THE EFFECT OF WAITING TIME FOR DOCTOR'S SERVICES ON PATIENT SATISFACTION IN THE OUTPATIENT DEPARTMENT OF RSUD TOTO KABILA

Fuji Fauzia H. Yakop[1)], Titin Dunggio[2)], and Serly Daud[3)]
[1,2)] Universitas Bina Mandiri Gorontalo,
[3)] RSUD Toto Kabila
E-mail: fauzifuji27@gmail.com

ABSTRACT

This study aims to determine the effect of waiting time for doctor's services on patient satisfaction in the Outpatient Department of RSUD Toto Kabila. This study aims to determine whether there is an effect of waiting time for doctor's services on patient satisfaction in the outpatient department of RSUD Toto Kabila which is seen from the waiting time and the five "RATER*" dimensions of reliability, assurance, tangibles, empathy and responsiveness*. This type of research uses a quantitative approach. The type of data used is *cross-sectional* which aims to analyze the relationship between the independent variable (Waiting Time) and the dependent variable consisting of (*Reliability, Assurance, Tangible, Empathy, Responsiveness*) IN Outpatient Hospital Tototo Kabila. The sample of this study amounted to 52 people consisting of surgical polyclinic patients in the outpatient installation of RSUD Toto Kabila. Collecting data using a questionnaire (questionnaire) which is then analyzed using the *chi-square test*.

The results showed that the effect of waiting time for doctor's services on patient satisfaction at Toto Kabila Hospital, the results of the Hypothesis Test that had been carried out showed that there was an effect of waiting time for doctor's services on patient satisfaction with the sign value. 0.00 < 0.05, then H0 is rejected and H1 is accepted. So the researchers concluded that there was an effect of waiting time on patient satisfaction in the outpatient installation of RSUD Toto Kabila.

Keywords: Waiting time, doctor service, patient satisfaction.

INTRODUCTION

Outpatient services are diagnostic service providers, the recovery of which is done out of the way within 24 hours without requiring the patient to be hospitalized. Outpatient is a form of service received by service users from the hospital [4].

Minimum Service Standards are provisions for the type and quality of minimum basic services which are obligatory government affairs and are entitled to be obtained by every citizen. In the SPM to achieve the SPM target which prioritizes the ability of the health program, therefore the SPM in achieving the target is more focused on the performance of the Regional Government, becoming an assessment of regional performance in providing basic services to citizens. Furthermore, as material for the Central Government in formulating national policies, providing incentives,

Submit: Feb 2nd, 2021 Accepted: Feb 15th, 2021 Published: March 29th, 2021

disincentives and administrative sanctions for Regional Heads [10].

Patient satisfaction is the level of one's feelings towards a service received. Patients will feel satisfied if the expected expectations are met. Inappropriate service will also affect the level of customer/patient satisfaction. So as a service institution, it is expected to be able to provide a level of service perfection so that it can create satisfaction in its customers/patients. The more satisfied patients, the higher the quality of services that must be provided.

Waiting time is the time used by patients to obtain health services from the registration point to entering the doctor's examination room. Patient waiting time is one part of the power to cause dissatisfaction. The length of patient waiting time represents how the hospital manages the service section that is tailored to the patient's circumstances and dreams [7].

Nowadays, people's complaints to doctors are increasingly being heard, this is due to the reduced time doctors provide to their patients, lack of smooth communication, reduced information given by doctors to patients/community, and high funding for treatment. If there are rights, of course there are obligations. In a therapeutic agreement between a patient and a doctor, the doctor prioritizes the patient's rights because of his humanitarian duty. But patients who have hoped for themselves from doctors, need to see the responsibility so that the relationship between doctors and patients must respect and trust each other well.

The expectations of today's society are very high, starting from human resources who are expected to be experienced, hospital facilities that comply with accreditation standards, and it is also important that hospitality and caring must be possessed by every hospital human resource. Currently, hospitals are required to fulfill the wishes of health service users by prioritizing patient safety and service quality.

RSUD Toto Kabila is a type C hospital in Bone Bolango district, has 14 types of services consisting of outpatient services, inpatient services, emergency services, maternal and child services, integrated intensive inpatient services, central surgery services, hemodialysis services, Pharmacy services, Radiology services, Lab services, Medical Check Up services, Physiotherapy services and Nutrition services. In outpatient services, RSUD Toto Kabila has 15 polyclinics. Prior to the Covid-19 pandemic, polyclinic services were open Monday–Saturday, from 08.00 – 12.00 WITA, but after the Covid-19 outbreak, polyclinic services were opened only Monday–Friday, from 08.00 – 11.00 WITA.

Table 1. SPM Survey 2020 in the Outpatient Unit of RSUD Toto Kabila

No	Mount	Waiting time	Patient Satisfaction
1	October	75,1%	91,3%
2	November	92,6%	91,5%
3	December	91,9%	89,2%

Source: Outpatient Unit of RSUD Toto Kabila

On November 23, 2020, researchers conducted a preliminary study at the Toto Kabila Hospital. It was found that the waiting time and patient examination time at the Toto Kabila Hospital Outpatient Installation reached 4 hours. The researcher also made observations with nurses in outpatient installations. It was found that the waiting time in the outpatient unit was 5–80 minutes, so there was a difference between the arguments of the patient and the nurse.

RESEARCH METHODS

This study uses a quantitative approach with a cross-sectional design.

The implementation time of this study starts from June-July 2021. The population of this study is the Outpatient Surgery Polyclinic with a total of 109 people, taken from the total outpatient visits in the last 1 month in 2017. 2020 at the Toto Kabila Hospital. To determine the sample in this study, it was calculated based on the calculation of the sample size using the Slovin formula, which was 52.15 respondents or rounded up to 52 respondents.

This study has independent variables (independent variables) and dependent variables (dependent variables). The independent variable (X) Waiting Time, is the variable that affects or causes the emergence of the dependent variable, while the dependent variable (Y) Patient Satisfaction is the variable that is affected or becomes the result of the independent variable.

The data analysis used in this research is univariate analysis and bivariate analysis. Univariate analysis in this study aims to explain or describe the characteristics of each research variable in the form of a frequency distribution table percentage. Bivariate analysis is the process of analyzing the relationship between two variables. To see the relationship between the independent variable (Waiting Time) and the dependent variable (patient satisfaction) the Chi-Square test was used.

RESEARCH RESULT

Univariat Analysis

Characteristics of Respondents

Based on data collection that has been carried out through questionnaires to 52 respondents at Toto Kabila Hospital, it shows that the results of the characteristics of the respondents in this study are the majority aged 30-39 years as many as 15 people (28.8%), female sex as many as 32 people (61.5%), 18 people (34.6%), and the type of work IRT are 23 people (44.2%).

Waiting Time

Table 2. Waiting Time Frequency Distribution

Waiting time	Total (N)	Percentage (%)
60 Minutes	38	73.1
≥ 60 Minutes	14	26.9
Total	**52**	**100**

Source: Primary data, 2021

Based on Table 2 it is known that the respondents are Outpatients of RSUD Toto Kabila, with a waiting time of 60 Minutes (Quick Category) 38 respondents with a percentage of 73.1% and 60 Minutes (Old Category) 14 respondents with a percentage of 26.9%.

Patient Satisfaction Based on 5 Dimensions

1. Frequency Distribution of Patient Satisfaction Based on *Reliability* Dimensions

Table 3. Frequency Distribution Dimensi on of *Reliability*

Patient Satisfaction	Total (N)	Percentage (%)
Very Dissatisfied	2	3,8
Not satisfied	4	7,7
Quite satisfied	11	21,2
Satisfied	20	38,5
Very satisfied	15	28,8
Total	**52**	**100**

Source: Primary data, 2021

Based on Table 3 Frequency distribution of Patient Satisfaction with *Reliability* Dimensions, it is known that the highest number is Satisfied with a total of 20 respondents with a percentage of 38.5%, while the lowest number is Very Dissatisfied with a total of 2 Respondents with a percentage of 3.8%.

2. Frequency Distribution of Patient Satisfaction Based on *Assurance* Dimensions

Table 4. Frequency Distribution Dimensi on of *Assurance*

Patient Satisfaction	Total (N)	Percentage (%)
Very Dissatisfied	3	5,8
Not satisfied	5	9,6
Quite satisfied	19	36,5
Satisfied	20	38,5
Very satisfied	5	9,6
Total	**52**	**100**

Source: Primary data, 2021

Based on Table 4 Frequency distribution of Patient Satisfaction *Assurance* Dimension, it is known that the highest number is Satisfied with a total of 20 respondents with a percentage of 38.5%, while the lowest number is Very Dissatisfied with a total of 3 respondents with a percentage of 5.8%.

3. Distribution of Patient Satisfaction Frequency Based on *Tangible* Dimensions

Table 5. Frequency Distribution Dimensi on of *Tangible*

Patient Satisfaction	Total (N)	Percentage (%)
Very Dissatisfied	8	15,4
Not satisfied	3	5,8
Quite satisfied	5	9,6
Satisfied	24	46,2
Very satisfied	12	23,1
Total	**52**	**100**

Source: Primary data, 2021

Based on Table 5 Frequency distribution of Patient Satisfaction *Tangible* Dimensions, it is known that the highest number is Satisfied with a total of 24 respondents with a percentage of 46.2%, while the lowest number is Dissatisfied with a total of 3 Respondents with a percentage of 5.8%.

4. Distribution of Patient Satisfaction Frequency Based on *Empathy* Dimensions

Table 6. Frequency Distribution Dimensi on of *Empathy*

Patient Satisfaction	Total (N)	Percentage (%)
Very Dissatisfied	8	15,4
Not satisfied	5	9,6
Quite satisfied	11	21,2
Satisfied	16	30,8
Very satisfied	12	23,1
Total	**52**	**100**

Source: Primary data, 2021

Based on table 6 the frequency distribution of patient satisfaction Dimensions *Emphaty* is known the highest number is satisfied with the number of 16 respondents with a percentage of 30.8%, while the lowest number is dissatisfied with the number of 5 respondents with a percentage of 9.6%.

5. Frequency distribution of patient satisfaction based on *Responsiveness* dimensions

Table 7. Frequency Distribution Dimensi on of *Responsiveness*

Patient Satisfaction	Total (N)	Percentage (%)
Very Dissatisfied	8	15,4
Not satisfied	3	5,8
Quite satisfied	15	28,8
Satisfied	22	42,3
Very satisfied	4	7,7
Total	**52**	**100**

Source: Primary data, 2021

Based on table 7 the frequency distribution of patient satisfaction *Responsiveness* Dimensions of responses is known the highest number is satisfied with the number of 22

respondents with a percentage of 42.3%, while the lowest amount is dissatisfied with the number of 3 respondents with a percentage of 5.8%.

Bivariate analysis

The effect of waiting time for doctor's services on patient satisfaction in the outpatient

Based on table 8 it is known that the perception of the waiting time is 60 minutes (fast) the satisfied category of 20 respondents with a presentation of 38.5% while the pre-waiting time perception is ≥ 60 minutes (old category) more than the standard patient category of 7 respondents with a percentage of 13.5%.

Chi-square calculation results The waiting time for patient satisfaction in Table 4.13 is P Value = 0,000 thus shows that the value of p value is 0.000 <0.005 meaning H0 is rejected and H1 received. So there was an effect of waiting time for doctor services on patient satisfaction at the Toto Kabila Road Outpatient Installation.

DISCUSSION

Univariate analysis

Waiting Time

Based on the results of the study table 2 that the results of the study time waiting for service doctors in the outpatient (52 respondents) was obtained that the standard waiting time for 60 minutes (fast category) was obtained as many as 38 people (37.1%) while the waiting time> 60 minutes (old category) There were 14 outpatient patients (26.9%).

Outpatient services with indicators of waiting time The service of the doctor in the outpatient is the time needed to start the patient to register until it is received / served by a specialist doctor, which is 60 minutes. Reviewed by minimal service standards (SPM) with indicators of waiting time for service in the outpatient [8].

Researchers argue that the patient's age is very influential in the health of health, because seeing patients with a young age, the service will take a quick time while in the elderly category, the examination is longer because it requires his family to help the patient carrying out a conduct.

Researchers also argue that the results of research that have been carried out on waiting time in institutions, especially service is an important thing to be carried out by a health officer. Especially hospital RSUD Toto Kabila, the waiting time of service doctors in the outpatient installation has met service standards with results> 70% of respondents declared according to SPM. The longer waiting for the doctor's service, the patient's satisfaction will drop.

This research is in harmony with the research conducted Bayu Setyo Nugroho, because of the effect of waiting time against patient satisfaction in the outbreak of outpatient units obtained by the previous researcher the majority of the perceptions about the standard waiting time of 60 minutes (fast category) of 37 respondents with percentage 52, 9% and> Category 60 minutes (more than standard) 33 respondents in the percentage 47.1% of 70 respondents [1].

While the results obtained by the researcher of the majority of 60 minutes waiting time standards (fast category) 38 respondents (37.1%). And wait time> 60 minutes (old) obtained 14 outpatients (26.9%).

Patient satisfaction in Toto Kabila RSUD Outpatient Installation

Satisfied or whether or not the diring patient is good or whether or not the service provided. The satisfaction of patients is blended on the quality of service given. Patients not only menounguk health services but also attend their health healing. Satisfaction also includes the friendliness of the Kssahtan

officers, and the comfort of hospital facilities and facilities that meet the standards [3].

Patient perception and patient expectations will raise satisfied and disappointed. Patients will be satisfied if the patient's preception is the same as their expectations, feel dissatisfied if the perception is smaller or not in accordance with expectations and will cause a very satisfied feeling if the patient's perceptions are greater than expectations**.** [5].

The results of the overall study showed that the level of patient satisfaction in the outpatient installation of RSUD Toto Kabila, the highest number of *Reliability* Dimensions was Satisfied with a total of 20 respondents with a percentage of 38.5%. In the *Assurance* Dimension, it is known that the highest number is Satisfied with a total of 20 respondents with a percentage of 38.5%. In the *Tangibels* dimension, it is known that the highest number is Satisfied with 24 respondents with a percentage of 46.2%. In the *Empathy* Dimension, it is known that the highest number is Satisfied with a total of 16 Respondents with a percentage of 30.8% and in the *Responsiveness* dimension the highest number is Satisfied with a total of 22 respondents with a percentage of 42.3%.

1. *Reliability*

   Based on table 3 Frequency distribution of Patient Satisfaction with *Reliability* Dimensions, it is known that the highest number is Satisfied with a total of 20 respondents with a percentage of 38.5%, while the lowest number is Very Dissatisfied with a total of 2 Respondents with a percentage of 3.8%..

   Reliability is measured from the accuracy, thoroughness, and certainty of the officers providing services. Given that time is something that is needed by every patient, it is necessary to pay attention to the waiting time again [8].

   Research results In the dimension of *Reliability* patients show a sense of satisfaction with the services of specialist doctors, and the doctor's notification of the type of disease clearly to the patient. Patient dissatisfaction in this dimension is because not all patients are given an introduction to prescriptions which makes patients less satisfied with service.

   This research is the same as Nur Laeliyah and Heru Subekti, *Reliability* The accuracy, thoroughness, and certainty of officers in providing services. Time is a very valuable thing so this must also be considered especially in the health sector [8].

   As a comparison, the results of this study are in line with research conducted by Nur Laeliyah and Heru Subekti, as many as 42 people with a percentage of 45.7% who said they were satisfied [8].

   While the results obtained by the majority of researchers Satisfied as many as 20 respondents with a percentage of 38.5%.

2. *Assurance*

   Based on table 4 Frequency distribution of Patient Satisfaction *Assurance* Dimension, it is known that the highest number is satisfied with the number of 20 respondents with a percentage of 38.5%, while the lowest number is very dissatisfied with the number of 3 respondents with a percentage of 5.8%.

   Assurance Related to knowledge and courtesy, friendliness of officers and doctors, security assurance so as to create confidence in the patient so that his needs are met [1].

   The results of this study In the *assurance* dimension, patients show satisfaction with the services of

administrative officers at the registration counter because they direct patients to the clinic according to patient complaints, and provide an opportunity to ask questions by doctors. Patient dissatisfaction in this dimension is that there are still officers who are not friendly and show a lack of smiles in carrying out services so that patients will feel that their satisfaction has not been achieved.

This research is supported by research Nur Laeliyah and Heru Subekti, Assurance is very much needed by patients, especially in how to carry out services which emphasize the ability of service providers and generate confidence and confidence in patients that the service providers, especially the staff, are able to meet the needs of their patients, provide services with certainty, and are free from doubts while allowing patients wait without a clear reason that can lead to a negative perception of the quality of service [8].

As a comparison, the results of this study are the same as the research conducted Nur Laeliyah and Heru Subekti, as many as 24 people who said they were satisfied with the percentage of 31.5% [8].

While the results obtained by the majority of researchers are satisfied with the number of 20 respondents with a percentage of 38.5%..

3. *Tangibels*

Based on table 5 Frequency distribution of Tangible Dimension Patient Satisfaction, it is known that the highest number is satisfied with the number of 24 respondents with a percentage of 46.2%, while the lowest number is not satisfied with the number of 3 respondents with a percentage of 5.8%.

Tangible dimension or tangible evidence includes a tangible display that attracts the patient's attention including the appearance of the staff, how neat their clothes are, and other means that can be seen directly by the patient [9].

The results of this study On the Tangibels dimension, patients showed a sense of satisfaction with the cleanliness and comfort of the polyclinic waiting room, doctor's examination room, and the neat appearance of doctors, nurses and administrative officers. Dissatisfaction in this dimension is the insufficient number of seats that require patients to wait for doctor's services outside the polyclinic.

This research is supported by research Nur Laeliyah and Heru Subekti, tangibles are very important in assessing the quality of service quality, especially in serving patients, what supports people's satisfaction is comfort in the physical appearance of health facilities or personnel [8].

As a comparison, this study is in line with research conducted by (Nur Laeliyah and Heru Subekti, 2017) as many as 29 people who stated that they were satisfied with the percentage of 31.5%. While the results obtained by the majority of researchers are satisfied with the number of 24 respondents with a percentage of 46.2%.

4. *Emphaty*

Based on table 6 Frequency distribution of Patient Satisfaction with the *Empathy* Dimension, it is known that the highest number is Satisfied with a total of 16 respondents with a percentage of 30.8%, while the lowest number is Dissatisfied with a total of 5 respondents with a percentage of 9.6%.

Empathy in addition to the drugs taken, health services also affect satisfaction, especially the friendliness of the officers. Patients want services regardless of class, ethnicity or race and religion [2].

The results of this study on the dimension of *Empathy* patients show a sense of satisfaction with the friendliness of doctors and the provision of services to patients who are not considered according to social status. Meanwhile, patient dissatisfaction in this dimension is that there are administrative staff who are not good and do not smile when serving patients so that patients will feel that their services are not being fulfilled.

This research is supported by research Nur Laeliyah and Heru Subekti, all patients must be considered, especially individually so that officers must try to fulfill it [8].

As a comparison, the results of this study are the same as those carried out by Nur Laeliyah and Heru Subekti, as many as 21 people who stated that they were satisfied with the percentage of 22.8% [8].

While the results obtained by the majority of researchers are satisfied with the number of 16 respondents with a percentage of 30.8%.

5. *Responsiveness*

Based on table 7 the frequency distribution of patient satisfaction Dimensions of *Responsiveness* is known the highest number is satisfied with the number of 22 respondents with a percentage of 42.3%, while the lowest amount is dissatisfied with the number of 3 respondents with a percentage of 5.8%

Responsiveness is the ability of nurses to meet the wishes of patients and families quickly and assist customers in providing services that include alertness and serving as well as handling customer desires [9].

The results of this study on the *Responsivenes* dimension, the patient showed satisfaction at the administration officer at the counter who was quick in registration, and the doctor served quickly without taking a break from the previous task because he checked a lot of patients. While dissatisfaction with this dimension is caused by the medical record file that has not arrived at the polyclinic so that the administrative officer at the polyclinic will wait until the file reaches the polyclinic, then the importation process will be carried out on the patient.

This research is supported by research Nur Laeliyah and Heru Subekti, *Responsiveness* is a commitment to provide fast service and the readiness of officers to serve patients, so that hospitals prepare hospitals before providing services, especially outpatient services [8].

As a comparison, the results of this study are in line with the research conducted Nur Laeliyah and Heru Subekti, as many as 24 people who stated that they were satisfied with the percentage of 26.1 [8].

While the results obtained by the majority of researchers are satisfied with the number of 22 respondents with a percentage of 42.3%.

Bivariate analysis

The effect of waiting time for doctor's services on patient satisfaction

Based on Table 8 it is known that the perception of waiting time of 60 minutes (Fast) category is satisfied as many as 20 respondents with a presentation of 38.5% while the perception of waiting time 60 minutes (Old Category) is more than the standard category of satisfied patients 7 respondents with a percentage of 13.5% . This is because most patients perceive satisfaction with the condition of comfortable and clean room facilities, the friendliness of the registration counter administration officers, officers directing patients according to their complaints, the process of taking patient medical records

is not complicated, and the tidiness of health workers. While the patient's perception is not satisfied with conditions such as the large number of patients queuing causing patients to accumulate at the registration counter, secondly the number of patients queuing is increasing every hour, thus slowing down service at the registration counter, and problems with internet connection disturbances resulting in prolonged waiting times. To overcome this problem at the Outpatient Counter of the Toto Kabila Hospital, it is better to add the number of administrative officers and add facilities and infrastructure in the form of computers for data input and printing of Patient Eligibility Letters and it will also be more effective if an on-line registration system is implemented.

In research waiting time is caused by several things, first the patient queues are long so patients have to wait, doctors are pending from work because previously they have examined many patients as a result, patients wait longer, patients come quickly compared to health workers and Finally, there was an error in the service, such as the medical record being tucked away, so the patient waited until the medical record was found and then the doctor examined it [6].

The waiting time for services at the hospital is a problem that must be taken into account because patients no longer need to wait long to get services so that patient satisfaction is met both patients and their families for the services provided by the hospital [8].

The research conducted (Dedi Fatrida, is not in line with this research. Previous researchers with a different analysis with the researcher but the results obtained by previous researchers showed that there was a sig effect between the independent variables on the dependent variable. dilakukan [2].

In this result there is a match between the results carried out by researchers with previous researchers because the results show that the effect of waiting time for doctor's services has an influence on patient satisfaction.

CONCLUSION

1. Based on the results of research on the effect of waiting time for doctor's services on patient satisfaction in the Outpatient Installation of RSUD Toto Kabila, the results of the hypothesis test that have been carried out show that there is an effect of waiting time for doctor's services on patient satisfaction with the sign value. 0.00 < 0.05, then H0 is rejected and H1 is accepted. So the researchers concluded that there was an effect of waiting time for doctor's services on patient satisfaction in the outpatient installation of Toto Kabila Hospital
2. There is an effect of the *Reliability* dimension on patient satisfaction with a percentage of 38.5% with a total of 20 respondents declared Satisfied.
3. There is an effect of the *Assurance* dimension on patient satisfaction with a percentage of 38.5% with a total of 20 respondents declared Satisfied.
4. There is an effect of the *Tangibles* dimension on patient satisfaction with a percentage of 46.2% with a total of 24 respondents stated Satisfied.
5. There is an influence of the *Empathy* dimension on patient satisfaction with a percentage of 30.8% with a total of 16 respondents declared Satisfied.
6. There is an effect of the *Responsiveness* dimension on patient satisfaction with a percentage of 42.3% with a total of 22 respondents stated Satisfied.

REFERENCES

[1] Bayu Setyo Nugroho. (2017). Pengaruh Waktu Tunggu Terhadap Kepuasan Pasien Di Unit Rawat Jalan Rumah Sakit Santa Clara Madiun Tahun 2017. *Skripsi*

[2] Dedi Fadrida, Andesma Saputra. (2019). Hubungan Waktu Tunggu Dengan Tingkat Kepuasan Pasien Dalam Mendapatkan Pelayanan Kesehatan. *Jurnal Aisyiyah Medika. Volume 4, Nomor 1. Palembang*

[3] Eriza Dinamika, Arifah Devi Fitriani,Deli Theo. (2020). Faktor Yang Memengaruhi Kepuasan Pasien Pada Instalasi Rawat Jalan Di Rsud Munyang Kute Redelong Bener Meriah Tahun 2019. *Journal of Healthcare Technology and Medicine Vol. 6 No. 2. Medan*

[4] Fitriyuli Mayasari. (2015). Analisis Hubungan Waktu Pelayanan dan Faktor Total Quality Service Terhadap Kepuasan Pasien di Poliklinik Kebidanan dan Kandungan RSIA Anugerah Medical Centre Kota Metro Tahun 2015. *Jurnal Administrasi Rumah Sakit. Volume 2 Nomor 3. Kota Metro*

[5] Made Ayu Lely Suratri, Tati Suryati, dan Vebby Amellia Edwin.(2018). Kepuasan Pasien terhadap Kualitas Pelayanan Pasien Rawat jalan Rumah Sakit di 7 Provinsi di Indonesia. *Jurnal Buletin Penelitian Kesehatan, Vol. 46, No. 4*

[6] Muhammad Rafdi akbar. (2016). Kepuasan Pasien Jaminan Kesehatan Nasional Terhadap Waktu Tunggu Di Puskesmas Dan Klinik Mitra BPJS. *Skripsi*

[7] Neti M. Bustani, A. Joy Rattu, Josephine S. M. Saerang. (2015). Analisis Lama Waktu Tunggu Pelayanan Pasien Rawat Jalan Di Balai Kesehatan Mata Masyarakat Propinsi Sulawesi Utara. *Jurnal e-Biomedik (eBm), Volume 3, Nomor 3. Sulawesi Utara*

[8] Nur Laeliyah, Heru Subekti. (2017). Waktu Tunggu Pelayanan Rawat Jalan dengan Kepuasan Pasien Terhadap Pelayanan di Rawat Jalan RSUD Kabupaten Indramayu.*Jkesvo (Jurnal KesehatanVokasional). Indramay*

[9] Omy Oini, Renata Komalasari, Shinta Yuliana Hasibuan.(2017). Tingkat Kepuasan Pasien Terhadap Pelayanan Keperawatan Di Unit Rawat Inap. *Staf Pengajar Fakultas Ilmu Keperawatan Universitas Pelita Harapan Vol. 5 No. 2, Jakarta Barat*.

[10] *Peraturan Menteri Kesehatan Republik Indonesia Nomor 4 Tahun (2019). Standar Teknis Pelayanan Dasar Pada Standar Pelayanan Mininmal Bidang Kesehatan*. Menteri Kesehatan Republik Indonesia. Jakarta