

Literature Review: Identification of Dominant Factors in Patient Complaints in Health Services Reviewed from *Service Quality Attributes*

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Background: Healthcare services are currently facing increasingly fierce competition, where the success of a healthcare institution is not only measured by medical aspects, but also by its ability to satisfy patients. Research objective: To identify the healthcare service attributes that most frequently trigger patient complaints and dissatisfaction based on research results from various healthcare facilities (public hospitals, private hospitals, maternity hospitals, and community health centers). Method: Systematic review of 10 research articles using the *Service Quality* (SERVQUAL), *Importance Performance Analysis* (IPA), and *Customer Satisfaction Index* (CSI) methods. Results: Findings from 10 journals consistently show that the current quality of healthcare services is still below patient expectations (negative gap). The dominant factors that trigger complaints are divided into three main clusters: the responsiveness dimension, related to the speed of service and staff response; the empathy dimension, related to the interpersonal attitude and friendliness of staff, which is still considered low; and the physical evidence dimension, related to the maintenance of basic facilities such as sanitation and the comfort of the waiting room. Complaints related to staff behavior (unfriendliness) and slow procedures are the most frequent triggers of conflict in both inpatient and outpatient units. Conclusion: Patient satisfaction is highly dependent on the integration of technical quality (facilities) and functional quality (staff behavior). Healthcare facilities are advised to prioritize improving staff interpersonal communication skills and conducting regular audits of service waiting times to minimize potential complaints and increase patient loyalty.

Keywords : ServiceQuality, PatientSatisfaction, Patient Complaints, Responsiveness, Empathy

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1. Introduction

In an era of intensifying competition within the healthcare industry, service quality has become the primary determinant of success for healthcare institutions, including hospitals, clinics, and public health centers. Ideally, healthcare services should be able to meet or exceed patient expectations to foster long-term satisfaction and loyalty. However, reality on the ground indicates a significant gap between the service quality expected by patients and the actual performance delivered by healthcare professionals (Wibowo, 2024; Ardhana et al., 2024).

Specifically, this gap refers to the discrepancy between expected service and perceived service. In a clinical context, this often manifests when patients expect empathy and intensive communication, while healthcare providers focus more on routine medical procedures that are technical and administrative in nature. This mismatch creates a perception that the psychosocial needs of the patient are neglected, ultimately widening the distance between the standards of service excellence established by the institution and the reality of the interactions experienced by patients in service units

Literature data reveal a concerning phenomenon regarding patient perceptions. In a literature review, it was found that as many as 70% of patients expressed dissatisfaction with the nursing services they received (Wahyuningsih et al., 2020). This dissatisfaction is not only in medical aspects but also in non-medical aspects, which are often the main triggers for complaints and conflicts in inpatient rooms (Manzilah & Hartono, 2025).

The main problems that arise in various health facilities often stem from the five dimensions of *service quality*: *Responsiveness*: The most common complaint is the slow response of nurses/officers in handling patient complaints or calls (Wahyuningsih et al., 2020; Wibowo, 2024). *Tangibles*: Problems with cleanliness, inadequate bathroom facilities, and limited parking space are the dominant causes of conflict in several hospitals (Elvina & Hidayat, 2024; Ariska & Handayani, 2019). *Empathy*: The lack of friendliness among staff, indifference, and closed communication create discomfort and decrease patient trust (Ningsih, 2019; Langi & Winarti, 2023).

Poor service quality and ineffective complaint handling have a direct impact on a significant decrease in the number of patient visits (Manurung et al., 2022). The inability of institutions to evaluate post-accreditation services causes management to lose direction in determining the priorities for improvement that are truly needed by patients. Given the variety of triggers for complaints in various health service centers, a comprehensive analysis is needed to identify which factors most significantly influence patient satisfaction. Referring to 10 selected research sources, this synthesis aims to provide a strategic overview for healthcare facility management in determining priorities for service attribute improvements to minimize potential conflicts and enhance premium service standards.

Through this research, it is hoped that the results of the analysis obtained can be used as a strategic reference for health facility management in formulating targeted service improvement policies. Furthermore, this research is expected to make a real contribution to minimizing potential conflicts between patients and health workers, while also serving as a basis for improving sustainable service standards to ensure patient safety and comfort.

2. Methods

Research Design This study uses a descriptive design with a qualitative approach through a *Literature Review* or meta-synthesis method. This method aims to integrate, compare, and summarize findings from various previous studies to identify the dominant factors that trigger patient complaints based on *Service Quality* (SERVQUAL) attributes.

Data Sources The data used in this study were secondary data from 10 scientific journal articles and research reports published between 2019 and 2025. The data sources were obtained through university repository databases and scientific journal portals such as Google Scholar and PubMed with the keywords: "Patient Satisfaction", "Service Quality", "SERVQUAL", and "Patient Complaints." **Inclusion and Exclusion Criteria** The criteria for selecting journal sources included: **Inclusion Criteria**: Journals that focused on health services (hospitals, community health centers, clinics), used the SERVQUAL or RATER dimensions in their analysis, and presented specific data on the triggers of patient dissatisfaction or complaints. **Exclusion Criteria**: Articles that do not have complete research data or are not relevant to service quality variables.

Analysis Instruments The main instrument used to analyze data from journal sources is the SERVQUAL model developed by Parasuraman, which consists of five dimensions: **Tangibles**: Related to building facilities, equipment, and cleanliness. **Reliability**: Related to the ability to provide accurate services. **Responsiveness**: Related to the speed and alertness of staff. **Assurance**: Related to knowledge, politeness, and the ability to build trust. **Empathy**: Related to personal attention to patients. In addition, this study also

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refers to the results of analysis using the *Importance Performance Analysis* (IPA) and *Customer Satisfaction Index* (CSI) methods found in several journal sources to determine priorities for improvement.

Data Analysis Procedure The data was analyzed through four descriptive stages: Identification: Collecting and reading the entire contents of the journal to understand the main findings. Synthesis Matrix: Summarizing each journal into a synthesis matrix that includes the author, title, dominant factors, and specific findings that trigger conflict. Categorization: Grouping complaint findings into the five dimensions of SERVQUAL. Interpretation: Drawing conclusions about which dimensions are most dominant as triggers for patient complaints in various health institutions based on the frequency and magnitude of the reported gap values.

3. Results

The presentation of the research results groups findings from various health facilities (hospitals, community health centers, and clinics) to provide a comprehensive picture of the current quality of health services. **Overview of patient satisfaction** The research results consistently show that the level of patient satisfaction with health services is still low to moderate. Findings in the literature show that as many as 70% of patients expressed dissatisfaction with the services they received (Wahyuningsih et al., 2020). Most institutions have a negative gap score across all SERVQUAL dimensions, meaning that the actual service performance provided by hospitals or community health centers is still below public expectations (Wibowo, 2024; Ningsih, 2019; Ardhana et al., 2024).

No	Author (Year)	Research Title	Dominant Factors Found	Specific Findings (Conflict Triggers)
1	Aries Wahyuningsih, Srinalesti Mahanani, Septi Arum Pradana (2020)	Literature Review: Overview of Patient Satisfaction in Nursing Services at Hospitals.	The quality of nursing services was measured using the RATER dimensions (<i>Reliability, Assurance, Tangible, Empathy, Responsiveness</i>). Other influencing factors included service quality, communication, facilities, and professional behavior of nurses.	The majority of results (70% or 7 out of 10 journals) indicate that patients are dissatisfied with nursing services. The main triggers of dissatisfaction include: <ol style="list-style-type: none"> 1. Suboptimal nursing services 2. Lack of collaboration between nurses and patients 3. Low <i>responsiveness</i> of nurses 4. Lack of information about the patient's condition 5. Slow response of nurses to patient complaints
2	Elvina, S. G., & Hidayat, A. (2024)	Analysis of Factors Causing Patient Complaints in Inpatient Care: A Case Study at Hospital X in 2024.	Patient dissatisfaction with Tangibles (Physical Evidence), especially related to cleanliness and bathroom facilities, as well as the Responsiveness of medical staff	The main triggers of complaints or conflicts include <ol style="list-style-type: none"> 1. Clogged bathroom drains causing unpleasant odors 2. Delayed responses from nurses in addressing patient or family calls 3. Damaged support facilities such as air conditioning

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No	Author (Year)	Research Title	Dominant Factors Found	Specific Findings (Conflict Triggers)
				that does not cool properly or broken TVs 4. Unfriendly staff when providing medical explanations 5. Issues with meal availability, which are often unsuitable or out of stock
3	Rizki Agung Wibowo (2024).	Customer Satisfaction Analysis in Patient Services Using the <i>Service Quality and Importance Performance Analysis</i> (IPA) Methods: A Case Study at PKU Muhammadiyah Hospital, Yogyakarta.	<i>Service quality</i> encompasses five dimensions: <i>Tangibles</i> (Physical Evidence), <i>Reliability</i> , <i>Responsiveness</i> , <i>Assurance</i> , and <i>Empathy</i> . The study found a negative gap in all dimensions, meaning that current service performance does not meet patient expectations.	The main triggers of patient dissatisfaction or complaints include: 1. Staff Attitude: Lack of friendliness from security guards, nurses, and administrative staff 2. <i>Responsiveness</i> : Slow response from staff in providing medical and non-medical services 3. Physical Facilities: Inadequate supporting facilities compared to patient expectations. 4. Communication: Inadequate or unfriendly medical explanations
4	Rofiq Kusuma Ningsih (2019)	Analysis of Inpatient Service Quality Satisfaction at Cahaya Ujung Tanjung Hospital, Rokan Hilir Regency	Five dimensions of service quality (SERVQUAL): <i>Tangibles</i> (Physical Evidence), <i>Reliability</i> , <i>Responsiveness</i> , <i>Assurance</i> , and <i>Empathy</i>	The results of the study indicate that the quality of service at the hospital is not yet satisfactory for patients because all dimensions have negative gap values. The main trigger for dissatisfaction based on the magnitude <i>of the gap</i> is 1. <i>Empathy</i> Dimension: Has the largest negative <i>gap</i> (-0.211). 2. <i>Assurance</i> Dimension: A gap of -0.180. 3. <i>Responsiveness</i> Dimension: A gap of -0.165 4. <i>Tangible</i> Dimension: Gap of -0.092 5. <i>Reliability</i> Dimension: Gap of -0.158

No	Author (Year)	Research Title	Dominant Factors Found	Specific Findings (Conflict Triggers)
5	Izmi Hilda Ardhana, Ismaniah, and Tubagus Hedi (2024)	Analysis of Service Quality on Patient Satisfaction in Primary Health Care Facilities Using the SERVQUAL Method	Service quality is measured through five dimensions of SERVQUAL: <i>Tangibles</i> (Tangible Evidence), <i>Reliability</i> (Reliability), <i>Responsiveness</i> (Responsiveness), <i>Assurance</i> (Assurance), and <i>Empathy</i> (Empathy). Overall, the quality of service at the Central Medika Bekasi Clinic has not met patient expectations.	The main triggers of patient dissatisfaction include: <ol style="list-style-type: none"> 1. Attitude and Concern: Lack of friendliness among staff and low concern for patient satisfaction (the Empathy dimension has the highest negative gap) 2. Service Time: The length of the service process and the speed of waiting time for examinations. 3. Operational: Operating hours that often do not match the schedule posted at the clinic 4. Facilities: Lack of concern from staff regarding the maintenance of the clinic's physical facilities
6	Riani Angelica and Cici Demiyati (2023)	Analysis of Healthcare Service Quality on Patient Satisfaction in the Inpatient Unit of Setya Bakti Mother and Child Hospital in 2022	Service quality was measured using the SERVQUAL dimensions (<i>Tangibles</i> , <i>Reliability</i> , <i>Responsiveness</i> , <i>Assurance</i> , <i>Empathy</i>). The analysis results showed that service quality had a positive and significant effect on patient satisfaction	The main triggers of complaints or potential conflicts at Setya Bakti Mother and Child Hospital include: <ol style="list-style-type: none"> 1. Staff Attitude: Criticism through suggestion boxes that staff are not friendly enough in serving patients 2. Non-compliance with SOPs: Excellent service has not been maximized, especially in the implementation of 5S (Smile, Greet, Greet, Polite, Courteous) and appearance standards 3. Operational Issues: In general, triggers of dissatisfaction include delays in doctor/nurse services, difficulty in meeting doctors, lengthy admission administration processes, and the cleanliness of supporting facilities such as toilets

No	Author (Year)	Research Title	Dominant Factors Found	Specific Findings (Conflict Triggers)
7	Budi Indrawati (2022)	<i>Servqual Analysis of Service Quality Measurement and Consumer Satisfaction Bekasi City Health Department</i>	Public service quality measured using the ServQual model through five main dimensions: <i>Tangibles</i> (Physical Evidence), <i>Reliability</i> , <i>Responsiveness</i> , <i>Assurance</i> , and <i>Empathy</i> . The main focus is on comparing actual performance levels with public expectations	The main triggers of dissatisfaction or complaints from the public include: <ol style="list-style-type: none"> 1. Performance Below Expectations: In general, the performance level of agency employees (including community health centers and regional hospitals) is still lower than public expectations 2. Quadrant A Attributes: There are service elements that are considered very important by citizens but have not been fully implemented or have low performance by the relevant agencies 3. Service Culture: There is a tendency for government organizations to not prioritize excellent service and only provide basic services. 4. Poor Service Quality: In some institutions, the poor quality of services provided has the potential to trigger public dissatisfaction
8	Ni Kadek Suci Ariska and Made Mulia Handayani (2019)	Analysis of Inpatient Satisfaction Levels at Bangli Medika Canti Hospital in Terms of Service Quality	<i>Service quality</i> is measured through five main dimensions: <i>Reliability</i> , <i>Responsiveness</i> , <i>Empathy</i> , <i>Tangibles</i> , and <i>Assurance</i> . Service quality issues are the most dominant factors found at the research location.	Although patients are generally satisfied (based on CSI scores), there are several triggers of dissatisfaction or complaints that need to be addressed, namely <ol style="list-style-type: none"> 1. Supporting Facilities: Lack of parking space, no ATMs, and a shortage of seats in the waiting room 2. Staff Performance: Staff are considered less skilled and less agile in handling patients. 3. Service Time: Long registration queues and long waiting times for test results 4. Professionalism: The appearance of nurses and

No	Author (Year)	Research Title	Dominant Factors Found	Specific Findings (Conflict Triggers)
				staff is sometimes considered untidy
9	Awijuni Manurung, Pepy Anggela, and Tri Wahyudi (2022)	Improving the Quality of Inpatient Health Services at Nabasa Women and Children's Hospital Using the Service Quality (SERVQUAL) Method and Importance Performance Analysis (IPA)	Healthcare service quality measured using the SERVQUAL method (five dimensions: <i>Tangibles, Reliability, Responsiveness, Assurance, Empathy</i>) and mapped using Importance Performance Analysis (IPA) to determine improvement priorities	The main triggers of patient dissatisfaction or dissatisfaction include <ol style="list-style-type: none"> 1. Performance Gap: The average actual performance (3.73) is still below patient expectations (3.85) 2. Discontinuation of Evaluation: The absence of periodic service evaluations after the accreditation process was completed (end of 2021), resulting in the hospital losing sight of patient needs 3. Reliability Dimension: Has a negative gap value of -0.25, indicating inconsistency in service Priority Attributes: There are 9 attributes in Quadrant I (high importance but low performance) which are the main triggers for a significant decline in patient visits
10	Steven Langi and Eko Winarti (2023)	The Effect of Service Quality on Patient Satisfaction	Service quality is measured through five SERVQUAL dimensions: <i>Reliability, Responsiveness, Assurance, Empathy, and Tangibles</i> . Other supporting factors include the professional competence of staff, availability of medical facilities, waiting time, and communication effectiveness	The main triggers of dissatisfaction or potential conflicts identified in this literature review include <ol style="list-style-type: none"> 1. Low Responsiveness: Delays in addressing patient complaints and slow responses to their needs 2. Lack of Empathy: Medical staff attitudes that do not understand patients' feelings or emotional needs, resulting in decreased trust 3. Communication Problems: Closed or unclear

No	Author (Year)	Research Title	Dominant Factors Found	Specific Findings (Conflict Triggers)
				communication that causes confusion for patients
				4. Physical Facilities: An unclean or poorly organized environment
				5. Poor Service Quality: It has been consistently found that poor service quality has a direct negative impact on patient satisfaction.

Discussion

Analysis of 10 research journals shows a consistent pattern: the quality of healthcare services in various institutions is still unable to fully meet patient expectations. This is evidenced by the existence of a negative gap in almost all dimensions of *Service Quality* (SERVQUAL). Descriptively, the following is an analysis of the dominant factors that trigger complaints and conflicts:

The dominance of responsiveness issues as a trigger for conflict Responsiveness emerged as the main trigger for dissatisfaction in the majority of journals (Wahyuningsih et al., 2020; Wibowo, 2024). Specific findings show that patients often feel neglected when nurses or medical staff do not immediately respond to calls or complaints in the inpatient ward. Delays in providing medical information and slow administrative procedures are critical points that trigger patient anger. This is in line with the findings of Langi & Winarti (2023) that low responsiveness directly reduces the level of patient trust in hospital professionalism.

Human Aspects: Low empathy and attitude of staff The dimensions of empathy and assurance highlight staff behavior as a crucial factor. Ningsih (2019) notes that the empathy dimension has the largest negative gap value, which means that personal attention from staff is what patients expect most but rarely experience. Specific complaints include unfriendly attitudes from security guards, nurses, and administrative staff (Wibowo, 2024; Angelica & Demiyati, 2023). Failure to implement the 5S culture (Smile, Greet, Say Hello, Be Polite, Be Courteous) is often perceived by patients as a form of indifference, which ultimately exacerbates the potential for communication conflicts.

Physical Facilities (*Tangibles*) that Disturb Comfort Although the medical aspect is the core of the service, findings from Elvina & Hidayat (2024) and Ariska & Handayani (2019) show that physical aspects have a major impact on complaints. Issues such as clogged bathroom drains, unpleasant odors, air conditioning that does not cool properly, and limited parking space are tangible triggers for conflict. For inpatients, the physical environment is their temporary home; the failure of these basic facilities creates the perception that hospital management is not serious about managing services.

Reliability and Consistency of Services Reliability in fulfilling service promises is another dominant factor. Ardhana et al. (2024) found that discrepancies between operating hours and published schedules were a trigger for complaints at primary health care facilities. In addition, Manurung et al. (2022) emphasized that quality often declines after the accreditation process is complete because evaluations are no longer conducted regularly. This inconsistency creates confusion and disappointment for patients who expect stable and standardized services.

Strategic Synthesis through the IPA Matrix Based on the *Importance Performance Analysis* (IPA) used in several journals (Wibowo, 2024; Manurung et al., 2022), the attributes in Quadrant I (Top Priority) are generally staff friendliness and response speed. These attributes are considered very important by patients, but their performance is considered very low by the institution. Therefore, the trigger for conflict does not always come from major medical errors, but rather from the accumulation of poor interpersonal interactions and the failure of simple support facilities.

Conclusion Overall, this discussion confirms that to minimize complaints, healthcare institutions cannot focus solely on clinical aspects. Improvements must prioritize changes in staff behavior (Empathy and Responsiveness) and maintenance of basic facilities (Physical Evidence). Effective complaint handling must begin by listening to these minor complaints before they escalate into legal conflicts or broader damage to the institution's reputation.

4. Conclusion

Based on the synthesis and analysis of 10 research journals on health service quality, several main conclusions can be drawn as follows: **Service Quality Gap:** In general, the quality of health services in various institutions (hospitals, community health centers, and clinics) is still unable to fully meet patient expectations. This is evidenced by the existence of a negative gap in almost all dimensions of *Service Quality* (SERVQUAL), which shows that actual service performance is still below patient expectations. **Dominant Factors Triggering Complaints:** There are three main dimensions that consistently become sources of patient complaints: **Responsiveness:** This is the factor that most often triggers conflict, especially related to the slow response of medical personnel to patient calls and long waiting times for services. **Empathy:** The attitude of staff (nurses, administrators, and security) that is considered unfriendly, uncaring, and ineffective communication triggers emotional dissatisfaction. **Tangibles:** Supporting facilities such as toilet cleanliness, waiting room comfort, and parking availability greatly influence patients' perceptions of non-medical service quality. **Impact on Institutions:** Patient dissatisfaction rooted in poor service quality directly impacts the decline in repeat visits and patient loyalty. Discontinued evaluations (especially post-accreditation) cause institutions to lose sight of patients' real needs, resulting in stagnant or declining services. **Strategic Recommendations:** To minimize potential conflicts and increase satisfaction, healthcare facility management needs to prioritize improvements in: **Human Resource Development:** Training in therapeutic communication and the 5S culture (Smile, Greet, Say Hello, Be Polite, Be Courteous) to increase staff empathy. **Operational Systems:** Improving service procedures to speed up response times and medical staff responsiveness. **Facility Maintenance:** Conducting routine audits of the cleanliness and suitability of basic physical facilities to ensure patient comfort during treatment.

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