



## The Comparative Analysis of Inpatient Service at Public Hospitals and Private Hospitals in Order to Improve Patient Satisfaction : A Literature Review

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**ABSTRACT.** Indicators of patient satisfaction in providing quality health services are measured based on the main dimensions of quality, namely reliability, responsiveness, assurance, empathy, and tangible. The five aspects of the quality dimension have not been applied to hospital inpatients, this is shown from data from the Indonesian Ministry of Health in 2018 that 60% of hospitals in Indonesia have not met the needs of efficient services and have not implemented acceptable and affordable service standards. The research method used in this research is a literature review study, by collecting several articles using online search sources through Google Scholar and journal databases, such as PubMed, Elsevier, and DOAJ. The results of the literature review of 8 articles show that private hospitals almost entirely perform better than public hospitals in all five dimensions, namely tangible, reliability, responsiveness, assurance, and empathy. However, the assessment also depends on the public and private hospitals where the researcher conducted the study. These dimensions of service quality are considered very important for healthcare facilities to improve patient satisfaction and provide optimal care in both public and private hospitals..

**Keywords:** Inpatient Service, Public Hospitals, and Private Hospitals

### INTRODUCTION

The hospital is a community institution which is a community instrument whose focal point is to coordinate and deliver patient services to the community, based on this the hospital can be seen as an organized structure that combines together all health professions diagnostic facilities, therapies, tools and supplies and physical facilities into a coordinated system to

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deliver health services to the community. Hospital is a health care institution that organizes a comprehensive individual health service that provides inpatient, outpatient, and emergency services (Depkes, 2009). Based on its ownership, UU Republik Indonesia No. 44/2009 separates hospitals in Indonesia into two types: public hospitals and private hospitals. Public hospitals are hospitals managed by the government (including local governments) and other legal institutions that are non-profit. Meanwhile, private hospitals are hospitals managed by a legal institution with profit in the form of a limited liability company or persero (Nova, Rizqi, 2016).

Inpatient care is a health service to patients for the purposes of observation, diagnosis, nursing care, treatment, rehabilitation, medical, and other health services by staying in the treatment room. In addition, hospitalization can also be defined as a treatment action carried out routinely by patients under the supervision of a medical team in the treatment room and allowed to go home after being declared healthy by the medical team (Anandyta, 2020). Hospital inpatient units are health care facilities that provide nursing and treatment services to patients on an ongoing basis for more than 24 hours. The main function of inpatient care is to provide services to patients for diagnostic and therapeutic as well as various diseases and health problems, whether surgical or non-surgical (Widayati, 2019).

Satisfaction related to healing from illness. Patient satisfaction is a subjective assessment of the quality of services provided by health agencies. The factors that influence patient satisfaction are quality of products or services, emotional factors when there is a special advantage, the patient will feel proud, satisfied and amazed at the hospital, and cost. Patient satisfaction is in line with the concept that healthcare needs to create other innovations to compete among other health services. In addition, patient satisfaction can be a reference for development and improvement for the health service institution (Pękacz et al., 2019).

According to Parasuraman, et al, (1985) in Tjiptono, (2001: 70), indicators of patient satisfaction in providing quality health services are measured based on the main dimensions of quality, which are reliability, responsiveness, assurance, empathy, and tangible. Maximum service quality in the inpatient unit is inseparable from all facilities provided by the hospital, and is also influenced by medical, paramedical and non-medical services, of which the three factors are an inseparable part of the factors that can provide satisfaction to hospitalized patients in the hospital. However, in reality the five aspects of the quality dimension have not been fully implemented in hospital inpatient services. The five aspects of the quality

dimension that have not been applied to inpatients in hospitals are shown from data from the Indonesian Ministry of Health in 2018 that 60% of hospitals in Indonesia have not met the needs of efficient services and have not implemented service standards that are acceptable and affordable. In the same statement, the Director General of Medical Services of the Ministry of Health, said that approximately 20% to 40% of more than 1,000 hospitals are inadequate in improving service quality or have not implemented minimum service standards.(Aisyah & Wahyono, 2021).

Based on research (Andrilia, 2016), there are differences in patient satisfaction in public and private hospitals. It was shown by the results of the T-test that the level of satisfaction of patients hospitalized in public hospitals was 108.08, while the level of satisfaction of patients hospitalized in private hospitals was 111.94. In this case, patient satisfaction is an integral part of health service quality assurance activities, which means that measuring the level of patient satisfaction must be an activity that cannot be separated from measuring service quality. Therefore, this study aims to determine whether there are differences in inpatient services in public and private hospitals.

## **RESEARCH METHODE**

The research method used in writing this article is a literature review study, which is a study used with the aim of analyzing based on the results of a search of various selected literature and from scientific sources so that it can become a conclusion and can even become an idea. new. The research search used to collect several literature articles used online search sources via Google Scholar and journal databases, such as PubMed, Elsevier, and DOAJ. This database indexes various international journals. Some of the articles that have been selected for this writing are articles that discuss material with the keywords namely “Inpatient service”, “public hospitals”, and “private hospitals”. The scientific articles obtained are then selected based on predetermined inclusion criteria, namely articles selected with the year of publication between 2018 and 2022, articles published in Indonesian and English, as well as with discussion of material regarding the comparative analysis of inpatient service at public hospitals and private hospitals. The author has reviewed the articles and the results obtained were 8 articles. The articles obtained have been assessed for their feasibility, namely based on the relevance of the material or topic of the article discussed, the language used, the completeness of the text of the article, open access journals, the article already has an

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International Standard Serial Number (ISSN) as a guarantee for the quality and quality of the article.

The article review process was carried out using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist method. The process includes making a table containing a summary of the contents of the article to be analyzed, the name of the author of the article, the year the article was published, the title of the research, the research method, and the results of the research. Then the data is analyzed by discussing the results of the table summary so that the discussion of the research results will become the basis for drawing conclusions from the literature review. The series of literature search processes has been summarized in Figure 1.

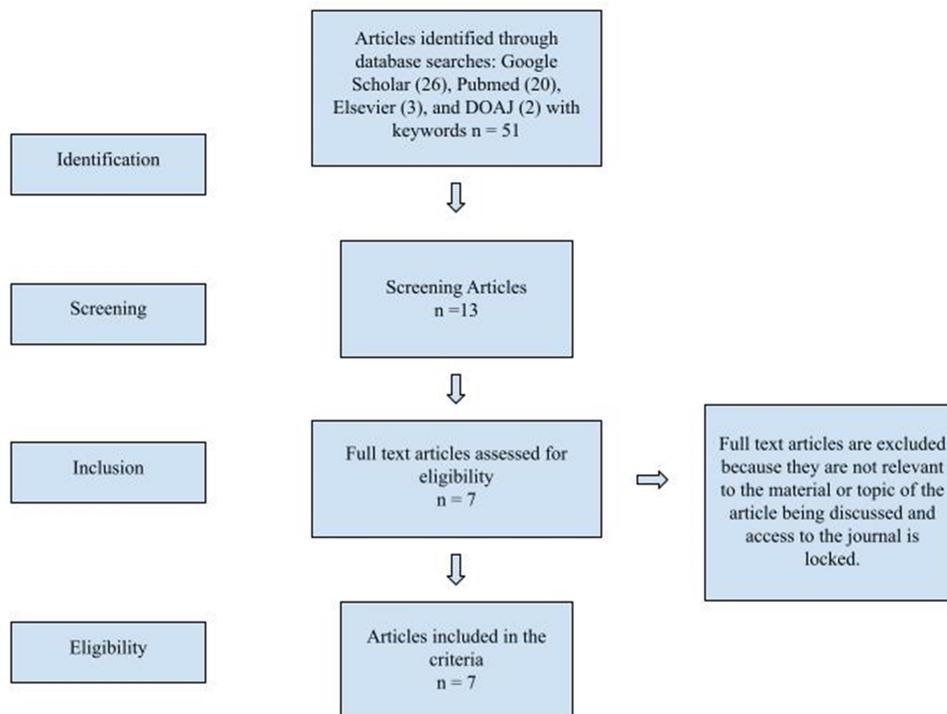


Figure 1. PRISMA Diagram

## RESULT AND DISCUSSION

No	Author, Year, Title	Place	Method	Conclusion
1.	Adongo, A. A., Azumah, F. D., & Nachinaab, J. O. (2021). <i>A comparative study of quality of health care</i>	Ghana	Data Envelopmen t Analysis (DEA) Model, Propensity	From the results of the study it was found that better health care services were provided by private hospitals. Public health service providers are advised to be able to improve

<i>services of public and private hospitals in Ghana</i>	Score Matching (PSM) Method, and Tobit Regression	the quality of their health services, this is because more people visit public health care to get lower health care costs.
2. Jing, R., Xu, T., Lai, X., Mahmoudi, E., & Fang, H. (2020). <i>Technical efficiency of public and private hospitals in Beijing, China: a comparative study</i> . International journal of environmental research and public health	China Data Envelopment Analysis (DEA) Model, Propensity Score Matching (PSM) Method, and Tobit Regression	There is a significant influence between patient satisfaction and several service quality variables, namely the reliability of health workers (0.018), health insurance (0.031), physical evidence in the form of available facilities (0.007), attention (0.022), and service responsiveness (0.039).
3. Salim, A. (2020). <i>Analisis Kualitas Pelayanan Rumah Sakit Negeri X dan Kualitas Pelayanan Rumah Sakit Swasta Y di Kota Pekanbaru</i> .	Pekanbaru, Indonesia Analytical research with a cross sectional approach	Based on the result of the research It can be concluded that the quality of inpatient services in private hospitals is good from the aspect of tangibles and reliability dimensions. It is proven that the hospital has a good, neat and complete spatial arrangement and medical equipment that functions properly. However, the dimensions of responsiveness, assurance, and empathy are still considered adequate because they have not fully met the needs of patients. While the quality of service of public hospital X has met patient expectations from the aspect of the assurance dimension. However, the quality of service of public hospital Y has a sufficient value in the dimensions of tangibles and reliability, so the hospital needs to make massive improvements.
4. Sahardid Hussein	Borama, Cross-	From the results of the study,

<p>Ibrahim, Hilal Mohamed Nor, Abdirahman Dahir Wais, &amp; Xiaomei Li. (2021). <i>“Patient satisfaction with in-patient hospital services in Public and Private Hospitals in Borama, Northwest Somalia”</i></p>	<p>Northwest Somalia</p>	<p>sectional study design</p>	<p>states that generally patients are satisfied with the hospital services obtained, with a higher level of satisfaction in private hospitals. Higher levels of satisfaction were found for inpatient procedures, nursing care and medical care. Then, lower levels of satisfaction were found with information delivery, patient autonomy and discharge and aftercare, especially in public hospitals.</p>
<p>5. (Mutiarasari et al., 2021). <i>“Patient satisfaction: Public vs. private hospital in Central Sulawesi, Indonesia”</i></p>	<p>Indonesia</p>	<p>Cross Sectionals</p>	<p>The results of this study indicated that the patient satisfaction level of all service elements in private hospitals was 79.27 (<math>\pm 6.64</math>) higher than those at public hospitals which only reached 75.15 (<math>\pm 12.02</math>). The comparative tests were carried out with the Mann–Whitney test, showing the results of P value = 0.000. Average overall satisfaction level was 75.99 (<math>\pm 11.28</math>), which fell into category B for service quality and “Good” for service performance. The highest level of satisfaction was in competencies, reaching 78.25 (<math>\pm 13.48</math>) and the lowest was in Handling Complaints, Suggestions and Feedback, reaching 73.90 (<math>\pm 14.01</math>). In all categories, the level of satisfaction fell into category B for service quality and “Good” for service performance</p>
<p>6. Linlin Hu, Bright P.Zhou, Shiyang Liu, Zijuan Wang, Yuanli Liu. (2019). <i>“Outpatient Satisfaction With Tertiary Hospitals In</i></p>	<p>China</p>	<p>Quantitative method with descriptive analysis</p>	<p>The results showed that patients with a migrant background, have a high income, are educated, and have health insurance show low satisfaction with outpatient services. In addition, elderly</p>

	China : The Role Of Sociodemographic Characteristics” (Hu et al., 2019)			patients also show low satisfaction with services. This is because they are less familiar with the technology contained in outpatient services.
7.	Alib Birwin, Erdil Kamri, Eva Yulia Faresty, Tamri, Buchari Lapau. (2020). “Service Quality and Outpatient’s Factors Affecting Their Satisfaction At The B Hospital In Indonesia” (Birwin et al., 2020)	Indonesia	Cross Sectionals	Based on the results of the study with the Cross Sectional Test, it was found that outpatient satisfaction was determined by four factors, namely hospital payments through insurance, responsiveness of health workers, tangible hospitals and health workers, and empathy from good hospital staff and workers.
8.	Meutia Dienul Anandyta. (2020). “Analisis Perbandingan Pengalaman Pasien Rawat Inap di Rumah Sakit Umum Daerah Haji Makassar dengan Rumah Sakit Stella Maris Makassar”	Makassar, Indonesia	Quantitative Methode with Cross Sectionals	Based on the results of the study, in 9 patient experiences based on the treatment process in the hospital, there are 4 dimensions of better patient experience in Stella Maris Hospital, namely in the variables of doctor service (97.8%), service coordination (86.1%), drug management (93.1%), and family and friend involvement (75.5%). Whereas at RSUD Haji Makassar there are 3 variables of better patient experience, namely, the condition of the treatment room (97.3%), emotional support (88.9%), and nurse service (97.4%). As for The good experience that is equally obtained from both hospitals, namely in the variables of hospital registration and information and communication.

### **Service Quality Based on Tangible Dimension**

The tangible dimension includes various forms and physical facilities that can be seen and used by hospitals in an effort to serve patients. This dimension refers to physical or material aspects that can be felt and observed by patients or service users. Such as physical facilities that include buildings, treatment rooms, waiting rooms, patient rooms, bathrooms, and other common areas; medical equipment that includes comfortable patient beds, blood pressure gauges, heart rate recorders, nebulizers, and so on; supplies and equipment that include blankets, pillows, clean towels, sleepwear, toiletries, telephones, televisions, or Wi-Fi access; healthy and nutritious food and drinks; information and communication; and cleanliness and sanitation of the hospital environment. This tangible dimension contributes to patient perceptions of inpatient service quality. Such as: good facilities, adequate medical equipment, and a clean and comfortable environment can provide a sense of security, comfort, and confidence to patients, and increase their satisfaction with the services provided.

Research conducted by (Adongo, A. A., Azumah, F. D., & Nachinaab, J. O., 2021) regarding A comparative study of quality of health care services of public and private hospitals in Ghana, obtained the results of the analysis of the tangible dimension in private hospitals has an average value of 6.44 significantly higher than the average value in public hospitals, namely 6.39. Based on the results of research (Salim, A., 2020) regarding the analysis of the quality of service of public Hospital X and the quality of service of Private Hospital Y in Pekanbaru City, the results of the analysis show that the quality of outpatient services of public hospital X and private hospital Y in Pekanbaru City based on the tangibles dimension of both public Hospital X and Private Hospital Y has a different value where public Hospital X gets an assessment related to the tangibles dimension, which is quite adequate at 66%, while Private Hospital Y is assessed by respondents from the tangible dimension, which is very adequate at 48%.

Research conducted by (Meutia Dienul Anandyta, 2020) regarding the comparison of inpatient experiences at the Makassar Haji General Hospital and Stella Maris Makassar Hospital obtained research results based on the tangible dimension of Stella Maris Hospital in the variables of doctor service (97.8%), service coordination (86.1%), drug management (93.1%), and family and friend involvement (75.5%). Whereas at the Makassar Haji General Hospital there are 3 variables of better patient experience, namely, the condition of the treatment room (97.3%), emotional support (88.9%), and nurse service (97.4%). Based on research (Adongo, A. A., Azumah, F. D., & Nachinaab, J. O., 2021) and (Salim, A., 2020)

show similar results, where the tangible dimension in public hospitals gets a lower percentage compared to private hospitals. In contrast to research conducted by (Meutia Dienul Anandyta, 2020) which found that public hospitals and private hospitals have an adequate percentage of tangible dimensions. The tangible dimension in the two hospitals is seen based on different variables.

### **Service Quality Based on Reliability Dimension**

Dimensional reliability includes the ability to provide services to the patient according to what promised by the hospital. Indicators of the reliability dimension where the hospital must be able to provide appropriate service to consumers or patients and can be trusted. This can be done by being on time according to a set schedule and not making frequent mistakes in providing services. Dimensions refers to ability to deliver services as per that has promised without a error and accuracy. Quality analysis results public and private hospital inpatient services in Ghana based on the reliability dimension of the public and private facilities, the overall mean value of 6.65 for private facilities was high above the total mean value of 6.52 for public facilities. Quality has the maximum average mean value of 6.69 in the private facility compared to the total mean value of 6.01 in the public facility. The impact of reliability, patients considered the reliability of the facility in terms of the ability to perform commitment services efficiently and consistently prior to the selection of health facilities. it is shown that the more secure the public facility is, the less likely it is that a patient would be in private facilities relative to the public.

### **Service Quality Based on Responsiveness Dimension**

Indeed, every human being needs service, even in the extreme it can be said that service is inseparable from human life. According to the *World Health Organization (WHO)*, the health system has one goal, namely providing *responsiveness* services, namely how health service providers can properly meet the expectations of the population in non-medical aspects of health services. The responsiveness dimension includes wanting to help the patient and being responsive to what the patient needs. *Patient responsiveness* can be used as one of the tools in determining the high and low performance of health services in hospitals from the dimension of human resources.

The results of research conducted by (Setiawan et al., 2018) show that the *responsiveness* of health workers such as clarity of information and speed of service time has a significant relationship in the strong category with the level of patient satisfaction in the

Inpatient Room at RSD Balung Jember. Based on the results obtained from previous research (Mutiarasari et al., 2021), it was also stated that friendly, neat, clean health workers are one of the indicators of patient satisfaction undergoing treatment at the hospital. In addition, service providers in hospitals that match what patients need are also an indicator of patient satisfaction in undergoing treatment at the hospital. This is because the quality of service in the dimension of *responsiveness* can be seen from 8 domains according to WHO in (Orianti et al., 2020), namely respect for the dignity of people, autonomy to participate in health-related decisions, confidentiality, prompt attention, adequate quality of care, communication, access to social support networks, and choice of health care providers.

Based on the results found in a study (Hussein Ibrahim et al., 2021) which examined the comparison of the quality of inpatient services in private and public hospitals in Borama, northwestern Somalia, it showed that in private hospitals the average score regarding the dimensions of communication and information was 3.12. Meanwhile, for public hospitals, the average score regarding service dimension information was 2.27. This shows that the highest quality of communication and information dimensions is obtained in services provided by private hospitals in Borama, northwestern Somalia. However, in a study conducted by (Salim, 2020) which examined the Analysis of Service Quality of public Hospital X and Service Quality of Private Hospital Y in Pekanbaru City showed different things. In terms of responses obtained from services at Private Hospital Y and public Hospital X, it shows that the response of health service workers in public hospitals is higher at 50.83% compared to private hospitals at 45.83%. This is because some indicators state that the quality of service in private hospital Y is said to be still sufficient because it is seen in the patient's assessment of the nurse's responsiveness indicator to help patients and the doctor's responsiveness to the development of the disease suffered by the patient.

### **Service Quality Based on Assurance Dimension**

The assurance dimension includes a sense of security and comfort that consumers feel or receive. This relates to the knowledge, courtesy and trustworthy nature of the officers, so that consumers feel free from existing risks. According to Gonross's theory (2000) in (Puspa & Bangkele, 2018) states that assurance is one of the criteria for assessing service quality for services, where customers consider that the knowledge and skills of employees of a service provider are needed in handling a consumer problem professionally. Based on research (Datuan et al., 2018) consumers expressed comfort with the appearance of attractive and clean officers, as well as the cleanliness of medical equipment in the treatment room.

Consumers expressed discomfort with the condition of the treatment room which was only cleaned once a day and the facilities in the treatment room which were damaged and not repaired.

The quality of service based on the assurance dimension in public hospital X in terms of information centers that serve patients in a friendly and polite manner gets a low rating while the doctor of public hospital X maintains the confidentiality of the patient's medical history and identity unless there is a special request with sufficient value and the quota of inpatient rooms that are always available is rated low, which means that the quality of service based on these indicators has not met the expectations of public hospital X patients. Meanwhile, in terms of the doctor in charge having an educational background that is in accordance with the patient's illness, public hospital X maintains environmental safety is considered good enough, which means that the quality of service based on these indicators is ideal according to public hospital X patients.

Service quality based on the dimensions of assurance in private hospital Y such as the doctor in charge has an educational background that is in accordance with the patient's illness, the information center serves patients in a friendly and polite manner, the private hospital Y maintains the confidentiality of the patient's medical history and identity unless there is a special request and the inpatient room quota is always available has a sufficient value, which means that the quality of service based on the guarantee dimension has not met the expectations of private hospital Y patients. Meanwhile, in terms of private hospital Y maintaining environmental security has a good value, which means that the quality of service based on these indicators is in accordance with the expectations of private hospital Y patients.

### **Service Quality Based on Emphaty Dimension**

Empathy is a tool for measuring service quality based on a multi-item scale designed to measure customer expectations and perceptions, as well as gaps that occur in health facilities. Empathy includes the ease of carrying out good communication relationships and understanding customer needs. In research conducted by Kristanti (2016), it was explained that the dimensions of empathy in service have a positive and significant influence on satisfaction. The empathy dimension includes genuine concern for patients. In the research conducted at Hospital X and Hospital Y in the city of Pekanbaru, five questions were asked of respondents regarding the quality of outpatient services at the two hospitals. The results obtained state that Hospital X has a smaller value compared to Private Hospital Y, which

indicates good assessment of service quality based on the empathy dimension. Judging from the empathy dimension, Private Hospital Y has health workers who are always available at health service posts when patients need them, provides convenient means of contacting doctors, and offers ease of patients contacting the hospital administration to find out room quotas. These aspects were assessed well by the respondents, indicating that patient care needs are being met effectively.

## **CONCLUSION AND SUGGESTIONS**

Conclusion the article discusses various dimensions of service quality in healthcare, including tangibility, reliability, responsiveness, assurance, and empathy. According to the research findings, private hospitals generally perform better than public hospitals in terms of tangible dimensions. Private hospitals also tend to score higher in the reliability dimension, which influences patients' choice of healthcare provider. The responsiveness dimension focuses on the willingness and ability of healthcare providers to promptly and effectively meet patients' needs. Healthcare workers who demonstrate clear communication and timely service contribute positively to this dimension. Patients' assessment of the responsiveness dimension in private hospitals was rated favorably compared to public hospitals. However, there are other studies that found that public hospitals are better than private hospitals in the responsiveness dimension. The assurance dimension is related to the patient's sense of security and trust in the healthcare provider. Factors such as knowledgeable and courteous healthcare workers, confidentiality, and well-maintained facilities contribute to patient comfort and perceived quality. Patients' assessment of the assurance dimension in private hospitals was rated favorably compared to public hospitals. The empathy dimension was highlighted as very important for measuring healthcare quality. It involves effective communication, understanding patients' needs, and showing genuine concern to patients when providing care. The assessment of the empathy dimension on patients in private hospitals was rated favorably compared to public hospitals. It can be concluded that almost all assessment tools used to determine service quality between private and public hospitals show that private hospitals have a good reputation in providing health services, however, the assessment also depends on the public and private hospitals where the researcher conducted the study. Overall, these dimensions of service quality are very important for healthcare facilities to improve patient satisfaction and provide optimal care in both public and private hospitals.

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