DIJEMSS: Dinasti International Journal of Education Management and Social Science
E-ISSN: 2686-6331
P-ISSN: 2686-6358
DINASTI PUBLISHER
https://dinastipub.org/DIJEMSS dinasti.info@gmail.com +62 811 7404 455

**DOI:** https://doi.org/10.38035/dijemss.v7i1.5549
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**Received:** 04 September 2025 | **Revised:** 24 September 2025 | **Accepted:** 31 October 2025

# Quality of Health Services in The Intra-Hospital Patient Transfer Process

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**Abstract:** This study aims to analyse the quality of health services in the intra-hospital patient transfer process at RSUD Limpung based on the theory of Zeithaml, Parasuraman, and Berry (tangibles, reliability, responsiveness, assurance, empathy). The background of the study was based on the obstacles in the delay of operation registration, limited human resources in the Central Surgical Installation, and poor communication between units in the process of intra-hospital patient transfer. The method used was descriptive qualitative with purposive sampling technique, involving the doctor in charge, emergency room nurse, head of the room, administrative officer, and family of BPJS PBI and non-PBI patients. Data were collected through observation, in-depth interviews, and documentation, then analysed through reduction, presentation, and conclusion drawing. The results showed that patient transfer services at RSUD Limpung were considered good in the aspects of responsiveness, assurance, and empathy, but there were still obstacles in tangibles and reliability, with the novelty of this research lies in the focus of the study of the intra-hospital patient transfer process, especially BPJS patients (PBI and non-PBI), which is still rarely studied. So it is necessary to strengthen coordination between units to ensure more efficient and effective service quality

**Keywords:** Health Services, Service Quality, Intra-Hospital Patient Transfer

## INTRODUCTION

The World Health Organization (WHO) states that health services are an effort to maintain and restore physical, mental, and emotional health. (Schramme, 2023). Good health services can encourage the realization of effective and efficient services (Ulumiyah, 2018). Service quality is a crucial element that reflects the extent to which the service is able to meet patient expectations and needs, such as the quality of health services in hospitals (Asti et al., 2024). According to the results of observations, health services at Limpung Regional Hospital are running well, indicated by the performance of staff who are organized and do not show confusion in carrying out their duties (Observation November, 2024). However, obstacles have been found, namely the lack of beds for patients in the inpatient ward which causes suboptimal patient care at certain times (Health Officers, 2025). This condition often becomes an obstacle for health workers, especially when patients from the Emergency Department (ER) require

further treatment in the inpatient ward when at that time the beds are full. In facing such a situation, the available options are generally to wait until there is a space available without a definite time estimate, or to refer the patient to another hospital that has available treatment space (Health Officer, 2025).

From the obstacles mentioned above, there is an increase in the number of patient visits, especially from BPJS Kesehatan participants, both BPJS PBI and Non PBI, overall both inpatient and outpatient, namely in the period January 1 - December 31, 2023 recorded 23, 527 patients while in the period January 1 - October 28, 2024 recorded 26, 489 patients, both outpatients and inpatients (BPJS RSUD Limpung patient visit data), while the available beds at RSUD Limpung as a whole are 108 units (Data source: RSUD Limpung profile document, 2024). In addition, there are still obstacles related to delays in the operation registration process, limited human resources in the IBS sector and frequent miscommunication in the patient handover process between units in the intra-hospital patient transfer process. Intrahospital patient transfer is the transfer of patients within a hospital, aimed at transferring or changing diagnostic or therapeutic care to various rooms or specialized units within the hospital (Meephu et al., 2023). The intrahospital patient transfer process has implemented SOPs, containing all established instructions for carrying out activities related to the procedures for transferring patients from one room to another during a single inpatient period (Document, SOP/AKP/035/2022).

Various previous studies have confirmed that services and facilities influence patient satisfaction, where services and facilities have a positive influence on patient satisfaction at Limpung Regional General Hospital (Sigit & Syaqiq, 2021). Furthermore, a study on the Quality of Health Services for Outpatients in the Internal Medicine and Surgery Polyclinics at Balangan Regional Hospital has been running quite well because it is in accordance with clear Standard Operating Procedures (SOPs). Facilities affect the health service system, waiting times for treatment are quite long, and there is still a difference in medication given to general patients and BPJS Kesehatan patients (Munawarah & Misdawati, 2024). Meanwhile, Alya Indana Zulfa et al. (2025) stated that the quality of health services plays a very important role in determining the level of patient satisfaction and has a direct impact on the degree of public health. There are two main dimensions that need to be focused on: technical (clinical) quality, which is related to medical competence, and functional (non-clinical) quality, which refers to the delivery of services to patients (Zulfa et al., 2023).

Based on previous research that discussed satisfaction and service quality in general, this study specifically discusses the obstacles in the intra-hospital patient transfer process at Limpung Regional General Hospital. Based on the background of the current study, there are still obstacles in the process of registration for surgery, limited human resources in the IBS sector, and lack of communication between units during intra-hospital patient transfers. Therefore, the researcher is interested in raising this topic because there are real problems in intra-hospital patient transfer services. This study is expected to provide recommendations for improving the quality of health services, especially in the intra-hospital patient transfer process, so that the intra-hospital patient transfer process can run well. Ultimately, this goal can support the achievement of hospital service quality in an effective and efficient patient transfer process, which can be solved using the theory of service quality. According to Zeithaml, Parasuraman and Berry (2011), there are 5 indicators that can determine success in service quality, namely: Tangibles, Reliability, Responsiveness, Assurance, Empathy (Along, 2020).

## METHOD

This study uses a qualitative descriptive method. The research location is at the Limpung Regional General Hospital, Batang Regency. The study was conducted over a period of 3 months starting from March 1 to May 30, 2025. Data collection techniques through observation

by observing the process of intra-hospital patient transfer services at Limpung Regional General Hospital, in-depth interviews with informants involved in this study, including: 1) Doctors in Charge of Services (DPJP); 2) Emergency Installation Nurses (IGD); 3) Head of Inpatient Room; 4) Head of Central Surgical Installation Room (IBS); 5) Administrative Officers; 6) Families of BPJS PBI Patients (three people) and Non PBI (two people). The selection of informants was carried out using a purposive sampling technique with the aim of obtaining relevant and scientifically accountable data (Along, 2020). Primary data were obtained through observation, interviews, and documentation. While secondary data was obtained from various reliable sources such as scientific journals, news articles, official documents of Limpung Regional General Hospital.

The data analysis technique in this study includes three main stages: data reduction, data presentation, and conclusion drawing (Widiatmika, 2015). In the data reduction stage, information obtained from interviews, observations, and documentation was selected and simplified with a focus on the service quality aspects of the intra-hospital patient transfer process. Irrelevant data was removed, while data related to service quality aspects, namely tangibles, reliability, responsiveness, assurance, and empathy, was retained and systematically arranged. The reduced data was then presented in a structured format, such as tables and descriptive narratives, for easier understanding and further analysis. The final stage of this process, drawing conclusions, was carried out by explaining the meaning of health service quality in the intra-hospital patient transfer process. This study also considered the principles of research ethics, which include honesty, objectivity, integrity, accuracy, social responsibility, reliable publication, competence, and legality (Gainau, P. C., Bintari, W. C., Putri, I. S., & Sembiring, 2023).

## RESULTS AND DISCUSSION

Based on the results of interviews, observations, and documentation conducted in the field, various interesting dynamics were found related to services in the intra-hospital patient transfer process. From various obstacles in the background to achieve good service quality in order to achieve efficient health services. The quality of health services was analyzed using Zeithaml, Parasuraman, and Berry's (2011) theory, which identifies five indicators that can determine success in service quality, namely: Tangibles (Tangible), Reliability (Reliability), Responsiveness (Responsiveness), Assurance (Guarantee), Empathy (Empathy). The following is a description of each indicator as found in the field, namely:

### Tangibles

The tangibles indicator examines the appearance of physical facilities, equipment, personnel, and communication media within the service. This is demonstrated in an interview with the Head of the IBS Unit, who stated, "Patient transfer facilities are safe so far. However, there are only two operating rooms, and even then, if there are concurrent operations, such as obstetrics and gynecology and general surgery, they cannot be operated on due to a lack of human resources. The solution to this issue is to prioritize the most critical patient's condition. Furthermore, each room has a dedicated mobile phone to facilitate the smooth transfer process, and the recovery room (a special room in the hospital where patients are monitored and treated after surgery) is adequate and complies with hospital SOPs." (Interview, March 2025). This is evidenced by the composition of the educational level of Masters totaling 2 people; 15 specialist doctors; 1 general practitioner; 1 dentist; 83 bachelor/D4 graduates, Bachelor/D3 165 people, High School/equivalent 27 people. Meanwhile, the availability of medical operator staff in the IBS room, which consists of 1 anesthesiologist, 1 general surgeon, 2 obgyn specialists, and 2 ENT specialists. This statement is also supported by the operational officer that (Official document of Limpung Regional Hospital). "Here is a type C hospital and all

facilities are adequate with attention to SOP. The available beds here are 108. However, There have been incidents when the increasing number of BPJS PBI and Non-PBI patients will be transferred to the inpatient room but all rooms are still full, the solution to this is sometimes we provide options for the patient's family, between waiting for the specified time or being referred to another hospital "(Interview March, 2025). This is shown in table 1.1.

Table 1.1. Number of BPJS Health patient visits to inpatient rooms

| No. | Room | 2023 | | 2024 | |
|---|---|---|---|---|---|
| | | PBI | Non PBI | PBI | Non PBI |
| 1. | HCU | 76 | 15 | 5 | 1 |
| 2. | Delivery Room (VK) | 41 | 19 | 453 | 113 |
| 3. | Anggrek | 385 | 348 | 561 | 288 |
| 4. | Kenanga | 1,305 | 136 | 1,632 | 159 |
| 5. | Seroja | 443 | 441 | 384 | 572 |
| 6. | ICU | 11 | 2 | 100 | 20 |
| 7. | Kenanga COVID Isolation Room | 10 | 2 | - | - |
| 8. | Wijaya Kusuma Isolation Room QIF 19 | 5 | - | - | - |
| 9. | Kenanga Postpartum Room | 1 | - | - | - |
| 10. | Perinatology | - | - | 94 | 17 |
| 11. | NICU | - | - | 2 | - |
| | Total | 2.277 | 963 | 3.231 | 1.170 |

However, this statement does not fully align with the views of the families of BPJS PBI and Non-PBI patients. "*From the emergency room, the inpatient room, to the operating room, all the facilities provided are complete, ma'am. There are no obstacles in terms of mobility when transferring patients to the emergency room, inpatient room, and to the operating room*." (Interview March, 2025). This statement is proven by the following image.



Figure 1. Physical facilities for intra-hospital patient transfers
(Source: Primary data, personal photo of researcher, 2025)

**Responsiveness**

The responsiveness indicator measures the speed, alertness, and readiness of healthcare workers in responding to patient needs and addressing various issues that arise during the intra-hospital patient transfer process. This was demonstrated in interviews with the inpatient nurse. This statement was also reinforced by an inpatient nurse, who stated, "*There are often miscommunications during patient transfers, but we are able to respond effectively*." (Interview, March 2025). This was further evidenced by observations of staff responding quickly to patient needs, such as room setup, and the presence of staff during the transfer process (Observation, February 2025). This statement also aligns with the DPJP (Physician in

Charge of Services) statement, "*Although there were obstacles in the patient transfer process, such as miscommunication between units, all staff demonstrated good responsiveness*" (Interview, March 2025). This statement is supported by the views of the families of BPJS PBI and Non-PBI patients, "*From the moment they entered the emergency room, all the officers there were responsive. When the patient arrived, they were immediately treated, and at that time, they had to be hospitalized until surgery. All the health officers and doctors always responded well, ma'am.*"

**Reliability**

Reliability in healthcare refers to the ability of healthcare facilities, including medical personnel and their support systems, to provide consistent, accurate, and reliable services, in accordance with established standards. This was demonstrated in an interview with the DPJP (Physician in Charge of Services). "*Based on my own experience as a doctor, several obstacles in the patient care process at the hospital indicate that the system's reliability aspect is not yet fully optimized. Obstacles encountered include a lack of coordination in the handover process between units, resulting in important information such as medical history (e.g., diabetes mellitus with high blood sugar levels) not being conveyed to the DPJP*". This statement was reinforced by the Head of the IBS room, "*Problems in the process of transferring patients to the operating room indicate that there are still obstacles in the reliability of coordination between service units. One of the main obstacles is the delay in the operation registration process, which should be done one day before the procedure, but is often delayed due to late arrival of patients from the ER, the surgeon's schedule is uncertain. In addition, the use of a communication system via SMS to the Central Surgical Installation (IBS) staff is still not fully effective because it depends on individual activity, which causes potential miscommunication when transferring patients from the ward. These factors hinder the smooth pre-operative flow and have the potential to delay procedures, thus reducing the reliability of the coordination system and hospital services as a whole*." However, statements from the patient's family differ from those of the health workers, saying "*For nurses and doctors, all are good in providing service, as far as I see there are no errors in handling the patient*."

**Assurance is trustworthy in its operational procedures (the sentence must be emphasized).**

The assurance aspect of healthcare services reflects comfort, safety, and accountability. This was demonstrated in interviews with the heads of the emergency room, inpatient wards, and the head of the intensive care unit (IBS) who stated that "*patient comfort is a priority, and that the patient's transfer process complies with applicable SOPs, thus ensuring patient safety and security*." This statement was also reinforced by the families of BPI and non-PBI patients. "*We trust and are at ease with the care provided by the nurses and doctors during the patient transfer process from the emergency room to the ward, all the way to the operating room. Each step was explained clearly and attentively, giving us a sense of security because we know the patient is being cared for by competent and professional medical personnel*." (Interview March, 2025).

**Empathy**

Empathy in healthcare refers to the ability of medical personnel and all service staff to understand the physical and psychological condition of patients. This is demonstrated by interviews with healthcare workers in the emergency room, inpatient wards, and intensive care units (IBS), who stated, "*During the transfer process, we as healthcare workers consistently demonstrated empathy and never neglected the patient's needs or comfort*." This statement was also corroborated by the families of both PBI and non-PBI patients, "*I felt truly understood that*

*my comfort and safety were important during the transfer process. Throughout the journey, I felt calm and free from anxiety because the staff always paid full attention*."

## DISCUSSION

Health services during intra-hospital patient transfers at Limpung Regional Hospital are carried out through coordination between units, the assignment of accompanying staff, preparation of necessary medical equipment, and monitoring of patient conditions throughout the process. This aligns with research (Ansyori & Ikawati, 2022) which emphasizes the importance of communication in a health service in order to achieve effective and efficient services (Ansyori & Ikawati, 2022). The main principle in patient transfer is to ensure patient safety and security, so that each stage must be carried out in a structured manner according to operational standards, as emphasized by Taufiq (2019) that the implementation of SOPs plays a role in the smooth running of operational activities and the realization of coordination, facilitation and control that reduce the risk of patient safety incidents. (Taufiq, 2019). The patient transfer process is carried out through targeted coordination between units with adequate facility support, and accompanied by efforts to provide a sense of security and comfort for patients. This is in accordance with the findings of Gheshlaghi (2021) that support facilities and attention to the psychological aspects of patients can reduce anxiety during the service process (Gheshlaghi et al., 2021). Health workers not only carry out procedures according to standards, but also demonstrate empathy through reassuring communication and concern for the needs of patients and families, as shown by Babaii (2021) that empathetic communication increases patient trust and comfort (Babaii et al., 2021). The patient transfer process is an integral part of comprehensive health care, which emphasizes the importance of the availability of adequate facilities, coordination between medical teams, system reliability, patient safety and comfort, and respect for patient dignity (Romadhon, 2024). This is to realize good quality patient transfer services, so clarity is needed in implementing the Zeithaml Parasuraman and Berry quality theory, namely (responsiveness), reliability, assurance and empathy.

### Physical Appearance (Tangibles)

Physical appearance (tangibles) refers to the appearance of physical facilities, equipment, personnel, and communication media within the service. This dimension encompasses physical facilities, equipment, staff, communication facilities, and operational vehicles (Alim et al., 2019). In the context of intra-hospital patient transfer services, this aspect significantly influences patient and family perceptions of the quality of service provided (Dalfian et al., 2022). Research shows that Limpung Regional General Hospital's physical facilities meet the standards for a Type C hospital, but its human resources are still limited to doctors in the operating room. Consequently, concurrent surgeries involving two different specialties, such as obstetrics and gynecology and general surgery, can lead to scheduling conflicts (Head of the IBS Room, 2025). This indicates that even though facilities are available, their capacity to serve high demand simultaneously is still limited. This condition aligns with findings by Ganis Wirawan (2024), who stated that regional hospitals often face physical and logistical challenges, especially when service demand increases (Ganis Wirawan et al., 2024). However, hospitals that are able to adapt to situations through emergency procedures and rapid coordination will be able to maintain the quality of their services (Layli Rahmawati, 2022). The physical appearance of Limpung Regional Hospital can be said to be well-functioning in terms of facilities, but human resource availability in the Central Surgical Installation is still limited. This condition aligns with previous research that has shown similar challenges in regional hospitals.

**Responsiveness**

Responsiveness is an important indicator in assessing the quality of healthcare services, reflecting the speed, alertness, and readiness of healthcare workers in responding to patient needs and addressing various issues that arise during the service process (Khan et al., 2021). In intra-hospital patient transfer services, responsiveness reflects how quickly and effectively healthcare workers handle technical, administrative, and coordination obstacles to avoid compromising the patient's stability (Khan et al., 2021). The results of this study indicate that healthcare workers at Limpung Regional Hospital demonstrated good responsiveness in carrying out the patient transfer process. This is reflected in the staff's ability to address various obstacles, such as suboptimal communication between units. These obstacles enabled healthcare workers to take rapid corrective action, such as expediting manual coordination or adjusting the treatment flow based on the urgency of the patient's condition. These findings indicate that although the system is not yet fully ideal, individual and team responses maintain the continuity and safety of services. This finding is reinforced by research conducted by Anisah (2022), which states that the responsiveness of healthcare workers is a dominant factor influencing patient satisfaction, especially in emergency situations or when operational disruptions occur (Anisah et al., 2022). When staff are able to respond quickly and appropriately, negative impacts on patients can be minimized even if facilities or systems are imperfect (Prasetyo et al., 2024). Research by Rakhmawati (2023) found that good healthcare services are not only assessed by facilities or completeness of facilities, but also by the responsiveness of healthcare workers in providing information, as demonstrated by patients understanding what has been explained by healthcare workers and providing timely assistance (Rakhmawati & Suhartini, 2023).

Overall, this colleague emphasized that the responsiveness of Limpung Regional Hospital's healthcare staff has been effective, demonstrated by their speed and accuracy in addressing challenges and providing services tailored to patient needs. Despite system limitations, the staff's responsiveness has maintained service quality and patient safety.

**Reliability**

Reliability in healthcare refers to the ability of healthcare facilities, including medical personnel and their support systems, to provide consistent, accurate, and reliable services, in accordance with established standards (Vanchapo & Magrifoh, 2022). This aspect is crucial because it concerns patient safety, the effectiveness of medical procedures, and public trust in healthcare institutions (Vanchapo & Magrifoh, 2022). Research indicates that the reliability aspect is quite good but still needs improvement (Research Results, 2025). This is in line with research by Wahyuni (2024), which found that although digital infrastructure has begun to be implemented, technical barriers, data integration errors, information quality issues, and a lack of human resource readiness to support internal hospital systems remain (Wahyuni et al., 2024). Despite the challenges encountered, the role of staff at regional hospitals has demonstrated excellent performance (Research Results, 2025). This is in line with research by Yulia (2017) which emphasizes that even though the system is not yet fully integrated and digitally sophisticated, the success of services can still be maintained if health workers have a high level of commitment and initiative in solving problems quickly and appropriately (Yulia Andriani & Djamil, 2017)).

In general, the reliability aspect indicates that healthcare workers have provided services during the intra-hospital patient transfer process in accordance with SOPs. However, technical and coordination challenges remain in implementation. Nevertheless, healthcare workers' efforts to find alternative solutions reflect a strong commitment to maintaining service quality and patient safety.

**Assurance**

The assurance aspect in healthcare services reflects the credibility of medical personnel, their polite attitude, and their ability to foster a sense of security and trust in patients during the service process (Suhadi et al., 2022). In the context of hospital services, especially during the intra-hospital patient transfer process, this aspect plays a crucial role because it concerns the perception of patients and families regarding the professionalism of the medical personnel treating them (Dr. M. Zein Painan Regional Hospital, 2019). The results of the study showed that patients and families, both from the Premium Assistance Recipient (PBI) and Non-PBI groups, felt safe and secure during the process of transferring patients from the emergency room to the inpatient room and to further treatment rooms. Their trust grew from the informative, caring, and communicative attitudes of healthcare workers throughout the process (Results of Patient Family Interviews, 2025). The assurance aspect at Limpung Regional Hospital is reflected in the professional and communicative attitudes of healthcare workers who are able to foster trust and provide a sense of security for patients and their families during the transfer process, thus maintaining the quality of service.

**Empathy**

Empathy in healthcare refers to the ability of medical personnel and all service staff to understand the emotional, physical, and psychosocial conditions of patients and their families, and then respond with genuine and professional care (Moudatsou et al., 2020). This aspect significantly determines patient perceptions of service quality because it is directly related to feelings of respect, understanding, and humane support throughout the care process, including in critical situations such as patient transfers between hospital units (Moudatsou et al., 2020). Analysis found that patients and families felt emotionally supported during the transfer process. This indicates that staff not only carried out technical procedures but also paid attention to the patient's psychological well-being (Research Results, 2025). This research aligns with Zongpu Yue's (2022) finding that effective communication skills in healthcare services increase empathy among healthcare workers and improve work efficiency, improving patient-patient relationships, enhancing service quality, and reducing communication errors amidst the challenges of a high workload (Yue et al., 2022). In this context, Limpung Regional Hospital's success in maintaining empathy demonstrates an organizational culture that supports humanitarian values in service. Watson (2008), through his Theory of Human Caring, emphasized the importance of nurses and healthcare workers in fostering loving and caring relationships as part of true healing, particularly during moments of care transition such as patient transfer (Clark, 2016).

Thus, the findings of this study reinforce the understanding that empathy is not only relevant to improving patient satisfaction but also plays a crucial role in ensuring safety, smooth communication, and overall successful care. Limpung Regional Hospital's commitment to maintaining empathy during patient transfer reflects the implementation of services oriented towards humanitarian values and professional ethics, which aligns with the principles of public service in the health sector.

Based on the research results, the quality of health services during the intra-hospital patient transfer process at Limpung Regional General Hospital showed good overall performance. Services were implemented by taking into account the five dimensions of quality according to Zeithaml, Parasuraman, and Berry, namely tangibles, reliability, responsiveness, assurance, and empathy, which have generally been optimally implemented. Physical facilities were adequate according to type C hospital standards, health workers demonstrated responsiveness, professionalism, and empathy, and inter-unit communication was carried out in a coordinated manner despite technical constraints. The proactive efforts of medical

personnel in ensuring safety, comfort, and continuity of services reflect a commitment to quality services that are humanistic, accountable, and oriented towards patient safety.

## CONCLUSION

Healthcare services during the intra-hospital patient transfer process at Limpung Regional Hospital have been running well, as evidenced by responsiveness, assurance, and empathy, which provide a sense of security, comfort, and certainty of service for patients and their families. However, challenges remain in tangibles and reliability, such as delays in surgical registration, limited medical personnel in the IBS room, and lack of coordination between units. Nevertheless, improvements have been made through more structured scheduling, prioritizing critical patients, optimal task allocation, and enhanced communication between units, thus maintaining service quality.

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