

## **Description Analysis of Patient Satisfaction Level With The Service Quality of The Outpatient Installation of The General Hospital, Dr. Zainoel Abidin Banda Aceh**

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### **ABSTRACT**

RSUDZA continues to improve the delivery of health services and continues to deliver innovative and scientific breakthroughs aimed at improving the level of quality and satisfaction. RSUDZA does not escape from various problems with distinct efforts in relation to improving services, which is not good for all the above efforts. One result is the low level of quality satisfaction, particularly with polyclinic services. The aim of this study was to analyze the description of the level of patient satisfaction, the quality of the service and the relationship between patient satisfaction and the quality of the service at the Polyclinic. This research is a quantitative approach to deductive mindset style research. The research was conducted from June to July 2020 in five polyclinics. Non-probability sampling with a purposeful sampling technique was the sampling method. Most research respondents rated satisfaction (81.2%) with RSUDZA polyclinic services with a range of SME 80.80 values and the overall mean level of conformity for the variable quality of service was 95 percent, with the highest reliability suitability (98.3 percent) and the lowest empathy level (98.3 percent) (92.2%). The Wilcoxon test results show that, with a p value of = 0.001, there is a significant difference between expectations and performance. Overall, RSUDZA services have a good level of satisfaction and quality. There are some elements that are missing, however. The relationship between patient expectations and the results obtained in the polyclinic service is important.

**Keywords:** Hospital, Satisfaction Level, Service Quality

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**BACKGROUND**

The hospital is an integral part of social and health organizations with the function of providing comprehensive services, healing or curative and disease prevention (preventive) to the community. Based on Law no. 44 of 2009 regarding RS, a hospital is a health service facility that aims to provide complete individual health services and is more focused on promotion, prevention without neglecting curative rehabilitative efforts in terms of inpatient, outpatient or emergency care (Biro Indonesian Ministry of Health Law, 2009).

The hospital itself is a form of government effort to accelerate the improvement of health status. Because of this, it requires hospitals to provide quality services under standards and can also reach all levels of society, so that the primary objectives of the hospital can be achieved (Permenkes RI No. 129 / Menkes / SK / II / 2008). Hospitals are required to always provide services according to the needs and desires of patients or prospective patients. The health services provided must be of better quality, faster handling of patients, relatively economical prices and also useful (Kemenkes RI, 2012).

Law (UU) No. 36 of 2009 on health emphasizes the importance of efforts to improve the quality of service to support the fulfillment of all the objectives as above, one of which is satisfying the expectations of patients for service to the conditions they are experiencing (Ministry of Health RI 2008; Law 36 of 2009).

Satisfaction itself is feeling disappointed or happy after comparing product results or performance perceptions with expectations (Budiawan and Efendi, 2016). Meanwhile, patient satisfaction is the level of conformity between patient expectations of ideal care and their perceptions of the genuine care they receive (Thornton, 2017; Stefanus 2015). Hospital service users, in this case the patient himself will demand quality service and it is not only about curing illness physically or improving his health status, but also regarding satisfaction with attitudes, always availability of facilities and infrastructure and a physical environment that will later provide a sense of comfort. (Supriyanto and Ernawaty, 2010).

Many factors influence patient satisfaction. Service quality factors also affect patient satisfaction. The quality of health services refers to the level of perfection of health services in creating a sense of satisfaction (Thornton, 2017; Stefanus 2015). The quality itself is the extent to which the services provided are under standard operating procedures. Meanwhile, the quality of health services itself is the degree or level that all community or individual needs are met for health services under good and correct professional standards and natural resources use that are reasonable, efficient, effective, and administered satisfactorily. (Mukti, 2007; Bustami, 2011; Herlambang, 2016).

Health services quality in hospitals is the final product due to complicated interactions and interdependencies between different components or aspects of the service (Mukti, 2007; Bustami, 2011; Herlambang, 2016). If the standard of living increases, the demand for quality of health, in particular the quality of health, will increase. This will require health service providers such as hospitals and health centers to improve the quality of services provided (Budiawan and Efendi, 2016).

There have been many studies in Indonesia on patient satisfaction. One of them was at Denpasar Bali Hospital Sanglah, conducted by Muninjaya (2004). In fact, 84.96% of respondents indicated they were not satisfied with the performance of hospital services. Most of the respondents commented on unfriendly nurses, unclean treatment rooms, inappropriate doctor visit schedules and inadequate parking facilities (Thornton, 2017; Stefanus 2015). The researchers assume that this condition is experienced not only in the Sanglah Hospital, but in almost all existing hospitals in Indonesia or the world, including the RSUDZA itself.

With a high number of visits and continues to increase, RSUDZA continues to improve the provision of general to specialized health services and continues to provide innovative and scientific breakthrough services to improve quality and achieve the highest level of satisfaction in the community, in particular Acehese (Kamil, 2011).

As a result, RSUDZA has made several efforts both to develop and improve technology and multi-professional human resources. With the various efforts to increase, there is a density both in terms of capital, manpower, technology and work, so there can be a lot of problems because of all the above efforts (Kamil, 2011). The low satisfaction of patients and the community with quality, especially in polyclinic services, is one result of the above-mentioned incorrect management product.

Based on the above problems, the problem of this research is how to analyze the description of the level of patient satisfaction with the quality of service at the Polyclinic RSUD dr. Zainoel Abidin Banda Aceh.

## METHODS

This research method is a quantitative research method with a deductive type of mindset. The research method approach is a survey method. Research conducted in five Polyclinics at the dr. Zainoel Abidin is a poly surgery, internal medicine, endocrine, neurology and heart. The study was conducted from June to July 2020. The sampling technique used a non-probability sampling method with a purposive sampling technique (Notoadmojo, 2012). In this study, the variables to be seen are the independent and dependent variables. The independent variable is the level of patient satisfaction at the polyclinic service seen from the IKM PERMENPAN RB 2017. The dependent variable of this study is the quality of service which consists of 5 dimensions or elements, namely direct evidence, assurance, empathy, reliability, responsiveness, data will be analyzed through univariate tests, bivariate and multivariate

## RESULT

Under the information in Table 1, most respondents came from cardiac poly, namely 108 respondents (28.3%), endocrine 86 people (22.5%), neurology 73 people (19.1%), internal diseases 59 people (15.4%), surgery 56 people (14.7%).

**Table 1** Number of Samples from Each Polyclinic

No	Polyclinic	Total	%
1.	Surgery	56	14,7
2.	Internal disease	59	15,4
3.	Endocrine Poly	86	22,5
4.	Neurology Poly	73	19,1
5.	Cardiac Poly	108	28,3
	<b>Total</b>	<b>382</b>	<b>382</b>

*Source: Primary Data (processed., December 2020)*

The general characteristics of the study, the largest age group, was 44-51 years old 176 respondents. Of the 382 respondents, 185 were male (48.4%) and 197 were female (51.6%). Most occupations are civil servants, 110 respondents (28.8%) with the most domiciles coming from Banda Aceh (37,4%)

**Community Satisfaction Index**

Based on table 2 below, there are several dimensions of Community Satisfaction Index (CSI) that get higher satisfied results, namely, requirements (84%), fees and tariffs (76.7%), products and types of services (74.9%), competence (75.9%) and infrastructure (81.2%).

Based on table 3, the majority are in the satisfied category, namely 310 people (81.2%) while 72 people are less satisfied (18.8%). The value of the CSI generally felt by patients dr. Zainoel Abidin is in the range of the IKM value of 80.80.

**Table 3.** Frequency Distribution of Patient Satisfaction at the Polyclinic Hospital dr. Zainoel Abidin, December 2020 (n = 382)

No	Satisfaction Level	N	%
1	Less satisfied	72	18.8
2	Satisfied	310	81.2
	Total	382	100.0

**Table 2.** Distribution of Frequency of Patient Satisfaction by Dimension in Polyclinic of RSUD dr. Zainoel Abidin in 2020 (n = 382)

No	Dimension	Category	N	%
1	Requirements	Less satisfied	61	16.0
		Satisfied	321	84.0
		Total	382	100.0
2	Service systems and procedures	Less satisfied	323	84.6
		Satisfied	59	15.4
		Total	382	100.0
3	Service time	Less satisfied	308	80.6
		Satisfied	74	19.4
		Total	382	100.0
4	Fees and rates	Less satisfied	89	23.3
		Satisfied	293	76.7
		Total	382	100.0
5	Products and types of services	Less satisfied	96	25.1
		Satisfied	286	74.9
		Total	382	100.0
6	Practitioner competence	Less satisfied	92	24.1
		Satisfied	290	75.9
		Total	382	100.0
7	Practitioner behavior	Less satisfied	314	82.2
		Satisfied	68	17.8
		Total	382	100.0
8	Complaint means	Less satisfied	295	77.2
		Satisfied	87	22.8
		Total	382	100.0
9	Facilities and infrastructure	Less satisfied	72	18.8
		Satisfied	310	81.2
		Total	382	100.0

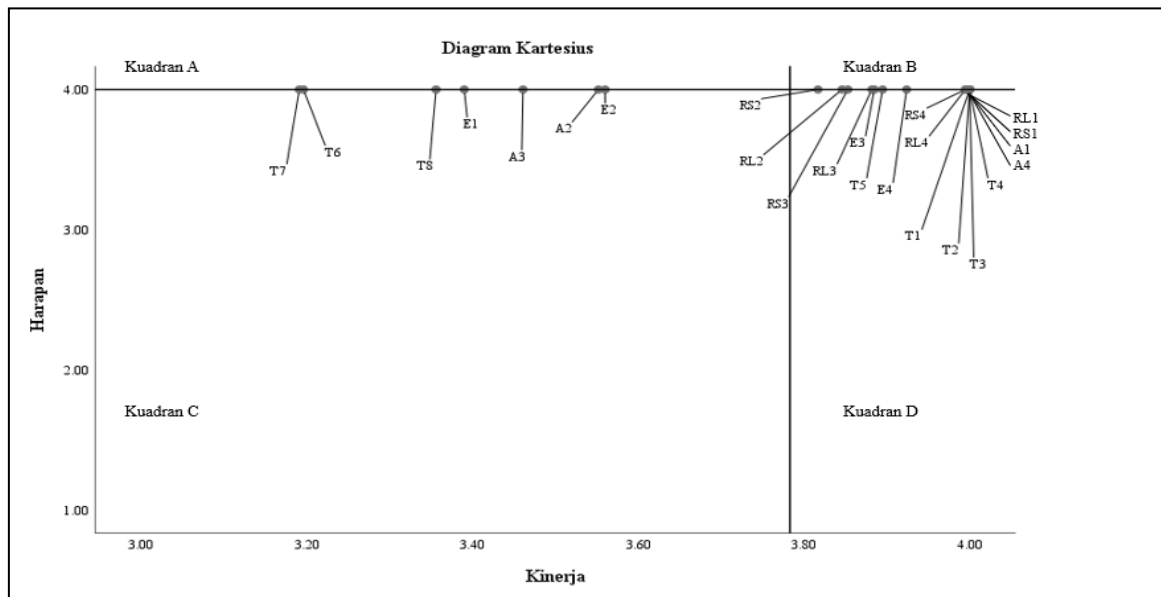


Figure 1. Variable Cartesian Diagram Reliability, Assurance, Tangible, Emphaty, Responsiveness

### Service Quality

Based on Table 4, the service quality at the RSUDZA Polyclinic according to the view of most patients assessed the quality of service in the good category, 295 people (72.2%) while the quality of service was not good 87 people. (22,8%).

**Table 4.** Distribution of Service Quality Frequency at the Polyclinic RSUDZA in 2020 (n = 382)

No	Service Quality	N	%
1	Less Satisfied	87	22.8
2	Satisfied	295	72.2
Total		382	100.0

Source: Primary Data (processed., December 2020)

**Table 5.** Quality Compliance Level

Variable	Mean Expectations	Mean Performance	Level of Suitability
Reliability	4	3,931	98,3%
Assurance	4	3,753	93,8%
Tangible	4	3,705	92,6%
Emphaty	4	3,690	92,2%
Responsiveness	4	3,916	97,9%
Overall Mean	4	3,799	95%

Source: Primary Data (processed., December 2020)

Based on table 5, the overall level of conformity of the service quality variable is 95%, with the highest suitability being the element of reliability (98.3%) and the lowest suitability of the empathy variable (92.2%). Gap analysis was conducted to determine the gap in expectations and service quality. The results show that overall there is still a quality of service that does not match the patient's expectations. The existence of a negative value with the largest gap in the empathy variable (-0.310). In the empathy variable, the attribute of the

registration officer who is friendly when serving patients is the attribute with the highest gap, namely -0.61.

### Different Performance Importance Test

I conducted different tests to determine whether there was a significant difference between patient expectations and RSUDZA performance. The data included in this difference test were the mean variable attributes got from 382 respondents. The Wilcoxon test shows that there is a significant difference between expectations and performance ( $p = 0,001$ ).

**Table 6.** Wilcoxon Test

Test Statistics <sup>a</sup>	
	Expectations - Performance
Z	-3.622 <sup>b</sup>
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

### IPA Analysis

In the IPA analysis, the mean of each attribute in each of the expected and performance variables will be mapped to the Cartesian diagram to determine the priority scale of the attributes. Figure 1 shows the results of the seven attributes in quadrant A and the 17 attributes in quadrant B.

### Bivariate Analysis

In order to determine whether or not there is a relationship between patient satisfaction and quality of service at the Polyclinic RSUD Dr. Zainoel Abidin Banda Aceh, a bivariate analysis will be carried out using chi-square statistics, the results of the analysis are presented below.

**Table 7.** Satisfaction and Quality Relationship

No	Relationship	P Value	OR
1	Service Requirements With Service Quality	0.002	2.431
2	Systems, Procedures With Service Quality	0.012	2.957
3	Service Time With Quality Service	0.006	2.846
4	Costs and Rates with Quality of Service	0.002	2.262
5	Products and Types of Service with Quality of Service	0.002	2.250
6	Implementer Competence with Service Quality	0.004	2.124
7	Implementer Behavior With Service Quality	0.007	2.979
8	Complaints and Suggestions with Quality of Service	0.023	2.131
9	Facilities and Infrastructure with Quality of Service	0.013	1.882

**Table 8.** Multivariate Regression Analysis Results Logistics

Variable	B	P. Wald	OR	95 % CI
Requirements	0.922	7.503	2.431	1.300-4.862
Systems and procedures	0.618	1.286	2.957	0.638-5.392



Variable	B	P. Wald	OR	95 % CI
Service time	0.155	0.104	2.846	0.455-2.991
Service fees and charges	0.684	2.545	2.262	0.855-4.593
Products & service types	0.108	0.064	2.250	0.484-2.566
Implementing competence	0.102	0.064	2.124	0.410-1.991
Implementing behavior	1.112	4.402	2.979	1.076-8.584
Complaints and suggestions	0.500	1.492	2.131	0.739-3.681
Facilities and infrastructure	0.267	0.794	1.882	0.76-2.349

Based on table 8 above, the Log-Likelihood significance is  $\leq 0.05$  ( $P = 0.0$ ). The variables that are excluded, starting with the largest p-Wald value in each analysis model so that the process from the next model analysis the largest p-Wald variable is not included anymore.

**Table 9.** The Final Model of Multivariate Analysis

Variable	B	P. Wald	OR	95 % CI
Requirements	0.922	7.503	2.431	1.300-4.862
Systems and procedures	0.618	1.286	2.957	0.638-5.392

Under table 9 above, there are 2 most related satisfaction variables, namely requirements, systems and service procedures. Thus the variable requirements, systems and service procedures, fees and rates and the behavior of the implementers at the Polyclinic RSUD dr. Zainoel Abidin Banda Aceh.

## DISCUSSION

### Description of Patient Satisfaction

Based on results, 321 (81.2 per cent) of the respondents feel satisfied with the elements of the requirements that benefit the polyclinic. Based on the Regulation of the Minister of PAN and RB Number 14 2017 on the Guidelines for the Preparation of Community Satisfaction Surveys, it states that requirements are requirements that must be met when administering a type of service, both in terms of technical and administrative requirements (Kemenpan RB, 2017).

Based on the results, the satisfaction of the patients with the elements of the polyclinic service procedure is that 59 (15.4%) respondents feel satisfied. Pursuant to PAN and RB Regulation No. 14 of 2017, procedures are standardized service procedures for service providers and recipients, including with complaints (Kemenpan RB, 2017).

Based on the results that 74 (19.4%) of the respondents were satisfied with the service in the work unit in terms of time to polyclinic service. Pursuant to the Regulation of the Minister of PANRB Number 14 of 2017, the completion time is the period for the completion of the service process for each type of service that exists. (Kemenpan RB, 2017).

It is known that the patient's satisfaction with the cost of services using the polyclinic is 293 (76.7%) of respondents who feel satisfied with the service at the unit. Based on the Regulation of the Minister of PAN and RB Number 14 of 2017, fees are fees charged to service recipients in managing and / or obtaining service providers, the amount of which is determined based on an agreement (Kemenpan RB, 2017).

The patient's satisfaction with the service specification procedure that uses the polyclinic is 286 (74.9%) of respondents who feel satisfied with the service in the work unit. Based on the Regulation of the Minister of PAN and RB No. 14 of 2017, Regarding the Guidelines for Preparing a Community Satisfaction Survey, it is stated that the product specifications for the type of service result from services provided and received according to the provisions (Kemenpan RB, 2017).

68 (17.8%) of the respondents are satisfied with the behavior of executors who use poly. Based on the Regulation of the Minister of PAN and RB No. 14 of 2017, the behavior of the executor is the attitude of the officers in providing services (Kemenpan RB, 2017). From the results of the analysis, the patient's satisfaction in handling complaints, suggestions, and input is 86 (22.8%) respondents feel satisfied with the service of the work unit. Based on the Regulation of the Minister of PAN and RB Number 14 of 2017, handling complaints, suggestions and input is the procedure for implementing complaint handling and follow-up (Kemenpan RB, 2017).

Patient satisfaction in terms of facilities and infrastructure that use the polyclinic is 310 (81.2%) of respondents who feel satisfied with the service in the work unit. Based on the Regulation of the Minister of PAN and RB Number 14 of 2017, means are anything that can be used as a tool in achieving goals and objectives. Infrastructure is everything that supports a process implementation (Kemenpan RB, 2017).

### **Service Quality Description**

Based on univariate analysis (Table 4), the service quality at the polyclinic is in the good category 310 (81.2%). In this study, based on the results of the Wilcoxon statistical test (Table 6), there was a significant difference between expectations and performance with a value of  $p = 0.001$ . Here, the quality of services received by patients based on the perception of expectations is statistically different from the performance of services received. This is consistent with research conducted by Imran et al., where there was a significant relationship between the quality of health services based on quality indicators and patient satisfaction where each  $p$  value was 0.000 (Imran, 2018). From these results, overall, there is still service quality that is not under patient expectations. We can see this from the existence of a negative value in the table, with the biggest gap in the empathy variable (-0.310), where the attribute of registration officers being friendly in serving patients is the highest gap attribute, specially -0.61. In this study, reliability is a variable of quality or performance with the highest average suitability of expectations, namely 98.3%. These results are in line with the research of Atmawati et al, where it was found that the variable reliability (reliability) will have a positive effect on patient satisfaction.

The results above are also under the results of the IPA analysis. In the IPA analysis, the mean of each attribute of the expected and performance variables illustrates the priority scale of each attribute. From the Cartesian diagram above, there are seven (7) attributes that are in quadrant A. According to the assumptions of the researchers, there is empirical evidence regarding the powerful influence between the attitudes and ethics of medical staff and doctors on patient satisfaction levels. These two factors are known to be more prominent in health services where it is difficult to judge the technical outcomes of these services.

### **Satisfaction and Quality Relationship**

Table 7 shows, that there was a significant relationship between IKM and service quality. The research results above are under the results of previous research. Based on several library studies that discuss the problem of satisfaction, the process of forming the



satisfaction of service recipients is not very consensus, both general and health services. In summary, there are several causes that shape satisfaction, including description, values, expectations, perceived functional quality and also the technical health services received by patients (Anderson & Fornell, 2000).

In the bivariate analysis, there are four independent variables that are statistically related to the dependent variable, namely, incentives, supervision, work facilities, and work motivation. Whereas in the modeling of the determinants of the variables most related to employee performance, of the four independent variables that met the requirements, namely P. value  $\leq 0.25$  to enter the multivariate test candidate model and it turned out that only 4 variables were most statistically related to the dependent variable, namely: incentives, supervision, work facilities, and motivation. Based on the above discussion, individual characteristics are not known to be significantly related to performance.

Based on the variable organizational characteristics, incentives, support and work facilities have a significant relationship with employee performance. While the psychological characteristics variable has one variable, namely: motivation which has a significant relationship with employee performance. From the results of the multivariate analysis, the incentive variable is the variable that has the most significant relationship statistically with the employee performance of the Banda Aceh Regional Hospital.

## CONCLUSION

The majority of research respondents rated satisfied (81.2%) with services at the polyclinic of dr. Zainoel Abidin Banda Aceh with the IKM value range of 80.80. The overall mean level of conformity for service quality variables is 95%, with the highest suitability being reliability (98.3%) and the lowest being empathy (92.2%). In the empathy variable, the attribute of registration officers being friendly in serving patients was the attribute with the highest gap, namely -0.61. The Wilcoxon test results show that there is a significant difference between expectations and performance with a value of  $p = 0.001$ . There are seven attributes in quadrant A and 17 attributes in quadrant B and there are no attributes in the study that occupy quadrant C and D. There is a significant relationship between the dimensions of service requirements ( $p$  value = 0.002, OR = 2.4 (95% CI: 1.353-4.366) with service quality. There is a significant relationship between the system and service procedures ( $p$  value = 0.012, OR = 2.957 (95% CI: 1.225-7.135) with service quality. There is a significant relationship between service time ( $p$  value = 0.006, OR = 2.846 (95% CI: 1.309-6.190) with service quality. There is a significant relationship between costs and rates ( $p$  value = 0.002, OR = 2.262 (95% CI: 1.339-3.821) with service quality. There is a significant relationship between the dimensions of the product type of service ( $p$  value = 0.002, OR = 2,250 (95% CI: 1,345-3,766) with service quality. There is a significant relationship between the dimensions of implementing competence ( $p$  value = 0.004, OR = 2.124 (95% CI: 1.261-3.577) with service quality. There is a significant relationship between the behavior of the implementer ( $p$  value = 0.007, OR = 2.979 (95% CI: 1.309-6.780) with service quality. There is a significant relationship between complaints on facilities ( $p$  value = 0.023, OR = 2.131 (95% CI: 1.098-4.136) with service quality. There is a significant relationship between the dimensions of facilities and infrastructure ( $p$  value = 0.013, OR = 1.882 (95% CI: 1.140-3.1305) with service quality. There is a significant relationship between patient satisfaction and service quality with a P. value  $< 0.25$ . There is a significant difference between the description between the expectations and the reality of service quality with a value of  $p = 0.001$ . There are respondents who have high motivation 3 times (95% CI: 0.484-2.566) have a good performance compared to respondents with low motivation to work. Respondents at

work get good supervision from their direct superiors and have a good performance at work 3.1 times (95% CI: 1.248-7,755) compared to employees who lack supervision. Employees who get incentives are not in accordance with work results have a poor performance at work 2.99 times (95% CI: 1,239-7,263) compared to employees who get incentives. The incentive variable (P. value = 0,000) is the most dominant variable related to employee performance at RSUDZA Banda Aceh

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