

The Relationship between Accreditation Status and Public Health Centre Patient Satisfaction in Cirebon on 2021

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Article Information

Received: February 19, 2023

Revised: February 28, 2023

Approved: March 20, 2023

Online: March 24, 2023

ABSTRACT

Accreditation is a mandatory process that must be carried out by public health center in order to improve the quality of health services provided to patients with an output in the form of an accredited status level. Service quality is a measure of how well the level of service provided is in accordance with customer expectations so that it affects customer satisfaction. The study was purposed to find out the relationship between the accreditation status and the level of health centers patient satisfaction in Cirebon City. Data was collected by the 2021 Community Satisfaction Survey of health centers in Cirebon City. The type of research is quantitative research with a cross-sectional approach which was conducted in November 2021 at 2 plenary accredited health centers, 3 main accredited health centers, 11 middle accredited health centers and 6 basic accredited health centers. The study sample was taken from patients who visited the health center during the study period with a total of 8180 respondents using purposive sampling method. Statistical analysis using chi square test and simple logistic regression with 95% confidence level. The results showed that 98.8% of plenary accredited primary health centers were satisfied, 95.1% of main accredited health centers, 84.2% of middle accredited health centers and 82.0% of basic accredited health centers. Based on the results of the chi-square test, the higher the accreditation status of the health centers, the higher the percentage of patient satisfaction. The results of a simple logistic regression test with a comparison of basic accredited status show that OR = 1.170 for middle accredited status, OR = 4.278 for main accredited status and OR = 18.048 for plenary accredited status. It is necessary to improve the quality of services that focus on improving services which are still low and continue to strive to meet the service standards required for health center accreditation.

Keywords

*Accreditation; Quality of Services;
Patient Satisfaction*

INTRODUCTION

Public Health Centre accreditation is an acknowledgment by an independent institution that administers accreditation determined by the minister after an assessment has been made that the Public Health Centre has met the accreditation standards that have been set. The purpose of implementing Public Health Centre accreditation is to improve the quality of basic health services on an ongoing basis and patient safety and to improve the performance of Public Health Centre in providing individual health services and public health (RI Ministry of Health 2015).

According to Lewis and Booms (1983) in Parasuraman et al, service quality is a measure of how well the level of service provided matches customer expectations. Providing quality service means providing

services in accordance with customer expectations consistently (Parasuraman et al., 1985). Good service quality will affect the level of increased customer satisfaction (Parasuraman, A Berry & Zeithaml, 1988).

Patient satisfaction is an indicator of the success (outcome) of the quality of health services (Donabedian, 2003). Patient satisfaction is a level of patient feeling that arises as a result of the performance of health services obtained after the patient compares it with what is expected (Pohan, 2007). Customer satisfaction is a person's feeling of pleasure or disappointment that comes from a comparison between his impression of the performance of a product and his expectations (Kotler, 2000).

Based on the Regulation of the Minister of Administrative Reform and Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Compiling Public Satisfaction Surveys for Public Service Provider Units, in an effort to improve the quality of public services on an ongoing basis it is necessary to evaluate the implementation of public services. One of the efforts that must be made in improving public services is to conduct a community satisfaction survey of service users by measuring the satisfaction of service user communities (Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik, 2017).

Public Health Centre as one of the institutions providing public services is required to conduct regular Community Satisfaction Surveys at least 1 (one) time a year. In Cirebon City, the Community Satisfaction Survey has been conducted by the Health Service since 2017 once a year using a questionnaire in accordance with the Regulation of the Minister for Administrative Reform and Bureaucratic Reform Number 14 of 2017. The survey was conducted to obtain the Community Satisfaction Index (IKM) (Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik, 2017).

Cirebon City has 22 Community Health Centers spread across 22 sub-districts. All Public Health Centre in Cirebon City have undergone the accreditation process since 2018 with various passing levels of accreditation status, namely 2 Public Health Centre with plenary accredited status, 3 primary health centers accredited, 11 primary health centers accredited, and 6 primary health centers accredited.

The results of the Community Satisfaction Survey at 22 Public Health Centre in Cirebon City in 2021 stated that the Public Health Centre with the very good IKM category were won by 6 Public Health Centre consisting of 2 basic accredited Public Health Centre, 3 middle accredited Public Health Centre, 1 main accredited Public Health Centre and 1 plenary accredited Public Health Centre. Whereas Public Health Centre with good IKM category were achieved by 4 basic accredited Public Health Centre, 8 middle accredited Public Health Centre, 2 main accredited Public Health Centre and 1 plenary accredited Public Health Centre (Cirebon City Health Office 2021).

Based on the data above, the very good category of IKM can be achieved by Public Health Centre with basic accreditation status, which is the lowest accreditation status, while the good category of IKM can be achieved by all Public Health Centre with various accreditation statuses. Therefore, further analysis is needed whether the passing status of Public Health Centre accreditation is in line with the level of community satisfaction.

METHODS

In this study, patient satisfaction was an expression of the patient's feelings from a comparison of the expected perceptions of the Public Health Centre health services with the perceptions of the Public Health Centre health services received. Meanwhile, accreditation status is the level of recognition of the quality of Public Health Centre services provided by an independent institution administering accreditation determined by the Minister after meeting the accreditation standards for Public Health Centre consisting of plenary, primary, intermediate and basic accreditation. The data for this study came from the results of a community satisfaction survey at the Public Health Centre in Cirebon City which was conducted by trained health cadres from the Cirebon City Health Office in November 2021 for 2 Plenary accredited PHCs, 3 main accredited PHCs, 11 MCH accredited middle and 6 basic accredited PHCs. This research is a quantitative study using a cross sectional research design. The study population was all patients who visited the Cirebon City Health Centre in 2021. Sampling used a purposive sampling method. Determining the sample size using the Morgan and Krejcie formula with the total population being the number of patient visits in 2020. The research instrument was a standardized satisfaction questionnaire according to PermenPAN-RB No. 14 of 2017. Data analysis used descriptive analysis and bivariate inferential analysis. Statistical analysis used the chi square test and simple

logistic regression with a 95% confidence level. Sampling using purposive sampling method. Determining the sample size using the Morgan and Krejcie formula with the total population being the number of patient visits in 2020. The research instrument was a standardized satisfaction questionnaire according to PermenPAN-RB No. 14 of 2017. Data analysis used descriptive analysis and bivariate inferential analysis. Statistical analysis used the chi square test and simple logistic regression with a 95% confidence level. Sampling using purposive sampling method. Determining the sample size using the Morgan and Krejcie formula with the total population being the number of patient visits in 2020. The research instrument was a standardized satisfaction questionnaire according to PermenPAN-RB No. 14 of 2017. Data analysis used descriptive analysis and bivariate inferential analysis. Statistical analysis used the chi square test and simple logistic regression with a 95% confidence level.

RESULTS

Characteristics of Respondents

Table 1. Distribution of Respondents Based on Demographic Characteristics

Variable	n	%
Age		
15-25 years	1440	17,6
26-35 years	1990	24,3
36-45 years	1845	22,6
46-60 years	2117	25,9
> 60 years	787	9,6
Gender		
Man	2120	25,9
Woman	6060	74,1
Education		
Elementary School	1477	18,1
Junior High School	1704	20,8
Senior High School	4259	52,1
PT	740	9,0
Work		
Civil servant	143	1,7
Army/ Police	38	0,5
Private	1688	20,6
Businessman	1106	13,5
Retired	173	2,1
Does not work	4606	56,3
Student	425	5,2
Total	8180	100

Table 1 shows that based on age characteristics, the most respondents, namely 1 out of 4 respondents, were in the age group 46-60 years and the fewest respondents were in the age group >60 years. Meanwhile according to gender characteristics, the majority of respondents, namely 7 out of 10 respondents, were female. Furthermore, based on the characteristics of the level of education, the most respondents, namely 1 out of 2 respondents, had a high school education and the least respondents had a PT education. Meanwhile, according to job characteristics, the most respondents, namely 1 out of 2 respondents, did not work and the least respondents worked as Army/ Police.

Description of Service Element Values & Community Satisfaction Index (IKM)

Table 2. Description of Service Element Values & Community Satisfaction Index (IKM)

Service Elements	Health Centre Accreditation Status				Average Elemental Value
	Plenary	Main	Middle	Base	
Terms of Service (U1)	3.76	3,62	3.50	3.51	3.54
Service Procedure (U2)	3.82	3.67	3,43	3.52	3.52
Service Speed (U3)	3.65	3.52	3.30	3,34	3.37
Fairness of Fees/tariffs (U4)	3.66	3.59	3,41	3.56	3.50
Conformity of Service Products (U5)	3.82	3.52	3,40	3.52	3.49

Service Elements	Health Centre Accreditation Status				Average Elemental Value
	Plenary	Main	Middle	Base	
Officer Competency (U6)	3.82	3.65	3,43	3.53	3.52
Officer Behaviour (U7)	3.78	3.64	3,43	3.53	3.52
Infrastructure Quality (U8)	3.83	3.61	3,33	3.45	3.45
Complaint Handling (U9)	3.85	3.54	3.56	3.55	3.58
Average Elemental Value	3.74	3.56	3.39	3,47	3.46
SMI Value (%)	93.46	88.99	84,68	86,63	86,60
Service Unit Performance	Very good	Very good	Good	Good	Good

Table 2 shows that the highest average element value of service is found in the element of service requirements (U1), which is equal to 3.54, while the lowest element value is found in the element of service speed (U3) with a value of 3.37. Based on the Permenpan-RB standard No.14 of 2017, the performance of a service unit is said to be good if the value of the average element of service ranges from 3.0644-3.453 or equivalent to a conversion value of 76.61-88.30%. While the performance of the service unit is said to be very good if the value of the average element of service ranges from 3.5324 to 4.00 or equivalent to a conversion value of 88.31 to 100% (Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik, 2017). This means that around 88% of respondents were satisfied with the suitability of service requirements and around 84% of respondents were satisfied with the speed of service provided by the Public Health Centre .

Table 2 also shows that PHCs with plenary accreditation and primary accreditation have higher IKM scores compared to Public Health Centre with basic accreditation and intermediate accreditation. These results are relevant to research conducted by Ayudia (2021) in Karawang Regency on 4 basic accredited Public Health Centre and 4 main accredited Public Health Centre which stated that the main accredited Public Health Centre IKM score was 80.89% or higher than basic accredited Public Health Centre with a score of 76.80 % (Selly Ayudia, Banuara Nadeak, 2021).

Based on table 2, it can be seen that all accredited Public Health Centre in Cirebon City have good and very good service unit performance. This shows that most of the patients who visited the Public Health Centre were satisfied with the services provided. However, Public Health Centre must continue to strive to improve service quality through improvements to service elements that are still low, especially the service speed element (U3).

Respondent Demographic Characteristics and Satisfaction

Table 3. Distribution of Respondents Based on Demographic Characteristics and Satisfaction

Variable	Total	Not satisfied	Satisfied	OR (95% CI)	P-value
	n	%	%		
Age					
15-25 years	1440	14,4	85.6	0.627 (0.476-0.825)	0.001
26-35 years	1990	12,7	87.3	0.722 (0.553-0.944)	0.017
36-45 years	1845	16,3	83.7	0.551 (0.423-0.718)	0.005
46-60 years	2117	13.0	87.0	0.716 (0.549-0.933)	0.014
> 60 years	788	9,8	90,2	1	0.005
Gender					
Man	2120	12,4	87.6	0.875 (0.756-1.012)	0.078
Woman	6060	14.0	86.0		
Education					
Elementary School	1477	13,3	86.7	1	0.229
Junior High School	1704	12,6	87.4	1.074 (0.875 - 1.319)	0.494
Senior High School	4259	14,3	85.7	0.918 (0.774 - 1.089)	0.325
Bachelor Degree	740	12,6	87.4	1.05 (0.810 - 1.362)	0.712
Occupation					
Employed (Civil Servants, Army/Police, Private, entrepreneur)	2975	13,6	86.4	1.011 (0.888-1.151)	0.891
Not working (Retired, not working, Student)	5205	13,6	86.4		

Table 3 shows patient satisfaction categorized into two, namely satisfied and dissatisfied. According to PermenPANRB standards, researchers categorize satisfaction into dissatisfied categories if the satisfaction value is $< 76.61\%$ and satisfied if the satisfaction value is $\geq 76.61\%$. Based on age characteristics, the highest percentage of satisfaction, or as many as 9 out of 10 respondents, was satisfied in the age group >60 years, while the lowest percentage of satisfaction was found in the age group 36-45 years, or as many as 8 out of 10 respondents, they were satisfied. The results of the simple logistic regression test obtained a p value <0.05 which means that there were significant differences in the proportion of satisfied in various age groups but found no specific pattern of relationship. In other words, higher age does not always increase satisfaction.

Based on gender characteristics, the percentage of satisfaction between men and women is not much different, namely the difference is only 1.6% higher for men. As many as 8 out of 10 respondents both male and female were satisfied. The results of the chi square test obtained a value of $p = 0.078$ which means that there is no significant difference in the proportion of satisfaction based on gender. In other words, men and women have the same level of satisfaction.

Next, based on educational characteristics, respondents with junior high school and university education have a satisfaction percentage of 0.7-1.0% higher than respondents with elementary and high school education. As many as 8 out of 10 respondents at various levels of education were satisfied. The results of the simple logistic regression test obtained a value of $p > 0.05$, which means that there is no significant difference in the proportion of satisfied based on education level.

Finally, for job characteristics, respondents who do not work (pensioners, do not work, students) and respondents who work (Civil servants, military/police, private sector, entrepreneurs) have the same percentage of satisfaction. As much 8 out of 10 respondents who work and do not work are satisfied. The results of the chi square test obtained a value of $p = 0.891$ which means that there is no significant difference in the proportion of satisfied respondents who work and respondents who do not work.

Relationship between Health Centre Accreditation Status and Patient Satisfaction

Table 4. Relationship between Health Centre Accreditation Status and Patient Satisfaction

Accreditation Status	Total n	Not satisfied %	Satisfied %	OR (95% CI)	p-value
Base	2242	18.0	82.0	1	0.005
Middle	4085	15,8	84,2	1.170 (1.021 - 1.341)	0.024
Main	1105	4,9	95,1	4,278 (3,189 - 5,740)	0.005
Plenary	748	1,2	98.8	18,048 (9,272 - 35,132)	0.005

Table 4 shows that the plenary accredited Public Health Centre are the Public Health Centre with the highest percentage of satisfaction followed by the main accredited Public Health Centre, the middle accredited Public Health Centre and the lowest being basic accredited Public Health Centre. Almost all respondents at primary and plenary accredited Public Health Centre were satisfied, while only 8 out of 10 respondents at primary accredited and intermediate accredited Public Health Centre were satisfied.

The results of the chi square statistical test showed that there were differences in the proportion of satisfaction based on the level of accreditation status with a value of $p=0.005$. The results of further analysis of the simple logistic regression test with the comparison of basic accredited Public Health Centre showed that there was a significant difference in the level of patient satisfaction at plenary accredited Public Health Centre with a value of $p=0.005$, primary accredited Public Health Centre with a value of $p=0.005$ and middle accredited Public Health Centre with a value of $p=0.024$. The level of patient satisfaction at health centers with plenary accreditation, primary accreditation and intermediate accreditation is higher than those with basic accreditation.

The results of this study are relevant to the research conducted by Ningrum (2020) on "The Relationship between Public Health Centre Accreditation and Patient Satisfaction at the Banyumas District Health Center" which was conducted on 204 respondents at 4 Public Health Centre with details of 1 Plenary accredited PHC, 1 PHC accredited main, 1 PHC accredited middle and 1 basic accredited Public Health Centre. The results showed that there was a relationship between the accreditation status of the Public Health Centre and patient

satisfaction visiting the Banyumas District health center with the chi square test results obtained p value = 0.023 (Ningrum & Wati, 2020).

Another study by Trisna (2019) on "Relationship of Public Health Centre Accreditation Status and Level of Patient Satisfaction" at 5 Public Health Centre with various accredited statuses in Semarang City shows that there is a relationship between the accreditation status of Public Health Centre in the category of non-accredited, basic accredited and intermediate accredited to the level of patient satisfaction. However, primary accredited status is not related to patient satisfaction levels. The results of the chi-square test and simple logistic regression test with plenary accredited Public Health Centre as a comparison obtained a p value for non-accredited Public Health Centre of 0.000, basic accredited Public Health Centre $p=0.000$, middle accredited Public Health Centre $p=0.024$ and main accredited Public Health Centre $p=0.217$ (Nurjannah et al., 2019).

The results of this study are also in line with the research of AlQahtani (2012) and Ajarmah (2015) which state that accreditation can significantly increase patient satisfaction (Ajarmah et al., 2015; Al-Qahtani et al., 2012). Research by Mirshanti (2017), Tawalujan (2019) and Wulandari (2019) also states that patient satisfaction is affected by the accreditation status of the Public Health Centre with p values respectively $p = 0.069$, $p = 0.023$ and $p < 0.05$ (Mirshanti, 2017; Tawalujan et al., 2019; Wulandari et al., 2019). However, the results of this study are not in line with Barghouthi's research (2018) which states that there is no significant difference in patient satisfaction based on accreditation status (Barghouthi & Imam, 2018).

Based on table 4, the results of the simple logistic regression test show that secondary accredited Public Health Centre tend to get satisfaction 1.17 times greater than basic accredited Public Health Centre (OR=1.170, 95% CI: 1.021 - 1.341), primary accredited Public Health Centre tend to get satisfaction 4.28 times greater than basic accredited Public Health Centre (OR=4.278, 95% CI: 3.189-5.740) and plenary accredited Public Health Centre tend to get 18.05 times greater satisfaction than basic accredited Public Health Centre (OR=18.048, 95% CI: 9.272-35.132). It can be concluded that the higher the accreditation status of the Public Health Centre, the higher the level of satisfaction or the lower the level of dissatisfaction. And conversely, the lower the accreditation status of the Public Health Centre, the lower the level of satisfaction or the higher the dissatisfaction of the patient.

The results of this study are relevant to the research of Trisna et al (2019) which stated that compared to respondents who received health services at plenary accredited Public Health Centre, respondents who received health services at basic accredited Public Health Centre tended to be dissatisfied 7.79 times greater and respondents who received services Health services at medium accredited Public Health Centre tend to be dissatisfied 4.65 times more. Meanwhile, the main accredited Public Health Centre is not in line with the results of this study (Nurjannah et al., 2019). This means that Public Health Centre with plenary accreditation have a higher level of satisfaction than those with intermediate accreditation and basic accreditation. However, primary accredited Public Health Centre have almost the same satisfaction level as plenary accredited Public Health Centre.

Differences in the level of patient satisfaction based on the level of accreditation status can be caused by differences in the administrative aspects of management and quality of health center services (Harso et al., 2020). An increase in accreditation status means an increase in the quality of the elements in the administration of the Public Health Centre, both in the administrative management (admen), UKM and UKP sections. Improving the quality of the administration section means an increase in the quality of service delivery, leadership and management as well as improving the quality of the Public Health Centre. While improving the quality of the UKP section means improving the quality of patient-oriented clinical services, clinical service support management and improving clinical quality and patient safety in Public Health Centre (Basic BUK Directorate 2015).

Public Health Centre with higher accreditation status (plenary and primary) have better service quality, organizational governance and service governance than health centers with lower accredited status (middle and basic). This is in accordance with the magnitude of the achievement of Public Health Centre against Public Health Centre accreditation standards. The Public Health Centre accreditation standard consists of 9 chapters covering three main sections. First, the implementation of administration and management includes chapter I Providing Health Centre Services, chapter II Leadership and Management of Health Centre and chapter III Quality Improvement of Health Centre. Second, the implementation of SMEs includes chapter IV of Target-

Oriented SMEs, chapter V of SME Leadership and Management, and chapter VI of SME Performance Targets. Finally, the implementation of UKP includes chapter VII Patient Oriented Clinical Services (Basic BUK Directorate 2015).

Basic accredited Public Health Centre means that the Public Health Centre has been able to achieve Chapter I, II $\geq 75\%$, Chapter IV, V, VII $\geq 60\%$, Chapter III, VI, IX $\geq 20\%$ and intermediate accredited means it has achieved Chapter I, II, IV, V $\geq 75\%$, Chapter VII, VIII $\geq 60\%$, Chapter III, VI, IX $\geq 40\%$. While the main accredited Public Health Centre means that the Public Health Centre has been able to achieve a value of Chapter I, II, IV, V, VII, VIII $\geq 80\%$ Chapter III, VI, IX $\geq 60\%$; and plenary accreditation means that all chapters have scored $\geq 80\%$. Public Health Centre accreditation is an acknowledgment by an independent institution administering accreditation for the quality of Public Health Centre services. Thus, the higher the achievement of the chapter score on accreditation standards, the higher the quality of health services provided by the Public Health Centre (Basic BUK Directorate 2015).

The quality of administrative services and the quality of health services at Public Health Centre have a positive and significant effect on the level of patient satisfaction (Wijayanti & Asri, 2022). In line with research conducted by Arsita et al (2019) which states that service quality (tangible, empathy, responsiveness, reliability and assurance dimensions) has a positive and significant relationship to patient satisfaction at Bhayangkara Hospital Palembang (Arsita & Idris, 2019). This is in accordance with the results of the study in table 2 which shows that plenary accredited Public Health Centre have higher service element values than other accredited Public Health Centre so that patient satisfaction at plenary accredited Public Health Centre is also higher.

Higher satisfaction at plenary accredited Public Health Centre means that plenary accredited Public Health Centre have been able to meet patient expectations for the services provided. This is in accordance with the theory of Parasuraman et al which states that quality service focuses on efforts to fulfill customer needs and desires as well as accuracy in delivery to meet customer expectations (Parasuraman, A Berry & Zeithaml, 1988). The success obtained from a health service is very closely related to patient satisfaction in improving the quality of its services (Sudian, 2012).

The results of this study are also in line with the main objective of implementing accreditation, namely to foster quality and performance improvement through continuous improvement of management systems, quality management systems and service delivery systems and programs and not just assessments to obtain accreditation certificates (RI Ministry of Health 2015). Therefore, Public Health Centre must always carry out continuous quality improvement and the role of the health office is needed in conducting post-accreditation guidance and supervision so that the quality of service is maintained so that patients feel safe and comfortable and get service satisfaction.

Based on this, it can be concluded that one measure of the success of Public Health Centre accreditation is improving the quality of Public Health Centre services as indicated by the level of patient satisfaction. Therefore, this research can be an illustration for Public Health Centre in other areas so that Public Health Centre always strive to meet and implement plenary level Public Health Centre accreditation standards so that the quality of service increases so that patients get better satisfaction.

CONCLUSION

An analysis of 8,180 respondents from 22 Public Health Centre in Cirebon City with various levels of accreditation status shows that the element of service speed (U3) is the element with the lowest score that contributes to patient satisfaction. Furthermore, regarding the relationship between the accreditation status of the Public Health Centre and patient satisfaction, it shows that there is a relationship between the accreditation status of the Public Health Centre and the level of patient satisfaction. In other words, there is a significant difference in the proportion of patient satisfaction visiting health centres with plenary accreditation, primary accreditation, intermediate accreditation and basic accreditation. The higher the accreditation status of the Public Health Centre, the higher the level of patient satisfaction.

Given the low speed of service (U3), the researchers suggest that all Public Health Centre in Cirebon City continue to work on creating a service system that can speed up Public Health Centre services so that patient satisfaction increases. In addition, considering that the level of patient satisfaction will increase along with the increase in the accreditation status of the Public Health Centre, the researchers suggest that primary accredited, intermediate accredited and main accredited Public Health Centre in Cirebon City continue to strive

to meet the service standards required by Public Health Centre accreditation so that they can achieve plenary accredited status. As for Plenary Accredited Public Health Centres, they should continue to maintain and improve service quality so that patient satisfaction is guaranteed. Furthermore, Public Health Centre in other regions can take lessons from Public Health Centre in Cirebon to continue to improve the level of accreditation status in order to get higher patient satisfaction.

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