

PERCEIVED QUALITY OF CARE DURING COVID-19 AT SANJIWANI HOSPITAL GIANYAR, BALI

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ABSTRACT

COVID-19 has caused a decrease in the number of visits to health care due to restrictions on public activities to reduce local transmission, but the quality of service is essential to be maintained. This study measured and examined factors related to public satisfaction with the inpatient services provided by Sanjiwani Hospital. This research is an observational study with a cross-sectional design. Of the 204 patients were taken using a consecutive sampling technique. Data collection was conducted from October-November 2020. Data collected of social demographic, 41 questions related to public satisfaction, and six aspects of the prevention of COVID-19. Data were analysed in univariate and bivariate analysis using the T-Test and Oneway Anova to determine factors related to the level of public satisfaction. The results showed general satisfaction score is a value of 4.10, meaning that it is in the satisfied category. There is a trend of increasing public satisfaction scores from 2018 to 2020. The factors related to public satisfaction are based on the type of National Health Insurance (JKN) membership the patient uses during treatment. Sanjiwani hospital should consider establishing digital service innovations to make it easier to access health care in the era of COVID-19

Keywords: COVID-19, quality of care, public satisfaction, inpatient, health care

Received 8 March 2022 Accepted 5 July 2022

INTRODUCTION

COVID-19 is a pandemic that is still a threat globally based on World Health Organization data [1]. The impact of COVID-19 is also felt by health services, especially hospitals. Hospitals are required to prevent transmission of infection and ensure that services are provided properly [2]. Various ways of preventing transmission have been suggested by the World Health Organization to all countries. Indonesia and in particular the Province of Bali has taken various means for efforts to prevent COVID-19, especially an appeal to implement health protocols. In this condition, even though there is a decrease in the number of visits to health services due to restrictions on community activities to reduce local transmission, the quality or

quality of service is very important to be maintained by the hospital [3]. This is because the more quality services are provided by the hospital, the more community satisfaction tends to increase [4].

The Sanjiwani Regional General Hospital (RSUD) which has officially operated under that name since 1997 is a hospital with Class B Education status which means it has an additional function, namely as an academic medical centre in addition to providing high-level health services. secondary and tertiary. In carrying out these functions, the hospital collaborates with the Faculty of Medicine and Health Sciences Warmadewa University. To ensure the achievement of the mission and the realization of the vision of the Sanjiwani Regional Hospital, it is necessary to measure and evaluate directly from the service recipients at Sanjiwani Hospital, namely patients [5]. A systematic measurement is needed so that more comprehensive information can be collected on the community and patient's image for the services of the Sanjiwani Hospital including the status of the Teaching Hospital owned by the Sanjiwani Hospital, especially how this status has an impact on the quality of service felt by health service users [6].

To improve the quality of services in hospitals, information related to patient satisfaction is very important to be extracted. One way that can be done is through a survey of patient satisfaction index to health services in hospitals [7,8]. The focus of the assessment of patient satisfaction is following PERMENPAN RB No.14 of 2017 [9]. Measuring patient satisfaction gives health care providers insight into the effectiveness of their care and understanding patients, caregivers, and family's perspectives of their services [10]. Therefore, the purpose of this study is to measure and identify factors related to the level of community satisfaction with services in inpatient units provided by RSUD Sanjiwani Gianyar during a pandemic.

RESEARCH METHOD

Study Design, Period, and Area

This research is a descriptive observational study with a cross-sectional study design to measure the level of satisfaction of the community and the factors related to the level of community satisfaction in the inpatient unit of Sanjiwani Hospital. This study was carried out at Sanjiwani Hospital during October-November 2020 by complying with health protocols. The sample selection was carried out using a consecutive sampling technique. The study sample was 204 patients who were treated at least 2 days in the inpatient service unit which were calculated based on the Krejcie & Morgan calculation formula with the known population, which was based on the number of patients treated at Sanjiwan Hospital during the last 6 months (March-August 2020).

Data Collection, Tools, and Procedure

Data were collected using a self-administered questionnaire consisting of social-demographic characteristics of the community, 41 questions (items) related to community satisfaction, and 6 aspects regarding the prevention of COVID-19 at Sanjiwani Hospital. The Community Satisfaction Survey tools which was proposed and approved by the Ministry of Administrative Reform and Bureaucratic Reform of the Republic of Indonesia (PERMENPAN RB) Number 14 of 2017 concerning Guidelines for Preparing Community Satisfaction Surveys for Public Service Organizing Units was utilized in the study.

Question items related to community satisfaction are a description of the service in each element of community satisfaction following the Regulation of the Minister All of these service elements will then form a score (Likert scale) of 1-5 community satisfaction (patient introduction). The elements of service satisfaction, namely requirements; systems, mechanisms and procedures; service time; fees/rates, product specifications, types of services; executive competence; implementing behaviour; handling of complaints, suggestions and input; and infrastructure. Then to obtain the value of the community satisfaction index in the inpatient service unit used the weighted average value approach and to facilitate interpretation of the community satisfaction index assessment, which is between 20 - 100, the results of the above assessment are converted to a base value of 20. [10]

Data Processing and Analysis

The data were analyzed in univariate ways to describe the socio-demographic characteristics, the level of community satisfaction (mean score), and a description of public perceptions about the facilities for preventing the transmission of COVID-19 at Sanjiwani Hospital. Bivariate analysis with statistical software used independent T-Test (characteristic variables with two categories) and Oneway Anova test (characteristic variables with more than two categories) to determine the factors related to the level of community satisfaction. All data analyses were conducted with Stata 14.0 statistical program.

Ethical Approval

This study has obtained The Ethics License Number: 2255 / UN 1 4.2.2.V11.1 4 / LT / 2020 from the Ethics Commission, Faculty of Medicine, Udayana University. This research data is anonymous to maintain confidentiality

FINDINGS AND DISCUSSION

A total of 204 respondents participated in the study. The study was conducted in 7 inpatient rooms that are still operating for general patients (COVID-19 special rooms not included). Based on the sociodemographic characteristics of respondents, most of the respondents were women (57.84%), with a mean age of the respondents 38 years (SD \pm 14.98). Most of the respondents were married (85.80%). With the income generated mostly \leq Rp. 2,500,000. As many as 189 people (92.65%) had National Health Insurance (JKN) from BPJS Kesehatan. Of the total respondents (72.1%) have a high school education level/equivalent (with the majority of jobs as private employees / self-employed (75.49%). When viewed from the type of health insurance membership owned, most of the respondents were PBI, as many as 132 people (69.8%) and most of the respondents used JKN to pay for health services (92.65%). (Table 1). Table 1. Sosio-Demographic Characteristics of Responden

Characteristics	n = (204)	%
Sex		
Male	86	42.16
Female	118	57.84
Age (Years)		
Mean (SD)	38.0 (14.98)	
Education		
Elementary	8	3.90
Junior High School	16	7.80

High School	147	72.10
University	33	16.10
Marital Status		
Not Married	27	13.20
Married	175	85.80
Divorce	2	1.00
Type of Occupations		
Not Working	43	21.08
Civil Employee	7	3.43
Privat Employee	152	75.49
Income		
≤Rp. 2.500.000	151	78.93
>Rp.2.500.000	43	21.07
Insurance Ownership		
Yes	189	92.65
No	15	7.35
Payment Method		
Private	15	7.35
National health insurance	189	92.65
Type of National health Insurance		
Government assistance	132	69.80
Self payment	57	30.20

Level of Public Satisfaction

The results of the analysis of the level of public satisfaction with inpatient services at the Sanjiwani Hospital are presented in two forms of presentation, namely using the calculation of the community satisfaction index value based on the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform of the Republic of Indonesia No. Public Service Providers and by using the mean (mean) and standard deviation (SD) of the overall score (aggregate) of 41 statements to reflect the patient satisfaction level score (Likert scale).

Table 2 shows that of the nine service elements assessed in the inpatient room, the value of the Community Satisfaction Index (IKM) in the inpatient service unit of Sanjiwani Gianyar Hospital was 81.70 and was included in the good service quality category. From the average value per service element, it is known that the aspects of complaint handling, suggestions and input have the lowest score compared to other factors. Compared with the satisfaction survey results in the inpatient unit at Sanjiwani Hospital from 2018-2019, in 2018, the value of community satisfaction with inpatient services was only 79.49. In 2019 it increased to 80.86 and 2020 to 81.70, so over the past three years, there has been an increasing trend in the value of the community satisfaction index for services in inpatient un

Tabel 2. Level of Public Satisfactions

Element of public satisfaction	Mean/ Elements	Public satisfaction index value
Requirements (U1)	3.23	0.36
Systems, mechanisms and procedures (U2)	3.22	0.36

Service time (U3)	3.54	0.39
Fees/rates (U4)	3.41	0.38
Product specifications (U5)	3.39	0.38
Executive competence (U6)	3.26	0.36
Implementing behaviour (U7)	3.26	0.36
Handling of complaints, suggestions and input (U8)	2.97	0.33
Infrastructure (U9)	3.14	0.35
Public satisfaction index value		3.27
% Level of Public satisfaction index value		81.70

The element that gets the highest satisfaction score in 2020 is Service Time (U3), and the lowest part is Handling complaints, suggestions and input (U8). Service time is the amount of time a patient spends receiving health care services during the hospital visits [11]. Service time is one of the elements in patient satisfaction. A study by Xie and Or (2017) shows that actual waiting time was negatively associated with patient satisfaction, and accurate service time was not significantly correlated with the perceived acceptability of service time. Patient satisfaction in terms of service time may occur due to the absence of accumulation of services caused by reduced patient visits to Sanjiwani Hospital during the COVID-19 pandemic. Since the COVID-19 pandemic, the Indonesian government has implemented social restrictions and urged the community to stay at home to reduce the spread of COVID-19 cases. In this situation, health facilities also reduce and limit health services for public patients (non-COVID-19 patients) to reduce the risk of transmission in health facilities. This lack of correlation may have occurred caused the patients not to have had a strong sense of time as they were being treated, or their attention might have been focused on their treatments or their interactions with the doctors and nurses [12].

The study also found that handling complaints was one of nine elements with the lowest satisfaction score. The handling of complaints tends to be ignored by health facilities, even though handling is one of the keys for a health facility to learn and grow. Many studies found that patients are dissatisfied with complaints handling. The study results by Daniel, Burn, et al. [13] showed that most complainants were dissatisfied with handling complaints, and a quarter stated that they would sue, but 70% would do nothing further [12]. In line with the research results of Frielle, Sluijs et al.; showed that out of 279 who submitted complaints, only 31% of patients were satisfied with the results [14]. Public services, especially quality hospitals, require a balance between agencies providing public services with the expectations of the public receiving services [15].

Furthermore, the calculation of the average score per item of general satisfaction questions is performed in the order of lowest to highest scores. Then the total average of all satisfaction questions is made. This average score can then be used as the level of public satisfaction with a value of 1, which means very dissatisfied, and 5, reflecting very joy. The calculation results show that the general satisfaction score is at 4.10 (SD = 0.42), meaning it is in the satisfaction category.

One of the ways to achieve this balance is by implementing a customer complaint handling system [16]. Establishing a complaint committee is essential in every hospital to ensure that complaint management runs well so that patients are satisfied with their complaints. However, a rules and complaints committee is not enough to ensure that complaints are appropriately handled; it requires commitment from the hospital. Based on the study results by [17], it was found that out of 21 hospitals in North Holland, almost all of them had rules in handling complaints, except for two hospitals and 18 hospitals that had complaint committees. However, there are still a quarter of hospitals; complaints often went untreated within two months.

Through an effective and responsive complaint handling system, the public does not hesitate to submit complaints because they know they will be followed up [18]. The primary strategy for improving the design of inpatient protests begins by creating a forum for submitting complaints (such as complaints box or online complaints), analysing complaint data and feedback actions (for example, timely feedback to complainants and learning from complaints into improving service quality)[19].

Complaints are one form of public participation [11]. Having a suitable complaint mechanism will also make the complaint a state of introspection or a solution to further improve the quality of public service. The calculation results based on the average score show that the public general satisfaction score is at a value of 4.10 (SD = 0.42) in the 1-5 range, meaning that it is in the satisfied category. There are 28 items (68.3%) that have a value below the average total satisfaction. Patients based on 41 statement items where the lowest score was items on the element of input, falsification and suggestions, and facilities and infrastructure. The aspects of handling complaints, complaints and submissions can be improved in a better and more comprehensive manner. To strengthen the patient complaint system, effective interventions must include four things, namely: comprehensive, integrated within existing systems, context-specific and cognizant of the information asymmetry and the unequal power relations between the key actor's [20].

Facilities and infrastructure are some things that patients consider when choosing a health facility [21]. Several studies suggest three reasons why patients select health facilities: inexpensiveness, infrastructure, and proximity of health facilities [20, 22]. To provide patient satisfaction, the factors of health service infrastructure supported by exemplary service quality will undoubtedly create satisfaction with the service that patients expect. In line with the results of research by [22], which shows that patients will be more satisfied if basic amenities are available in health facilities such as seating arrangements for patients and attendants, cleanliness, fans, toilets, drinking water, and telephone facilities, which are generally found at the higher-level facility, i.e. district and civil hospitals as compared to the community health centre and primary health centre [20]. Patients tend to be more satisfied if they visit a higher level of health facilities than a community health centre and primary health centre, which may occur because higher-level facilities have better infrastructure than the lower health facilities. Some studies showed that the highest level of satisfaction was in patients who visited private health facilities (i.e. 73%). Patients who saw primary care facilities had the lowest level of satisfaction (i.e. 52%).

The availability of a canteen that sells clean, healthy, and easy-to-reach necessities/consumption is the statement item that received the highest disagreement response, namely around 5.39% of the total respondents who thought this. A canteen/convenience store in the

hospital, especially for inpatients, is an essential element that the Sanjiwani Hospital should complete. Besides, it ensures that consumption sold in the hospital canteen will meet criteria such as safety and cleanliness of the products being sold [16]. RSUD Sanjiwani needs to consider canteen/minimarket services that provide patient and family needs, clean and close to inpatient/waiting room facilities.

Cafeteria/convenience stores that sell necessities/consumption will make it easier for patients and patient guards. If access to food or other conditions is far away, the patient watcher must leave the patient for a long time. This may contribute to the dissatisfaction of inpatients in this survey. Clean toilet facilities, even though they feel they have nothing to do with the medical services provided at Sanjiwani Hospital, but toilet facilities are a significant indicator, especially toilets in hospitals that have a greater chance of being a hazard for the transmission of diseases, in particular the toilet seat which allows for skin-to-skin contact [24]. Toilets located both in the patient's room and in the patient's waiting room must be kept clean; if necessary, one officer is specifically assigned to clean one toilet at a time. Cleaners should always pay attention to the cleanliness of existing toilets so that patients feel comfortable using the toilets in the hospital.

Hospital sanitation is an essential factor that needs to be considered by the hospital, one of which is the cleanliness of the existing toilets. Worldwide, 10% of hospitalised patients have a new infection during their hospital [18]. One of the most common spreads of disease is through shared toilet use. Several studies state that dissatisfaction with hospital facilities comes from the room's cleanliness and the existing toilet [19,25]. In connection with the cleanliness of the toilets in the hospital, it is necessary to maximise the role of the janitor to clean the toilets in the hospital and have regular supervision. Routine to ensure that the toilets in the hospital are always clean, safe (availability of tissue, soap and antiseptic and water that flows smoothly) and ready for use by users of hospital services.

The difference satisfaction of inpatients based on socio-demographic characteristics

Table 3 shows the satisfaction score for the socio-demographic characteristics, based on the results of the analysis with a significance level of 99% (considering that the resulting score does not entirely come from the interval type variable but the conversion results from the Likert scale), there is a statistically significant difference in the satisfaction score ($p = 0.001$) based on the type of national health insurance membership used by the patient during treatment. Patients using national health insurance-government assistance are more satisfied than those using federal health insurance-self payment.

Tabel 3. The difference satisfaction of inpatients based on socio-demographic characteristics

Characteristics	Mean (SD)	<i>p-value</i>
Sex		
Male	4.06 (0.16)	0.167 ^a
Female	4.10 (0.19)	
Age (years)		
≤45 years	4.08 (0.19)	0.837 ^a
>45 years	4.08 (0.15)	
Education		

Primary School	4.09 (0.22)	0.165 ^b
High School	4.09 (0.18)	
University	4.03 (0.15)	
Marital Status		
Not Married	4.03 (0.18)	0.097 ^a
Married/Divorce	4.09 (0.18)	
Type of Occupations		
Not Working	4.13(0.28)	0.136 ^b
Civil Employee	4.07(0.18)	
Privat Employee	4.07(0.14)	
Income		
≤Rp. 2.500.000	4.09(0.18)	0.077 ^a
>Rp.2.500.000	4.04(0.19)	
Insurance Ownership		
Yes	4.08 (0.18)	0.400 ^a
No	4.12 (0.23)	
Payment Method		
Private	4.08 (0.18)	0.400 ^a
National health insurance	4.12 (0.23)	
Type of National health Insurance		
Government assistance	4.11 (0.18)	0.001 ^a
Self payment	4.01 (0.13)	

Note : a= Independent T-Test, b=One Way Anova

Based on the test results of the difference in the average satisfaction of inpatients based on socio-demographic characteristics, it is known that the variables that have significant differences in the average total satisfaction of all elements of the statement are the type of insurance. The results showed that the kind of participation of the respondents indicated that national health insurance-government assistance participants had higher satisfaction than federal health insurance-self payment. This finding is similar to previous studies because patients who use national health insurance through government assistance are greatly helped in overcoming treatment difficulties due to a lack of economic [27]. So that people do not feel burdened by the cost of care and medication, which is quite expensive and can reach complete health services. The results of this study are beneficial for the management of RSUD Sanjiwani as an evaluation material in improving the quality and quality of health services provided. Still, there are some limitations, namely, because the cross-sectional study design was taken at a particular time, it would be difficult to see the patient's condition and the quality of service that occurs as a whole.

The aspect of preventing the transmission of COVID-19 at Sanjiwani Hospital

COVID-19 requires the Sanjiwani Hospital to adjust services to provide the best service while still preventing the transmission of COVID-19. The perception of the people who visited stated that almost all of the Sanjiwani Regional Hospital had been carried out from 6 aspects to prevent the transmission of COVID-19 in the hospital. However, there are still many people who feel they are crowded (> 20 people) when registering at Sanjiwani Hospital (Figure 1).

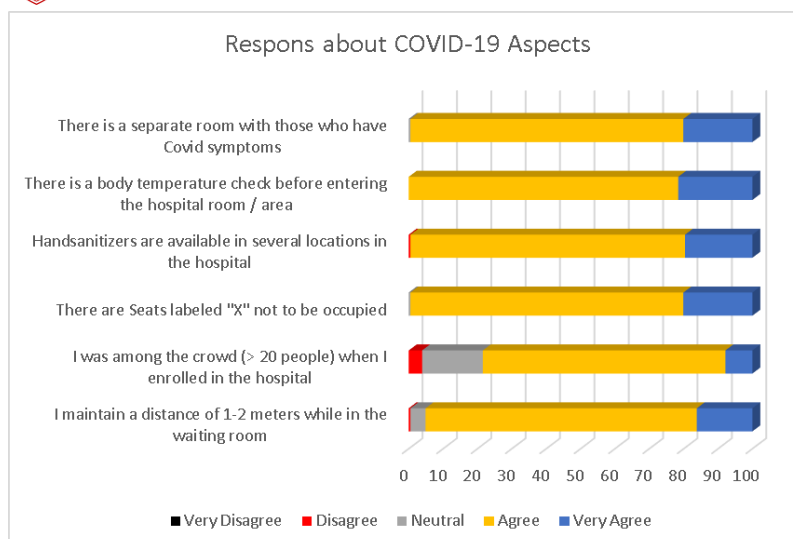


Figure 1. The aspect of preventing the transmission of COVID-19

The aspect of preventing the transmission of COVID-19 at Sanjiwani Hospital that needs attention is that there are still quite a lot (> 50%) of respondents who responded agreeing to my statement being among the crowd (> 20 people) when registering at the hospital. If you have the resources, Sanjiwani Hospital should consider establishing digital-based service innovations to make it easier for people to access health during the COVID-19 pandemic. Innovations that can be formed include creating an independent registration platform so that patients do not wait long and reduce crowds at the hospital. In addition to being served without queuing with the digital system, patients can also find out all services in the hospital through the service information screen. If not, a visit can also be considered by agreement by activating a specific hotline for each service/policy so that people who wish to visit can make a booking and get a queue number.

There are some limitations of the study; because the nature of the cross-sectional study design was taken at a particular time, it would be difficult to see the patient's condition and the quality of service that occurs as a whole. Since the study was conducted during COVID-19, many inpatient wards were used for COVID-19 patients and can not be included in the study, which might affect generalizability. However, the results of this study are beneficial for the management of Sanjiwani Hospital as an evaluation material in improving the quality of health services provided in the future.

CONCLUSION

The assessment element that received the lowest satisfaction score for three consecutive years was handling falsehoods, suggestions, and input. The calculation result based on the average score shows that the community satisfaction score is in the satisfied category. Government assistance, national health insurance patients who receive premium contribution assistance from the government tend to be more confident with services because they can access health services without considering treatment costs. Sanjiwani Hospital should consider establishing digital-based service innovations to make it easier for people to access health during the COVID-19 pandemic.

ACKNOWLEDGEMENTS

Thanks to the President Director of Sanjiwani Hospital for providing the opportunity for researchers to conduct research, hospital patients who have volunteered to become respondents, and surveyors who have worked hard in collecting data.

REFERENCES

- [1] HA Rothan, SN Byrareddy. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J Autoimmun* [Internet]. 2020;109(February):102433. Available from: <https://doi.org/10.1016/j.jaut.2020.102433>
- [2] TA Bin Traiki, SA Al Shammari, MN Al Ali, NA Aljomah, NS Alhassan, KA Alkhayal, et al. Impact of COVID-19 pandemic on patient satisfaction and surgical outcomes: A retrospective and cross sectional study. *Ann Med Surg* [Internet]. 2020;58(July):14–9. Available from: <https://doi.org/10.1016/j.amsu.2020.08.020>
- [3] LEEPC Wee, Sim X.Y.J C, C MKA, C KYT, H.M. Wong C, B LW, et al. Minimizing intra-hospital transmission of COVID-19: the role of social distancing. *J Hosp Infect* [Internet]. 2020;105(January):113–5. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7657940/pdf/main.pdf>
- [4] A Belasen, AR Belasen, J Oppenlander, A Hertelendy. Factors Affecting Patients' Perceptions of Quality, Hospital Ratings, and some Thoughts about Post-COVID-19 Challenges [Internet]. 2020. Available from: https://www.researchgate.net/publication/342258354_Factors_Affecting_Patients'_Perceptions_of_Quality_Hospital_Ratings_and_some_Thoughts_about_Post-COVID-19_Challenges
- [5] CPHI dan RSUD Sanjiwani. Laporan Survei Kepuasan Masyarakat Terhadap Pelayanan yang di Berikan di RSUD Sanjiwani Tahun 2019. Bali; 2019.
- [6] M Bustami. Penjaminan Mutu Pelayanan Kesehatan dan Akseptabilitasnya. Jakarta: Erlangga; 2011.
- [7] B Berkowitz. The Patient Experience and Patient Satisfaction: Measurement of a Complex Dynamic. *Online J Issues Nurs*. 2016;21(1).
- [8] L Gill, L White. A Critical Review of Patient Satisfaction. *Leadership in Health Services*; 2009
- [9] R Busse. Understanding satisfaction, responsiveness and experience with the health system. *Health system performance comparison: an agenda for policy, information and reasearc* 2013;255-280
- [10] Kemenpan. Peraturan Menteri Pendayagunaan Aparatur Negara Dan Reformasi Birokrasi Republik Indonesia Nomor 14 Tahun 2017 Tentang Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik. Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik Indonesia; 2017 p. 1–30.
- [11] Z Xie, C Or. Associations between waiting times, service times, and patient satisfaction in an endocrinology outpatient department: A time study and questionnaire survey. *Inq (United States)*. 2017;54.
- [12] AE Daniel, RJ Burn, S Horarik. Patients' complaints about medical practice. *Med J Aust*. 1999;170(12):598–602.
- [13] RD Friele, EM Sluijs, J Legemaate. Complaints handling in hospitals: An empirical study of discrepancies between patients' expectations and their experiences. *BMC Health Serv Res*. 2008;8:1–11.
- [14] SA Cosma, M Bota, C Fleşeriu, C Morgovan, Văleanu M, Cosma D. Measuring patients' perception and satisfaction with the Romanian healthcare system. *Sustain*. 2020;12(4):1–

- 16.
- [15] J Van Dael, TW Reader, A Gillespie, AL Neves, A Darzi, EK Mayer. Learning from complaints in healthcare: A realist review of academic literature, policy evidence and front-line insights. *BMJ Qual Saf.* 2020;29(8):684–95.
 - [16] G Van der Wal, P Lens. Handling complaints in hospitals. *Health Policy (New York).* 1995;31(1):17–27.
 - [17] K P. Park's Textbook of Preventive and Social Medicine. 23rd ed. Bhanot. Jabalpur: Banarasidas Bhanot; 2015. 463 p.
 - [18] T Mirzoev, S Kane. Key strategies to improve systems for managing patient complaints within health facilities what can we learn from the existing literature? *Global Health Action* Internet.2018;11(1).Available from: <https://doi.org/10.1080/16549716.2018.1458938>
 - [19] H Wei, Y Ming, H Cheng, H Bian, J Ming, TL Wei. A mixed method analysis of patients' complaints: Underpinnings of theory-guided strategies to improve quality of care. *International Journal Nursing Science* [Internet]. 2018;5(4):377–82. Available from: <https://doi.org/10.1016/j.ijnss.2018.06.006>
 - [20] NTT Thao, TT Xuan, NB Tran, BT Huong, NT Anh, NQ Duc, et al. Association between Patient Satisfaction and the Willingness to Return for Rehabilitation- A Pilot Study. *Open Public Health J.* 2021;14(1):455–61.
 - [21] PR Sodani, RK Kumar, J Srivastava, L Sharma. Measuring patient satisfaction: A case study to improve quality of care at public health facilities. *Indian J Community Med.* 2010;35(1):52–6.
 - [22] G Adhikary, SR Shawon, W Ali, S Ahmed, KA Shackelford, A Woldeab, et al. Factors influencing patients' satisfaction at different levels of health facilities in Bangladesh : Results from patient exit interviews. *PLoS One* [Internet]. 2018;(May 16):1–13. Available from: <https://pubmed.ncbi.nlm.nih.gov/29768441/>
 - [23] MP Kustiyoasih, M Adriani, TS Nindya. Penyelenggaraan Makanan Dan Kepuasan Konsumen Di Kantin Lantai 2 Rumah Sakit Universitas Airlangga Surabaya. *Media Gizi Indones.* 2017;11(1):11.
 - [24] C Yuantari, H Nadia. Analisis Resiko Keselamatan dan Kesehatan Kerja Pada Petugas Kebersihan di Rumah Sakit. *Faletehan Health Journal.* 2018;5(3):107–16.
 - [25] M Bouzid, O Cumming, PR Hunter. What is the impact of water sanitation and hygiene in healthcare facilities on care seeking behaviour and patient satisfaction? A systematic review of the evidence from low-income and middleincome countries. *BMJ Global Health.* 2018;3(3):1–14.
 - [26] IE Obi, AC Ndu, KA Agu, BI Omotowo, CC Agunwa, AC Idoko. Patient satisfaction with services at a tertiary hospital in south-east Nigeria. *Malawi Medical Journal.* 2018;30(4):270–5.
 - [27] NM Widiastuti, NMS Nopiyani, INM Karmaya. Perbedaan Kepuasan Pasien Jaminan Kesehatan Nasional pada Empat Jenis Fasilitas Kesehatan Tingkat Pertama. *Public Health Preventive Medicine Archive.* 2015;3(2):119.