

COMMUNICATION EFFECTIVENESS AND SERVICE QUALITY ON PATIENT SATISFACTION AND ITS IMPLICATIONS ON PATIENT VISITS

Endang Maryam Zamilah El Hakim¹, Sri Rochani Mulyani², Rulia³, Vip Paramarta⁴

^{1,2,3,4} *Magister Management, Postgraduate, Sangga Buana YPKP University*

Email: maryam.martawiguna2013@gmail.com

ABSTRACT

Based on preliminary studies, 8% of respondents stated that communication was poor, 18% stated that service quality was poor, 28% were dissatisfied, and 8% stated that they would't visit again. The type of research was quantitative research with a descriptive-verificative approach using path analysis. Based on the questionnaire results, communication and service quality were rated as very good, patient satisfaction was rated as very satisfied, and patients stated they would visit the health center again. Based on hypothesis testing, all variables tested showed positive values with p -values < 0.05 , indicating that the relationship between the variables tested had a positive and significant effect.

Keywords: Communication, Service Quality, Patient Satisfaction, Patient Visit.

Riwayat Artikel :

Tanggal diterima : 17-05-2025

Tanggal revisi : 03-06-2025

Tanggal terbit : 20-06-2025

DOI :

<https://doi.org/10.31949/infotech.v11i1.14126>

INFOTECH journal by Informatika UNMA is licensed under CC BY-SA 4.0

Copyright © 2025 By Author



1. INTRODUCTION

1.1 Background

Puskesmas based on Permenkes number 43 of 2019 could be a wellbeing benefit office that organizes open wellbeing endeavors and first-level person wellbeing endeavors, by prioritizing promotive and preventive endeavors in its working region. Puskesmas have the specialist to supply wellbeing administrations to the encompassing community. In giving administrations to the community, wellbeing centers must meet benefit quality benchmarks. Based on Permenkes number 4 of 2024 concerning least wellbeing benefit guidelines, the scope of specialized guidelines for satisfying the quality of essential administrations is the standard number and quality of merchandise and / or administrations, the standard number and quality of wellbeing staff / human assets and specialized enlightening or strategies for assembly measures. Agreeing to Zeith, Parassuraman and Berry (in Along, 2020) benefit quality can be evaluated based on five measurements which incorporate tangibles, unwavering quality, responsiveness, confirmation, and sympathy.

The quality of wellbeing administrations alludes to the level of precision of health administrations so that it makes a feeling of fulfillment within the persistent. The higher the exactness of wellbeing administrations, the way better the quality of wellbeing administrations given (Mustari, 2022). To guarantee the quality of benefit in agreement with set up benchmarks, the Service of Wellbeing issued Permenkes number 30 of 2022 concerning national markers of the quality of health administrations for autonomous hone of specialists and dental specialists, clinics, community wellbeing centers, clinics, wellbeing research facilities, and blood transfusion units, where persistent fulfillment is one of the markers included in the national quality pointers. Persistent fulfillment is gotten by conducting studies to patients around the quality of administrations given by wellbeing suppliers (Kemenkes, 2022).

Based on preliminary study data at Puskesmas Margajaya Majalengka Regency, 18% of respondents stated that the quality of service at Puskesmas Margajaya Majalengka Regency was still not good and 28% of respondents stated that they were not satisfied with the services at Puskesmas Margajaya Majalengka Regency. Perceptions of poor quality will greatly effect decisions on subsequent visits and patients usually look for other health services. This is also evidenced by the decrease in the number of outpatients

at the Margajaya Health Center, Majalengka Regency as in the following graph.

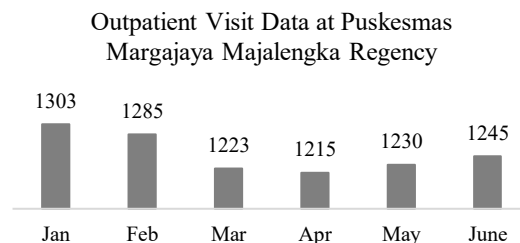


Figure 1. Graph of outpatient visits at Puskesmas Margajaya Majalengka Regency period January to June 2024

In expansion to benefit quality, communication is one of the variables that impact quiet fulfillment. Based on preparatory ponders with respect to benefit quality and communication conducted at the Margajaya Wellbeing Center, Majalengka Regency employing a survey framework, 8% of respondents expressed that the communication of wellbeing laborers at the Margajaya Wellbeing Center was still not great.

1.2 Literatur Review

Communication is an interaction between two or more individuals, either directly or through other media, resulting in an exchange of information between the parties involved in the communication (Prof. Dr. Alo Liliweri in Harahap & Fauzi, 2019). With good communication, messages are conveyed clearly and completely, enabling recipients to understand what is being communicated. Communication by healthcare workers is one of the factors influencing patient satisfaction with the services provided. Research conducted by Nur Qamarina et al. (2021) indicates that there is a significant relationship between communication and patient satisfaction. Quality health care is care that satisfies health care users, in accordance with professional standards and codes of ethics (Ruly & Nurul, 2020). Research conducted by Novagita Tangdilambi et al. (2023) states that there is a relationship between quality of care and patient satisfaction. Similarly, research by Rachmat Rizkiawan et al. (2024) states that there is a significant relationship between service quality and communication with patient satisfaction. Patient satisfaction is one of the factors that increase patient loyalty, so that when patients need health services, they will return. This is supported by research from Siti Mudlikah et al. (2020), which states that there is a significant relationship between patient satisfaction and patient interest in returning to the health center.

1.3 Methods

The type of research used in this study is quantitative research with a descriptive-verificative approach. The sampling technique used by the researcher is nonprobability sampling with accidental sampling technique. Sampling was conducted by selecting respondents who happened to be present or available at a certain location in accordance with the research context (Sugiyono, 2021). Using the Solvin formula with a 90% confidence level, a sample size of 94 patients was obtained. For quantitative analysis purposes, the respondents' answer categories were divided into 5 (five) scores using a Likert scale. The questions asked in the survey met the requirements for validity testing, reliability testing, and representativeness testing. For the purposes of quantitative examination, the respondent's reply categories are separated into 5 (five) scores employing a Likert scale. The questions inquired within the survey have met the prerequisites of the legitimacy test, unwavering quality test and typicality test.

Information preparing was carried out utilizing the SPSS application. Some time recently handling the information, it was to begin with changed over from an ordinal scale to an interim scale utilizing the MSI change strategy. The measurable strategy utilized in this inquire about is way investigation. Analysts utilize way investigation since it's to decide the causal relationship, with the point of clarifying the coordinate or roundabout impact between exogenous factors and endogenous variables. Where concurring to Sri Rochani Mulyani (2021), "path investigation could be a factual strategy utilized to test the causal relationship between variables".

The following is a picture of the path analysis equation model used in the study

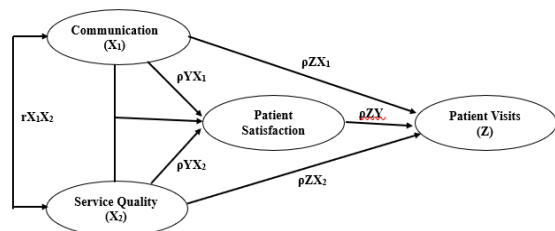


Figure 2. Mesh diagram

Description:

X_1 = Communication

X_2 = Service Quality

Y = Patient satisfaction

Z = Patient Visits

$r_{X_1X_2}$ = Correlation coefficient of communication with service quality

ρ_{YX_1} = Path coefficient of communication on patient satisfaction

ρ_{YX_2} = Path coefficient of service quality on patient satisfaction

ρ_{ZX_1} = Path coefficient of communication on patient visits

ρ_{ZX_2} = Path coefficient of service quality on patient visits

ρ_{ZY} = Path coefficient of patient satisfaction on patient visits

ϵ = Epsilon, which appears leftover factors or variables that clarify the impact of other factors that have been recognized by hypothesis, but not examined or other factors that have not been recognized by hypothesis or show up as a result of variable estimation mistakes.

2. RESULTS AND DISCUSSION

2.1 Results

The questionnaire data was collected in October 2024 after an evaluation was conducted at the Margajaya Community Health Center in Majalengka Regency based on preliminary study data.

2.1.1 Respondent Characteristics

Table 1. Respondent characteristics data

Item	Category	Percentage
Gender	Male	47.90%
	Female	52.10%
Age	< 19 years	5.30%
	19 to 39 years	57.40%
	40 to 60 years	27.70%
	> 60 years	9.60%
Education	Elementary school	30.90%
	Junior high school	23.40%
	High school	29.80%
	Diploma/Bachelor	16.00%
Job	Not Working	30.90%
	Farmer/Breeder	5.30%
	Government Employees	1.10%
	Private Employees	14.90%
	Other	47.90%

Based on the characteristics of the respondents, the most dominant gender is female, which is 52.1%, for the most dominant age is 19 to 39 years old with 57.4%, for the most dominant education is elementary school & equivalent with 30.9% and for the dominant occupation is others (self-employed, etc.) by 47.9%.

2.1.2 Descriptive Analysis

Descriptive Variable	Total Score	Average (Linkert Scale)	Category
Communication (X_1)	400.00	4.26	the good to very good
Service Quality (X_2)	400.60	4.26	the good to very good

Descriptive Variable	Total Score	Average (Linkert Scale)	Category
Patient Satisfaction (Y)	407.00	4.33	the good to very good
Patient Visit (Z)	627.85	4.25	the good to very good

Descriptive analysis was carried out to obtain a general description of respondents' perceptions of the variables in the study. In this study for the communication variable (X_1) the total score was 400.00 with an average of 4.26, so it was in the good to very good category. For the service quality variable (X_2) the total score is 400.60 with an average of 4.26, so it is in the good to very good category. For the patient satisfaction variable (Y) the total score is 407.00 with an average of 4.33, so it is in the good to excellent category. As for the patient visit variable (Z) the total score is 627.85 with an average of 4.25, so it is in the good to excellent category.

2.1.3 Verificative Analysis

Based on data collected through questionnaires, this section will examine the effect of communication and service quality on patient satisfaction, which has implications for patient visits. The following is a complete flowchart.

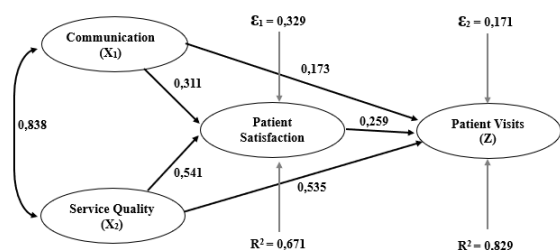


Figure 3. Full path diagram

The path diagram is used to directly measure the effect of exogenous variables on endogenous variables, as well as the indirect effect of exogenous variables on endogenous variables through intervening variables.

Table 2. Effect of communication (X_1) and service quality (X_2) on patient satisfaction (Y)

Variable	Path Coeff	t_{count}	p-value	R^2
Communication (X_1)	0.311	2.804	0.006	0.671
Service Quality (X_2)	0.541	4.882	< 0001	

Based on Table 2, it explains that the coefficient of determination (R^2) value of communication and service quality on patient satisfaction is 0.671 or 67.1%. Thus, external variables that effect patient satisfaction account for 32.9% and are not included in the model in this study. The path coefficient for communication is 0.311 with a positive direction, meaning that as communication improves, patient satisfaction also improves. The path coefficient for patient satisfaction is 0.541 with a positive direction, meaning that as service quality improves, patient satisfaction also increases.

Table 3. Effect of communication (X_1), service quality (X_2) and patient satisfaction (Y) on patient visits (Z)

Variable	Path Coeff	t_{count}	p-value	R^2
Communication (X_1)	0.173	2.061	0.042	0.829
Service Quality (X_2)	0.535	5.931	< 0.001	
Patient Satisfaction (Y)	0.259	3.400	0.001	

Based on Table 3, it can be seen that the coefficient of determination (R^2) for communication, service quality, and patient satisfaction is 0.829 (82.9%), meaning that the value of epsilon, or external variables that effect patient visits that are not included in the model in this study, is 0.171 (17.1%). The path coefficient value for communication is 0.173 with a positive relationship direction, meaning that as communication improves, patient satisfaction also improves. The path coefficient value for patient satisfaction is 0.535 with a positive relationship direction, meaning that as service quality improves, patient satisfaction also increases. The path coefficient value for patient satisfaction is 0.259 with a positive relationship direction, meaning that as patient satisfaction increases, patient visits also increase.

2.1.4 Hypothesis Testing

Partial Hypothesis Test (t-test)

Table 4. The effect of communication (X_1) on patient satisfaction (Y)

Variable	Path Coeff	t_{count}	t_{table}	p-value	Result
Communication (X_1)	0.311	2.804	1.662	0.006	Positive & Significant

Based on Table 4, the direction of the relationship between communication and patient satisfaction is positive (indicated by a positive path coefficient value of 0.311). With a t-value > t-table ($2.804 > 1.662$) and a p-value of $0.006 < 0.05$, this means that the relationship is significant.

Table 5. The effect of service quality (X_2) on patient satisfaction (Y)

Variable	Path Coeff	t_{count}	t_{table}	p-value	Result
Service Quality (X_2)	0.541	4.882	1.662	< 0.001	Positive & Significant

Based on Table 5, the relationship between service quality and patient satisfaction is positive (indicated by a positive path coefficient value of 0.541). With a t-value > t-table ($4.882 > 1.662$) and a p-value of $0.001 < 0.05$, this means that the relationship is significant.

Table 6. The effect of patient satisfaction (Y) on patient visits (Z)

Variable	Path Coeff	t_{count}	t_{table}	p-value	Result
Patient Satisfaction (Y)	0.259	3.400	1.662	< 0.001	Positive & Significant

Based on Table 6, the direction of the relationship between patient satisfaction and patient visits is positive (indicated by a positive path coefficient value of 0.259). With a t-value > t-table ($3.400 > 1.662$) and/or a p-value of $0.001 < 0.05$, this means that the relationship is significant.

Table 7. Direct effect of communication (X_1) on patient visits (Z)

Variable	Path Coeff	t_{count}	t_{table}	p-value	Result
Communication (X_1)	0.173	2.061	1.662	0.042	Positive & Significant

Based on Table 7, the direction of the direct relationship between communication and patient visits is positive (indicated by a positive path coefficient value of 0.173). With a t-value > t-table ($2.061 > 1.662$) and/or a p-value of $0.042 < 0.05$, this means that the relationship is significant.

Table 8. Direct effect of service quality (X_2) on patient visits (Z)

Variable	Path Coeff	t_{count}	t_{table}	p-value	Result
Service Quality (X_2)	0.535	5.931	1.662	< 0.001	Positive & Significant

Based on Table 8, the direction of the direct relationship between service quality and patient visits is positive (indicated by a positive path coefficient value of 0.535). With a t-value > t-table ($5.931 > 1.662$) and/or a p-value of $0.001 < 0.05$, this means that the relationship is significant.

Table 9. Indirect effect of communication (X_1) on patient visits (Z) through patient satisfaction (Y)

Variable	Unstandardized	Std. Error	Test Statistic	p-value	Result
Communication (X_1) and Patient Satisfaction (Y)	0.398	0.142	2.161	0.031	Positive & Significant
Patient Satisfaction (Y) and patient visits (Z)	0.492	0.145			

Based on the results of the Sobel test calculation (Table 9), a test statistic value of 2.161 and a p-value of 0.031 were obtained, or a test statistic value > p-value. With these results, there is a significant indirect effect between communication and patient visits through patient satisfaction.

Table 10. Indirect effect of service quality (X_2) on patient visits (Z) through patient satisfaction (Y)

Variable	Unstandardized	Std. Error	Test Statistic	p-value	Result
Communication (X_1) and Patient Satisfaction (Y)	0.579	0.119	2.783	0.005	Positive & Significant
Patient Satisfaction (Y) and patient visits (Z)	0.492	0.145			

Based on the results of the Sobel test calculation (Table 10), a test statistic value of 2.783 and a p-value of 0.005 were obtained, or a test statistic value > p-value. With these results, there is a significant indirect effect between service quality and patient visits through patient satisfaction.

Simultaneous Hypothesis Testing (F Test)

Table 11. Simultaneous effect of communication (X_1) and service quality (X_2) on patient satisfaction (Y)

Variable	F_{count}	F_{table}	p-value	Result
Communication (X_1) and Service Quality (X_2)	92.966	3.100	< 0.001	Positive & Significant

Based on Table 11, where the calculated F value is 92.966 and the F-table value is 3.100, with a p-value of 0.001, then the calculated F-value > F-table value ($92.966 > 3.100$) and/or the p-value $0.001 < 0.05$, meaning there is a positive and significant simultaneous effect of communication and service quality on patient satisfaction.

2.2 Discussion

The effect of communication on patient satisfaction

The effect of communication on patient satisfaction has a positive and significant impact. These results are consistent with the research conducted by Nur Qamarina, et al. (2021) at the Bengkalis District Health Center, which found that communication has a significant effect on patient satisfaction. This shows that the better the communication, the higher the level of patient satisfaction.

The effect of service quality on patient satisfaction

The effect of service quality on patient satisfaction has a positive and significant effect. This result is also in line with the research conducted by Novagita Tangdilambi, et al. (2021) at the Makassar Regional General Hospital and Paraisu, et al. (2024) at the DR. Sam Ratulangi Tondano Regional General Hospital, where service quality has a positive and significant effect on patient satisfaction. This shows that the better the quality of service provided, the higher the level of patient satisfaction.

The effect of patient satisfaction on patient visits

The effect of patient satisfaction on patient visits has a positive and significant effect. These results are also consistent with research conducted by Siti Mudlikah et al. (2020) at the Pegantenan Pamekasan Community Health Center, where patient satisfaction has a significant effect on patient visits. This shows that the higher the level of patient satisfaction, the higher the interest in patient visits to obtain health services.

The direct effect of communication on patient visits

The direct effect of communication on patient visits has a positive and significant effect. This result is consistent with the study conducted by Heriyati et al. (2021) at Majene Regional General Hospital, where communication has a significant direct effect on patient visits. This indicates that the better the communication, the higher the interest in patient visits to obtain healthcare services.

Direct effect of service quality on patient visits

The direct effect of service quality on patient visits has a positive and significant impact. This result is consistent with the research conducted by Ahmad Yassir et al. (2023) at Citra Medika Clinic in Semarang

and Paraisu et al. (2024) at Dr. Sam Ratulangi General Hospital in Tondano, where service quality has a significant direct effect on patient visits. This indicates that the better the quality of service provided, the higher the interest of patients in seeking healthcare services.

The simultaneous effect of communication and service quality on patient satisfaction

The simultaneous effect of communication and service quality on patient satisfaction is positive and significant. This result is consistent with the study conducted by Rachmat Rizkiawan et al. (2024) at Dr. A. Dadi Tjokrodipo Regional Hospital in Bandar Lampung, where communication and service quality have a simultaneous and significant effect on patient satisfaction. This indicates that the better the communication and service quality provided, the higher the patient satisfaction.

The indirect effect of communication on patient visits through patient satisfaction

The indirect effect of communication on patient visits through patient satisfaction is positive and significant. This result is consistent with the study conducted by Ajeng Fatmi Kartini Amahoru et al. (2023) at Bula City General Hospital, where there is an effect of communication on patient visits through patient satisfaction. This shows that the better the communication of service providers, the better patient satisfaction will be, which leads to high patient visits.

The indirect effect of service quality on patient visits through patient satisfaction

The indirect effect of service quality on patient visits through patient satisfaction is positive and significant. These results are consistent with the research conducted by Honifa et al. (2021) at the Andilia Clinic in Bogor Regency, where there was a positive and significant indirect effect of service quality on patient visits through patient satisfaction. This shows that the better the quality of service provided, the higher the patient satisfaction, which in turn leads to higher patient visits.

3. CONCLUSIONS

Based on the analysis of primary and secondary data, it can be concluded that communication at the Margajaya Community Health Center in Majalengka Regency is categorized as good to very good, service

quality is categorized as good to very good, patient satisfaction is categorized as satisfied to very satisfied, and patients say they will definitely visit the Margajaya Community Health Center in Majalengka Regency again. There is a significant and positive influence between communication and service quality on patient satisfaction. There is also a significant and positive direct influence between communication, service quality, and patient satisfaction on patient visits. There is a significant and positive indirect influence between communication and service quality on patient visits through patient satisfaction. There is a significant and positive simultaneous influence between communication and service quality on patient satisfaction. The Margajaya Health Center in Majalengka Regency is expected to remain consistent and continue to improve in providing communication and service quality to patients so that patient satisfaction in using services at the Margajaya Health Center can be enhanced, enabling patients to return for healthcare services when needed.

REFERENSI

- Along, A. 2020. Kualitas Layanan Administrasi Akademik di Politeknik Negeri Pontianak. *Jurnal Ilmiah Administrasi Publik*, 006(01), 94–99.
- Arikunto. 2019. *Prosedur Penelitian*. Jakarta: Rineka Cipta
- Tjiptono, Fandy. 2014. *Pemasaran Jasa –Prinsip, Penerapan dan Penelitian*. Yogyakarta: Andi Offset.
- Ghozali, Imam. 2021. *Aplikasi Analisis Multivariate dengan Program IBM SPSS 26*. Semarang: Badan Penerbit Universitas Diponegoro.
- Harahap, Reni A., Fauzi E.K. 2019. *Buku Ajar Komunikasi Kesehatan*. Jakarta: Prenadamedia Group.
- Hasibuan, Malayu S. P. 2019. *Manajemen: Dasar, Pengertian, dan Masalah*. Jakarta: Bumi Aksara.
- Heriyati., Marlina Faizal., & Maryati. 2021. Hubungan Komunikasi dengan Minat Kembali Pemanfaatan Pelayanan di Rumah Sakit. *Jurnal Informasi Kesehatan Indonesia*. Vol. 7, No. 2, 2021: 91-96
- Imamah., I Nyoman Nugraha Ardana Putra., & Sardjijo. 2024. Pengaruh Kinerja dan Kualitas Pelayanan Terhadap Loyalitas Pasien pada Puskesmas di Kota Bima. *Jurnal Pendidikan Ekonomi dan Kewirausahaan*. Vol. 8, No. 1 April 2024, Hal. 356–365.
- Juanim. 2020. *Analisis Jalur dalam Riset Pemasaran Pengolahan Data SPSS dan LISREL*. Bandung: PT. Rafika Aditama.
- Kementrian Kesehatan RI. 2016. *Peraturan Menteri Kesehatan Republik Indonesia nomor 47 tahun 2016 tentang Fasilitas Pelayanan Kesehatan*. Jakarta: Kementerian Kesehatan RI.
- Kementrian Kesehatan RI. 2018. *Peraturan Menteri Kesehatan Republik Indonesia nomor 31 tahun 2018 tentang Aplikasi sarana, Prasarana dan Alat Kesehatan*. Jakarta: Kementerian Kesehatan RI.
- Kementrian Kesehatan RI. 2019. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 43 Tahun 2019 Tentang Pusat Kesehatan Masyarakat*. Jakarta: Kementerian Kesehatan RI.
- Kementrian Kesehatan RI. 2019. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 13 Tahun 2019 Tentang Pengenaan Urun Biaya dan Selisih Biaya Dalam Program Jaminan Kesehatan*. Jakarta: Kementerian Kesehatan RI.
- Kotler, P. dan Kevin, K. 2016. *Marketing Management*. 15th edition. New Jersey: Prentice Hall
- Mulyani, Sri Rochani. 2021. *Metodologi Penelitian*. Bandung: Widina Bhakti Persada Bandung.
- Mustari Vera, H. 2022. Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Pada Unit Pelayanan Teknis Puskesmas Naioni Kota Kupang. *Jurnal Manajemen*. 6(1).
- Notoatmodjo, S. 2020. *Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Novitasari, Erna. 2020. *Dasar-Dasar Ilmu Manajemen*. Yogyakarta: Unicorn.
- Nurdiansyah, H., & Rahman, R. S. 2019. *Pengantar Manajemen*. Yogyakarta: Diandra Kreatif.
- Olvin., et al. 2023. Pengaruh kualitas pelayanan terhadap kepuasan dan minat kunjungan pasien rawat inap di RSUD Tenriawaru Bone. *Journal of Muslim Community Health (JMCH)*. Vol. 4, No. 3. Page 52-69
- Paraisu, W.M.M.S., Sri Rochani M., Rukhiyat S., Widjajanti U., & Vip Paramarta. 2024. Analisis Kualitas Pelayanan terhadap Kepuasan Pasien dan Implikasinya pada Kunjungan Ulang Pasien Poli Gigi Dan Mulut (Studi Survey di RSUD DR. Sam Ratulangi Tondano). *INNOVATIVE: Journal Of Social Science Research*. Volume 4 Nomor 5 Tahun 2024 Page 4425-4439
- Pratama, Rheza. 2020. *Pengantar Manajemen*. Yogyakarta: CV. Budi Utama

- Riinawati. 2019. *Pengantar Teori Manajemen komunikasi dan Organisasi*. Yogyakarta: Pustaka baru
- Rizkiawan, Rachmat., Linawati N., & Dewi K. 2024. Hubungan Kualitas Pelayanan Keperawatan Dan Komunikasi Terapeutik Dengan Kepuasan Pasien di Rumah Sakit Daerah dr. A. Dadi Tjokrodipo Kota Bandar Lampung. *MANUJU: Malahayati Nursing Journal*. Volume 6 Nomor 2 Tahun 2024. Hal 700-714
- Ruly, Prapitasari & Nurul Hidayatun. 2020. *Konsep Dasar Mutu Pelayanan Kesehatan*. Indramayu: CV. Adanu Abimata.
- Sugiyono. 2021. *Metode Penelitian Kualitatif*. Bandung: CV Alfabeta.
- Yassir, Ahmad., Purwadhi., & Rian Andriani. 2023. Hubungan Mutu Pelayanan Terhadap Minat Kunjungan Pasien di Klinik Citra Medika Kota Semarang. *Jurnal Riset Pendidikan Ekonomi (JRPE)*. Volume: 8, Nomor: 1
- Zaini, M. 2019. *Asuhan Keperawatan Jiwa Masalah Psikososial di Pelayanan Klinis dan Komunitas*. Yogyakarta: Deepublish
- Zalius, M. F., dkk. 2023. Hubungan Kualitas Pelayanan Keperawatan dan Komunikasi dengan Kepuasan Pasien di Ruang Rawat Inap Interne Lantai 3 RSUD dr. Achmad Mochtar Bukittinggi. *Jurnal Keperawatan Sehat Mandiri*. Volume 1, No 1, Mei 2023.