public's interest in utilizing outpatient services is influenced by several factors, including the quality of outpatient services, where patient satisfaction measurements need to be carried out periodically, regularly, accurately, and continuously (Daryanto and Setyobudi, 2014). Defining patient satisfaction as a feeling of happiness because the services received are in line with expectations (Riandi & Yuliawati, 2016). Patient satisfaction is obtained through information provided by patients regarding service satisfaction in health services which is assessed based on the Community Satisfaction Index (IKM) (Husna, 2020). There are elements in measuring the community satisfaction index, including service procedures, service requirements, clarity of service officers, the discipline of service officers, the responsibility of service officers, ability of service officers, speed of service, fairness in getting services, politeness and friendliness of officers, reasonableness of service costs, certainty service costs, certainty of service schedules, environmental comfort, service security (Hasbi, 2012).

It is important to assess patient satisfaction because it is part of service quality related to marketing. Patient satisfaction is a priority to improve services for health service users (Etilidawati & Handayani,

2017). In service, several factors influence the level of satisfaction, including satisfaction with access to health services, satisfaction with the quality of health services, and satisfaction with the health service system (Pohan, 2015).

One of the factors that influences patient satisfaction is communication. Communication is the procedure for providing information from service providers to patients. Especially how various complaints from patients are quickly received by service providers, especially nurses, in assisting with patient complaints (Nursalam, 2015). Communication can take place in face-to-face contact or through media where messages flow through channels. Communication between individuals is known as interpersonal communication. Interpersonal communication is an important component of interpersonal services in providing care services that satisfy patients (Handayani M, Pandanwangi E, 2021).

Interpersonal service refers to care provided by a team of health professionals as partners in achieving common goals (Fauziyah N, 2021). The other two components of interpersonal service are decision-making and interpersonal style. These two components have their role in supporting interpersonal communication to achieve service goals, namely patient satisfaction. In making decisions, medical personnel must pay attention to aspects that can hinder the success of treatment, patient preferences must be taken into consideration by medical personnel so that appropriate treatment plan modifications can be made for each patient (Irvine, 2022). The interpersonal style of medical personnel influences patient outcomes. Patients will achieve the desired satisfaction when the treating medical personnel treat them well (Effendy, 2010).

Apart from interpersonal service, continuity of service is also the most consistent and strongest determinant of patient satisfaction. Continuity of health services refers to the uninterrupted process of health services from the same hospital, location, or provider (Batbaatar, 2016). Continuity of care is rooted in a long-term patient-physician partnership in which medical personnel know the patient's history from experience and can efficiently integrate new information and decisions from a whole-person perspective without extensive investigation or record review (Kuusisto and Asikainen, 2019). Another aspect that influences continuity of service is medical personnel's knowledge of patient history and service facilities. Medical personnel's knowledge of the patient's history makes it easier to diagnose and determine appropriate patient care procedures (Balbeid, 2018). Furthermore, health service facilities have been proven to influence the level of patient satisfaction. Health facilities consist of service quality, rates, and the distance of the service facility to the patient's home (Batbaatar, 2016).

Patient satisfaction standards are regulated in Minister of Health Regulation No. 30 of 2022 concerning national indicator standards for the quality of health services in independent practice places for doctors and dentists, clinics, community health centers, hospitals, health laboratories, and blood transfusion units. The standard for patient satisfaction, especially outpatients, in the Minister

of Health Decree is $\geq 76.61\%$. A health service is said to be of quality if it can satisfy service users and the procedures for providing it comply with the established code of ethics and standards (Permenkes, 2022). Based on data from the patient satisfaction index carried out by the Public Relations Promotion and Marketing unit of Tgk. Chik Ditiro Regional Hospital shows that the achievement of the patient and family satisfaction index in outpatient care in 2022 has not been achieved, namely 74.21% of the target of 76.61%.

The initial research was conducted by researchers at the outpatient clinic of Tgk Regional Hospital. Chik Ditiro Pidie in September 2022 with a sample size of 51 patients to measure service satisfaction using the Service Quality method and using five indicator dimensions consisting of Responsiveness, Assurance, Tangibles, Empathy, and Reliability, the result was $p = 0.052$. This means that there are still people who are not satisfied with the services at the outpatient polyclinic at Tgk.Chik Ditiro Pidie Hospital. This shows that there is a relationship but it is not significant so a different theoretical approach needs to be considered. Analysis using RATER in the initial survey was not able to explain patient satisfaction at Tgk. Chik Ditiro Pidie Regional Hospital, so the author took an interpersonal service approach and continuity of service to be researched. So, the author is interested in carrying out research with the title "analysis of the relationship of interpersonal services and service continuity with the patient satisfaction index in the outpatient Polyclinic of Tgk.Chik Ditiro Pidie Hospital".

RESEARCH METHODS

Types of research

This research uses a quantitative research design with a cross-sectional approach.

Research Location and Time

The location of this research is the Outpatient Polyclinic at Tgk Regional Hospital. Chik Ditiro which consists of 17 polyclinics. This research was conducted from September 2023 – December 2023. Research data collection was carried out in October 2023.

Research Population and Sample

The population in this study were all outpatients who received health services at the Outpatient Polyclinic of Tgk. Chik Ditiro Regional Hospital, namely in October 2023, totalling 447 people.

The sample in this study were patients or patient companions (parents, children, husband or wife) who received health services more than once at the Outpatient Polyclinic at Tgk Regional Hospital. Chik Ditiro Pidie is at least 17 years old. The sampling technique is using probability, namely stratified proportional random sampling. The sample size in this study was determined using the Issca and Michael (1981) sample calculation table. The number of samples in the research was 209 people.

Research variable

- a. The interpersonal service variable is the actions of doctors and nurses in providing assistance, support, information, solutions, and managing patient problems to meet the patient's needs or expectations. The interpersonal service variable consists of 3 indicators, namely interpersonal communication, interpersonal style, and decision-making. Data collection was carried out by distributing questionnaires that had been tested for validity and reliability.
- b. The service continuity variable is building sustainable partnerships to provide care and support and fostering relationships of mutual trust between doctors and nurses and patients to monitor the patient's condition. The continuity of service variable consists of 3 indicators, namely the patient's long-term partnership with medical personnel, medical personnel's knowledge of the patient's history, and service facilities. Data collection was carried out by distributing questionnaires that had been tested for validity and reliability.
- c. Patient satisfaction index variable, namely the public's opinion in obtaining services from public service providers by comparing their expectations and needs. Data collection was carried out by distributing questionnaires adapted from PermenPAN and RB no. 14 of 2017.

Data analysis

Data analysis in this study uses the Spearman correlation test to determine whether there is a relationship or not, which can be seen from the significance value, and how strong the relationship is can be seen from the correlation coefficient or r value. To find out the most dominant factors related to the patient satisfaction index, it was analyzed using a linear regression test. Statistical analysis was carried out using the IBM SPSS Statistics 22 application.

Research Ethics

This research was conducted by applying ethical principles in research such as informed consent, anonymity, and confidentiality. In addition, this research has been approved by the Health Research Ethics Committee (KEPK) of the Faculty of Medicine, Syiah Kuala University in 2023 which was issued on October 12 2023 with registration number: 1171012P.

RESULT

The characteristics of the respondents in this study have a variety of backgrounds. The results of filling out the questionnaire obtained the following characteristics

Table 1. Characteristics of Respondents

No	Karakteristik	Jumlah (n)	Persentase (%)
1	Age		
	Late Teenagers (17 – 25 Years)	27	12.9
	Early Adulthood (26 – 35 Years)	24	11.5
	Late Adulthood (36 – 45 Years)	51	24.4
	Early Elderly (46 – 55 Years)	49	23.4

No	Karakteristik	Jumlah (n)	Persentase (%)
	Late Elderly (56 – 65 Years)	29	13.9
	Seniors (>66 Years)	29	13.9
2	Gender		
	Woman	132	63.2
	Man	77	36.8
3	Work		
	Work	66	31.6
	Doesn't work	120	57.4
	Student/Students	23	11.0
4	Polyclinic		
	Perinatology	4	1.9
	Oncology Surgery	7	3.3
	Orthopedic Surgery	8	3.8
	Neurosurgery	4	1.9
	General Surgery	13	6.2
	Urological Surgery	11	5.3
	Vascular Surgery	2	1.0
	Oral and Dental	6	2.9
	Nefrology	2	1.0
	Cardiology	17	8.1
	Obstetric and Gynecology	4	1.9
	Dermatology	13	6.2
	Ophthalmology	25	12.0
	Internal Medicine	41	19.6
	Pulmonary	9	4.3
	Neurology	39	18.7
	Otorhinolaryngolgy	4	1.9
	Total	209	100

Based on table 1, shows that the age of the respondents was predominantly 36-45 years old (late adulthood) with 51 people (24.4%). There were 132 female respondents (63.2%). Respondents who did not work were 120 people (57.4%). The sampling frequency was dominated by Internal Medicine polyclinics with 41 samples (19.6%). The Vascular Surgery Polyclinic and the Nefrology Polyclinic had the lowest sample frequency, namely 2 samples (1.0%).

Table 2 Frequency Distribution of Respondents Based on Interpersonal Care, Continuity of Care, and Patient Satisfaction Indeks

No	Variable	Mean	Median	Minimum	Maksimum
1	Interpersonal Care	37	36	35	48
	Interpersonal Communication	18.593	18	17	24
	Interpersonal Style	12.421	12	12	16
	Decision Making	6.167	6	6	8
2	Continuity of Care	33	33	31	44
	Patient and Medical Partnership	12.335	12	11	16
	Doctor and Nurses information of patient medical record	9.263	9	8	12
	Service Facilities	12.338	12	12	16
3	Patient Satisfaction Index	28.397	28	27	36

Based on table 2, shows that the interpersonal service variable has a median value of 36 with a minimum value of 35 and a maximum of 48. Of the 3 interpersonal service indicators, interpersonal communication between patient and medical has the highest median value compared to the other indicators. The service continuity variable shows a median value of 33 with a minimum value of 21 and a maximum of 44. Of the 3 indicators of service continuity, service facilities have the highest median value compared to the other indicators. The patient satisfaction index has a median value of 28 with a minimum value of 27 and a maximum of 36.

Table 3. Relationship between Interpersonal Care and Continuity of Care with the Patient Satisfaction Index in the Outpatient Polyclinic at Tgk.Chik Ditiro Pidie Regional Hospital

No	Variable	p-value	r	criteria	n
1	Interpersonal Care	0.000	0.490	Moderate	209
	Interpersonal Communication	0.000	0.498	Moderate	209
	Interpersonal Style	0.000	0.509	Strong	209
	Decision Making	0.000	0.482	Moderate	209
2	Continuity of Care	0.000	0.478	Moderate	209
	Patient and Medical Partnership	0.000	0.508	Strong	209
	Doctors and Nurses information of patient medical record	0.000	0.338	Moderate	209
	Service Facilities	0.000	0.545	Strong	209

Table 3, shows that there is a relationship between interpersonal service and the patient satisfaction index at the Outpatient Polyclinic at Tgk. Chik Ditiro Pidie Regional Hospital (p-value = 0.000; r = 0.490). The research results also show that there is a relationship between continuity of service and the patient satisfaction index at the Outpatient Polyclinic at Tgk.Chik Ditiro Pidie Regional Hospital (p-value = 0.000; r = 0.478).

Apart from that, each interpersonal service indicator consisting of interpersonal communication, interpersonal style, and decision-making also statistically shows a significant relationship with the patient satisfaction index. Likewise, indicators of continuity of service consisting of patient-doctor partnerships, doctors' and nurses' knowledge of patient history, and service facilities also statistically show a significant relationship with the patient satisfaction index.

Table 4. Variables Most Correlated with Patient Satisfaction Indeks at the Outpatient Polyclinic of Tgk. Chik Ditiro Pidie Regional Hospital

Model		Unstandardized Coefficients		p-value	Adjusted R Square
		B	Std. Error		
1	(Constant)	10.511	0.862	0.000	0.617
	Interpersonal Communication	0.512	0.117	0.000	
	Interpersonal Style	0.253	0.167	0.131	
	Decision Making	0.280	0.185	0.132	
	Patient and Medical Partnership	-0.636	0.125	0.000	
	Doctors and Nurses information of patient medical record	-0.204	0.128	0.113	
	Service Facilities	0.583	0.099	0.000	
2	(Constant)	16.726	0.853	0.000	0.615
	Interpersonal Communication	0.562	0.112	0.000	
	Decision Making	0.263	0.167	0.118	

Model	Unstandardized Coefficients		p-value	Adjusted R Square	
	B	Std. Error			
1	Patient and Medical Partnership	-0.643	0.125	0.000	0.613
	Doctors and Nurses information of patient medical record	-0.177	0.127	0.166	
	Service Facilities	0.608	0.098	0.000	
3	(Constant)	16.404	0.823	0.000	0.613
	Interpersonal Communication	0.522	0.109	0.000	
	Decision Making	0.267	0.167	0.112	
	Doctors and Nurses information of patient medical record	-0.687	0.121	0.000	
	Service Facilities	0.601	0.098	0.000	
4	(Constant)	16.185	0.815	0.000	0.610
	Interpersonal Communication	0.646	0.077	0.000	
	Doctors and Nurses information of patient medical record	-0.662	0.121	0.000	
	Service Facilities	0.676	0.086	0.000	

Based on Table 4, shows that in model 1, there are only 3 variables that are significant with patient satisfaction at the Outpatient Polyclinic of Tgk. Chik Ditiro Pidie Regional Hospital, namely interpersonal communication, long-term patient partnerships with doctors and nurses, and service facilities. In model 1, it is known that the adjusted R square value is 0.617, equal to 61.7%, which means that the variables in model 1 simultaneously influence the patient satisfaction index by 61.7%.

In model 2, the decision-making variables were excluded so that the significant variables with the patient satisfaction index at the Outpatient Polyclinic at Tgk.Chik Ditiro Pidie Regional Hospital had interpersonal communication, and long-term patient partnerships with doctors and nurses, and health

facilities. In model 2, it is known that the adjusted R square value is 0.615, equal to 61.5%, which means that the variables in model 2 simultaneously influence the patient satisfaction index by 61.5%.

In model 3, doctors and nurses' information of patient medical record was excluded so that the significant variables with the patient satisfaction index at the Outpatient Polyclinic at Tgk. Chik Ditiro Pidie Regional Hospital has interpersonal communication, long-term patient partnerships with doctors and nurses, and service facilities. In model 3, it is known that the adjusted R square coefficient value is 0.613, equal to 61.3%, which means that the variables in model 3 simultaneously influence the patient satisfaction index by 61.3%.

In the model 4, interpersonal style was excluded, so that the significant variables with the patient satisfaction index at the Outpatient Polyclinic of RSUD Tgk.Chik Ditiro Pidie were interpersonal communication, long-term patient partnerships with doctors and nurses, and health facilities. In model 4, it is known that the adjusted R square coefficient value is 0.610, equal to 61%, which means that the variables in model 4 simultaneously influence the patient satisfaction index by 61%.

DISCUSSION

Relationship between Interpersonal Care and Patient Satisfaction Index

The results of this study show that there is a relationship between interpersonal care and the patient satisfaction index, which has a p-value = 0.000, meaning there is a significant relationship between the two, and the strength of the relationship is sufficient. So it can be said that the better interpersonal service of medical personnel in outpatient clinics will be followed by increased patient satisfaction index.

This research is in line with research by Tirta SD, et al (2022) and research by Sari E, et al (2022) which shows there is a relationship between interpersonal care and patient satisfaction index. Good interpersonal care includes effective communication, a caring attitude, and respect for the patient as an individual. When patients feel heard and treated with respect, they tend to be more satisfied with the care they receive. Clear and empathetic communication from healthcare providers can help reduce patient anxiety and increase their confidence in the care provided.

Interpersonal care is measured using 3 indicators, namely interpersonal communication, interpersonal style and decision making. The results of statistical tests also show that there is a significant relationship between these three indicators and the patient satisfaction index. As stated by Effendy, C (2004) a doctor and nurse should treat patients with warmth and sincerity so that the patient feels close and comfortable. Doctors and nurses can provide services to patients with a little humor. This is by research by Moore, A.D et.al (2012) that there is a positive influence of interpersonal style on patient satisfaction.

Apart from that, according to Irvine (2022), a medical worker must adapt by choosing treatment that is more acceptable to the patient. This is also true of Liansyah's (2015) research which shows that in making decisions, a doctor must be responsive to the patient's preferences, namely the preference to be involved in making treatment decisions and various treatment options or outcomes.

Good interpersonal care between the hospital and the patient psychologically will also provide comfort so that the patient feels cared for by the hospital. This has an impact on improving the quality of hospital services. When viewed from the business side, hospitals will have greater profits (Wang. w et.al, 2019).

The interpersonal care also involves patient involvement in decisions regarding their care. When patients feel that their preferences and values are taken into consideration, they tend to be more satisfied with the care they receive. Patient involvement in decision making can improve compliance and better treatment outcomes. Thus, good interpersonal service plays an important role in increasing patient satisfaction with the health care received.

Relationship between Continuity of Care and Patient Satisfaction Index

The results of the research show that there is a relationship between continuity of care and the patient satisfaction index which has a p-value = 0.000, meaning there is a significant relationship between the two, and the strength of the relationship is sufficient. So, it can be said that the better the interpersonal care of medical personnel in outpatient clinics, the greater the patient satisfaction will be.

This is in line with research by E. Lautamatti et.al (2020) and Suryagustina et al (2024), where the relationship between continuity of care and outpatient satisfaction is very close. Continuity of care refers to the coordination and integration of care received by patients throughout their care process.

Sustainability is measured by 3 indicators, namely long-term patient partnerships with doctors and nurses, doctors and nurses' information of patient medical record and service facilities. The statistical test results also show that each indicator has a significant relationship with the patient satisfaction index. This is also by research conducted by Suhaid, DN et al (2022) that there is a relationship between patient and medical personnel partnerships with patient satisfaction in the Outpatient Installation of the Haji Hospital, South Sulawesi Province. A partnership between patients and medical personnel that is carried out well requires a fully concentrated effort by the hospital so that it can empower the wishes of the patient.

Likewise, research by Balbeid (2018) stated that it would be easy for medical personnel to diagnose and determine appropriate procedures for patient care if they already knew the patient's health history or illness. The patient's medical record can support the diagnosis and selection of a treatment plan.

Good coordination ensures that all information and care plans are communicated clearly, reducing the risk of errors or duplication. This can reduce patient confusion and frustration, and increase their satisfaction. Continuity of care facilitates easier access for patients to get the care they need. For example, a smooth referral system and electronic sharing of medical records. This easier access can reduce wait times and avoid delays in care, ultimately increasing patient satisfaction. When patients can see continuity in care, they tend to feel more comfortable and trust their healthcare providers and thus have better satisfaction indices.

Researchers assume that continuity of service ensures effective communication between health workers at RSUD Tgk. Chik Ditiro Pidie and patients. When information is presented clearly and consistently, patients feel more understood about their condition and the care they are receiving. This can increase the trust of patients visiting outpatient clinics in health service providers and increase their satisfaction.

Research Limitations

This research has several limitations, including that data collection using a questionnaire instrument is very subjective, the strength and data between variables are very dependent on the honesty, directness, and openness of the respondent in providing answers to the questionnaire, as well as the respondent's persistence when filling in due to a large number of questionnaire items. In addition, the data collected in this study has an abnormal data distribution so it cannot be used for parametric tests to see group differences in the independent variable on the dependent variable.

Conclusions and recommendations

There is a relationship between interpersonal care and continuity of care with the patient satisfaction index at the Outpatient Polyclinic at Tgk.Chik Ditiro Pidie Regional Hospital. It is hoped that hospital management will send health workers, especially from outpatient clinics, to take part in training and evaluate it so that the attitudes and behavior of health workers improve. Apart from that, it is also hoped that hospital management will carry out community satisfaction surveys in collaboration with third parties. Heads of outpatient care and heads of polyclinics are also expected to play an active role by encouraging participation from staff by conducting regular and scheduled briefings to the staff on duty.

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