

Integration of Hospital Service Quality Dimensions in Enhancing Patient Satisfaction and Trust

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ABSTRACT

The objective of this research is to analyze in depth how the integration of various dimensions of hospital service quality plays a role in building satisfaction and strengthening patient trust through a qualitative approach. This study employs a descriptive research type to capture service realities objectively through literature review data collection techniques from various relevant textbooks and scientific journals. Data analysis processes are carried out systematically through stages of data reduction, narrative data display, and conclusion drawing to provide a complete picture of the phenomenon being studied. Research results indicate that empathy and responsiveness dimensions become the most dominant factors in determining patient trust levels because these two aspects touch the psychological side of humans who are in a vulnerable condition. Hospitals perform integration through standardization of procedures across all units, improvement of physical facilities, and the use of information technology to accelerate administrative processes without losing the staff's personal touch. Main constraints faced by management include limited numbers of health workers and differences in perception regarding quality between medical staff and patients. Strategies to overcome these obstacles are carried out through regular human resource training, strengthening patient-oriented service culture, and continuous evaluation based on direct feedback from the community.

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1. INTRODUCTION

The phenomenon of healthcare service quality in the modern era has undergone a highly significant paradigm shift—from merely focusing on physical healing to encompassing a holistic care experience. Hospitals are no longer perceived as static medical institutions, but rather as service-oriented entities that must prioritize humanistic aspects and comfort for every individual seeking assistance. In reality, society today holds much higher expectations regarding how they are treated by

medical personnel as well as administrative staff. Dissatisfaction often arises not solely from failures in medical procedures, but rather from poor communication and a lack of empathy experienced by patients during their course of treatment (Agustina et al., 2025).

The healthcare sector in Indonesia faces significant challenges in balancing advances in medical technology with a warm, personal touch in patient care. Many healthcare institutions become trapped in rigid bureaucratic routines, thereby neglecting the psychological dimension that is actually a key factor in the healing process. Patients who feel emotionally neglected tend to form negative perceptions of the institution's overall performance, even when the clinical treatments provided are appropriate and effective. This issue becomes increasingly complex as widespread access to information enables patients to easily compare services across different healthcare providers through digital media (Cheryka et al., 2026).

Patient satisfaction is a multidimensional construct that emerges from the accumulation of numerous small interactions occurring across every unit of a hospital. Physical dimensions such as facility cleanliness, waiting room comfort, and the availability of advanced medical equipment indeed serve as tangible evidence of service quality. However, less visible aspects—such as staff responsiveness in handling complaints and the assurance of patients' medical data security—often have a deeper impact on their perceptions. Quality that is comprehensively integrated across all departments will create an environment that fosters a sense of security for patients who are in a vulnerable condition (Duran et al., 2026).

Public trust in medical institutions is an extremely fragile asset and difficult to rebuild once a breach of service commitment occurs. This trust does not arise instantly, but rather develops through consistent alignment between what is promised in service promotions and what is actually experienced during medical consultations. When patients feel that the hospital is honest about their health conditions and transparent regarding costs, a strong sense of loyalty is formed. This loyalty, in turn, encourages patients to confidently recommend the services to their close relatives without any hesitation (Fakhrussy et al., 2026).

The integration of service quality dimensions must be understood as an effort to synchronize the technical expertise of healthcare professionals with emotional intelligence in delivering care. All elements of the organization, from top management to frontline staff, need to share the same vision of positioning patients as the central subjects, rather than merely objects of medical treatment. A transformation in organizational culture oriented toward values of empathy will enable hospitals to better להתמודד the increasingly competitive healthcare industry. Ultimately, the success of a hospital will be measured by the extent of public trust it earns as a place capable of providing both emotional reassurance and physical healing.

The objective of this study is to conduct an in-depth analysis of how the integration of various dimensions of hospital service quality contributes to building patient satisfaction and strengthening patient trust through a qualitative approach. The researcher seeks to uncover internal strategies implemented by healthcare providers in aligning physical aspects, reliability, responsiveness, assurance, and empathy in order to create an ideal care experience. The findings of this study are expected to provide practical recommendations for hospital administrators in formulating service policies that are more humane and responsive to the emotional needs of patients.

2. METHOD

The research approach employed is a qualitative approach, which is a research procedure that produces descriptive data in the form of written or spoken words from individuals, as well as observable behavior. This approach positions the researcher as the key instrument who seeks to understand phenomena in their natural setting without relying on statistical procedures or quantification. The primary focus of this approach lies in uncovering the meaning behind observable realities in order to capture the essence of human experiences or complex social phenomena (Sugiyono, 2021). The use of a qualitative approach allows the researcher to explore the integration of hospital

service quality dimensions in depth through an interpretive perspective enriched with narrative explanations.

The type of research selected is descriptive, which is a form of research aimed at providing a systematic, factual, and accurate depiction of the facts and characteristics of a particular population or area. The researcher seeks to capture the conditions occurring in the field objectively, without applying any specific treatment or manipulation to the variables under study (Lasiyono & Alam, 2024). The main characteristic of this descriptive research type lies in the collection of data that is subsequently organized, described, and analyzed to address the research problem being examined. The application of this research type will assist the researcher in describing how patient satisfaction and trust are formed through the quality of services provided by the relevant healthcare institutions.

The data collection technique employed is a literature study conducted through the review of various reference sources, including textbooks and scientific journals relevant to the topic. The researcher explores credible literature to build a strong theoretical foundation regarding service quality variables and patient behavior. This process involves activities such as noting, copying, and processing research materials obtained from libraries and digital databases without conducting direct field observations. The presence of previous research journals serves as a vital source of information to compare findings and strengthen the arguments developed in this research report.

The data analysis technique is carried out through three main stages: data reduction, data display, and conclusion drawing or verification. Data reduction is performed by summarizing, selecting key points, and focusing on relevant aspects so that the data collected from the literature becomes more meaningful and manageable. Data display is then presented in the form of systematically organized narrative descriptions to facilitate a comprehensive understanding of the research. Finally, conclusion drawing involves interpreting.

3. FINDINGS AND DISCUSSION

The Integration Process of Hospital Service Quality Dimensions in Efforts to Comprehensively Fulfill Patient Expectations

The integration of the dimension of service quality in hospitals is understood as the process of unifying all service elements so that the patient experience runs continuously from one unit to another. The hospital not only assesses the quality from the medical aspect, but also from the entire service flow from the time the patient arrives, undergoes an examination, until the completion of treatment. The five dimensions that are commonly used as a reference consist of physical evidence, reliability, responsiveness, assurance, and empathy that are interconnected to form a single service system. According to Santoso et al. (2026), these five dimensions are the basis for the formation of a service experience that is in harmony with the patient's expectations at each service point.

The initial stages of integration generally focus on standardizing service procedures across hospital units. Operational standards are prepared so that each health worker, administrative staff, and supporting unit runs a uniform workflow. The preparation of the standard is directed to reduce differences in treatment between patients and minimize service errors. According to Sepriano et al. (2025), quality indicators such as service speed, accuracy of action, and consistency of service results are used as a common reference for all units so that service quality can be maintained.

The responsiveness dimension is often associated with the ability of service systems to respond to patient needs quickly. The service mechanism is directed so that patients can get help without waiting for a long time, either in the form of information or handling certain conditions. According to Laila (2024), responsiveness is closely related to patient satisfaction because it is directly related to the experience when receiving services, especially in situations that require an immediate response.

The empathy dimension is understood as a service approach that focuses attention to the patient's individual condition. Health workers are directed not only to be oriented to medical measures, but also to the psychological and emotional aspects of the patient. Easy-to-understand communication methods, respectful attitudes for patients, and clear delivery of information are part of service standards.

According to various study results, empathy plays a role in building patients' trust in hospitals because it reflects attention to patients' personal needs.

The dimensions of reliability and assurance are often linked to the level of consistency of service and the sense of security that patients feel. Reliability is reflected in the implementation of medical measures that are in accordance with procedures and can be accounted for. Assurance arises from the professionalism of health workers and the clarity of information provided to patients. According to Priyono & Adiprasetyo (2025), improving the competence of health workers through routine training and clinical audits is one of the factors that maintain the consistency of service quality in hospitals.

The dimension of physical evidence is related to the condition of service facilities such as cleanliness, space comfort, availability of medical equipment, and the use of supporting technology. A well-organized service environment affects patients' perception of hospital quality. Space planning, digital administration systems, and the completeness of facilities are part of supporting each other in forming a more structured service experience.

All of these dimensions are often linked through an evaluation system based on patient feedback. Patient satisfaction data is used as material to identify areas of the service that still need improvement. According to Setyagraha et al. (2026), the results of the evaluation are the basis for the development of service policies so that each unit continues to move towards improving the quality of service that meets the overall expectations of patients.

The Reason for the Dimension of Empathy and Officer Responsiveness is the Dominant Factor in Determining the Level of Patient Trust in the Midst of Modernizing Medical Facilities

Patients' trust in hospitals is not only formed from the sophistication of medical equipment or the luxury of facilities, but is greatly influenced by the way health workers treat patients as human beings. Empathy and responsiveness emerge as factors that are often more decisive because they are directly related to the patient's experience when they are in a vulnerable, anxious, and need certainty of service. When modern facilities are not balanced with a warm and responsive attitude, the emotional distance between patients and services can still be felt even though the service has developed technologically. This emotional relationship is the initial basis for the formation of trust (Ramadan, 2025, 2025).

Healthcare worker empathy creates a sense of understanding that cannot be replaced by any medical technology. Patients who feel heard, cared for, and treated humanely tend to have a better rate of acceptance of the medical measures given. Explanations delivered using simple language, attention to small complaints, and willingness to listen without rushing are forms of interaction that strengthen a sense of appreciation. This condition builds an emotional attachment that is the basis for long-term trust between patients and health services. Empathy is also often associated with increased patient satisfaction because it forms a stronger therapeutic relationship.

Responsibility of the officer has a big role because it relates to the speed and accuracy of the services that patients receive in situations that often require immediate treatment. Patients who are sick are in a sensitive psychological state, so small delays can trigger discomfort and decreased trust. Quick action in responding to complaints, providing information, and handling is an indicator that patients are prioritized. A swift response creates the perception that the service is serious and oriented to the patient's needs (Ginting et al., 2026).

The modernization of medical facilities has brought about a major change in patients' expectations for quality of service. More advanced equipment, digital systems, and improved infrastructure make patients expect a faster and more accurate service process. However, these conditions can cause gaps when the human aspect of service is not balanced. This situation shows that technological progress does not always go hand in hand with improving the patient's emotional experience if empathy and responsiveness are not optimally present.

Direct interaction between patients and healthcare workers is the most decisive part in building trust. Digital systems and medical technology only play a role as a support for the process, while human communication remains the main factor that patients feel. A clear explanation of the health condition, a calm demeanor, and concern for the patient's concerns often provide a greater sense of security than

the results of the technical examination. The patient's experience in receiving services is the main basis for assessing the quality of the hospital as a whole (Rahmi et al., 2025).

The emotional state of patients who are in a state of illness makes them more sensitive to any form of interaction with health workers. Waiting situations without clarity or lack of response can increase anxiety and weaken trust. On the contrary, quick action accompanied by a caring attitude can significantly reduce the level of anxiety. This shows that trust is not only influenced by the final outcome of treatment, but also by the experience felt during the service process.

The combination of empathy and responsiveness is the dominant factor because both work on the psychological aspects of the patient that cannot be replaced by medical technology. Modern facilities provide a sense of security technically, while empathy provides a sense of emotional security. Responsiveness ensures patient needs are met without delays that create doubt. The imbalance between the technological aspect and the human aspect can lead to a decrease in trust, while the balance of the two reinforces a positive perception of health services (Ului et al., 2025).

Obstacles Faced by Hospital Management in Aligning Technical Service Standards with Efforts to Increase Patient Psychological Satisfaction

Hospitals face challenges in reconciling procedural technical service standards with patients' psychological needs that tend to be subjective. Technical standards usually emphasize the accuracy of medical procedures, time efficiency, and regulatory compliance, while psychological satisfaction is more influenced by a sense of security, emotional comfort, and the quality of interaction between patients and healthcare workers. This difference in orientation often causes difficulties in creating a balance of services, because the success indicators of the two are not always in line (Maduratna et al., 2025).

Limited human resources are quite dominant obstacles in the alignment of these two aspects. The high number of patients that must be treated makes health workers focus more on medical procedures than on interpersonal communication aspects. This situation causes time to provide detailed explanations, listen to patient complaints in depth, or build emotional relationships to be limited. This condition can give rise to the perception of lack of attention even though technical services have been running according to procedures (Calundu, 2024).

Differences in how to assess the quality of service between medical personnel and patients are also a source of disparities. Health workers tend to judge the success of services by the accuracy of diagnosis, speed of action, and clinical outcomes achieved. Patients are more likely to judge based on personal experiences while receiving services, including comfort, clarity of information, and the attitude of the officers. These differences in viewpoints often lead to inconsistencies in the assessment of the same quality of service (Sepriano et al., 2025).

Administrative burdens and regulatory demands also put additional pressure on hospital management. The large number of operational standards, reporting, and quality indicators make health workers have to divide the focus between clinical and administrative work. This condition can reduce the intensity of direct interaction with patients, even though these interactions have a big role in building psychological comfort. The dominance of systems oriented towards procedural compliance often makes the humanist aspect less spaced (Maduratna et al., 2025).

The development of technology and modernization of health facilities brings new challenges in services. The use of digital systems and advanced medical equipment does increase efficiency and accuracy of actions, but it is not always able to replace patients' need for direct attention from healthcare workers. Some patients may feel emotional distance when services are more dependent on systems and devices, resulting in less personal connections. This condition affects the comfort and level of trust of patients (Amalia, 2026).

Keterbatasan dalam pelatihan tenaga kesehatan juga menjadi kendala yang memengaruhi keseimbangan pelayanan. Pelatihan sering lebih difokuskan pada peningkatan keterampilan teknis dan klinis dibandingkan kemampuan komunikasi interpersonal. Padahal kemampuan untuk

mendengarkan, berempati, serta menjelaskan kondisi medis secara sederhana memiliki pengaruh besar terhadap pengalaman pasien. Ketidakseimbangan ini membuat sebagian tenaga kesehatan belum optimal dalam memenuhi kebutuhan emosional pasien di tengah tuntutan layanan yang serba cepat (Ahmadi & Octory, 2026).

Another difficulty arises in the service evaluation system used by hospitals. Technical indicators such as service time, action success rate, and procedural compliance are relatively easy to measure quantitatively. Patient psychological satisfaction is more subjective in nature and is influenced by many situational factors so that it is difficult to measure uniformly. These differences in measurement characteristics make service improvement often more focused on technical aspects, while emotional aspects have not always received balanced attention (Laksita et al., 2025).

Efforts to align technical service standards and improve patient psychological satisfaction require fundamental changes in the way hospitals work that should no longer be solely fixated on the accuracy of medical procedures. The focus of management must begin to shift significantly to include the entire emotional experience felt by the patient during their time in the care environment from the first arrival to being allowed to go home. Strengthening the ideal service system usually starts with rearranging the entire workflow to ensure that every medical procedure remains accurate according to health protocols while still leaving room for warm human interaction. Scheduling and a more humane division of tasks help healthcare workers not get bogged down in rushed procedural routines so that they have the opportunity to build calm communication and provide a sense of confidence for patients who are feeling anxious (Sepriano et al., 2025).

Regular training of human resources is the main strategic step so that all health workers have qualified capacity to carry out technical tasks while meeting the psychological needs of patients. This competency development program usually includes mastering effective communication techniques, methods of explaining medical actions using simple language, to ways to handle patients who are experiencing mental distress or intense fear. Habituation through service simulation makes medical officers much more skilled in reading patients' emotional states without having to sacrifice the accuracy of medical actions that must be carried out according to applicable operational standards. This investment in human quality will result in staff who are not only intellectually and technically intelligent, but also have high emotional intelligence in dealing with a wide variety of patient characters (Hartati et al., 2025).

Strengthening the rapid response system to every patient complaint is an integral part of the overall effort to improve the quality of services in a health institution. Hospitals are obliged to ensure that every request for help, questions, or complaints are handled instantly without any delays that have the potential to cause insecurity or feelings of neglect on the part of the patient and his family. This complaint handling system is usually supported by a much more efficient internal communication mechanism so that the flow of information can move very quickly between service units without convoluted bureaucratic obstacles. The response given swiftly and sincerely gives a strong message that patients are highly valued, which has a huge influence on their emotional stability and psychological satisfaction (Rahmaddian, 2025).

Improving the physical environment in all service areas also plays a vital role in creating much better psychological comfort for everyone who comes to visit. A well-maintained waiting room, a clear flow of movement between rooms, and a neat arrangement of facilities can drastically reduce patients' stress and anxiety levels when they have to wait for their turn for medical procedures. The calm and aesthetic atmosphere provides a relaxing effect that greatly supports the patient's emotional recovery process while strengthening their positive perception of the professionalism of the services provided. Good spatial planning also reflects the seriousness of the hospital management in respecting the dignity of patients as human beings who need a decent and calm environment (Amami et al., 2025).

The use of the latest information technology in the health service system is a modern solution to combine technical efficiency with a much more practical and comfortable patient experience. The implementation of a digital registration system, the use of integrated electronic medical records, and

the provision of application-based service information are able to speed up all administrative processes which have often been a source of fatigue for patients. The efficiency generated by technology provides a time advantage for officers to interact more personally rather than just struggling with a pile of boring paper documents. Although the use of technology increases the speed of service, direct assistance by officers must still be available so that patients still feel the presence of a human touch and do not feel unfamiliar in the midst of an all-automatic system (Amalia, 2026).

Strengthening a service culture that is fully oriented to the needs of patients is a success factor that cannot be ignored by the board of directors and field staff. This kind of work culture emphasizes the principle that each patient should be treated as a unique individual with a different emotional background, not just seen as a medical case or a mere queue number. Health workers are encouraged to continuously increase sensitivity to the patient's psychological state, provide personal attention, and always show a soothing attitude in every moment of interaction. This approach based on compassion and care will help create a much stronger and permanent bond of trust between the patient and the institution of the hospital (Sepriano et al., 2025).

An evaluation that is carried out on an ongoing basis is the final stage necessary to ensure that the entire series of improvements has gone according to the organization's original vision and goals. The collection of feedback from patients through various communication channels is used as an objective measurement tool to assess the extent to which technical services and psychological satisfaction have been successfully balanced in the field. The results of the periodic evaluation are then used as the main basis for formulating work system improvements, updating training materials, and improving service arrangements in the future. Consistency in conducting self-assessments makes hospitals able to maintain stability between rigid medical accuracy and flexible emotional comfort in order to achieve sustainable excellent service standards.

4. CONCLUSION

The integration of the service quality dimension that combines technical aspects of medical and emotional touch has proven to be the main key for hospitals to win the hearts and trust of the public in the midst of fierce competition in the health industry. The success of this system is highly dependent on the ability of management to align the standardization of operational procedures with the strengthening of the values of empathy and responsiveness of officers at each service point. While challenges such as limited human resources and high administrative burdens are still often found, investments in communication training and more humane workflow improvements can minimize gaps in patient expectations. All of these alignment efforts ultimately create a treatment environment that not only heals physically, but also provides inner peace that strengthens patients' loyalty to the healthcare institution on an ongoing basis.

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