



DOI: <https://doi.org/10.38035/dhps.v3i3>
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Qualitative Analysis of Inpatient Prisoner Patient Satisfaction at Hospital X in 2025

Syientia Wit Gantara¹

¹Politeknik Piksi Ganesha, Bandung, Indonesia, switgantara@gmail.com

Corresponding Author: switgantara@gmail.com¹

Abstract: Patient satisfaction is the level of feeling that arises from comparing the health services received with the patient's expectations of those services. This study aims to determine the perception of inpatient prisoner patient satisfaction at Sartika Asih Hospital in 2025. The factors influencing prisoner patient satisfaction were analyzed based on five dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangible evidence. This study used a qualitative design to understand the phenomena experienced by the research subjects, including behavior, perceptions, motivation, and actions. The informants in this study consisted of five people: one nurse, one head nurse, one policy maker, and two prisoner patients. Data were collected through in-depth interviews, while data processing and validation were carried out using triangulation techniques. The results showed that all informants expressed satisfaction with the services provided by Sartika Asih Hospital. The dimensions of reliability, responsiveness, and assurance were rated good, the empathy dimension was rated very good, while the tangible dimension was rated fairly good. The conclusion of this study indicates that health services for inpatient prisoner patients have generally been implemented well; however, improvements are still needed in the facilities and infrastructure of the prisoner ward. It is recommended that Sartika Asih Hospital improve Police Medicine services (DOKPOL), conduct wound care training, pay attention to the safety and welfare of nursing staff such as salaries and health insurance, enhance communication between the hospital and the police, strengthen the vigilance of police and hospital officers in guarding prisoner patients, and improve the quality of facilities and infrastructure in the prisoner care room.

Keyword: Patient Satisfaction, Prisoner Patients, Inpatient Care, Service Quality.

INTRODUCTION

Hospitals are health service institutions that are required to provide safe, effective, equitable, and patient-centered services. As public health service providers, hospitals do not only focus on medical treatment but also on the quality of services perceived by patients during the care process. Service quality in hospitals can be assessed through professional performance, efficiency, effectiveness, safety, and the level of patient satisfaction with the services received (Adisasmito, 2009). Patient satisfaction is an important indicator of health service quality because it reflects the extent to which the services provided meet patients' expectations and

needs. Patient satisfaction is generally defined as a patient's feeling that arises after comparing the health services received with the services expected. When the performance of health services meets or exceeds patient expectations, patients tend to feel satisfied; conversely, when the services received are below expectations, dissatisfaction may occur (Kotler, 2005). In the context of health services, patient satisfaction is also considered an outcome of the health care system and becomes an important basis for evaluating and improving service quality (Pohan, 2007). Therefore, measuring and analyzing patient satisfaction is essential for hospitals to maintain public trust and improve the quality of care.

The quality of hospital services is influenced by several dimensions. Parasuraman et al. developed the SERVQUAL model, which consists of five main dimensions: reliability, responsiveness, assurance, empathy, and tangibles (Parasuraman et al., 1988). Reliability refers to the ability of health workers to provide accurate, timely, and consistent services. Responsiveness describes the willingness and readiness of health workers to help patients and respond to their needs. Assurance relates to the competence, courtesy, credibility, and safety provided by health personnel. Empathy refers to individual attention and concern for patients, while tangibles include physical facilities, equipment, cleanliness, comfort, and the appearance of health workers (Bustami, 2011). Inpatient services are one of the important components of hospital care because patients receive continuous medical, nursing, and supporting services during their stay. Inpatient care includes observation, diagnosis, treatment, nursing care, rehabilitation, and other health services provided within the hospital setting. The quality of inpatient care greatly influences patient satisfaction because patients interact directly and repeatedly with health workers and hospital facilities during the treatment process (Aditama, 2003). For this reason, hospitals must ensure that inpatient services are delivered professionally, humanely, and in accordance with established standards.

Prisoner patients are a specific group of patients who have unique characteristics compared with general patients. Although their freedom is restricted due to legal processes, prisoner patients still have the right to receive proper, humane, and non-discriminatory health services. Health workers are required to provide care without distinguishing social, legal, or personal status, because health services are part of basic human rights. Prisoners and detainees also have the right to receive health care and medical treatment when needed, under applicable legal and institutional regulations (Ministry of Law and Human Rights of the Republic of Indonesia, 2013). The provision of health services for prisoner patients requires special attention because it involves both medical and security aspects. Hospitals that treat prisoner patients must ensure that services are provided according to health care standards while also maintaining safety and security procedures. This condition may affect patients' perceptions of service quality, especially in relation to responsiveness, empathy, physical comfort, and assurance. Negative social stigma toward prisoners may also influence how prisoner patients perceive the treatment they receive from health workers and other hospital staff.

In the context of hospital services, all patients, including prisoner patients, have the right to obtain safe, fair, honest, humane, and non-discriminatory health services. Hospitals are obligated to provide health services that are effective, efficient, and in accordance with professional standards and standard operating procedures (Notoatmodjo, 2010). Therefore, the satisfaction of prisoner patients becomes an important issue to study, as it reflects whether health services have been implemented fairly and in accordance with the principles of patient rights and service quality. Previous studies have shown that satisfaction among prisoners or detainees may vary across the five dimensions of service quality. Differences in satisfaction may be influenced by the quality of physical facilities, the speed of service, staff responsiveness, communication, security, and the empathy shown by health workers. Since satisfaction is subjective, each individual may have different perceptions even when receiving the same type of service (Pohan, 2007). This indicates the importance of using a qualitative approach to explore the experiences and perceptions of prisoner patients in depth.

A qualitative approach is appropriate for this study because it allows researchers to understand the meanings, experiences, perceptions, and responses of informants regarding health services received during hospitalization. Through in-depth interviews, researchers can explore how prisoner patients perceive service quality based on the dimensions of reliability, responsiveness, assurance, empathy, and tangibles. This approach also enables the researcher to obtain information from other relevant informants, such as nurses, head nurses, and policy makers, to provide a more comprehensive understanding of the service process (Moleong, 2007). Based on these considerations, this study focuses on the qualitative analysis of inpatient prisoner patient satisfaction at Hospital X in 2025. The study is expected to provide an overview of how prisoner patients perceive the quality of inpatient health services and identify aspects that need improvement. The findings of this study may serve as input for hospitals in improving service quality, strengthening coordination between health workers and security officers, improving facilities and infrastructure, and ensuring that health services for prisoner patients are provided professionally, safely, humanely, and without discrimination. The problem formulation contains article questions that must be explained in the discussion and answered in the conclusion.

METHOD

Patient satisfaction is influenced by the fulfillment of patients’ needs, expectations, and desires through the health services they receive. In this study, satisfaction is analyzed based on five dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangibles. Reliability refers to the ability of health workers to provide services accurately, quickly, and consistently. Responsiveness refers to the readiness of health workers to help patients and respond to their needs. Assurance includes the competence, politeness, safety, and trust provided by health workers. Empathy refers to the attention, concern, and non-discriminatory attitude shown to patients. Tangibles include the physical facilities, cleanliness, comfort, medical equipment, and appearance of health workers. These five dimensions are used to assess the level of satisfaction of inpatient prisoner patients with the health services provided by the hospital.

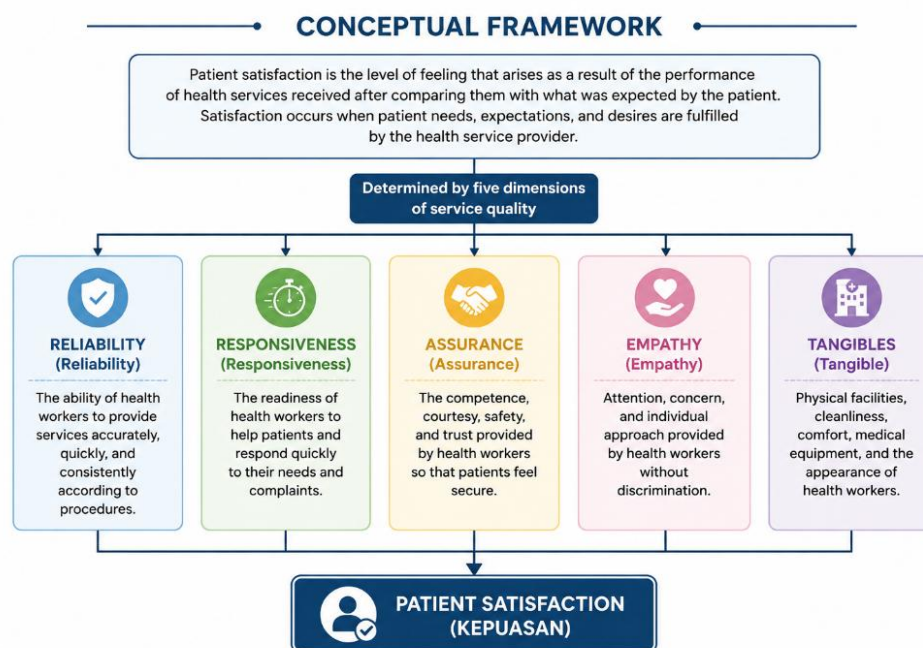


Figure 1. Conceptual Framework

The research procedure was carried out in three main stages, namely the preparation stage, implementation stage, and final stage. Each stage was conducted systematically to ensure that the research process was well organized and that the data obtained were relevant to the research objectives. The first stage was the preparation stage. At this stage, the researcher identified the phenomenon to be studied in order to determine the research problem. After obtaining preliminary information, the researcher selected the phenomenon of qualitative analysis of inpatient prisoner patient satisfaction at Bhayangkara Sartika Asih Hospital as the focus of the study. The researcher then determined the research site, namely Bhayangkara Sartika Asih Hospital, because the hospital provided inpatient services for prisoner patients. To strengthen the research background and clarify the phenomenon, the researcher conducted a preliminary study. This activity was carried out to obtain initial data related to the satisfaction of inpatient prisoner patients and to support the formulation of the research problem. In addition, the researcher conducted a literature review related to patient satisfaction, inpatient services, prisoner patient services, and hospital service quality. After the required data and references were collected, the researcher prepared a research proposal consisting of the background, literature review, and research methodology. The proposal was then reviewed through a supervision process before being presented in a proposal seminar.

The second stage was the implementation stage. After the proposal had been revised and approved, the researcher applied for research permission from the relevant parties. After obtaining permission from the hospital, the researcher began the process of data collection. Data were collected through in-depth interviews, observation, and document review involving informants who were directly related to inpatient prisoner patient services. After all data had been collected, the researcher processed and analyzed the data to identify patterns, categories, and themes related to patient satisfaction. The analysis focused on the five dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibles. After the analysis was completed, the researcher drew conclusions based on the findings obtained from the research process.

The third stage was the final stage. At this stage, the researcher prepared the research report based on the results of data analysis. The report included the research findings, discussion, conclusions, and recommendations. The findings were presented in accordance with the focus of the study and supported by data obtained from interviews, observations, and document review. After the report was completed, the researcher presented the results of the study as the final stage of the research process.

Table 1. Informants and Variables Studied

No.	Variable	Definition of Terms	Informants	Supporting Tools	Data Collection Technique
1	Patient Satisfaction	The level of feeling experienced by patients as a result of the performance of health services received after comparing them with what they expected.	Patients	In-depth interview guide Recording device, such as a mobile phone and handycam	In-depth interview
2	Reliability	Fast and responsive services. Administrative and payment procedures. Fast services in examination, treatment, and nursing care. Accuracy in receiving examination results. Standard Operating Procedures (SOP).	Patients Patients Patients Nurses Policy makers	In-depth interview guide Recording device, such as a mobile phone and handycam	In-depth interview In-depth interview In-depth interview In-depth interview and

		Legal basis for prisoner patient services.			document review Document review
3	Responsiveness	Readiness of staff to assist patients. Services related to obtaining information. Hospital service procedures. Services in responding to patient complaints. Service waiting time.	Patients	In-depth interview guide Recording device, such as a mobile phone and handycam	In-depth interview
4	Assurance	Polite and friendly services provided by health workers. Security assurance and trust in hospital services. Assurance for health workers.	Patients Patients Nurses, head nurse Policy makers	1. In-depth interview guide 2. Recording device, such as a mobile phone and handycam	1. In-depth interview 2. In-depth interview 3. In-depth interview
5	Empathy	Special attention given to each patient. Concern for patients' needs and expectations. Services provided without discrimination.	Patients	In-depth interview guide Recording device, such as a mobile phone and handycam	In-depth interview
6	Tangibles	Exterior and interior room arrangement. Cleanliness, neatness, and comfort of the room. Neatness and cleanliness of health workers' appearance. Cleanliness of the equipment used.	Patients	In-depth interview guide Recording device, such as a mobile phone and handycam	In-depth interview and observation

Table 1 presents the informants and variables examined in this study. The table describes each research variable, its operational definition, the informants involved, the supporting tools used, and the data collection techniques applied. The variables studied include patient satisfaction and the five dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibles.

RESULTS AND DISCUSSION

The results of this study indicate that inpatient prisoner patients were generally satisfied with the health services provided by the hospital. The findings were obtained through in-depth interviews with nurses, the head nurse, policy makers, and prisoner patients. The results are presented based on five dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibles.

Reliability

The reliability dimension refers to the ability of health workers to provide services quickly, accurately, consistently, and in accordance with established procedures. The results showed that the hospital had standard procedures for handling prisoner patients. The procedures were implemented in the form of Standard Operating Procedures (SOP) or fixed procedures (PROTAP). Informants stated that prisoner patients were treated similarly to general patients in terms of medical services, such as being provided with medical records, examination, treatment, and nursing care. However, prisoner patients required additional administrative documents, such as a referral letter from the sending unit and stricter security supervision. The findings also showed that there was a legal basis for the provision of health services to prisoner

patients. The policy maker explained that the services were based on regulations related to Police Medicine (DOKPOL). In terms of administration and payment, the cost of prisoner patient care was covered by the state, although some additional examinations or specific medicines might require separate arrangements. Patients generally did not know the details of administration and payment because these matters were handled by the police.

The results further showed that nurses provided services quickly and appropriately. Patients stated that they received prompt examination, treatment, infusion, wound care, medication, and other nursing services. Nurses also conducted regular monitoring of prisoner patients, including intensive observation every two to three hours. In addition, examination results were delivered appropriately to patients or to the police officers responsible for guarding them. Based on these findings, the reliability dimension was considered good.

Responsiveness

The responsiveness dimension refers to the readiness and willingness of health workers to help patients and respond to their needs. The results showed that nurses and hospital staff were responsive in providing information and assistance to prisoner patients. Nurses delivered information according to the patient's level of understanding so that the patient could understand the explanation given. Information related to SOPs and policies was also communicated to health workers through meetings or internal briefings. The findings showed that there was no fixed waiting time for prisoner patient services because nurses usually responded immediately when patients needed assistance. Patients stated that nurses came directly when called and did not let them wait for a long time. The nurses also monitored patients regularly, especially at night, to prevent unexpected incidents and ensure patient safety. Patients reported that the service procedures were not complicated because administrative matters were handled by the police and patients could receive examination and treatment directly. In addition, patients stated that nurses responded quickly to complaints or requests. They felt comfortable because the health workers were alert and ready to help. Based on these findings, the responsiveness dimension was considered good because health workers were able to respond to patient needs quickly, clearly, and appropriately.

Assurance

The assurance dimension includes competence, politeness, friendliness, safety, trust, and service guarantees. The results showed that the hospital had a system to ensure patient safety and service accountability. The policy maker explained that if an error occurred in patient care, the hospital had internal mechanisms involving committees, standard procedures, and minimum service standards. This showed that patient safety was considered an important responsibility of the hospital. The findings also showed that prisoner patients felt safe and trusted the services provided by the hospital. Patients stated that health workers were polite and friendly. Although nurses had to maintain professional boundaries due to previous security experiences, they continued to provide services in a polite and appropriate manner. Patients also expressed trust in the hospital services, including examinations, radiology services, wound care, and other medical procedures.

However, the study also found that assurance for health workers still needed attention. Health insurance was available for police members, civil servants, and their families, but contract or honorary workers still required better protection and welfare support. Informants suggested that hospitals should pay more attention to the safety, salary, and insurance of health workers, especially those who directly handle prisoner patients. Overall, the assurance dimension was considered good, although staff welfare and protection still need improvement.

Empathy

The empathy dimension refers to care, attention, concern, and services provided without discrimination. The results showed that health workers provided services to prisoner patients with good attention and concern. Nurses stated that they did not differentiate between patients based on their status as prisoners. Services were provided equally to all patients according to their medical needs. Patients also stated that nurses gave special attention and showed concern for their needs. For example, nurses provided drinking water, food, or other simple needs when requested, as long as these were still appropriate and possible to provide. Patients felt that nurses were easy to contact and willing to help when needed. The study also found that the hospital applied ethical principles in providing care to prisoner patients, including maintaining confidentiality and providing services based on medical needs. The patients stated that there was no discrimination in the services they received. They felt that the treatment provided by health workers was the same as that given to other patients. Based on these findings, the empathy dimension was considered very good because health workers demonstrated concern, fairness, and non-discriminatory attitudes toward prisoner patients.

Tangibles

The tangibles dimension includes physical facilities, room arrangement, cleanliness, comfort, equipment, and the appearance of health workers. The results showed that hospital staff wore uniforms according to their respective roles and schedules. Observation also showed that the appearance of health workers was neat and clean, allowing patients and visitors to distinguish between health workers and other hospital staff. The room arrangement for prisoner patients was considered fairly good. Health workers maintained the interior and exterior arrangement of the room, especially for patients with depression or mental disorders by removing objects that could potentially be dangerous. Patients stated that the room was fairly good, clean, neat, and comfortable. They also stated that the medical equipment, eating utensils, and food provided were clean and suitable. However, the tangibles dimension still required improvement. Patients suggested several improvements related to comfort, such as improving the room, providing television and air conditioning, reducing mosquitoes, and improving toilet facilities. Informants also suggested improving facilities and infrastructure in the prisoner patient room. Therefore, although the tangibles dimension was generally considered adequate, it remained the main aspect that needed further improvement.

Overall Patient Satisfaction

Overall, the results showed that inpatient prisoner patients were satisfied with the health services provided by the hospital. The dimensions of reliability, responsiveness, and assurance were considered good, while empathy was considered very good. The tangibles dimension was considered fairly good, although several physical facilities still needed improvement. The findings indicate that health workers were able to provide fast, responsive, polite, caring, and non-discriminatory services to prisoner patients. Nevertheless, the hospital still needs to improve several aspects, including human resources, Police Medicine training, wound care training, coordination between the police and the hospital, security supervision, and facilities and infrastructure in the prisoner patient room. These improvements are expected to strengthen the quality of inpatient services for prisoner patients and increase patient satisfaction in the future.

Discussion

Patient satisfaction is an important indicator of health service quality because it reflects the extent to which the services received meet the expectations of patients. In this study, patient satisfaction was analyzed based on five dimensions of service quality, namely reliability, responsiveness, assurance, empathy, and tangibles. These five dimensions provide a comprehensive overview of how inpatient prisoner patients perceived the quality of health

services provided by the hospital. The reliability dimension in this study was considered good. The findings showed that the hospital already had Standard Operating Procedures (SOP) or fixed procedures (PROTAP) for handling prisoner patients. The existence of clear procedures is important to ensure that health workers provide services consistently, accurately, and according to institutional standards. In addition, sanctions were applied to health workers who violated the rules, ranging from verbal warnings and written warnings to mutation or disciplinary hearings. This indicates that the hospital has implemented control mechanisms to maintain service quality and prevent administrative or professional errors. The availability of a legal basis for prisoner patient services, particularly regulations related to Police Medicine (DOKPOL), also strengthens service accountability.

In terms of service implementation, prisoner patients received examination, treatment, and nursing care quickly and appropriately. Administrative and payment procedures were also considered not burdensome because the cost of care for prisoner patients was covered by the state. Patients did not directly manage administrative matters because these were handled by police officers. Nurses also conducted regular monitoring every two to three hours to prevent unexpected incidents, including the possibility of patients escaping. These findings show that reliability was reflected not only in medical services but also in administrative procedures, supervision, and coordination between hospital staff and police officers.

The responsiveness dimension was also rated good. Health workers were able to provide services quickly, respond to patient needs, and deliver information in a way that could be understood by patients. Nurses provided information according to the patient's educational background so that the patient could better understand the explanation. However, communication was still more one-way, while effective health communication should ideally involve two-way interaction between health workers and patients. Through two-way communication, patients can express their concerns, ask questions, and better understand their health condition and treatment process. The findings also showed that there was no long waiting time when patients needed assistance. Nurses responded immediately when called, and patients felt that the staff were alert and ready to help. This finding is important because responsiveness is closely related to patient comfort and trust in health services. In the context of prisoner patients, responsiveness is also related to security, because delayed response may affect both patient safety and the safety of the treatment environment. Therefore, the readiness of nurses to respond quickly became one of the factors supporting patient satisfaction.

The assurance dimension was found to be good, especially in relation to polite and friendly behavior, patient safety, and trust in hospital services. Patients stated that health workers were polite and friendly during care. Security procedures were also implemented, including locking the prisoner patient room and opening it only when requested by police officers. This procedure helped maintain patient safety, staff safety, and institutional security. Although nurses remained polite and professional, they also maintained appropriate boundaries to prevent prisoner patients from misusing kindness or creating security risks. The study also found that health insurance and protection for hospital staff had been implemented, especially for members of the police, civil servants, and their families. However, protection for honorary or daily workers still needed improvement. This is an important finding because health workers who provide care for prisoner patients may face higher occupational risks. Therefore, hospitals need to pay greater attention to staff welfare, insurance, work safety, and psychological security. Assurance should not only be directed toward patients but also toward health workers who are responsible for delivering safe and quality care.

The empathy dimension was the strongest aspect in this study. All informants stated that empathy was very good. Patients felt comfortable because nurses showed attention, concern, and provided services without discrimination. Health workers treated prisoner patients equally and did not differentiate them based on their legal status. This finding is important because prisoner patients are often associated with negative stigma. However, in health services, every

patient has the right to receive humane, fair, honest, and non-discriminatory care. The concern shown by nurses was reflected in their willingness to respond to simple patient needs, such as providing drinks or food when possible. However, nurses still considered the patient's medical condition before fulfilling certain requests. This shows that empathy was delivered professionally, meaning that health workers were attentive to patient needs while still prioritizing safety and medical appropriateness. Empathetic care can improve patient comfort, trust, and cooperation during hospitalization.

The tangibles dimension was considered fairly good, but it still required improvement. Tangibles include physical facilities, cleanliness, room comfort, medical and non-medical equipment, and the appearance of health workers. The findings showed that health workers wore uniforms according to their duties, and the cleanliness and neatness of staff appearance were considered good. Equipment and eating utensils were also perceived as clean. However, some patients felt that the facilities in the prisoner patient room were not fully adequate. Patients suggested the need for television, air conditioning, better toilet facilities, and mosquito control.

The physical environment is an important factor in inpatient satisfaction because patients spend most of their time in the treatment room. For prisoner patients, room comfort becomes more important because their movement is limited and they remain under supervision. A lack of entertainment, poor air circulation, mosquito disturbance, and inadequate toilet facilities may reduce comfort even when medical services are already good. Therefore, improving facilities and infrastructure in the prisoner patient room should become one of the hospital's priorities. The findings also indicate the need to improve the competence of health workers through training. Training in Police Medicine (DOKPOL) and wound care seminars is important because prisoner patients may have specific medical and security-related needs. Many prisoner patients may require wound care or special handling due to injuries or surgical conditions. Continuous training can improve the knowledge, skills, and confidence of health workers in providing appropriate care. This is also in line with the hospital's role in organizing education and training for human resources to improve service quality.

Overall, the results of this study show that inpatient prisoner patients were satisfied with the health services provided by the hospital. Reliability, responsiveness, and assurance were generally good, empathy was very good, and tangibles were fairly good but still needed improvement. The main areas that require attention include improving facilities and infrastructure, strengthening communication between hospital staff and police officers, increasing the number of personnel, improving staff welfare, and providing regular training for health workers. These improvements are expected to enhance the quality of inpatient services for prisoner patients and ensure that health care is delivered safely, professionally, humanely, and without discrimination.

CONCLUSION

Based on the results and discussion involving five informants at Bhayangkara Sartika Asih Hospital, it can be concluded that the perception of inpatient prisoner patient satisfaction was generally good. The reliability dimension was perceived as good, as patients received health services quickly, accurately, and according to established procedures. This condition should be maintained to ensure patient comfort and to strengthen interaction between health workers and patients in responding to patient complaints. The responsiveness dimension was also perceived as good. Nurses were able to respond quickly to patient needs, provide clear information, and deliver services without a long waiting time. This dimension should continue to be improved because nurses play an important role as the front line of patient care, and the results of their services are directly experienced by patients. In addition, effective communication between the police and the hospital should be strengthened to maintain patient safety and ensure smooth coordination in prisoner patient care.

The assurance dimension was perceived as good, particularly in terms of politeness, friendliness, security, and trust in hospital services. This condition should be improved further so that patients receive optimal services through the consistent implementation of service standards. In addition, assurance for health workers, especially nurses, also needs greater attention to maintain human resources and ensure that health workers feel safe and comfortable in carrying out their duties. The empathy dimension was perceived as very good. Patients felt that nurses provided attention, concern, and services without discrimination. This aspect should be maintained and further improved because it contributed strongly to patient satisfaction. Health workers should continue to provide humane, fair, and patient-centered care regardless of the patient's legal status.

The tangibles dimension was perceived as fairly good but still requires improvement. Several physical facilities need to be enhanced, including room arrangement, toilet facilities, television, air conditioning, and mosquito control to increase patient comfort during hospitalization. In addition, the hospital should provide training in Police Medicine (DOKPOL) and wound care seminars for health workers, considering that many prisoner patients experience surgical wounds or require special medical care. These improvements are expected to enhance the overall quality of inpatient services for prisoner patients at Bhayangkara Sartika Asih Hospital.

REFERENSI

- Adisasmito, W. (2009). Sistem manajemen lingkungan rumah sakit. Rajawali Pers.
- Aditama, T. Y. (2003). Manajemen administrasi rumah sakit. Universitas Indonesia Press.
- Bastian, I., & Suryono, S. (2011). Penyelesaian sengketa kesehatan. Salemba Medika.
- Brooker, C. (2001). Kamus saku keperawatan. EGC.
- Bustami. (2011). Penjaminan mutu pelayanan kesehatan dan akseptabilitasnya. Erlangga.
- Hidayat, A. A. A. (2003). Riset keperawatan dan teknik penulisan ilmiah. Salemba Medika.
- Kotler, P. (2005). Manajemen pemasaran (Jilid 1). Indeks.
- Lupiyoadi, R., & Hamdani, A. (2011). Manajemen pemasaran jasa (Edisi 2). Salemba Empat.
- Moleong, L. J. (2007). Metodologi penelitian kualitatif (Edisi revisi). Remaja Rosdakarya.
- Muninjaya, A. A. G. (2004). Manajemen kesehatan. EGC.
- Notoatmodjo, S. (2007). Promosi kesehatan dan ilmu perilaku. Rineka Cipta.
- Notoatmodjo, S. (2010). Etika dan hukum kesehatan. Rineka Cipta.
- Nugrahaeni, D. K., & Mauliku, N. E. (2011). Metodologi penelitian kesehatan. STIKes Dharma Husada Bandung.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 12–40.
- Pohan, I. S. (2003). Jaminan mutu layanan kesehatan: Dasar-dasar pengertian dan penerapan. EGC.
- Pohan, I. S. (2007). Jaminan mutu layanan kesehatan: Dasar-dasar pengertian dan penerapan. EGC.
- Republik Indonesia. (1981). Undang-Undang Republik Indonesia Nomor 8 Tahun 1981 tentang Hukum Acara Pidana. Sekretariat Negara Republik Indonesia.
- Republik Indonesia. (2009). Undang-Undang Republik Indonesia Nomor 44 Tahun 2009 tentang Rumah Sakit. Sekretariat Negara Republik Indonesia.
- Republik Indonesia. (2013). Peraturan Menteri Hukum dan Hak Asasi Manusia Republik Indonesia Nomor 6 Tahun 2013 tentang Tata Tertib Lembaga Pemasyarakatan dan Rumah Tahanan Negara. Kementerian Hukum dan Hak Asasi Manusia Republik Indonesia.
- Republik Indonesia. (2023). Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan. Sekretariat Negara Republik Indonesia.

Sari, I. D. (2008). Manajemen pemasaran usaha kesehatan. Nuha Medika.
Widyatamma, R. (2009). Kamus istilah kesehatan. Widyatamma.