

The Influence of Patient Experience on Outpatient Revisit Intention at Hospital X

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Abstract: Patient experience is an important indicator of healthcare quality because it reflects patients' perceptions of communication, responsiveness, comfort, and overall service delivery during the care process. A positive patient experience may encourage patients to return to the same healthcare facility, making it an essential factor for hospitals seeking to improve patient retention and service quality.

Objective: This study aimed to analyze the effect of patient experience on outpatient revisit intention at Hospital X by examining four dimensions: nurse communication, physician communication, service responsiveness, and physical comfort. **Methodology:** This study used an analytical observational design with a cross-sectional approach. A total of 57 outpatients were selected using accidental sampling. Data were collected using a structured questionnaire and analyzed using Binary Logistic Regression. **Findings:** The results showed that physician communication received the highest proportion of good ratings (75.4%), followed by nurse communication (63.2%), while service responsiveness and physical comfort were mostly rated as adequate (59.6%). Most respondents (94.7%) expressed an intention to revisit the hospital. Among the four dimensions examined, service responsiveness was the only dimension significantly associated with revisit intention ($p = 0.018$; $\text{Exp}(B) = 7.172$). **Implications:** These findings imply that improving service responsiveness, reducing waiting time, and ensuring timely assistance may strengthen outpatient loyalty and encourage repeat visits. **Originality:** The originality of this study lies in its specific examination of selected patient experience dimensions rather than assessing patient experience as a single general construct, thereby providing more detailed evidence on which service aspect should be prioritized to improve outpatient revisit intention.

Keywords: physician communication; nurse communication; physical comfort; service responsiveness; revisit intention.

INTRODUCTION

A hospital is a healthcare institution that provides comprehensive healthcare services to every individual, including health promotion, prevention, treatment, rehabilitation, and palliative care, through outpatient, inpatient, and emergency services (Kementerian Kesehatan, 2023), healthcare institutions, hospitals bear a significant responsibility for meeting the public's healthcare needs. Therefore, the public expects high-quality, efficient care that ensures their satisfaction with the services they receive (Ariani, 2023). Competition among healthcare facilities is becoming increasingly intense as the number of

hospitals grows and public awareness of the quality of healthcare services rises. This situation is prompting hospitals to focus not only on clinical aspects but also on the patient experience throughout the care process. The patient experience is a key indicator in assessing service quality because it reflects how patients perceive the interactions that occur during the healthcare process (Benson, 2023). The quality of health care is the result of a combination of adequate facilities and the implementation of an effective and efficient health care system. Rising public expectations regarding health care have made patients increasingly selective in choosing a hospital where they receive treatment. This decision is typically influenced by perceptions of the hospital's reputation, the quality of care received, and the patient's experience throughout the health care process (Ngurah, 2026).

An outpatient's desire to return to the hospital reflects a desire to revisit the facility, which is shaped by their assessment of their previous service experience. Positive experiences and high levels of satisfaction increase the likelihood that patients will return to use the same services. Therefore, service quality is a key factor influencing patients' intention to revisit the facility (Sangkot, 2022). Intention to reuse reflects a person's tendency to use a service again following a previous experience. This decision is formed through an evaluation of the service received and reflects the customer's level of satisfaction with the quality of service. A satisfying experience increases the likelihood that the customer will use the same service again in the future (Husnul, 2023). According to (Keller, 2014) as cited in Patient experience is measured using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) which consists of seven dimensions: nurse communication, physician communication, responsiveness of care, physical comfort, pain management, communication regarding treatment, and discharge information. Several previous studies have examined the relationship between patient experience, satisfaction, and loyalty, showing that satisfactory service does not always lead to patient loyalty. Therefore, patient experience can serve as a benchmark for patients' perceptions of the care they have received, which in turn encourages their desire to use those services again and to recommend them to others (Rayhani Ichsan, 2025).

However, data on outpatient visits at Hospital X show that the number of outpatient visits fluctuated from 2023 to 2025. In 2023, the number of outpatient visits reached 4,682, while in 2024 there was a decrease to 4,530 visits, and then it rose again in 2025 to 4,542 visits; however, this increase still did not surpass the figure recorded in 2023.

Previous studies have consistently reported that service quality, patient satisfaction,

and patient experience are associated with patient loyalty or the intention to return for another visit. However, most studies evaluate patient experience as a single construct or focus more on overall service quality and patient satisfaction. The available evidence remains limited in examining the individual dimensions of patient experience among outpatient patients at Indonesian hospitals, specifically nurse communication, physician communication, service responsiveness, and physical comfort based on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) framework. Therefore, the uniqueness of this study lies in its simultaneous examination of four specific dimensions of the patient experience to determine their relationship with the intention to return among outpatients at Hospital X. By focusing on patient experience across these specific dimensions rather than overall satisfaction this study provides more detailed evidence regarding which aspects of healthcare services should be prioritized to improve patient retention and support continuous quality improvement in hospital outpatient services.

Therefore, this study aims to examine the relationship between patient experience and the intention to return for treatment among outpatients at Hospital X by evaluating four dimensions of patient experience: nurse communication, physician communication, service responsiveness, and physical comfort.

RESEARCH METHOD

This study employed a quantitative analytical observational design with a cross-sectional approach. The study was conducted at the outpatient clinic of Hospital X in Surabaya, Indonesia, from April to May 2026. A cross-sectional design was chosen because both the independent variable (patient experience) and the dependent variable (intention to return) were measured simultaneously during a single observation period. The study population consisted of 375 outpatients who sought treatment at Hospital X during the study period. The required sample size was determined using the Lemeshow formula to estimate the population proportion with a 90% confidence level ($Z = 1.645$), assuming a population proportion of 0.5 and a margin of error of 10%. The calculation results indicated a minimum sample size of 57.44, which was rounded to 57 respondents. Therefore, a total of 57 respondents were included in this study. Participants were selected using an accidental sampling technique. This method was chosen because outpatient visits occur continuously, there was no complete sampling frame, and eligible respondents could be recruited

efficiently during their visits to the outpatient clinic. Patients who met the study criteria and were encountered during the data collection period were invited to participate.

The inclusion criteria were: (1) willingness to participate in the study; (2) conscious patients; (3) outpatients aged 18 years or older who had visited the hospital at least twice; and (4) patients capable of communicating effectively. The exclusion criteria are: (1) pediatric patients; (2) inpatients; and (3) patients who have visited the hospital only once. The independent variable is patient experience, which consists of four dimensions: nurse communication, physician communication, service responsiveness, and physical comfort. The dependent variable is the intention to return for another visit. Data were collected using a structured questionnaire consisting of 20 items. Patient experience was measured using 16 items distributed across four dimensions: nurse communication (4 items), physician communication (4 items), service responsiveness (4 items), and physical comfort (4 items). The intention to return was measured using four questionnaire items that assessed patients' willingness to return to the hospital after receiving outpatient care. All questionnaire items were rated using a four-point Likert scale ranging from strongly disagree (1) to strongly agree (4).

Prior to data collection, the questionnaire was subjected to validity and reliability testing using 30 respondents who were not included in the study sample. Instrument validity was assessed by comparing the correlation coefficient of each questionnaire item with the critical r-table value (0.361). All 20 questionnaire items demonstrated correlation coefficients exceeding the critical value ($r\text{-count} > 0.361$), indicating that all items were valid and suitable for measuring the study variables. Reliability testing showed a Cronbach's Alpha coefficient of 0.938, indicating excellent internal consistency. Therefore, the questionnaire was considered reliable and appropriate for use in the main study.

Data collection was conducted after respondents completed the outpatient service process. Eligible patients received an explanation regarding the objectives, procedures, potential benefits, and voluntary nature of the study. Respondents who agreed to participate signed a written informed consent form before completing the questionnaire. The questionnaires were completed anonymously and checked for completeness immediately after submission before being entered into the statistical database. Data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics were used to summarize respondents' characteristics and the distribution of each study variable. Prior to multivariable analysis, data normality was assessed using the Kolmogorov–Smirnov test.

The effect of patient experience on revisit intention was analyzed using Binary Logistic Regression because the dependent variable (revisit intention) was dichotomized into interested and not interested. Statistical significance was determined at a p-value of <0.05, and the strength of the association was expressed as the Odds Ratio (Exp(B)).

This study received ethical approval from the Health Research Ethics Committee of STIKES Adi Husada Surabaya with Ethical Clearance Number 195.A/Ket/PPM/STIKES-AH/IV/2026, issued on 29 April 2026, before data collection was conducted. Written informed consent was obtained from all respondents prior to participation after they had received an explanation regarding the study objectives, procedures, potential benefits, and their rights as research participants. Participation was entirely voluntary, and respondents had the right to withdraw from the study at any time without any consequences. To ensure confidentiality, questionnaires were completed anonymously, personal identifiers were not recorded, and all data were analyzed and reported only in aggregate form.

RESULT

The results of the study show that the patient experience at Hospital X was rated as good and adequate by the majority of respondents. The evaluation was based on four dimensions used in patient experience research in accordance with the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): nurse communication, physician communication, service responsiveness, and physical comfort.

Table 1. Characteristics of respondents at Hospital X in 2026

Respondent Characteristic	Category	n	%
Age	18 – 26 Year	0	0%
	27 – 35 Year	8	14.1%
	36 – 45 Year	14	24.8%
	46 – 55 Year	24	42.2%
	56 - 60 Year	11	19.4%
Gender	Male	28	49.1%
	Female	29	50.9%
Highest Education	SD/SMP	7	12.3%
	SMA/SMK	34	59.6%
	Diploma	3	5.3%
	S1	9	15.8%
	S2/S3	4	7.0%
Occupation	Private employees	37	64.9%
	PNS/TNI/POLRI	3	5.3%
	Housewives	17	29.8%
Income	< Rp. 5.288.796	23	40.4%
	Rp. 5.288.796 – 10.000.000	28	49.1%

Respondent Characteristic	Category	n	%
	Rp. 10.000.000 – 15.000.000	1	1.8%
	Rp. 15.000.000 – 20.000.000	4	7.0%
	> Rp. 20.000.000	1	1.8%

Based on research data, the demographic characteristics of the 57 respondents were mostly aged 46–55 years (42.2%), with a relatively balanced distribution between women (50.9%) and men (49.1%). The majority had completed high school or vocational education (59.6%) and worked in the private sector (64.9%). Nearly half of the respondents (49.1%) reported a monthly income between Rp 5,288,796 and Rp 10,000,000. These findings indicate that the study population consisted mostly of economically productive adults, a group that frequently uses outpatient healthcare services due to their ongoing healthcare needs and work-related demands.

Table 2. Results of a patient experience survey based on four patient experiences rated by respondents at Hospital X in 2026 (n = 57)

Patient Experience	Category	n	%
Nurse communication	Poor	0	0%
	Adequate	21	36.8%
	Good	36	63.2%
Doctor communication	Poor	0	0%
	Adequate	14	24.6%
	Good	43	75.4%
Service Responsiveness	Poor	0	0%
	Adequate	34	59.6%
	Good	23	40.4%
Physical Comfort	Poor	0	0%
	Adequate	34	59.6%
	Good	23	40.4%

Based on the research results presented in Table 1, all dimensions of the patient experience at Hospital X fell into the “good” and “adequate” categories. The doctor-patient communication dimension received the highest percentage at 75.4% of the 43 respondents, followed by the nurse-patient communication dimension at 63.2% of the 36 respondents, while the service responsiveness and physical comfort dimensions both reached 59.6% of the 34 respondents. These results indicate that respondents generally have a positive perception of service quality across all dimensions, with a slight variation in the percentage for the nurse communication dimension which fell below 70% while the other dimensions stood at 59.6%. These findings suggest that nurse and physician communication are the

hospital’s primary strengths, whereas the service responsiveness and physical comfort dimensions still need improvement to align with the other dimensions.

Table 3. Results of the Analysis of Interest in Returning for Treatment Among Respondents at Hospital X in 2026 (n=57)

Category	N	Percentage
Interested	54	94,7%
Not Interested	3	5,3%

Based on the research results presented in Table 2, the majority of respondents expressed a very high interest in returning to use outpatient services at Hospital X. A total of 54 respondents, or 94.7%, expressed an interest in returning to use the available services, while 3 respondents, or 5.3%, stated they were not interested in returning to use the available services. These findings indicate that, in general, patients are satisfied and have a positive inclination to return to use the available services, which can serve as an important indicator of the hospital’s success in maintaining long-term relationships with patients. The high percentage of interest in returning aligns with patient experience ratings that fell into the “good” and “adequate” categories across all dimensions. Additionally, Table 3 below presents the results of the Pearson product-moment correlation test to examine the relationship between patient experience and interest in returning to the hospital.

Table 4. Results of Binary Logistic Regression Analysis of Patient Experience on Revisit Intention among Respondents at Hospital X in 2026 (n = 57)

Test	Variable	Sig. (p-value)	Exp (B)
Binary Logistic Regression	Responsiveness	0.018	7.172

Binary Logistic Regression analysis showed that patient experience significantly influenced Outpatient Interest in returning ($p = 0.018$). The Odds Ratio (Exp(B)) was 7.172, indicating that patients who perceived a better service response were 7.172 times more likely to intend to revisit the hospital than those who perceived a lower response. This finding suggests that service response is an important predictor of revisit intention among outpatients. Following descriptive analysis of the four dimensions of patient experience, a Binary Logistic Regression analysis was conducted to identify which dimensions independently influenced Outpatient Interest in returning. All four dimensions of patient experience (nurse communication, doctor communication, service responsiveness, and physical comfort) were initially evaluated in the regression analysis. However, after model estimation, only service responsiveness remained statistically significant and was retained

in the final regression model. Therefore, Table 4 presents only the results for service responsiveness as an independent predictor of revisit intention.

The majority of respondents 94.7% expressed an interest in returning for another visit, while 5.3% of respondents stated they were not interested. This high level of interest in returning indicates that most patients wish to use outpatient services at Hospital X again. According to (Hamid, 2020), the interest in returning is influenced by several factors, such as service quality, institutional image, service appeal, and promotion. Good service quality fosters a positive perception among patients, thereby encouraging them to use the same services again. This finding is consistent with a study conducted by (Sangkot, 2022), which showed that service quality has a positive influence on the interest in repeat visits among outpatient patients.

The results of the Binary Logistic Regression analysis demonstrated that service responsiveness was significantly associated with Outpatient Interest in returning ($p = 0.018$). The Odds Ratio Exp(B) of 7.172 indicates that respondents who perceived outpatient services as more responsive were approximately 7.172 times more likely to intend to revisit Hospital X than those who perceived lower levels of service responsiveness. This means that the better the patient's experience while receiving care, the higher the likelihood that the patient will return to the hospital. These findings support the theory proposed by (Benson, 2023), which states that patient experience has a positive influence on patient loyalty. Furthermore, these findings are consistent with the study by (Sangkot, 2022), which found that service quality significantly influences outpatient patients' intention to return, as well as the study by (Husnul, 2023), which indicates a significant relationship between patient satisfaction and the intention to return. Thus, positive experiences patients have through good communication, responsive service, and a comfortable environment can build trust and encourage patients to return to use the hospital's healthcare services.

DISCUSSION

The results of the study show that the dimension of physician communication received the highest percentage, at 75.4%, and fell into the "good" category. These results indicate that the majority of patients assessed physicians as capable of providing clear, easy-to-understand information and establishing good interactions during the care process. Good physician communication enables patients to understand their health condition, diagnosis,

treatment plan, and the medical procedures to be performed, thereby increasing patients' trust in the care provided. According to (Setyawan, 2017), doctor and patient communication is a crucial component of healthcare services because it serves as a means of exchanging information, providing health education, and building a therapeutic relationship between doctors and patients. Through effective communication, doctors can gather more comprehensive information about a patient's health while helping patients understand their health conditions. Therefore, high ratings in this dimension indicate that doctors have effectively fulfilled their communicative roles, thereby creating a positive service experience for patients. The dimension of nurse communication scored 63.2% and fell into the "good" category. These results indicate that the majority of patients felt that nurses had provided the necessary information, attention, and assistance during the care process. Nurses are the healthcare professionals who interact most frequently with patients; therefore, the quality of their communication significantly influences the patient experience during their hospital stay. According to (Asmirajanti, 2021), nursing communication plays a crucial role in improving public health by providing information, health education, emotional support, and guidance throughout the care process. Effective communication helps patients feel cared for, valued, and more comfortable while receiving care. The results of this study indicate that nurses have been able to build good relationships with patients, although improvements are still needed in several areas to further optimize the quality of communication.

The service responsiveness dimension scored 59.6% and fell into the "fair" category. These results indicate that patients rated the services provided as fairly good, but there are still some aspects that do not fully meet patient expectations. One factor that may influence this assessment is the waiting time for services, which some patients still perceive as quite long whether during the registration process, while waiting to see a doctor, or when receiving other supportive services. According to the WHO, as cited by (Ode Siti Orianti, 2020) responsiveness is the ability of a healthcare system to meet patients' expectations regarding non-medical aspects of care, such as the timeliness of service, staff attentiveness, ease of accessing information, and respect for patients. The more responsive the service provided, the better the patient experience. Therefore, the research results, which still fall into the "adequate" category, indicate the need to improve the efficiency of service workflows, manage waiting times, and enhance staff responsiveness in meeting patient needs to improve the overall service experience. The physical comfort dimension received

a score of 59.6% and was classified as “adequate.” These results indicate that the service environment is considered sufficiently adequate; however, there are still several aspects that need improvement to make patients feel more comfortable during their stay at the hospital. Physical comfort encompasses the condition of waiting rooms, environmental cleanliness, lighting, ventilation, room temperature, noise levels, and the availability of other supporting facilities. According to the ([Kementerian Kesehatan, 2019](#)), the hospital environment must meet environmental health requirements, which include cleanliness, comfort, safety, and the adequacy of facilities to support optimal healthcare delivery. A comfortable physical environment can help reduce patient discomfort while waiting for care and enhance positive perceptions of the quality of hospital services. Research findings that are still categorized as “adequate” indicate that hospitals need to make improvements to their physical facilities and service environments, especially when patient visits increase, leading to more crowded waiting rooms. These efforts are essential for enhancing the overall patient experience.

The results of this study are consistent with the theory of service quality proposed by Zeithaml and Bitner, as cited in ([Khasanah & Mahendri, 2023](#)), which states that service quality is determined by the service provider’s ability to meet customers’ needs and expectations. According to Zeithaml, Parasuraman, and Berry as cited by Pasolong in ([Sondakh, 2022](#)), service quality is measured through five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. In this study, physical comfort reflects the tangibles dimension, service responsiveness reflects the responsiveness dimension, while communication by doctors and nurses reflects both the assurance and empathy dimensions. These findings have important implications for hospital quality improvement. Although communication between doctors and patients has been a strength at Hospital X, and nurse communication has also been positively assessed, improvements should prioritize operational aspects of services, particularly responsiveness and the physical care environment. Hospitals should strengthen communication competencies through ongoing training for healthcare professionals while simultaneously improving service efficiency by reducing waiting times, optimizing patient flow, and increasing staff responsiveness to patient needs. Furthermore, improvements in waiting room facilities, environmental cleanliness, seating capacity, ventilation, and other supporting facilities can enhance patient comfort during outpatient visits. Implementing these improvements is expected to

create a more positive patient experience, strengthen patient trust, and ultimately increase patient willingness to return for future healthcare services.

This study has several limitations. First, it analyzes only four dimensions of the patient experience, not all of them. Second, it does not analyze demographic factors such as age, gender, educational level, and socioeconomic status, which may influence the intention to return for another visit. Third, the sample size of this study is only 57 respondents, so the results are not very representative.

CONCLUSION

This study found that service responsiveness was the most important dimension of patient experience influencing outpatient revisit intention at Hospital X. Although the four dimensions of patient experience, namely nurse communication, physician communication, service responsiveness, and physical comfort, were evaluated, only service responsiveness showed a significant effect on patients' intention to return. This finding indicates that timely, attentive, and responsive services play a crucial role in shaping positive patient experiences and encouraging patients to reuse outpatient services.

The scientific contribution of this study lies in its specific examination of selected patient experience dimensions in the context of outpatient services. Rather than assessing patient experience as a single general construct, this study provides more detailed evidence that service responsiveness is a key factor in strengthening patient retention. These findings may serve as a practical reference for hospital management in prioritizing service improvement strategies, particularly by reducing waiting times, improving staff responsiveness, optimizing patient flow, and enhancing the overall outpatient service environment.

This study has several limitations. First, the sample size was relatively small, involving only 57 respondents, which limits the generalizability of the findings. Second, the study was conducted in a single hospital, so the results may not represent outpatient services in other healthcare settings. Third, this study only examined four dimensions of patient experience and did not include other potential factors such as patient satisfaction, hospital image, waiting time, service cost, and accessibility. Future studies are recommended to involve larger samples, multiple hospitals, and additional variables to provide a more comprehensive understanding of factors influencing outpatient revisit intention.

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