

# RELATIONSHIP OF SERVICE RECOVERY TOWARDS PATIENT SATISFACTION IN HOSPITAL IN WEST SUMATERA

*Hubungan Pemulihan Pelayanan terhadap Kepuasan Pasien di Rumah Sakit Sumatera Barat*

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## Abstract

**Background:** Patient satisfaction in the M. Djamil Hospital was recorded as 79.61% between January and March 2018. It signifies that patient satisfaction rate has not met the target set of 85%.

**Aims:** This study aims to determine the frequency distribution of service recovery patients, patient satisfaction, and the relationship between services and service recovery patient satisfaction to improve service recovery.

**Methods:** The authors used a cross-sectional research design. The sample was inpatients at RSUP M. Djamil in total of 424 people. The sampling technique was consecutive sampling. The data were collected using the Importance Performance Analysis questionnaire. Data were analyzed using unpaired t-tests and multiple linear regression.

**Results:** The results of the service recovery (distributive justice, procedure justice, interactive justice, reputation justice) has a significant relationship (p-value <0.05) with patient satisfaction. Interactive justice has the strongest relationship with appropriate patient satisfaction and has the greatest Beta value (0,254). Patient satisfaction has a significant relationship (p-value <0.05) with Word of mouth (WOM).

**Conclusion:** RSUP M. Djamil needs to emphasize interactions and justice, especially in providing clear information about medical actions to the patient's family, serving patients politely and friendly, and providing solutions to patients if there are service complaints.

**Keywords:** Inpatient, Satisfaction, Service Recovery

## Abstrak

**Latar Belakang:** Data Kepuasan pasien di RSUP M.Djamil tahun 2018 dengan rata-rata pencapaian periode Januari – Maret 2018 sebesar 79,61%, terlihat bahwa tingkat kepuasan pasien belum memenuhi target yang ditetapkan oleh pihak RSUP M.Djamil yaitu sebesar 85%.

**Tujuan:** Penelitian ini bertujuan mengetahui distribusi frekuensi pelayanan pemulihan pelayanan pasien, kepuasan pasien, hubungan pelayanan pemulihan dan kepuasan pasien untuk meningkatkan pelayanan pemulihan pelayanan.

**Metode:** Desain penelitian adalah cross-sectional. Sampel penelitian adalah pasien rawat inap di RSUP M. Djamil yang berjumlah 424 orang. Teknik pengambilan sampel adalah consecutive sampling. Pengumpulan data menggunakan kuesioner Importance Performance Analysis (IPA). Data dianalisis menggunakan uji t tidak berpasangan dan regresi linier berganda.

**Hasil:** Pemulihan layanan (keadilan distributif, keadilan prosedur, keadilan interaktif, keadilan reputasi) memiliki hubungan yang signifikan (p-value<0,05) dengan kepuasan pasien. Keadilan interaktif memiliki hubungan paling kuat dengan kepuasan pasien yang sesuai dan memiliki nilai Beta terbesar (0,254). Kepuasan pasien memiliki hubungan yang signifikan (p-value<0,05) dengan WOM (Word of Mouth).

**Kesimpulan:** RSUP M. Djamil perlu menekankan interaksi, keadilan terutama dalam memberikan informasi yang jelas tentang tindakan medis kepada keluarga pasien, melayani pasien dengan sopan, ramah, dan memberikan solusi kepada pasien jika ada keluhan pelayanan.

**Kata kunci:** Rawat inap, Kepuasan, Pemulihan Layanan.



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## Introduction

A company's primary activity is to provide services to consumers. A hospital is a healthcare facility that offers comprehensive healthcare services, including inpatient care, outpatient care, and emergency services. Hospitals consistently aim to deliver services of a higher quality than their competitors. Customers (consumers) choose service providers by comparing *perceived services* with their expectations (Huda and Yuliati, 2022).

Unavoidable issues in service provision includes failures to meet consumers expectations, known as *service failure* (Desviorita, 2018). *Service failure* occurs when the service is not perceived to customer expectations (Novitasari, 2022).

In general, there are three primary methods for implementing service recovery: procedural justice, interactional justice, and distributive justice. First, procedural justice is an attribute that focuses on the justice that consumers should receive when filing a complaint by the rules and policies established by the company. Interactional justice is a characteristic that centres on the conduct or reaction displayed by the company when addressing individuals who file grievances as customers. Distributive justice pertains to an aspect that concentrates on the outcomes of resolving service recovery situations (Teshome *et al.*, 2022).

M. Djamil Hospital serves as a referral centre for medical services in the central Sumatra. As for consumers from M. Djamil Hospital, 13% of them are users of national health insurance (JKN) and a company service user, 85% of general patients, and 2% of other companies' JKN. Based on the implementation, the hospital forms a marketing and department customer service within its organizational structure. This department is responsible for promoting existing products in the hospital and maintaining patients by maintaining satisfaction and resolving complaints. However, complaints through

a suggestion box, print media, and social media continuously occur.

The average patient satisfaction rate at M.Djamil Hospital from 2018 to 2022 is 82.2%. When viewed from the patient satisfaction figures, the score did not meet the target set by the M.Djamil Hospital, which was 85% based on a preliminary survey conducted at inpatient ward of M. Djamil Hospital in March 2018 (RSUP M.Djamil Padang, 2022). The survey had ten respondents who were interviewed. The survey obtained a result that four respondents (40%) stated that reliability, responsiveness, and assurance in service were not good. The observations and interviews with patients and officers at M. Djamil Hospital showed that not all patients filled out the inpatient questionnaire, and the implementation of service recovery was not optimal when handling complaints. Therefore, the authors are interested in finding the implementation model of service recovery on the satisfaction of inpatients at M. Djamil Hospital.

## Method

This study employed a quantitative method. A descriptive design for analysing the connection between service recovery and the contentment of inpatients at M. Djamil Hospital in West Sumatra. The research sample comprised inpatients at M. Djamil Hospital who met the inclusion criteria, namely willing to be a respondent and able to communicate well, answer the questions in the questionnaire, and were inpatients for the second time at M. Djamil Hospital.

Consecutive sampling was employed as the data collection technique. The data were collected using the Importance Performance Analysis (IPA) questionnaire. The data were subjected to bivariate analysis utilizing an unpaired t-test, and multivariate analysis was performed using multiple linear regression.

The study variables consisted of the dependent and independent variables. The independent variables were distributive justice, procedural justice,

interactive justice, reputational justice, and word-of-mouth, while the dependent variable was patient satisfaction.

## Result and Discussion

Based on Table 1, the majority of respondents are male (72.88%) and aged

over 46 years old (33.96%), more than half of the respondents have higher education (96.22%), most of the respondents use independent BPJS insurance (43.16%), and they are treated in class III (65.09%).

Table 1. Characteristics of Respondents

Characteristics	Frequency	Percentage (%)
<b>Gender</b>		
Male	115	72.88
Female	109	27.12
<b>Age</b>		
<25 years	65	15.33
25-35 years	102	24.06
36-46	113	26.65
> 47 years	144	33.96
<b>Education</b>		
Low education	16	3.77
Higher education	408	96.22
<b>Health</b>		
BPJS insurance	87	20.52
BPJS mandiri	183	43.16
Jamkesda / Jamkesmas	141	33.25
General	13	3.07
<b>Types of class care</b>		
I	50	11.79
II	91	21.46
III	276	65.09
VIP	7	1.65

Table 2. Level and Frequency of Respondents satisfaction per service recovery unit

Characteristics	Frequency	Percentage (%)
<b>Respondent Satisfaction Level</b>		
Satisfied	353	83.25
Dissatisfied	17	16.75
<b>Distributive Justice</b>		
Satisfied	4	0.94
Dissatisfied	420	99.06
<b>Justice Procedural</b>		
Satisfied	207	48.82
Not Satisfied	217	51.18
<b>Interactions</b>		
Satisfied	267	62.97
Dissatisfied	157	37.03
<b>Reputation</b>		
Satisfied	322	75.94
Dissatisfied	102	24.06
<b>WOM</b>		
Satisfied	352	83.02
Not satisfied	72	16.98

Table 3. Determinants of satisfaction levels with service recovery

Stage	Satisfactional	SE	T	P	Coefficient Correlation
1	-Distributive Justice	0.04	3.67	$\leq 0.0001$	0.188
	-Procedural Justice	0.01	3.87	$\leq 0.0001$	0.197
	-Interaction Justice	0.01	4.88	$\leq 0.0001$	0.246
	-Reputation Justice	0.06	1.70	0.091	0.084
	-WOM	0.04	3.43	0.001	0.151
2	-Distributive Justice	0.04	4.23	$\leq 0.0001$	0.210
	-Procedural Justice	0.01	4.24	$\leq 0.0001$	0.213
	-Interaction Justice	0.01	5.04	$\leq 0.0001$	0.254
	-WOM	0.03	4.44	$\leq 0.0001$	0.180

Among the respondents, 17 patients were dissatisfied with service recovery. On average, around 99% of inpatients were dissatisfied with distributive justice. Approximately 51.18% of inpatients were not satisfied with procedural justice. On average, about 62.97% of inpatients were dissatisfied with interaction justice. An average of 24.06% of patients were dissatisfied with reputation justice, and an average of around 16.98% of inpatients were dissatisfied with WOM.

Significant differences were observed between satisfied and dissatisfied patients regarding distributive justice, procedural justice, interaction justice, and WOM. However, there was no significant relationship between reputation justice and patient satisfaction. Reputation justice was considered a confounding variable and has been excluded from the analysis model.

### Patient Satisfaction

Based on statistical results, 17% of patients feel dissatisfaction with the service recovery carried out by the M. Djamil Hospital. On average, about 14 inpatients were dissatisfied with distributive justice. An average of about 58 inpatients was dissatisfied with procedural justice. Then, about 47 patients are not satisfied with interaction justice. About 11 hospitalized patients were dissatisfied with reputation justice, and an average of 10 inpatients were dissatisfied with WOM.

One of the primary causes of patient dissatisfaction with inpatient services at the hospital is related to the services

provided by healthcare workers who still do not handle patient complaints properly, and the management does no follow-up. Patient dissatisfaction is also influenced by the hospital's status as a teaching hospital, which sometimes results in patients not being directly attended to by the doctor in charge. Additionally, the friendliness of health workers has been reported as insufficient. Therefore, it is also necessary to improve the friendliness, and the hospital manager needs continuous socialization in implementing services with total quality management or including officers in excellent service training.

These findings align with the study conducted by Vasiliki Amarantou (2019), which asserts that patient satisfaction is impacted by two factors, namely service quality and waiting time. Furthermore, the study revealed that in urban hospitals, waiting time was very important to patients. On the other hand, people or patients from rural areas prioritized quality and timely services (Amarantou *et al.*, 2019).

Another significant cause of patient dissatisfaction is the lack of response from the hospital in dealing with the complaints of patients and their families. The hospital managers did not immediately respond to submitted complaints, so patients tend to feel dissatisfied and even divert their complaints to the mass media and social media on the internet. The impact, of course, affects the hospital's image. Responding to complaints immediately can help prevent the submission of public

complaints that harm the hospital in various media.

If an individual enters the hospital with a set of expectations and desires, and their experience during the service surpasses their initial expectations, they will experience satisfaction. In such a scenario, the hospital should give precedence to the recipient of the service (customer-centric) since patients constitute a significant portion of the clientele. By prioritizing patient satisfaction, a hospital can reap numerous benefits. The outcomes of this study are corroborated by research findings from Amarantou *et al.* (2019), which show the results of the dimensions of responsiveness or responsiveness to patients, the majority of respondents said that the services provided were good (Amarantou *et al.*, 2019). The analysis outcomes lead to the conclusion that a correlation exists between the quality of hospital services in the responsiveness dimension and the level of patient satisfaction during treatment at the Sultan Syarif Mohamad Alkadrie Hospital Nursing Room, Pontianak City (Amarantou *et al.*, 2019).

Additionally, patient satisfaction is positively linked with Physician Satisfaction, affecting the patient's intention to get services again. This has an impact on increasing hospital income (Amarantou *et al.*, 2019).

### Distributive Justice

The analysis reveals a statistically significant impact of the distributive justice dimension on patient satisfaction. This finding aligns with the study by Maxham and Netemeyer (2002), which asserts that among the dimensions of distributive justice, procedural justice, and interactional justice, distributive justice holds the greatest influence on satisfaction (Amarantou *et al.*, 2019). These findings are further supported by research from Kau and Loh (2006) and Nikbin *et al.* (2010), who confirm that the dimensions of distributive justice yield a favourable effect on consumer satisfaction (Amarantou *et al.*, 2019).

As per the study conducted by Wu *et al.* (2018), hotel service recovery is carried out by correcting the problem immediately, followed by apologies, providing discounts, and reimbursement of costs (Amarantou *et al.*, 2019). From a practical standpoint, it is concluded that the bigger the compensation value given due to service failure, the more patients tend to experience greater satisfaction. Patients tend to prefer recovery as a form of compensation because procedures and communication with healthcare workers, as good as any action, can compensate for the material losses that the patient has paid to the M. Djamil Hospital.

### Interaction Justice

The analysis reveals a statistically significant impact between the interaction dimension and patient satisfaction is evident. This assertion is reinforced by the findings of the study carried out by Maxham and Netemeyer (2002), which affirms that interactional justice is a dimension that significantly influences satisfaction compared to other dimensions of justice (Amarantou *et al.*, 2019). This research is also supported by Nikbin *et al.* (2010), who confirm that the dimensions of interactional justice positively impact consumer satisfaction (Teshome *et al.*, 2022).

This assertion gains support from the findings of prior research undertaken by Yuniarti (2015), which emphasizes the significance of perceiving interactional justice due to its substantial impact on consumer satisfaction (Teshome *et al.*, 2022).

A study conducted by Wu *et al.* (2018) indicates a positive relationship between empowering front liners in a company and customer satisfaction by performing service recovery. Frontliners have an important role in conveying information about the resolution of customer complaints, and front liners provide solutions to customers for service deficiencies and inconveniences at the company. This can be analogous to services at a hospital. If the hospital or health workers are less than optimal in providing services, the hospital will



perform service recovery through the public relations department to communicate with the patient's family regarding the inconvenience experienced during the services (Hastuti, Baginda and Aprianda, 2022).

Practically speaking, it is concluded that if it provides high interaction with consumers, it is hoped that consumers will feel more valued, cared for and can understand the situation so that consumers tend to experience greater satisfaction (Teshome *et al.*, 2022).

### Reputation Justice

The analysis outcomes indicate a statistically significant relationship between the reputation dimension and patient satisfaction. This finding aligns with the research conducted by Cronin and Taylor (1992), which defines satisfaction as the customer's perception of a singular service experience, whereas quality encompasses the compilation of customer satisfaction across diverse service experiences (Huda and Yuliati, 2022).

The results suggest that customer satisfaction serves as an intermediary variable between service quality and purchase intentions, implying that higher service quality influences purchase intentions. The findings of the study titled "The Relationships Among Service Failure, Service Recovery, Customer Satisfaction, and Trust at International Hospitals: A Case in Vietnam" indicate that the severity of service failure exerts a positive impact on service recovery. Service failures have different levels of severity in each hospital; for example, international hospitals must have a service recovery strategy and a high-level risk prevention system (Huda and Yuliati, 2022).

An optimal service recovery process, characterised by prompt and accurate actions, and procedures and satisfactory results to customer expectations will increase patient confidence in this international-level hospital (Novitasari, 2022).

In practical terms, it can be concluded that as the perceived service quality level increases, customer

satisfaction rises correspondingly. This relationship exists because optimal service quality enhances the hospital's reputation according to the patient's view. A strong hospital reputation affects patient loyalty to reuse hospital services (Ali and Mohamed, 2020).

It is hoped that the hospital, given its well-established name in Sumatra, will maintain its good value and continue to strive to develop and improve the remaining deficiencies so that the reputation of the hospital can have a positive impact and of course, it will also be related to the WOM variable.

### WOM justice (Talk from mouth to mouth)

The analysis outcomes indicate a statistically significant impact between the Word of Mouth (WOM) dimensions and patient satisfaction. This concurs with Tjiptono (2014), who states that generating customer satisfaction can yield various advantages, including the generation of positive word-of-mouth recommendations that prove advantageous for the company (Tjiptono, 2014).

Derived from the findings of the research article "Service Quality and Customer Satisfaction on WOM at a Private Hospital in Indonesia," it is evident that excellent service quality leads to high patient satisfaction, subsequently enhancing the hospital's reputation through positive word-of-mouth recommendations (Tjiptono, 2014).

However, in contrast to research conducted by Wirtz, Chew and Lovelock, (2012) which examined the effect of incentive programs on propensity, satisfaction, and strength of ties/relationships on WOM behaviour in the service industry context, it concluded that customer satisfaction is important, but not a sufficient condition to encourage positive WOM (Nguyen, Huynh and Mai, 2021).

In practical terms, it can be concluded that as the perceived service quality level increases, so does the customer satisfaction. This observation aligns with research conducted within the hospital context, where a hospital

functions as a service-oriented company within the realm of healthcare. Every patient who visits the hospital hopes for continued loyalty to the institution for future healthcare needs. One of the determining factors for patient or family choices is also influenced by recommendations, input, or choices offered by patients who have also undergone the treatment process at the hospital. This can be a consideration for the hospital to pay attention to the WOM factor to continue realizing health services, especially in optimal inpatient installation (Novitasari, 2022).

This study is limited to examining the relationship between service recovery and variables such as distributive justice, procedural justice, interactional justice, and reputational justice with patient satisfaction. Additionally, this study employs only a quantitative approach, and no qualitative or mixed-methods approaches were applied to explore the underlying factors causing patient dissatisfaction in the hospital.

## Conclusion

The conclusion of this study asserts that a substantial correlation exists between service recovery (distributive justice, procedural justice, interactive justice, reputation justice) and patient satisfaction. Variable Interactive justice has the strongest relationship with patient satisfaction compared to other variables. M. Djamil Hospital needs to emphasise interactions and justice, particularly in providing clear information about medical actions to the patient's family, serving patients politely, and friendly and providing solutions to patients if there are service complaints.

## Abbreviations

IPA: Importance Performance Analysis; WOM: Word of Mouth; NHI: National Health Insurance; BPJS: Social Insurance Administration Organization

## Declarations

## Ethics Approval and Consent Participant

This study has ethical clearance from the Research Ethics Committee Faculty of Medicine Andalas University (No. 580/UN.16.2/KEP-FK/2024). Prior to the survey, the respondents were informed about the objectives and aims of the study, and their verbal consent to participate was obtained.

## Conflict of Interest

There are no notable conflicting financial, professional, or personal interests that could have impacted the outcomes.

## Availability of Data and Materials

Not applicable.

## Authors' Contribution

RS and RM conceptualized the study; PKH and AW created the methodology; RS and RM wrote, reviewed, and edited the manuscript; AW and PKH wrote the original draft.

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