

Determinants of Inpatient Satisfaction at Dr. M. Yunus Regional General Hospital, Bengkulu, Indonesia

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Received: August 12, 2025; Accepted: December 17, 2025; Available online: January 16, 2026

ABSTRACT

Background: A hospital is a healthcare facility that provides medical services and care to patients that serve for the treatment and treatment of various diseases or health conditions supported by the services provided in the hospital. This study aims to analyze the factors that affect inpatient satisfaction so that it is known which factors are most influential and health service improvements can be more measurable.

Subjects and Method: This study uses a cross-sectional study conducted at the dr M. Yunus Bengkulu Regional General Hospital, Indonesia, from January to February 2024. The sample consisted of 165 inpatient respondents who were selected by stratified random sampling technique. The independent variables in this study were age, gender, education level, ward type, class of care, financing method, tangibles, assurance, responsiveness, reliability and empathy. The dependent variable is inpatient satisfaction. Data collection was carried out by questionnaire. The data will be tested for validation and reliability so that Cronbach's alpha score is obtained in Stata 13.0 Software. The average SERVQUAL score will be assessed as the difference between the expected score and the actual score.

Results: The patient satisfaction score obtained based on the gap in the SERVQUAL score between expectations and reality were reliability factors (-2.81), assurance (-4.72), tangibles (-4.68), empathy (-4.76), and responsiveness (-4.53). The results of the analysis of the influence of patient satisfaction on patient loyalty obtained a percentage value of 80.6% with the number of loyal patients as many as 133 out of 165 patients.

Conclusion: The services provided by the Regional General Hospital dr M Yunus Bengkulu have not been able to meet the expectations of patients. Empathy is the least satisfying thing for the patient among others. Meanwhile, reliability is the thing that can satisfy patients the most.

Keywords: patient satisfaction, health services, hospital services

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Cite this as:

Yolanda R, Tamtomo DG, Murti B, Pamungkasari EP (2026). Determinants of Inpatient Satisfaction at Dr. M. Yunus Regional General Hospital, Bengkulu, Indonesia. *Health Policy Manage*, 11(01): 93-101. <https://doi.org/10.26911/thejhp.2026.11.01.10>.



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BACKGROUND

Patient satisfaction is one of the important indicators that must be considered in health services. Patient satisfaction is the result of the

patient's assessment of health services by comparing what is expected in accordance with the reality of health services received in a

hospital health order. The level of patient satisfaction in each region is different. At Lembang Hospital, 58.3% (Pujaswari et al., 2021) and 40.3% at Pandan Hospital, Central Tapanuli Regency. Based on internal data from the Regional General Hospital (RSUD), Dr. M. Yunus Bengkulu, the patient satisfaction rate was 81% in September 2022. Based on this data, it can be concluded that the patient satisfaction rate at Dr. M Yunus Bengkulu Hospital and several hospitals in Indonesia still does not meet the target of the Ministry of Health. The low patient satisfaction rate will have an impact on the development of the hospital. In patients who are dissatisfied with the health services received, the patients decide to move to another hospital that can provide better services.

Some of the benefits obtained by hospitals when prioritizing patient satisfaction include patients being happy to follow the recommendations of the hospital, creating a positive image and good name of the hospital because the satisfied patient will inform others of his satisfaction. The factors that most affect the level of satisfaction of patients treated in hospitals differ in each region and hospital. This may be understood by the differences in cultural, social, and economic backgrounds in each region. A study at Bhayangkara Manado Hospital shows that the empathy of medical staff is the most important factor in determining patient satisfaction. Meanwhile, a study at Citra Husada Sigli General Hospital Aceh found that the physical shape of the hospital and its employees is the most important factor in determining patient satisfaction (Alamsyah, 2019). Therefore, it is necessary to know what factors are still lacking and need to be improved and focused so that the improvement of the quality of health services can be carried out measurably, effectively, and efficiently.

Based on this description, the researcher is interested in analyzing the factors

that affect the satisfaction of patients who undergo treatment in the inpatient room of dr. M. Yunus Bengkulu Hospital.

SUBJECTS AND METHOD

1. Study Design

This type of study is observational analysis with a design using a cross-sectional study. This study was carried out from January to February 2024 in Bengkulu City, Indonesia.

2. Population and Sample

The population in this study is all inpatients at the dr. M. Yunus Bengkulu Regional General Hospital, Indonesia, in January-February 2024 period of 380 patients. Then a stratified random sampling technique was carried out and a sample of 165 respondents who were treated in 3 different wards was obtained, namely Mawar, Seruni and Melati.

3. Research Variables

The variables in this study are dependent variables and independent variables, the dependent variable in this study is inpatient satisfaction. The independent variables include gender, age, education level, ward type, class of care, financing method, tangibles, assurance, responsiveness, reliability and empathy.

4. Operational Definition of Variables

Gender: The patient's gender status was obtained from medical records.

Age: The age of the study subjects at the time of the interview.

Education: The highest level of education of the study subject at the time of the interview.

Ward type: Study subject inpatient

Class of care: Class of care of the patient during treatment

Financing method: The method used by the patient to pay for treatment while in the hospital

Reliability: The ability to carry out the promised services reliably and accurately.

Assurance: The knowledge and courtesy of employees and their ability to convey trust and confidence.

Tangibles: The appearance of physical facilities, equipment, personnel, and communication materials

Empathy: Care, individual attention given by health personnel to patients.

Responsiveness: The willingness to help customers and provide prompt service.

5. Study Instrument

The study instrument was a SERVQUAL questionnaire comprising five domains and 28 items: reliability (4 items), assurance (6 items), tangibles (6 items), empathy (6 items), and responsiveness (6 items). Each item was rated on a five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied).

For each statement, participants provided two ratings: one reflecting their expectations of the service and another reflecting their perceptions of the actual service received. These paired ratings were used to calculate SERVQUAL gap scores by comparing perceived performance with expected service quality, thereby assessing patient satisfaction across the five domains.

6. Data Analysis

The questionnaire was tested for validity and reliability prior to data collection. Reliability was assessed using Cronbach's alpha coefficient in Stata version 13.0. Data were processed and analyzed using Stata version 13.0, and bivariate analyses were conducted to examine the relationships between study variables.

Patient satisfaction was evaluated using the SERVQUAL approach by calculating the gap between patients' expectation scores and perceived service performance scores. A negative SERVQUAL gap score indicates that

the perceived service quality falls below patient expectations, reflecting lower patient satisfaction. Conversely, a positive gap score indicates that the perceived service quality exceeds patient expectations, reflecting higher patient satisfaction. The larger the negative gap, the lower the level of patient satisfaction.

7. Research Ethics

Study ethics including informed consent, anonymity, and confidentiality, are handled with care during the study process. The ethical feasibility in this study comes from the Health Study Ethics Committee of Dr. Moewardi Hospital with Number: 294/I/HREC/2024.

RESULTS

1. Sample Characteristics

Tables 1 presents the characteristics of the study sample. A total of 165 participants were included in the study, comprising 71 males (43.0%) and 94 females (57.0%). Based on educational attainment, most participants had completed senior high school or a lower level of education ($n = 118$, 71.5%), while 47 participants (28.5%) had attained higher education.

The age distribution showed that 24 participants (14.5%) were aged 18–29 years, 96 (58.2%) were aged 30–60 years, and 45 (27.3%) were older than 60 years. Participants were equally distributed across the three hospital wards, with 55 patients (33.3%) each in the Jasmine, Rose, and Seruni wards.

Regarding health insurance status, 76 participants (46.0%) were covered by BPJS-PBI, 85 (51.5%) by BPJS Non-PBI, and 4 (2.4%) were self-paying patients. Based on hospitalization class, 46 participants (27.9%) were admitted to Class I, 53 (32.1%) to Class II, and 66 (40.0%) to Class III.

Table 1. Sample characteristics

| Variable | n | % |
|---|----------------------|------|
| Age (years old) | Mean= 1.13; SD= 0.63 | |
| 18-29 years old | 24 | 14.5 |
| 30-60 years old | 96 | 58.2 |
| >60 years | 45 | 27.3 |
| Gender | | |
| Male | 71 | 43 |
| Female | 94 | 57 |
| Education | | |
| ≤ High School | 118 | 71.5 |
| College | 47 | 28.5 |
| Types of wards | | |
| Melati (Internal Medicine ward) | 55 | 33.3 |
| Seruni (Surgery ward) | 55 | 33.3 |
| Mawar (Obsgyn ward) | 55 | 33.3 |
| Health care payment methods | | |
| Non-subsidized Health Insurance (BPJS) | 76 | 46.1 |
| Subsidized National Health Insurance (BPJS) | 85 | 51.5 |
| Out-of-pocket payment | 4 | 2.4 |
| Healthcare service classes | | |
| Class 1 | 46 | 27.9 |
| Class 2 | 53 | 32.1 |
| Class 3 | 66 | 40 |

2. Perception of service quality

The service quality assessment in this study uses the SERVQUAL questioner which contains statements regarding reliability, assurance, tangible, empathy and responsiveness. Study subjects were given five choices based on the Likert scale and patients assessed based on two views, namely expectations and reality. The gap between

reality and expectations is what will be assessed, a gap that has an egative value stating that the patient is not satisfied with the services provided and vice versa. The mean difference between accepted and expected quality according to the various independent variables examined in this study for the respective SERVQUAL dimensions is as follows.

Table 2. Mean difference between accepted and expected quality of patients by gender for different dimensions of SERVQUAL

| SERVQUAL Dimensions | Man | | | Woman | | | P |
|---------------------|-----|-------|------|-------|-------|------|-------|
| | n | Mean | SD | n | Mean | SD | |
| Reliability | 71 | -2.13 | 1.82 | 94 | -3.33 | 2.00 | 0.001 |
| Assurance | 71 | -3.48 | 2.66 | 94 | -5.66 | 2.51 | 0.001 |
| Tangible | 71 | -2.82 | 2.44 | 94 | -6.50 | 2.72 | 0.001 |
| Empathy | 71 | -2.89 | 2.85 | 94 | -6.10 | 2.88 | 0.001 |
| Responsiveness | 71 | -2.96 | 2.73 | 94 | -5.71 | 3.06 | 0.001 |

Table 3. Mean difference between the patient's received and expected quality according to education for the different dimensions of SERVQUAL

| SERVQUAL Dimensions | ≤ High School | | | College | | | p |
|---------------------|---------------|-------|------|---------|-------|------|-------|
| | n | Mean | SD | n | Mean | SD | |
| Reliability | 118 | -2.46 | 2.00 | 47 | -3.70 | 1.82 | 0.003 |
| Assurance | 118 | -4.42 | 2.77 | 47 | -5.47 | 2.71 | 0.029 |
| Tangible | 118 | -4.39 | 3.33 | 47 | -5.45 | 3.26 | 0.064 |
| Empathy | 118 | -4.47 | 3.33 | 47 | -5.34 | 3.06 | 0.122 |
| Responsiveness | 118 | -4.35 | 3.31 | 47 | -5.00 | 3.00 | 0.257 |

Table 4. Mean difference between the patient's received and expected quality by class of care for the different dimensions of SERVQUAL

| SERVQUAL Dimensions | Class I | | | Class II | | | Class III | | | p |
|---------------------|---------|-------|------|----------|-------|------|-----------|-------|------|-------|
| | n | Mean | SD | n | Mean | SD | n | Mean | SD | |
| Reliability | 46 | -1.69 | 1.72 | 53 | -2.83 | 1.65 | 66 | -3.57 | 2.11 | 0.001 |
| Assurance | 46 | -4.52 | 2.99 | 53 | -4.41 | 2.78 | 66 | -5.11 | 2.64 | 0.346 |
| Tangible | 46 | -5.24 | 3.52 | 53 | -4.06 | 3.22 | 66 | -4.80 | 3.26 | 0.199 |
| Empathy | 46 | -4.74 | 3.41 | 53 | -4.72 | 3.00 | 66 | -4.70 | 3.43 | 0.998 |
| Responsiveness | 46 | -5.13 | 3.53 | 53 | -4.23 | 3.15 | 66 | -4.35 | 3.04 | 0.322 |

Table 5. Mean difference between accepted and expected quality of patients by age for all dimensions of SERVQUAL

| SERVQUAL Dimensions | 18-29 years old | | | 30-60 years old | | | >60 years | | | p |
|---------------------|-----------------|-------|------|-----------------|-------|------|-----------|-------|------|-------|
| | n | Mean | SD | n | Mean | SD | n | Mean | SD | |
| Reliability | 24 | -3.75 | 1.85 | 96 | -2.99 | 2.02 | 45 | -1.93 | 1.75 | 0.005 |
| Assurance | 24 | -5.00 | 2.50 | 96 | -4.86 | 2.87 | 45 | -4.27 | 2.75 | 0.432 |
| Tangible | 24 | -5.33 | 2.91 | 96 | -5.01 | 3.46 | 45 | -3.64 | 3.10 | 0.044 |
| Empathy | 24 | -5.88 | 2.75 | 96 | -3.82 | 3.17 | 45 | -3.82 | 3.56 | 0.037 |
| Responsiveness | 24 | -5.62 | 3.19 | 96 | -4.47 | 3.10 | 45 | -4.10 | 3.41 | 0.154 |

Table 6. Mean difference between accepted and expected quality of patients by ward type for all SERVQUAL dimensions

| Servqual dimensions | (Internal medicine ward) | | | (Surgery ward) | | | (Obstetrics and gynecology ward) | | | p |
|---------------------|--------------------------|-------|------|----------------|-------|------|----------------------------------|-------|------|-------|
| | N | Mean | Sd | N | Mean | Sd | N | Mean | Sd | |
| Reliability | 55 | -2.11 | 1.68 | 55 | -3.05 | 1.83 | 55 | -3.27 | 2.30 | 0.005 |
| Assurance | 55 | -4.00 | 2.80 | 55 | -4.60 | 2.72 | 55 | -5.60 | 2.64 | 0.009 |
| Tangible | 55 | -3.72 | 3.43 | 55 | -4.32 | 3.10 | 55 | -6.00 | 3.13 | 0.009 |
| Empathy | 55 | -3.72 | 3.68 | 55 | -4.27 | 2.72 | 55 | -6.14 | 2.88 | 0.002 |
| Responsiveness | 55 | -3.76 | 3.30 | 55 | -4.20 | 3.00 | 55 | -5.62 | 3.11 | 0.006 |

Table 7. Mean difference between the patient's received and expected quality according to the payment method for all SERVQUAL dimensions

| SERVQUAL Dimensions | Subsidized NHI | | | Non-Subsidized NHI | | | Out-of-pocket payment | | | p |
|---------------------|----------------|-------|------|--------------------|-------|------|-----------------------|-------|------|-------|
| | n | Mean | SD | n | Mean | SD | n | Mean | SD | |
| Reliability | 76 | -2.62 | 2.00 | 85 | -2.75 | 1.75 | 4 | -7.75 | 0.96 | 0.001 |
| Assurance | 76 | -4.66 | 3.07 | 85 | -4.76 | 2.47 | 4 | -5.00 | 4.08 | 0.952 |

| SERVQUAL Dimensions | Subsidized NHI | | | Non-Subsidized NHI | | | Out-of-pocket payment | | | p |
|---------------------|----------------|-------|------|--------------------|-------|------|-----------------------|-------|------|-------|
| | n | Mean | SD | n | Mean | SD | n | Mean | SD | |
| Tangible | 76 | -4.14 | 3.47 | 85 | -5.06 | 3.15 | 4 | -7.00 | 3.26 | 0.082 |
| Empathy | 76 | -4.43 | 3.04 | 85 | -4.86 | 3.38 | 4 | -7.00 | 4.97 | 0.264 |
| Responsiveness | 76 | -4.26 | 3.32 | 85 | -4.78 | 3.15 | 4 | -4.25 | 3.10 | 0.594 |

3. Expectation gap and SERVQUAL dimensional reality

The greater the level of patient gap, it can indicate two things, namely the better the service or the worse the service obtained. In this study, the gap of the five dimensions of SERVQUAL was obtained in a negative form. This indicates that patients who use services at dr M Yunus Bengkulu Hospital are still not

satisfied with the services provided. The empathy dimension has the largest negative gap (-4.76) compared to reliability (-2.81), assurance (-4.72), tangible (-4.68) and responsiveness (-4.53), so that patients are least satisfied with the service aspect of the empathy dimension. The following is the calculated gap of each SERVQUAL dimension.

Table 8. Expected and accepted service quality score, and quality score (=Accepted – Expected)

| Variable | n | Mean | SD | Minimum | Maximum |
|---|-----|-------|------|---------|---------|
| Expected Quality: | | | | | |
| Reliability | 165 | 14.72 | 2.21 | 9 | 20 |
| Assurance | 165 | 21.96 | 3.59 | 12 | 30 |
| Tangible | 165 | 22.02 | 3.54 | 14 | 29 |
| Empathy | 165 | 21.99 | 3.47 | 12 | 29 |
| Responsiveness | 165 | 21.88 | 3.76 | 12 | 29 |
| Recieved Quality: | | | | | |
| Reliability | 165 | 11.90 | 3.07 | 4 | 19 |
| Assurance | 165 | 17.24 | 4.06 | 8 | 29 |
| Tangible | 165 | 17.33 | 4.07 | 7 | 26 |
| Empathy | 165 | 17.27 | 4.12 | 7 | 27 |
| Responsiveness | 165 | 17.36 | 4.08 | 6 | 27 |
| Quality (=received quality – expected quality) | | | | | |
| Reliability | 165 | -2.81 | 2.01 | -9 | 2 |
| Assurance | 165 | -4.72 | 2.79 | -11 | 7 |
| Tangible | 165 | -4.68 | 3.34 | -13 | 3 |
| Empathy | 165 | -4.76 | 3.27 | -11 | 7 |
| Responsiveness | 165 | -4.53 | 3.22 | -11 | 6 |

4. Patient loyalty

Based on the results of the study, the percentage of patient loyalty is 80.6%. Patients are called loyal when they use the

service again and recommend it to others. Here are the details about the level of patient loyalty.

Table 9. Patient loyalty percentage

| Loyalty | n | % |
|------------------|-----|------|
| Disloyal patient | 32 | 19.4 |
| Loyal patients | 133 | 80.6 |

Of the 133 patients who will use and recommend dr M Yunus Bengkulu Hospital, data on the characteristics of patients who are more loyal are men (85.9%), ≤ high school

education (84.7%), >60 years old (95.5%), treated in jasmine wards (89.0%) with the BPJS PBI payment method (94.7%).

Table 10. Patient loyalty percentage based on variables

| Variable | Patient loyalty | |
|---------------------------------|-----------------|------|
| | n | % |
| Age | | |
| 18-29 years old | 18/24 | 75.0 |
| 30-60 years old | 72/96 | 75.0 |
| >60 years | 43/45 | 95.5 |
| Gender | | |
| Man | 61/71 | 85.9 |
| Woman | 72/94 | 76.5 |
| Education | | |
| ≤ High School | 100/118 | 84.7 |
| College | 33/47 | 70.2 |
| Types of wards | | |
| Melati (Internal Medicine ward) | 49/55 | 89.0 |
| Seruni (Surgery ward) | 40/55 | 72.7 |
| Mawar (Obsgyn ward) | 44/55 | 80.0 |
| Payment Methods | | |
| Non-Subsidized NHI (BPJS) | 72/76 | 94.7 |
| Non-Subsidized NHI (BPJS) | 60/85 | 70.6 |
| Out-of-pocket payment | 1/4 | 25.0 |

DISCUSSION

Analysis of service quality using the SERVQUAL model, which measures the gap between patients' expectations and perceptions of actual service received, was conducted across five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The findings indicated a statistically significant association between gender and perceived service quality.

Based on SERVQUAL scores, female patients were more likely to report lower satisfaction with hospital services than male patients. This was reflected in more negative SERVQUAL gap scores among female patients across several service quality dimensions, particularly the tangibles dimension. These results suggest that female patients may be more sensitive to aspects of the hospital's physical environment, such as cleanliness,

comfort, and facilities. In addition, their satisfaction appears to be influenced by staff responsiveness, empathetic care from healthcare providers, and the quality of interpersonal interactions. Therefore, improving both the physical environment and patient-centered communication may contribute to higher satisfaction among female patients.

The analysis of SERVQUAL scores indicated that patients with lower educational attainment (high school level or below) were more likely to report dissatisfaction with hospital services, particularly in the assurance dimension. This dimension reflects the knowledge, competence, courtesy, and credibility of healthcare personnel, which contribute to patients' sense of trust and confidence in the services provided.

The findings also showed that patients admitted to Class III wards tended to report

lower satisfaction levels, especially in the reliability dimension. Reliability refers to the hospital's ability to deliver services accurately, consistently, and in accordance with promised standards (Umoke et al., 2020). The larger SERVQUAL gap observed among Class III patients suggests that expectations regarding service consistency and timeliness were not fully met.

Age was also associated with differences in patient satisfaction. Patients aged 18–29 years exhibited the largest SERVQUAL gap scores, indicating lower satisfaction with hospital services (Uprety et al., 2025). Dissatisfaction among younger patients was most evident in the empathy dimension, followed by the tangibles and reliability dimensions. In contrast, patients aged over 60 years demonstrated the smallest SERVQUAL gap scores, indicating higher levels of satisfaction. Older patients may have more realistic expectations regarding healthcare services, place greater emphasis on treatment outcomes, and be more accepting of limitations in hospital facilities and processes (Jaipaul and Rosenthal, 2003).

Ward type was another factor associated with patient satisfaction. Patients admitted to the Mawar (Obstetrics and Gynecology) ward tended to report dissatisfaction across all SERVQUAL dimensions, including tangibles, reliability, responsiveness, assurance, and empathy. These findings suggest a need for improvements in both the physical environment and service delivery processes within the ward. Enhancing facilities and ensuring more responsive and patient-centered care may contribute to improved patient satisfaction (Abid et al., 2024).

Differences in satisfaction were also observed according to payment method. Patients who paid out-of-pocket reported lower satisfaction than patients covered by government-funded national health insurance (Karmacharya et al., 2025), particularly in the

reliability and tangibles dimensions. No significant differences were found between the two groups in the assurance, empathy, and responsiveness dimensions. Patients who pay directly for healthcare services may have higher expectations regarding service quality and consistency. Consequently, dissatisfaction in the reliability dimension may arise when services are perceived as inconsistent, delayed, or not delivered according to expectations.

The study found that 80.6% of patients were classified as loyal, defined as being willing to reuse hospital services and recommend them to others. Further analysis demonstrated that service quality had a significant positive influence on patient loyalty. All SERVQUAL dimensions—tangibles, reliability, responsiveness, assurance, and empathy—contributed to shaping patients' perceptions of service quality and influenced their willingness to remain loyal to the hospital (Rahmatia et al., 2025).

Overall, these findings highlight the critical role of service quality in fostering patient loyalty. Hospitals that continuously improve service performance across all SERVQUAL dimensions are more likely to enhance patient satisfaction, encourage positive word-of-mouth recommendations, and strengthen long-term patient loyalty.

AUTHOR CONTRIBUTION

All authors have made significant contributions to data analysis as well as preparing the final manuscript.

CONFLICT OF INTEREST

There is no conflict of interest in this study.

FUNDING AND SPONSORSHIP

This study is funded by the first author.

ACKNOWLEDGEMENT

The author would like to thank the study subjects who are willing to take their time, and the researcher would like to thank all parties who have helped in the preparation of this article.

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