



The Effect of Service Quality on Patient Satisfaction Mediated by Trust at Community Health Centers in Bondowoso District

Jerry Hartina Adi Saputri^{1*}, Agustin², Tamriatin Hidayah³

^{1,2,3} Faculty of Economics and Business, Mandala Institute of Technology and Science, Indonesia

Corresponding Author: jerryhartina82@gmail.com

Received: 10-08-2025 Accepted: 13-08-2025 Published: 30-09-2025

Abstract

This study aims to analyze the effect of service quality and health center image on patient satisfaction through the mediation of trust in health centers in Bondowoso Regency. This study uses a quantitative descriptive approach with purposive sampling involving 400 respondents who have received services at least twice and are over 17 years of age. Data analysis was conducted using path analysis and the Sobel test with SmartPLS 4.0 software. The results of the study indicate that: (1) service quality significantly influences patient trust; (2) service quality significantly influences patient satisfaction; (3) patient trust significantly influences patient satisfaction; and (4) service quality significantly influences patient satisfaction through the mediation of trust. These findings indicate that service quality contributes to patient satisfaction, with trust acting as a partial mediator in this relationship.

Keywords: service quality, patient trust, patient satisfaction, community health center

1. Introduction

Public services are activities carried out by public service providers in an effort to meet the needs of the community. Hardiyansyah (2018) states that quality public services are a measure of an agency's success in meeting the needs of the community. In line with this, Ratminto and Winarsih (2016) emphasize that standardization of public services is necessary to ensure consistency and certainty in service delivery. Mukarom and Laksana (2016) add that the transformation of the public service paradigm from a centralized approach to one that is customer satisfaction-oriented is a requirement in the modern era. In the context of health services, this transformation is crucial given the increasing public awareness of the importance of quality and affordable health services.

Service quality is a fundamental aspect in building long-term relationships with customers. Tjiptono (2018) explains that service quality encompasses five main dimensions, namely physical evidence, reliability, responsiveness, assurance, and empathy, which must be fulfilled to achieve excellent service. This is reinforced by Lupiyoadi (2016), who states that optimal service quality creates added value and competitive advantage for organizations. Wijaya (2017) emphasizes the importance of consistency in providing quality service to maintain customer loyalty. In the healthcare sector, service quality is not limited to medical aspects but also encompasses the entire patient experience during interactions with healthcare facilities, from the registration process to post-treatment follow-up.

Patient trust is the main foundation in building relationships between healthcare providers and patients. Satrianegara (2018) explains that patient trust is formed from consistent quality service and effective communication. Bustami (2016) explains that patient trust is positively correlated with adherence to treatment and optimal health outcomes. Pohan (2017) states that patient trust is a strong predictor in building long-term loyalty. This trust is not only related to the technical competence of healthcare workers but also encompasses ethical aspects, empathy, and the ability to establish effective therapeutic communication with patients and their families.

Patient satisfaction is a key indicator of the success of healthcare services and the expected outcomes of a series of service processes. Sabarguna (2017) revealed that patient satisfaction is key to maintaining the sustainability of healthcare services in a competitive era. This is in line with Muninjaya (2018), who emphasized that patient satisfaction is formed when their expectations are met or exceeded. Supriyanto and Ernawaty (2016) add that patient satisfaction significantly influences repeat visits and positive recommendations to others. In the modern context, patient

satisfaction is no longer viewed as an end result but as an ongoing process requiring continuous evaluation and improvement to address the evolving needs and expectations of patients.

In response to the ministerial regulation regarding health center services throughout Bondowoso District, the survey results were conducted based on established indicators related to public/patient opinions about the services received, in accordance with Article 1, Paragraph 1. Health centers in Bondowoso District conduct evaluations twice a year. The results of the respondent response index at Puskesmas in Bondowoso District, in accordance with PERMENPAN No. 14 of 2017, are as follows:

No.	Questions	Assessment scale (%)				Assessment scale (%)			
		Year 2023				Year 2024			
		1	2	3	4	1	2	3	4
1.	What is your opinion on the suitability of service requirements for the type of service provided?	0%	1%	44%	55%	0%	1%	43%	56%
2.	How well do you understand the ease of service procedures in this unit?	0%	1%	49%	50%	0%	1%	45%	54%
3.	What is your opinion on the speed of service delivery?	0%	5%	43%	52%	0%	5%	41%	55%
4.	What is your opinion on the fairness of service costs/rates?	0%	1%	36%	63%	0%	2%	31%	67%
5.	What is your opinion on the suitability of service products between those listed in the service standards and the results provided?	0%	0%	49%	51%	0%	1%	39%	60%
6.	What is your opinion on the competence/capability of the staff in providing services?	0%	1%	44%	55%	0%	1%	43%	56%
7.	What is your opinion on the behavior of the staff in providing services in terms of politeness and friendliness?	0%	1%	43%	56%	0%	1%	41%	57%
8.	What is your opinion on the quality of the facilities and infrastructure?	0%	2%	48%	50%	0%	2%	43%	55%
9.	What is your opinion on the handling of user complaints?	0%	1%	39%	59%	0%	1%	38%	60%

Table 1. Index, Respondents' Opinions (Patient) About Services

Source: Bondowoso District Health Office 2024

Based on Table 1.1, it can be concluded that although there has been an improvement in service ratings from 2023 to 2024, there are still several common issues that reflect the challenges faced by the Bondowoso District Health Center. The percentage on a scale of 3 (fairly good) is still quite high in almost all indicators, indicating that the community is not yet fully satisfied and considers the service to be less than optimal. The most prominent issues include those related to the fairness of service fees and the speed of service delivery, where scores of 3 remain significant. This indicates that there are still complaints or discrepancies in the community's perception of cost transparency and

time efficiency in service delivery. These issues also impact the number of visits to each Puskesmas in Bondowoso District as follows:

Data on the number of patients at community health centers (Puskesmas) in Bondowoso Regency from 2022 to 2024 shows significant fluctuations in several areas. For example, the Tapen Puskesmas experienced a sharp increase from 20,437 patients in 2022 to 69,524 in 2023, but then declined to 39,204 in 2024. A similar pattern was observed in Sumber Wringin, which saw a sharp increase from 10,247 patients in 2022 to 59,982 in 2023, followed by a slight decrease in 2024. Conversely, some Puskesmas showed a steady upward trend, such as Puskesmas Cermee, which continued to increase from 51,364 patients (2022) to 67,534 patients (2024). These fluctuations may be caused by various factors, such as differences in service quality, public perception of Puskesmas, the availability of medical staff, and the effectiveness of the referral and complaint systems in place.

This highlights the need for improvements in complaint management systems and public communication. Therefore, Puskesmas in Bondowoso Regency need to continue making comprehensive improvements, including procedures, speed, and staff attitudes, to ensure that healthcare services are truly felt to be maximized by the community. Following up on the identified issues, researchers proposed several solutions assumed to enhance community/patient satisfaction, including service quality and patient trust as intervening variables.

2. Methods

This study uses a quantitative descriptive approach, where data analysis is conducted descriptively based on the results of observations, questionnaires, documentation, and direct interviews by the researcher. The collected data will be analyzed systematically to provide an in-depth description of the research focus, namely service quality, health center image, trust, and patient satisfaction at health centers in Bondowoso Regency.

The sampling technique used in this study is non-probability sampling, specifically purposive sampling, where the sample consists of 400 respondents with the criteria being patients who have received services at the Bondowoso District Health Center at least twice and are at least 17 years old. This study uses several variables, namely service quality (X) as the independent variable, trust (Z) as the intervening variable, and patient satisfaction (Y) as the dependent variable. The data analysis techniques used in this study include research instrument testing (validity and reliability testing), classical assumption testing, path analysis, and moderator variable influence detection testing (Sobel test).

3. Results and Discussion

Indicator	X Service quality	Z Patient trust	Y Patient satisfaction	Description
X1	0,935			Valid
X2	0,927			Valid
X3	0,905			Valid
X4	0,870			Valid
X5	0,801			Valid
Z1		0,931		Valid
Z2		0,896		Valid
Z3		0,934		Valid
Z4		0,927		Valid
Y1			0,875	Valid
Y2			0,912	Valid
Y3			0,896	Valid
Y4			0,890	Valid
Y5			0,936	Valid
Y6			0,873	Valid
Y7			0,917	Valid
Y8			0,942	Valid
Y9			0,927	Valid

Table 1. Convergent Validity Test (Outer Loading)
Source: Processed data

Based on the results of convergent validity testing through outer loading values in this study, all indicators of variables X (Service Quality), Z (Patient Trust), and Y (Patient Satisfaction) showed factor loading values above 0.70, indicating that convergent validity was fulfilled. The highest value was shown by indicator X1 (0.935), and the lowest value was still above the minimum threshold, namely X5 (0.801), so all indicators can be considered valid and capable of adequately representing their respective constructs. Thus, the instrument used in this study meets the criteria for convergent validity and is suitable for use in further analysis, such as structural model testing. The convergent validity AVE values are presented as follows:

Research Variable	Average Variance Extracted (AVE) Value	Cut Off	Description
X Quality of service	0,791	0,5	Valid
Z Patient trust	0,850	0,5	Valid
Y Patient satisfaction	0,824	0,5	Valid

Table 2. Convergent Validity Test (AVE)

Source: Processed data

Based on the analysis results, it shows that the Average Variance Extracted result is above 0.5 (green number), which means that the instrument used in the study is considered "Valid." Furthermore, the reliability test in this study uses Cronbach's Alpha. The research instrument is considered reliable if it has a value greater than 0.70 and achieves a composite reliability above 0.70. The output for Construct Reliability and Validity is presented in the following table:

Research Variable	Cronbach's Alpha	Description
X Quality of service	0,933	Reliable
Z Patient trust	0,973	Reliable
Y Patient satisfaction	0,933	Reliable

Table 3. Reliability Test

Source: Processed data

Based on the results of the analysis in Table 3, it shows that the Cronbach's alpha value is greater than 0.70, thus the instrument used is reliable. Furthermore, to measure the goodness of the model in Smart PLS 4.0, three model fit measures are used, namely SRMR (Standardized Root Mean Square Residual), Chi Square, and NFI (Normed Fit Index). A research model is considered to be a good fit if the structural concepts developed in the research are consistent with the facts observed in the field, so that the research results are acceptable from both a theoretical and practical perspective. The goodness of fit test table is presented as follows:

Criteria	Saturated Model	Estimated Model	Cut Off	Model Description
SRMR	0,035	0,035	≤ 0.09	Good
d-ULS	0,312	0,312	≥ 0.05	Good
d_G	0.020	0.020	≤ 0.05	Good
Chi-Square	545,974	545,974	Expected to be small	Good
NFI	0,840	0,840	> 0.5 (close to 1)	Good

Table 4. Goodness Of Fit test (GOF)

Source: Processed data

Based on Table 4 above, it can be seen that the SRMR value is 0.035, so the model is considered to be a good fit. This result refers to the SRMR value ≤ 0.09 , which indicates that the model is acceptable. The Chi-Square value is expected to be small, and the NFI value should be greater than 0.5 or close to 1. The coefficient of determination (R^2) is used to measure how well the model explains the variation in the dependent variable. This test can be determined through the R-Square value. In the R-Square output, the results are presented in the coefficient of determination test table as follows:

Dependent Variable	R-Square	R-Square Adjusted
Z Patient trust	0,886	0,884
Y Patient satisfaction	0,937	0,935

Table 5. Coefficient of Determination Test

Source: Processed data

Based on the table, it can be interpreted that:

- a. The service quality variable (X) defines patient trust (Z) by 0.886 (88.6%), while the remaining 11.4% is contributed by other variables not included in this study.
- b. The Service Quality variable (X) explains Customer Satisfaction (Y) by 0.937 (93.7%), while the remaining 6.3% is contributed by other variables not included in this study.

The results of the analysis using Smart PLS (partial least squares) analysis were then used to create a structural equation.

- a. Structural equation (inner model)

$$Z = b_1X + e$$

$$= 0,363X$$
- b. Structural equation (inner model) with intervening variables

$$Y = b_2X + b_3Z + e$$

$$= 0,363 X + 0,392Z$$

The linear equation shows the meaning and can be explained as follows:

- a. b1 (0.363): The regression coefficient of service quality (X) for the test of influence on patient trust (Z), meaning an increase in the variable by 1 (one) unit. Therefore, patient trust increases by 0.363, assuming the value of the variable (Health Center Image) remains constant.
- b. b2 (0.333): The regression coefficient for Service Quality (X) in testing its influence on Patient Satisfaction (Y), meaning an increase of 1 (one) unit in the variable. Therefore, patient satisfaction increases by 0.333, assuming that the value of the variable (Health Center Image) remains constant.
- c. b3 (0.392): The regression coefficient of Patient Trust (Z) for testing the effect on Patient Satisfaction (Y), meaning an increase in the variable by 1 (one) unit. Therefore, patient satisfaction increases by 0.392.

The hypothesis test aims to determine whether there is an influence of the independent variable on the dependent variable by analyzing the regression. Regression analysis is used to measure the strength of the relationship between two or more variables, as well as to show the direction of the relationship between the independent variable and the dependent variable. The results of hypothesis testing using the Smart PLS application are presented in the table as follows:

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistich (IO/STDEVI)	P Values
X Service quality -> Z Patient trust	0,363	0,368	0,127	2,867	0,004
X Service quality -> Y Patient satisfaction	0,333	0,333	0,101	3,323	0,000
Z Patient trust -> Y Patient satisfaction	0,392	0,389	0,127	3,749	0,000

Table 6. Research Hypothesis Test

Source: Processed data

PLS output measurement criteria:

- 1) Original sample value: indicates a negative or positive effect.
- 2) P value: used to measure significant effect.
If the P value is greater than 0.05 (> 5%) then it has no significant effect. If the P value is less than 0.5 (<5%) then it has a significant effect. Based on the table above, the hypothesis test results are presented as follows:
 - 1) Hypothesis 1. Service quality (X) has a significant effect on patient trust (Z)
The results of the first hypothesis test by referring to the positive original sample value (0.363) with a p value of 0.004 (<0.05), it can be concluded that service quality (X1) has a significant effect on patient trust (Z) in Puskesmas patients in Bondowoso Regency. Thus Hypothesis 1 is accepted
 - 2) Hypothesis 2. Service quality (X1) has a significant effect on Satisfaction (Y)
The results of the third hypothesis test with reference to the original sample value are positive (0.333) with a P value of 0.000 (<0.05), it can be concluded that service quality (X1) has a

significant effect on satisfaction (Y) in Puskesmas patients in Bondowoso Regency. Thus Hypothesis 3 is accepted.

3) Hypothesis 3. Patient trust (Z) has a significant effect on patient satisfaction (Y)

The results of the third hypothesis test with reference to the original sample value are positive (0.392) with a P value of 0.000 (<0.05), it can be concluded that patient trust (Z) has a significant effect on satisfaction (Y) on Puskesmas patients in Bondowoso Regency. Thus Hypothesis 3 is accepted. The presentation of the research hypothesis test table (indirect effect) is presented as follows :

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistich (IO/STDEV)	P Values
X Service quality -> Z Patient trust -> Y Patient satisfaction	0,142	0,139	0,053	2,692	0,007

Table 7. Research Hypothesis Test Through Intervening

Source: Processed data

4) Hypothesis 4. Service quality (X1) has a significant effect on patient satisfaction (Y) through patient trust (Z)

The results of the fourth hypothesis test show that the original sample value is 0.142 with a P value of 0.007 (<0.05). This shows that the mediation path between service quality and satisfaction through patient trust is significant. Because the direct relationship between service quality and satisfaction is also significant in the main model, this relationship pattern is included in partial mediation, which is when the mediator variable (patient trust) only explains part of the effect of the independent variable (service quality) on the dependent variable (patient satisfaction) (Hayes, 2018). Thus, it can be concluded that service quality (X1) has a significant effect on patient satisfaction (Y) at the Bondowoso Regency Health Center through patient trust (Z). Hypothesis 4 is accepted.

The mediation value of the sobel test online calculator relationship between the dependent variable and the independent variable through the intervening variable is as follows:

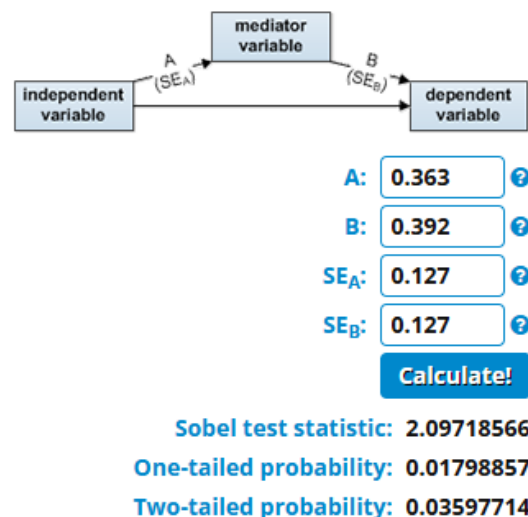


Figure 1. Mediation value results from the sobel test online calculator for the relationship between the effect of service quality on satisfaction through trust

Based on Figure 1, the results of the mediation value of the sobel test online calculator where A is the regression coefficient value of the service quality variable on patient trust of 0.363, while B is the regression coefficient value of the patient trust variable on patient satisfaction of 0.392. SEA is the standard error value of the effect of the service quality variable on patient trust of 0.127 while SEB is the standard error value of the effect of the patient trust variable on patient satisfaction of 0.127. From the calculation of the sobel test, the mediation value of the patient trust variable is 2.09718566. The variable is said to mediate if the value obtained through the sobel test is greater

than 1.96 with a significance of 0.05. Based on these results, it can be concluded that patient trust mediates between service quality and patient satisfaction. So hypothesis 6 or H6 which states "service quality has an indirect effect on patient satisfaction through patient trust" is accepted.

1) The Effect of Service Quality on Patient Satisfaction

The results of the third hypothesis test show that service quality (X1) has a significant effect on patient satisfaction (Y) with a positive coefficient of 0.333 and a p-value of 0.000 (<0.05). This finding is consistent with the characteristics of respondents who are dominated by productive age groups (17-40 years old by 74.8%) and middle education (high school 66.8%), who generally have rational expectations of the quality of health services. Descriptive statistics showed that service quality indicators such as responsiveness (96.6% positive response) and assurance (97.8%) received very good ratings, which correlated with high levels of patient satisfaction in various aspects of service.

Previous research strongly supports this finding. Wididana (2016) and Setyawati et al. (2018) found that service quality is a significant predictor of patient satisfaction, especially when measured through the dimensions of reliability and responsiveness. The results of the study by Victorya et al. (2024) also showed a similar pattern in the context of telemedicine services, where service quality acts as a mediator between trust and satisfaction. In Puskesmas Bondowoso, this is reflected in the high percentage of satisfaction with the indicators of executor competence (97.8%) and executor behavior (97.3%), which shows a close relationship between service quality and patient satisfaction.

This finding is further strengthened by research by Putri (2023) and Ratnasari (2021) which confirms that service quality not only has a direct effect on satisfaction, but also forms a sustainable positive perception. Respondents' frequency of visit data (46.5% for 2-5 years and 28.7% for 5-10 years) shows that cumulative experience with quality services contributes to the formation of long-term satisfaction. Thus, it can be concluded that service quality is a key determinant of patient satisfaction in primary healthcare, especially when evaluated through a comprehensive range of service dimensions.

2) The Effect of Service Quality on Patient Trust

The results of the first hypothesis test show that service quality (X1) has a significant effect on patient trust (Z), with a positive coefficient value (0.363) and a p-value of 0.004 (<0.05). This finding is consistent with the characteristics of respondents who are dominated by female patients (77.8%) and productive age groups (31-40 years old by 37.8%), who tend to be more critical in assessing health services. The majority of respondents had a high school education (66.8%), indicating that they have the ability to evaluate service quality objectively. Descriptive statistics showed that service quality indicators, such as responsiveness (96.6% positive response) and assurance (97.8%), were rated very well, which contributed to the formation of patient trust. This indicates that staff responsiveness and patient confidence in the competence of health workers are key factors in building trust.

This finding is in line with previous research, such as Wididana (2016) which states that service quality has a positive effect on patient trust, with satisfaction as a partial mediator. In addition, Jatmiko et al. (2018) found that service quality not only affects trust directly, but also through institutional image. In the context of the Bondowoso Health Center, the institution's image is also highly rated, especially in the aspects of personality (97.0% positive responses) and reputation (96.6%), which strengthens the relationship between service quality and patient trust. Research by Victorya et al. (2024) also supports these findings by showing that service quality acts as a mediator in the relationship between trust and patient satisfaction.

Furthermore, these results are reinforced by the research of Aljumah et al. (2020) which states that service quality is a significant predictor of patient trust, especially in the context of sustainable health services. The high percentage of respondents who have been patients of the health center for 2-10 years (75.2%) indicates that long-term experience with consistent services contributes to the formation of trust. This finding is also in line with Ratnasari (2021) who asserts that service quality and patient trust are interrelated in shaping positive perceptions of health institutions. Thus, it can be concluded that good service quality not only affects trust directly, but also through supporting factors such as institutional image and patient experience.

3) The Effect of Patient Trust on Patient Satisfaction

The results of the fifth hypothesis test show that patient trust (Z) has a significant effect on patient satisfaction (Y) with a positive coefficient of 0.392 and a p-value of 0.000 (<0.05). This finding is consistent with the characteristics of respondents where the majority of patients (96.3%) gave a

positive assessment of trust indicators such as integrity and ability. Descriptive statistics showed that the dimensions of trust including benevolence (97.3% positive response) and willingness to depend (94.8%) received very high ratings, which strongly correlated with the level of patient satisfaction in various aspects of service.

Previous research provides strong support for these findings. Aljumah et al. (2020) found that trust acts as a significant moderator between patient satisfaction and loyalty. Victorya et al. (2024) also reported that trust not only has a direct effect on satisfaction, but is also mediated by service quality. In the context of the Bondowoso Puskesmas, this is reflected in the high level of satisfaction in the indicators of complaint handling (97.8%) and implementer behavior (97.3%), which indicates that patient trust plays an important role in shaping a positive evaluation of the service experience.

This finding is further strengthened by the research of Triartomo et al. (2024) which states that patient trust is able to mediate the relationship between patient engagement and satisfaction. Data on the frequency of respondents' visits (46.5% for 2-5 years and 28.7% for 5-10 years) indicate that the long-term relationship between patients and health centers has built sustainable trust, which ultimately contributes to increased satisfaction. Thus, it can be concluded that patient trust is a crucial factor that not only directly affects satisfaction, but also strengthens the relationship between various service quality variables and patient satisfaction.

4) The Effect of Service Quality on Patient Satisfaction Through Patient Trust

The sixth hypothesis test results show that service quality (X1) has a significant effect on patient satisfaction (Y) through patient trust (Z) as a mediator, with an indirect coefficient of 0.142 and a p-value of 0.007 (<0.05). This finding strengthens the indirect relationship model in which service quality not only has a direct impact on satisfaction, but also through the formation of patient trust first. Descriptive statistical analysis showed that 96.8% of respondents gave positive ratings to service quality indicators such as reliability and responsiveness, while 97.3% highly rated the benevolence and ability aspects of trust in the health center. This forms a clear chain of influence from service quality → trust → satisfaction.

Previous research provides consistent confirmation of these findings. Wididana (2016) found that patient satisfaction partially mediates the effect of service quality on trust, while Victorya et al. (2024) showed a similar mediation pattern in the context of telemedicine services. The results of Putri's (2023) research at the Denpasar clinic also revealed that trust acts as a partial mediator between service quality and patient satisfaction. In the context of Puskesmas Bondowoso, this finding is further strengthened by the characteristics of the respondents where 75.2% are medium-term patients (2-10 years), which allows for a chain causal relationship between consistent service quality, accumulated trust, and sustained satisfaction.

Further analysis shows that this mediation mechanism works through two main pathways: (1) service quality builds trust through service consistency (reliability 96.8% positive) and officer competence (assurance 97.8% positive), and (2) trust that is formed then increases satisfaction through perceptions of benevolence (97.3% positive) and willingness to depend (94.8% positive). This pattern is in line with the research of Aljumah et al. (2020) on medical tourism which emphasizes the role of trust as a bridge between service quality and patient outcomes. Thus, these findings not only confirm the mediation hypothesis, but also enrich our understanding of the psychological mechanisms by which patients evaluate primary healthcare services.

4. Conclusion

Based on the results of the analysis and discussion previously described, several conclusions can be drawn from the overall research results, namely as follows: a) Service quality has a significant effect on patient trust of Puskesmas patients in Bondowoso Regency. Good service quality is able to build patient trust in the health center. This is reflected in the patient's positive perception of the reliability and competence of health workers, b) Service quality has a significant effect on satisfaction of Puskesmas patients in Bondowoso Regency. Excellent service quality directly impacts on increasing patient satisfaction. Responsiveness and service assurance are the main aspects that patients feel in every visit, c) Patient trust has a significant effect on satisfaction with Puskesmas patients in Bondowoso Regency. High trust from patients in health care institutions will encourage greater levels of satisfaction. Factors such as goodwill and officer integrity are key in building this trust, d) Service quality has a significant effect on satisfaction through patient trust in Puskesmas patients in Bondowoso Regency. Patient trust is proven to be a link between service quality and

satisfaction. This means that a positive experience with the service will increase trust, which in turn has an impact on satisfaction.

References

- Ardianto, Elvinaro. (2016). *Metodologi Penelitian untuk Public Relations Kuantitatif dan Kualitatif*. Bandung: Simbiosis Rekatama Media.
- Bustami. (2016). *Penjaminan Mutu Pelayanan Kesehatan dan Akseptabilitasnya*. Jakarta: Erlangga.
- Hardiyansyah. (2018). *Kualitas Pelayanan Publik: Konsep, Dimensi, Indikator, dan Implementasinya*. Yogyakarta: Gava Media.
- Kasmir. (2017). *Customer Service Excellence: Teori dan Praktik*. Jakarta: Raja Grafindo Persada.
- Lupiyoadi, Rambat. (2016). *Manajemen Pemasaran Jasa: Berbasis Kompetensi*. Jakarta: Salemba Empat.
- Mukarom, Zaenal dan Muhibudin Wijaya Laksana. (2016). *Manajemen Pelayanan Publik*. Bandung: CV Pustaka Setia.
- Muninjaya, A.A. Gde. (2018). *Manajemen Mutu Pelayanan Kesehatan*. Jakarta: EGC.
- Ratminto dan Atik Septi Winarsih. (2016). *Manajemen Pelayanan: Pengembangan Model Konseptual, Penerapan Citizen's Charter dan Standar Pelayanan Minimal*. Yogyakarta: Pustaka Pelajar.
- Ruslan, Rosady. (2016). *Manajemen Public Relations dan Media Komunikasi: Konsepsi dan Aplikasi*. Jakarta: Raja Grafindo Persada.
- Sabarguna, Boy S. (2017). *Manajemen Rumah Sakit*. Jakarta: Sagung Seto.
- Satrianegara, M. Fais. (2018). *Organisasi dan Manajemen Pelayanan Kesehatan: Teori dan Aplikasi dalam Pelayanan Puskesmas dan Rumah Sakit*. Jakarta: Salemba Medika.
- Supriyanto, S. dan Ernawaty. (2016). *Pemasaran Industri Jasa Kesehatan*. Yogyakarta: Andi Offset.
- Tjiptono, Fandy. (2018). *Service Management: Mewujudkan Layanan Prima*. Yogyakarta: Andi Offset.
- Wijaya, Tony. (2017). *Manajemen Kualitas Jasa: Desain Servqual, QFD, dan Kano Disertai Contoh Aplikasi dalam Kasus Penelitian*