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**THE SECTIO CAESAR PATIENT'S PERCEPTION OF BSSH (BUREAU OF SOCIAL SECURITY AND HEALTHCARE) ON OBSTETRIC GYNECOLOGY SPECIALIST SERVICES AT IBNU SINA HOSPITAL BASED ON THEIR EMPLOYMENT STATUS IN MAKASSAR**

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**Abstract**

This study aimed to analyze the relationship between employment status as one of the demographics components on the perception of sectio caesar on the service of obstetrics and gynecology at Ibnu Sina Hospital in Makassar.

This research used analytic observational study conducted at Ibnu Sina Hospital in Makassar. These samples included 50 respondents taken by purposive sampling.

Respondents were given a questionnaire to obtain demographic data and assess the patient's response to the tangible attributes, responsiveness, assurance, empathy, and reliability. Correlation criteria of education and the level of patient satisfaction were tested using Partial Correlations Test of SPSS Statistics 24. The correlations were considered significant if  $p < 0.05$ . The result of this research that the majority of respondents were patient with the job status does not work as much as 62%, then 32% of non-civil servants and civil servants of 6%. The employment status has no significant correlation to the patient's perception of tangible attribute with  $p > 0.05$  (0.856), responsiveness of  $p > 0.05$  (0,154), assurance of  $p > 0.05$  (0.647), empathy of  $p > 0, 05$  (0.442), and reliable of  $p > 0.05$  (0,972). Section Caesar patients at Ibnu Sina Hospital are dominated by “not working” employment status. The differences of employment status on Section Caesar patients has no significant correlation to the patient's perception on the service quality of obstetrician and gynecologist with a very low correlation to the tangible, assurance, empathy, and reliable, and low correlation to the responsiveness.

**Keywords:** Education, Perception of Patients, Quality of Health Services

## **Introduction**

Indonesia with a very large population has health problems that is quite complex. Every year, half a million women and one and a half million of newborn babies lose their lives because of complications in childbirth. Ease of access and the punctual time in reaching a medical facility to receive emergency relief services of obstetrics and newborn babies are very important to save them from the threat of complication occurrence (Honda, et al, 2011). One of the emergency obstetric cares is often done to save the mother and the baby is sectio caesar (Vyas et al, 2011). Indonesia adopted the National Health Security system (NHS) which organized through social health insurance mechanism that is compulsory (mandatory) based on Law No.40 of 2004 on National Social Security System [Ministry of Health (MoH) - Republic of Indonesia, 2004]. NHSS system organized by the Bureau of Social Security and Healthcare (BSSH) which in giving the service, BSSH do the collaboration with the existing health facilities throughout Indonesia (MoH, 2011).

Ibnu Sina General Hospital is one of the few private hospitals in Makassar which become the reference of obstetric emergency actions. This is an opportunity of its own so the strategic planning of Ibnu Sina Hospital needs to be managed properly. It is important to maintain patient's trust and satisfaction of medical services provided. From the preliminary observations made at Ibnu Sina Hospital, it obtained data on the number of patients for sectio caesar in 2012 were 268 patients, 276 patients in 2013, 184 patients in 2014 and 221 patients in 2015. When referring to the increasingly high number of average sectio caesar action in general and 2014 as the initial year of the implementation of BSSH nationally, it is seen that in the first year of the application of BSSH, there was a decreasing number of Sectio Caesar patients in Ibnu Sina General Hospital, but it increased again in the second year.

The presence of NHS program in the health world of Indonesia gives a challenge to the hospital to establish partner with BSSH. The patient's satisfaction is an important issue for the primary health care providers, especially hospital. In the era of NHS, the hospital needs to increase the rate of patient's satisfaction if they want to remain competitive with other hospitals. Hospitals are required to be able to reassure the BSSH patients that the care provided is a professional treatment without differentiate the patient status between general and BSSH.

A quality service provided by the hospital related to patient satisfaction. Their customer satisfaction will be a harmonious relationship between producers and consumers. The creation of a good base for repurchase and the creation of customer loyalty will create a recommendation which will be able to benefit a company (Tjiptono 2005).

Christasani, et al. (2016) in his research that explored the direct interview said that most respondents with jobs as civil servants are not satisfied with the system of NHS running. While respondents whose contributions are paid by the government / not working tend to be satisfied with the service / system. Many unsatisfied complaints and statements come from non-civil servant because respondents feel they have fulfilled their obligation by paying dues every month then the expectation of better health care becomes higher.

This study intends to assess the sectio caesar patient's perception of BSSH on obstetric gynecology specialist services based on their employment status at Ibnu Sina Hospital in Makassar. This research is expected to provide input to the Government, health facilities, and BSSH to keep giving better service to the community and improve the existing system of NHS.

### **Research Method**

This research is an analytic observational study with cross sectional design. The research conducted at Ibnu Sina Hospital Makasaar which determined by the method of random sampling. Total sample of respondents is determined by purposive sampling method and obtained 50 respondents.

Criteria for inclusion in this study, namely: Inpatients who undergo sectio caesar at Ibnu Sina Hospital Makasasar during the study period; the patient is conscious and able to communicate well; respondents over the age of 17 years; not disturb mentally; BSSH types of financing; and willing to be interviewed. Criteria for exclusion is the patients who have an alliance with hospital employees.

Data retrieved quantitatively using questionnaires. Respondents were asked to fill out a questionnaire. The data collection is done per attribute (1) reliability; (2) responsiveness; (3) assurance; (4) empathy; (5) tangible with the type of scale in the form of gradual scale. The score of each answer is: strongly agree: 5, agrees: 4, do not know: 3, disagreed: 2, and strongly disagree: 1. After the questionnaire is filled entirely, then it will do the recapitulation result.

To determine whether a questionnaire that is used actually eligible, a questionnaire regarding patient satisfaction is tested the validity by *Pearson Product Moment* method with a valid criterion with  $p \leq \alpha$  (0.05) and reliability tests by *Cronbach's Alpha* method with *Cronbach's Alpha* > 0.6 so it obtained each of 10 questions for each valid attribute. To know the perception of service quality of each attribute, the mean scores of the items query is converted into a category of perception with the following formula:

$$\text{Range of scale} = \frac{\text{the mean maximum} - \text{mean minimum}}{\text{Number of category}} = \frac{5-1}{5} = 0.8$$

$$\text{Number of category} \quad 5$$

The range of scale is applied starting from the lowest mean score, so it gets limitation category as follows:  $1.00 \leq \text{mean score} \leq 1.80$ : strongly disagree (1) ;  $1.80 < \text{mean score} \leq 2,60$ : disagree (2) ;  $2.60 < \text{mean score} \leq 3,40$ : do not know (3) ;  $3.40 < \text{mean score} \leq 4.20$ : agree (4) ;  $4.20 < \text{mean score} \leq 5.00$ : strongly agree (5).

Multivariate analysis is used to determine the correlation between employment status and the patient's perception by controlling the variables of age, religion, parity, and education. It is considered to have a significant correlation if  $p < 0.05$ .

## Results

The employment status in this study were classified into three groups including civil servants, non-civil servants, and not working. The distribution of each of the criteria outlined in Table 1

**Table 1. Characteristics of Respondents by Employment Status**

Education	Frequency (n)	Percentage (%)
Civil Servant	3	6
Non-Civil Servant	16	32
Not Working	31	62
<b>Total</b>	<b>50</b>	<b>100</b>

The biggest respondent came from “not working” criteria status of 62%, followed by non-civil servants by 32%, and the rest were the respondents with employment status of civil servants amounted to 6% of the total respondents.

The section caesar patient's perception of BSSH based on the job status on service quality attributes were made in the form of cross-tabulations. The data were presented in Table 2-6.

Based on the data in Table 2 on *tangible* attributes, it can be seen that all job criteria respondents generally give a positive response to all attributes of questions. The tangible attribute that got poor response was found in T5 attributes (doctor in charge is polite in giving service). Strongly disagree (SD) and disagree (D) response in a row given by the respondent of “not working (14% and 10%), and non-civil servants (12% and 4%). While civil servants respondents tend to give positive appreciation to the responses of agree (A) and strongly agree (SA) on this attribute.

Table 2. Cross Tabulation of the Respondents' Work and Tangible

T	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
1	Doctor always greet in the examination room	Civi Servant	0	0	0	0	1	2	0	0	2	4	3	
		Non-Civil	1	2	3	6	1	2	3	6	8	1	1	
		Servant	4	8	4	8	3	6	9	1	1	6	6	
		Not Working								8	1	2	3	
<b>Total</b>			5	1		1		1	1	2	2	4	5	
				0	7	4	5	0	2	4	1	2	0	
2	Doctor visits using neat white suit	Civi Servant							0	0		1	3	
		Non-Civil	0	0	0	0	2	4		4	8	1	0	1
		Servant	1	2	2	4	4	8		1	2	5	1	6
		Not Working	4	8	3	6	3	6		2	4	9	8	3
<b>Total</b>				1		1		1	1	3	1	3	5	
			5	0	5	0	9	8	6	2	5	0	0	
3	Doctor visits using t-shirt, jeans, sandals (non-formal attire)	Civi Servant				2							3	
		Non-Civil				1		0		2		2	1	
		Servant	0	0	1	4	0	8	1	4	1	4	6	
		Not Working	1	2	7	1	4	1	2	1	2	1	3	
<b>Total</b>					1	3		1	1	2		1	5	
			4	8	7	4	9	8	2	4	8	6	0	
4	I have met doctor in	Civi Servant	0	0	1	2	1	2	1	2	0	0	3	

T	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
	<b>charge while patient treated</b>	Non-Civil	0	0	3	6	2	4	7	1	4	8	1	
Servant		2	4	6	1	6	1	1	4	4	8	6		
Not Working					2		2	3	2				3	
									6				1	
<b>Total</b>					1	2		1	2	4		1	5	
			2	4	0	0	9	8	1	2	8	6	0	
<b>5</b>	<b>Doctor in charge is polite in giving the service</b>	Civi Servant		0									3	
		Non-Civil		1		0		0		4		2	1	
		Servant	0	2	0	4	0	8	2	4	1	4	6	
		Not Working		6	1	2	1	4	1	2	1	2	1	3
				7	4	5	0	5	0	9	8	5	0	1
<b>Total</b>			1	2		1		1	1	2		1	5	
			3	6	7	4	9	8	3	6	8	6	0	
<b>6</b>	<b>Doctor always introduce his/herself to the patient before doing the examination</b>	Civi Servant											3	
		Non-Civil	2	4				0		0		2	1	
		Servant	4	8	0	0	0	8	0	6	1	4	6	
		Not Working		1	2	3	6	4	1	3	1	2	1	3
				2	4	2	4	6	2	6	2	5	0	1
<b>Total</b>			1	3		1	1	2		1		1	5	
			3	6	5	0	0	0	9	8	8	6	0	
<b>7</b>	<b>I never know the name of the doctor who operates me</b>	Civi Servant	1	2	0	0	1	2	0	0	1	2	3	
		Non-Civil	4	4	6	1	2	4	2	4	2	4	1	
		Servant	1	2	4	2	7	1	7	1	2	2	6	

T	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	n	%	n	%	
		Not Working	1	2		8		4		4		2	3
													1
<b>Total</b>			1	3	1	2	1	2		1		1	5
			6	2	0	0	0	0	9	8	5	0	0
8	Doctor always ask permission to the patient before doing the examination	Civi Servant									2		3
		Non-Civil								1	1	1	1
		Servant	0	0	0	0	1	2	1	4	5	0	6
		Not Working	1	2	1	2	2	4	7	1	1	2	3
			4	8	3	6	4	8	9	8	1	2	1
<b>Total</b>				1				1	1	3	1	3	5
			5	0	4	8	7	4	7	4	7	4	0
9	Doctor always wash his/her hand before doing the examination	Civi Servant								2		0	3
		Non-Civil								1	0	1	1
		Servant	0	0	1	2	1	2	1	6	5	0	6
		Not Working	1	2	0	0	1	2	8	1	1	2	3
			4	8	4	8	3	6	8	6	2	4	1
<b>Total</b>				1		1		1	1	3	1	3	5
			5	0	5	0	5	0	7	8	7	4	0
10	When the doctor wants to check his/her patient, she/he is always accompanied by midwife in charge	Civi Servant								0			3
		Non-Civil				2		2	0	1		0	1
		Servant	1	2	1	8	1	8	5	0	0	2	6
		Not Working	2	4	4	1	4	1	1	2	1	1	3
			1	2	9	8	5	0	0	0	6	2	1

T	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
<b>Total</b>			4	8	4	8	0	0	5	0	7	4	0	5

Table 3 (responsiveness attributes) shows all the job criteria respondents generally give a positive response to the question attributes. But, it still found attribute that gets poor response, ie, an attribute R5 and R6. Respondents stated strongly agree (SA) and agree (A) related to the operation schedule which is not punctual (R5) with a percentage not working (24% and 26%), non-civil servants (12% and 6%), and civil servants (4% and 0%) and the condition which the patient must be long in the surgery room because of waiting the specialist doctor to begin an operation (R6) with a percentage of not working (24% and 22%), non-civil servants (6% and 6%), and civil servants (0% and 4%).

**Table 3. Cross Tabulation between Job and Responsiveness**

T	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
<b>1</b>	<b>Doctor gives clear information to the patient</b>	Civi Servant	1	2	1	2	1	2	0	0	0	0	0	3
		Non-Civil	2	4	7	1	3	6	2	4	2	4	1	1
		Servant	7	1	8	4	8	1	6	1	2	4	6	6
		Not Working		4		1		6		2				3
<b>Total</b>			1	2	1	3	1	2		1			5	
			0	0	6	2	2	4	8	6	4	8	0	
<b>2</b>	<b>Doctor always gives treatment information which is easily understandable</b>	Civi Servant	2	4	0	0	0	0	1	2	0	0	3	
		Non-Civil	1	2	6	1	1	2	5	1	3	6	1	
		Servant	4	8	8	2	6	1	9	0	4	8	6	
		Not Working				1		2		1			3	



T	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
						6				8				1
<b>Total</b>				1	1	2		1	1	3		1	5	
			7	4	4	8	7	4	5	0	7	4	0	
3	<b>Doctor is quick response in handling patients complaint</b>	Civi Servant	0	0	0	0	1	2	0	0	2	4	3	
		Non-Civil	2	4	2	4	1	2	7	1	4	8	1	
		Servant	2	4	4	8	5	1	1	4	4	8	6	
		Not Working						0	6	3			3	
<b>Total</b>						1		1	2	4	1	2	5	
			4	8	6	2	7	4	3	6	0	0	0	
4	<b>Doctor visits on schedule</b>	Civi Servant	0	0	1	2	1	2	0	0	1	2	3	
		Non-Civil	1	2	2	4	2	4	3	6	8	1	1	
		Servant	5	1	2	4	4	8	9	8	1	6	6	
		Not Working		0							1	2	3	
<b>Total</b>				1		1		1	1	2	2	4	5	
			6	2	5	0	7	4	2	4	0	0	0	
5	<b>Operation schedule is not punctual</b>	Civi Servant	1	2	0	0	0	0	2	4	0	0	3	
		Non-Civil	2	4	3	6	2	4	6	1	3	6	1	
		Servant	3	6	0	0	3	6	1	2	1	2	6	
		Not Working							2	2	3	6	3	
<b>Total</b>									2	2	3	6	3	
			6	1	3	6	5	1	2	4	1	3	5	

T	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
				2					0	0	0	6	2	0
6	Patient must be long in the surgery room because of waiting the specialist doctor to begin the operation	Civi Servant	0	0	1	2	0	0	0	0	2	4	3	
		Non-Civil	3	6	1	2	6	1	3	6	3	6	1	
		Servant	2	4	2	4	4	2	1	2	1	2	6	
		Not Working						8	2	4	1	2	3	
<b>Total</b>				1			1	2	1	3	1	3	5	
			5	0	4	8	0	0	5	0	6	2	0	
7	I do not wait long to get service	Civi Servant	0	0	0	0	2	4	0	0	1	2	3	
		Non-Civil	1	2	2	4	5	1	3	6	5	1	1	
		Servant	3	6	3	6	9	0	8	1	8	0	6	
		Not Working						1		6		1	3	
<b>Total</b>						1	1	3	1	2	1	2	5	
			4	8	5	0	6	2	1	2	4	8	0	
8	I feel comfortable in getting treatment by gynecologist	Civi Servant	0	0	2	4	0	0	0	0	1	2	3	
		Non-Civil	2	4	2	4	3	6	5	1	4	8	1	
		Servant	4	8	4	8	7	1	1	0	7	1	6	
		Not Working						4	1	2		4	3	
<b>Total</b>						1	1	2	1	3	1	2	5	
			4	8	8	6	0	0	6	2	2	4	0	
9	The doctor in charge	Civi Servant	0	0	1	2	1	2	0	0	1	2	3	

T	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	n	%	n	%	
	always visits the patient during treatment	Non-Civil	3	6	5	1	3	6	3	6	2	4	1
Servant		3	6	2	0	4	8	1	2	1	2	6	
Not Working					4			2	4	0	0	3	
<b>Total</b>				1		1		1	1	3	1	2	5
			6	2	8	6	8	6	5	0	2	4	0
10	Doctor always visits based on his/her schedule	Civi Servant	0	0	0	0	1	2	0	0	2	4	3
		Non-Civil	2	4	1	2	5	1	6	1	2	4	1
		Servant	4	8	5	1	8	0	9	2	5	1	6
		Not Working				0		1		1		0	3
<b>Total</b>				1		1	1	2	1	3		1	5
			6	2	6	2	4	8	5	0	9	8	0

Table 4 shows that there are at least three of a total of 10 assurance attributes which received negative responses from respondents. The third attributes are the A5, A6 and A7.

Respondents responded strongly disagree (SD) and disagree (D) with doctor’s certainty in explaining the risks of next labor (A5) with the percentages of not working (10% and 20%), non-civil servants (0% and 14%), and civil servants (2% and 02%).

The strongly disagree (SD) and disagree (D) responses about doctors explain when is the next time to control ultrasonography (USG) (A6), not working (12% and 6%), non-civil servants (4% and 14%), and civil servants (2% and 0%) , The strongly disagree and disagree response about doctor gave an explanation of the ultrasound examination (A7), not working (10% and 14%), non-civil servants (6% and 6%), and civil servants (4% and 2%).

**Table 4. Cross Tabulation of the Respondents' Job with Certainty (Assurance)**

A	Item	Job	Respond										N	
			SD		D		DK		A		SA			
			n	%	n	%	n	%	n	%	n	%		
1	Doctor who takes care of me always explain the symptom disease that I have well	Civi Servant								0			3	
		Non-Civil							0	1		2	1	
		Servant	1	2	1	2	0	0	5	0	1	2	6	
		Not Working	3	6	3	6	4	8	1	2	1	1	3	
			5	0	3	6	4	8	4	8	5	0	1	
<b>Total</b>				1		1		1	1	3		1	5	
			9	8	7	4	8	6	9	8	7	4	0	
2	Patient gets explanation on the physisc examination result from the doctor	Civi Servant							0	0	0		2	3
		Non-Civil	1	2	1	2	0	8	4	8	1	0	6	
		Servant	1	1	2	4	4	1	1	2	5	1	3	
		Not Working	6	2	2	4	5	0	1	2	7	4	1	
<b>Total</b>				1		1		1	1	3	1	2	5	
			8	6	5	0	9	8	5	0	3	6	0	
3	Doctor assures the patient in giving action	Civi Servant				0		0		4		2	1	
		Non-Civil	0	0	0	6	0	6	2	4	1	1	6	
		Servant	2	4	3	1	3	1	2	1	6	2	3	
		Not Working	4	8	9	8	7	4	7	4	4	8	1	
<b>Total</b>				1	1	2	1	2	1	2	1	2	5	
			6	2	2	4	0	0	1	2	1	2	0	
4	Doctor does not have	Civi Servant	0	0	0	0	1	2	1	2	1	2	3	

A	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	n	%	n	%	
	to write the prescription in detail	Non-Civil	0	0	3	6	4	8	6	1	3	6	1
Servant		7	1	4	8	2	4	1	2	1	2	6	
Not Working			4					7	3			3	
<b>Total</b>				1		1		1	2	4		1	5
			7	4	7	4	7	4	4	8	5	0	0
5	Doctor explains the risk of the next operation					2							3
		Civi Servant		2	1	1		2		0			1
		Non-Civil	1	0	7	4	1	6	0	6	0	0	6
		Servant	0	1	1	2	3	1	3	1	3	6	3
		Not Working	5	0	0	0	6	2	7	4	3	6	1
<b>Total</b>				1	1	3	1	2	1	2		1	5
			6	2	8	6	0	0	0	0	6	2	0
6	Patient gets explanation when is the next time to control USG												3
		Civi Servant		2		0	1	2		0			1
		Non-Civil	1	4	0	1	3	6	0	8	1	2	6
		Servant	2	1	7	4	1	2	4	1	0	0	3
		Not Working	6	2	3	6	0	0	9	8	3	6	1
<b>Total</b>				1	1	3	1	2	1	2			5
			9	8	0	6	4	8	3	6	4	8	0
7	I get an explanation about USG examination	Civi Servant	2	4	1	2	0	0	0	0	0	0	3
		Non-Civil	3	6	3	6	2	4	6	1	2	4	1
		Servant	5	1	7	1	7	1	1	2	1	2	6

A	Item	Job	Respond										N					
			SD		D		DK		A		SA							
			n	%	n	%	n	%	n	%	n	%						
		Not Working		0		4		4	1	2			2			3	1	
<b>Total</b>			1	2	1	3		1	1	3			3			5		
			0	0	1	6	9	8	7	4	3	6	0					
8	<b>Doctor seldom explain the side effect from the treatment of the patient receive</b>			2					0							3		
		Civi Servant	1	1		0		1		4						1		
		Non-Civil	5	0	0	2	0	0	2	6	0	0	6			6		
		Servant	1	2	1	1	5	1	3	1	2	4	3			3		
		Not Working	3	6	5	0	7	4	5	0	1	2	1			1		
<b>Total</b>			1	3		1	1	2	1	2					5			
			9	8	6	2	2	4	0	0	3	6	0					
9	<b>Doctor seldom explain the risk of the next operation</b>								2							3		
		Civi Servant		2		0		1		0		2	1			1		
		Non-Civil	1	6	0	2	1	2	0	8	1	4	6			6		
		Servant	3	1	1	1	6	1	4	1	2	1	3			3		
		Not Working	6	2	6	2	5	0	7	4	7	4	1			1		
<b>Total</b>			1	2		1	1	2	1	2	1	2	5					
			0	0	7	4	2	4	1	2	0	0	0					
10	<b>Patient knows that she still has chance to labour normally with a prior history of surgery (sectio caesar)</b>	Civi Servant	1	2	1	2	0	0	0	0	1	2	3					
		Non-Civil	2	4	2	4	2	4	5	1	5	1	1					
		Servant	9	1	6	1	4	8	8	0	4	0	6					
		Not Working		8		2				1		8	3					
										6			1					

A	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	n	%	n	%	
<b>Total</b>			1	2		1	1	2	1	2	1	2	5
			2	4	9	8	2	4	3	6	0	0	0

From Table 5 it can be seen that empathy dimension is the dimension with the most negative responses were found in 5 of the total 10 attributes of the question in this dimension. Half of the total attribute in question is an attribute E2 (Doctors do not ask my condition during a visit to the patient), E7 (Doctors do not ask for the patient's complaints during a visit to the patient), E8 (Doctors do not ask the patient feeling during a visit), E9 (Doctors do not give patients the hope of healing disease) and E10 (Doctors do not explain the pain management after surgery). From the five categories, generally, respondents with job criteria are not working and non-civil servants tend to response agree and strongly agree. While respondents with job criteria civil servant tend to give a positive response with strongly disagree and disagree except the attributes E9 where 2 of 3 civil servants respondents give agreed response

**Table 5. Cross Tabulation of the Respondent’s Job with Empathy**

E	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	N	%	n	%	
<b>1</b>	<b>Doctor apologize for coming late</b>										2	3	
		Civi Servant		0					0	0	1	1	
		Non-Civil	0	8	2	4	0	0	1	2	1	4	6
		Servant	4	1	1	2	3	6	1	2	7	1	3
		Not Working	5	0	3	6	3	6	2	4	8	6	1
<b>Total</b>				1		1		1	1	2	1	3	5
			9	8	6	2	6	2	3	6	6	2	0
<b>2</b>	<b>Doctor do not ask the patient feeling during</b>	Civi Servant	0	0	1	2	1	2	0	0	1	2	3
		Non-Civil	2	4	4	8	1	2	6	1	3	6	1

E	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	N	%	n	%	
	<b>a visit</b>	Servant	4	8	3	6	7	1	1	2	4	8	6
Not Working						4	3	2		2	3		
<b>Total</b>			6	2	8	6	9	8	9	8	8	6	0
<b>3</b>	<b>Doctor listens carefully the patients complaint</b>	Civi Servant							2	0	1	0	1
		Non-Civil	2	4	0	0	1	4	5	0	0	4	6
		Servant	3	6	4	8	2	1	1	2	2	1	3
		Not Working	3	6	4	8	7	4	1	2	6	2	1
		<b>Total</b>	8	6	8	6	0	0	6	2	8	6	0
<b>4</b>	<b>Doctor gives attention to the patients based on their complaint</b>	Civi Servant		2		2		1		2		0	1
		Non-Civil	1	8	1	2	0	2	1	4	0	6	6
		Servant	4	1	1	1	6	1	2	1	3	1	3
		Not Working	5	0	5	0	5	0	7	4	9	8	1
		<b>Total</b>	1	2		1	1	2	1	2	1	2	5
		0	0	7	4	1	2	0	0	2	4	0	
<b>5</b>	<b>Doctor use formal language</b>	Civi Servant				2		2		0		2	3
		Non-Civil	0	0	1	4	1	1	0	4	1	8	1
		Servant	1	2	4	1	5	0	2	1	4	1	6
		Not Working	2	4	5	0	8	1	8	6	8	6	3
		<b>Total</b>											



E	Item	Job	Respond										N		
			SD		D		DK		A		SA				
			n	%	n	%	n	%	N	%	n	%			
								6						1	
<b>Total</b>					1	2	1	2	1	2	1	2	1	2	5
			3	6	0	0	4	8	0	0	3	6	0		
<b>6</b>	<b>Doctor servises the patient without differenciate the social status of patient</b>	Civi Servant								0	1	4	1	3	
		Non-Civil	0	0	1	2	0	0	5	0	2	8	6		
		Servant	3	6	2	4	2	4	1	3	4	1	3		
		Not Working	4	8	2	4	3	6	5	0	7	4	1		
		<b>Total</b>		1		1		1	2	4	1	2	5		
			7	4	5	0	5	0	0	0	3	6	0		
<b>7</b>	<b>Doctor does not ask the patient's complain during a visit</b>	Civi Servant				0		2	0	1				3	
		Non-Civil	2	4	0	6	1	6	5	0	0	0	6		
		Servant	2	4	3	1	3	1	1	2	3	6	3		
		Not Working	4	8	5	0	7	4	2	4	3	6	1		
		<b>Total</b>		1		1	1	2	1	3		1	5		
			8	6	8	6	1	2	7	4	6	2	0		
<b>8</b>	<b>Doctor does not ask patient's feeling during a visit</b>	Civi Servant		4				0	0	1				3	
		Non-Civil	2	6	1	2	0	6	6	2	0	0	6		
		Servant	3	1	1	2	3	1	1	2	3	6	3		
		Not Working	5	0	3	6	7	4	2	4	4	8	1		
		<b>Total</b>								0					

E	Item	Job	Respond										N
			SD		D		DK		A		SA		
			n	%	n	%	n	%	N	%	n	%	
<b>Total</b>			1	2	1	1	2	1	3		1	5	
			0	0	5	0	0	0	8	6	7	4	0
<b>9</b>	<b>Doctor does not give the patient the hope of healing disease</b>	Civi Servant		0		2			2	4			1
		Non-Civil	0	4	1	1	0	0	3	6	0	0	6
		Servant	2	1	5	0	3	6	1	2	3	6	3
		Not Working	8	6	4	8	3	6	2	4	4	8	1
		<b>Total</b>	1	2	1	2		1	1	3		1	5
			0	0	0	0	6	2	7	4	7	4	0
<b>10</b>	<b>Doctor does not give explanation pain management after operation</b>	Civi Servant						0				0	3
		Non-Civil	2	4	1	2	0	4	1	2	0	0	6
		Servant	2	4	1	2	7	1	1	2	5	1	3
		Not Working	4	8	3	6	9	8	0	0	5	0	1
		<b>Total</b>		1		1	1	3	1	1	1	2	5
			8	6	5	0	6	2	1	1	0	0	0

There are three of a total of 10 reliability (reliable) attributes which received unfavorable responses from the respondents. These attributes are Re3 (doctors gives a detailed explanation on the results of ultrasound examinations) received strongly disagree and disagree responses in sequence order of the not working respondent (16% and 12%), non-civil servants (10% and 12%), and civil servants (0 % and 2%), Re8 attribute (doctor examining a patient using 3-dimensional ultrasound), not working (18% and 10%), non-civil servants (6% and 2%) and civil servants (2% and 2%), Re9 attribute (doctor who does the operation are same with the doctor who examined the patient), not working (22% and 6%), non-civil servants (8% and 12%), and civil servants (2% and 0%).

Table 6. Cross Tabulation between the Respondent Education and Reliability (reliable)

R e	Item	Education	Tanggapan										N
			SD		D		DK		A		SA		
			n	%	n	%	n	n	%	n	%	n	
1	Doctor gives the patient treatment on time	Civi Servant										2	3
		Non-Civil					0	1	2			1	1
		Servant	1	2	0	0	0	4	4	8	1	4	6
		Not Working	1	2	2	4	2	1	1	2	7	1	3
			2	4	4	8	5	0	2	4	8	6	1
<b>Total</b>			4	8		1		1	1	3	1	3	5
					6	2	7	4	7	4	6	2	0
2	Obgyn doctor examines me based on his/her competence	Civi Servant		2				2		1			3
		Non-Civil	1	8	0	0	1	8	1	0	0	0	6
		Servant	4	1	2	4	4	1	5	1	1	2	3
		Not Working	8	6	4	8	6	2	9	8	4	8	1
<b>Total</b>			1	2		1	1	2	1	3		1	5
			3	6	6	2	1	2	5	0	5	0	0
3	Doctor gives detail explanation about the result of USG examination	Civi Servant		0		2							3
		Non-Civil		1		1		0		0			1
		Servant	0	0	1	2	0	6	0	4	2	4	6
		Not Working	5	1	6	1	3	1	2	1	0	0	3
			8	6	6	2	7	4	6	2	4	8	1
<b>Total</b>			1	2	1	2	1	2		1		1	5
			3	6	3	6	0	0	8	6	6	2	0
4	Doctor gives quick	Civi Servant	1	2	0	0	0	0	2	4	0	0	3

R e	Item	Education	Tanggapan										N
			SD		D		DK		A		SA		
			n	%	n	%	n	n	%	n	%	n	
	service	Non-Civil	3	6	4	8	2	4	4	8	3	6	1
Servant		8	1	2	4	6	1	1	2	4	8	6	
Not Working			6				2	1	2				3
													1
<b>Total</b>			1	2		1		1	1	3		1	5
			2	4	6	2	8	6	7	4	7	4	0
5	Docotr has good ability in using 3 dimensional USG to the patient											2	3
		Civi Servant		2		0		2		0		1	1
		Non-Civil	1	6	0	6	1	2	0	8	1	0	6
		Servant	3	1	3	1	1	1	4	1	5	1	3
		Not Working	7	4	6	2	6	2	7	4	5	0	1
<b>Total</b>			1	2		1		1	1	2	1	2	5
			1	2	9	8	8	6	1	2	1	2	0
6	Doctor operates me very good									0			3
		Civi Servant		2		2		0	0	2		2	1
		Non-Civil	1	8	1	2	0	6	3	6	1	1	6
		Servant	4	1	1	1	3	1	1	2	5	0	3
		Not Working	8	6	6	2	5	0	0	0	2	4	1
<b>Total</b>			1	2		1		1	1	2		1	5
			3	6	8	6	8	6	3	6	8	6	0
7	I am taught how to treat the operation wound after going	Civi Servant	1	2	0	0	0	0	0	0	2	4	3
		Non-Civil	3	6	2	4	2	4	2	4	7	1	1
		Servant	6	1	4	8	5	1	9	1	7	4	6

R e	Item	Education	Tanggapan									N	
			SD		D		DK		A		SA		
			n	%	n	%	n	n	%	n	%		n
	home	Not Working		2				0		8		1	3
											4	1	
<b>Total</b>			1	2		1		1	1	2	1	3	5
			0	0	6	2	7	4	1	2	6	2	0
<b>8</b>	<b>Docotr examines patient using 3 dimensional USG</b>	Civi Servant		2		2		1		0			1
		Non-Civil	1	6	1	2	1	2	0	4	0	0	6
		Servant	3	1	1	1	6	1	2	1	4	8	3
		Not Working	9	8	5	0	5	0	9	8	3	6	1
<b>Total</b>			1	2		1	1	2	1	2		1	5
			3	6	7	4	3	6	0	0	7	4	0
<b>9</b>	<b>Doctor who does the operation is same with the doctor who examined the patient</b>	Civi Servant	1	2		0		0		4		0	1
		Non-Civil	4	8	0	1	0	0	2	6	0	6	6
		Servant	1	2	6	2	0	1	3	1	3	1	3
		Not Working	1	2	3	6	6	2	6	2	5	0	1
<b>Total</b>			1	3		1		1	1	2		1	5
			6	2	9	8	6	2	1	2	8	6	0
<b>10</b>	<b>I am told when is the time to control the operation wound</b>	Civi Servant		4		0				1		2	1
		Non-Civil	2	6	0	4	0	0	0	4	1	0	6
		Servant	3	1	2	1	4	8	7	1	0	1	3
		Not Working	7	4	8	6	3	6	8	6	5	0	1

R e	Item	Education	Tanggapan								N		
			SD		D		DK		A			SA	
			n	%	n	%	n	n	%	n		%	n
<b>Total</b>			1	2	1	2		1	1	3		1	5
			2	4	0	0	7	4	5	0	6	2	0

The correlation between the job and the patient's perception on the quality of services were done with *Partial Correlations* test using SPSS Statistics 24. The other demographic factors such as age, religion, parity, and job serve as a controlled variable to avoid bias correlation. The complete data can be seen in Table 7.

Tangible employment status and did not have a significant correlation with  $p > 0.05$  (0.865). Employment and responsiveness did not correlate significantly  $p > 0.05$  (0,154). Education and assurance also did not have a significant correlation with  $p > 0.05$  (0.647). Education and empathy also showed no significant correlation  $p > 0.05$  (0.442). Education and reliable did not have a significant correlation  $p > 0.05$  (0,972).

**Table 7. The Correlation between Education Level and the Patient's Perception by Controlling the Variables of aAge, Religion, Parity, and Education.**

Correlations								
Variables Control			Job	Tangi ble	Responsiv eness	Assura nce	Empa thy	Relia ble
<b>Religio n, Parity, Educat ion, Age</b>	<b>Pekerjaan</b>	Correlation	1,000	,026	,214	,069	,116	-,005
		Significance (2-tailed)	.	,865	,154	,647	,442	,972
		Df	0	44	44	44	44	44
	<b>Tangible</b>	Correlation	,026	1,00 0	,740	,642	,528	,471
		Significance (2-tailed)	,865	.	,000	,000	,000	,001
		Df	44	0	44	44	44	44

	<b>Responsiveness</b>	Correlation	,214	,740	1,000	,881	,707	,681
		Significance (2-tailed)	,154	,000	.	,000	,000	,000
		Df	44	44	0	44	44	44
	<b>Assurance</b>	Correlation	,069	,642	,881	1,000	,817	,737
		Significance (2-tailed)	,647	,000	,000	.	,000	,000
		Df	44	44	44	0	44	44
	<b>Empathy</b>	Correlation	,116	,528	,707	,817	1,000	,726
		Significance (2-tailed)	,442	,000	,000	,000	.	,000
		Df	44	44	44	44	0	44
	<b>Reliable</b>	Correlation	-,005	,471	,681	,737	,726	1,000
		Significance (2-tailed)	,972	,001	,000	,000	,000	.
		Df	44	44	44	44	44	0

Source: *Correlations Partial Test SPSS Statistics 24*, significant if  $p < 0.05$

## Discussion

The most job characteristic respondent is “not working” with a percentage of 62%. According to BSSH Makassar data until October 2015, the number of BSSH participants in Makassar reached 1.7 million people. From these amount, the most participant of BSSH is the receiving tuition participant from government/not working (Antara New, 2016). The dominance of BSSH membership status might contribute the high percentage of respondents with “not working” characteristics which obtained in the study. Tangible is the dimension of the service quality that include the physical appearance of the facilities, equipment and communications equipment (Parasuraman et al. 1988). This study shows that

from all the employment status of respondents, generally they gave positive responses to attribute questions related to *Tangible*. It stressed that based on respondents' work, patients assess that the obstetrician and gynecology of Ibnu Sina hospital have been able to realize the hospital with good tangible quality generally. The tangible attribute that got poor response is the T5 attribute (doctor on duty is polite in giving services). Respondents with not working and non-civil servants employment status were tend to respond strongly disagree and disagree, while civil servant respondents tend to give positive appreciation with agree and strongly agree. The fact in this study shows that an obstetrics and gynecology doctor of Ibnu Sina hospital still need to improve his/her politeness in giving services to patients.

Responsiveness is the dimension of service quality on the willingness to help customers (patients) and provides quick and accurate service. Respondents of all employment status generally gave positive responses to questions related doctor's responsive in serving patients. The research fact indicates that patients assess obstetrician and gynecologist of Ibnu Sina hospital have been able to form a hospital which is quick and appropriate to respond and serve his/her patient complaints. Yet, it still found negative response attribute of each respondent based on employment status. There's a large number enough which respondents stated strongly agree and agree related on improper operation time (R5) and a condition where the patient must be long in the operating room because of waiting the doctor to begin an operation (R6). The number of respondents who respond agree and strongly indicate that delays in surgery once happened because doctors have other purposes.

The surgery is a medical procedure in the form of a team involving several disciplines. In this case the collaboration between specialists in obstetrics and gynecology and anesthesia specialists occupy an important role. The limited number of specialists and the high number of medical surgery in the era BSSH allegedly can affect responsiveness. This needs to be an evaluation at each hospital that cooperated with BSSH.

Certainty (assurance) is the dimension of the service quality that include the knowledge and hospitality of the employees and their ability to generate trust and confidence, courtesy and trustworthiness owned by the staff, free from danger, risk or doubt. This study found that there are at least three of a total of 10 attributes dimensions of quality assurance which received negative responses from the respondents (attribute A5, A6 and A7). Most patients respond strongly disagree and disagree about doctor's certainty in explaining the risks of the next delivery, when is the next time to control ultrasonography (USG), and an explanation of the examination (USG). The negative response was found equally from



each patient based on employment status. Although the other seven attributes received positive appreciation from patients, this study indicates the fact that specialist in obstetrics and gynecology of Ibnu Sina Hospital need to improve the provision of information about things that patients must to do after sectio caesar surgery. Smet (1994) stated that the provision of illness information is important because it will affect the patient compliance and the advice given by the doctor, medication adherence, and the possibility of recurrence. The information about way of prevention, transmission, and more detailed treatment not only just giving information of vital signs; blood pressure and checks but also affect the satisfaction of patients (Hendriyani, 2006).

Empathy (empathy) is the dimension of the service quality that include the understanding of giving individual attention to customers, ease of doing good communication, and understanding the needs of customers. This study shows that empathy is an attribute dimension with the most negative responses which found in 5 of the total 10 questions on this attribute. Half of the total attribute is an attribute E2, E7, E8, E9, and E10. From the five of this category, respondents with not working and non-civil servants employment status are tend to give agree and strongly agree responses, while respondents with employment status of civil servants tend to respond favorably to strongly disagree and agree responses, except E9 attribute where 2 of 3 civil servant respondents give agree feedback. Thus, it can be interpreted that sectio caesar patients at Ibnu Sina Hospital are less appreciated the service specialist of obstetrics and gynecology from the dimensions of doctor empathy. Especially on the attributes of doctors do not ask about the condition of the patient, the patient's complaint, the feeling of patient during a visit, do not leave the healing hope of the patient's disease and do not explain the pain management after surgery. This fact indicates that obstetrics and gynecology doctor of Ibnu Sina hospital need to increase the empathy in giving health service. Many experts believe that empathy is a very important element in giving health care. It may be true that customers want to be served with complete facilities and infrastructure, but it also may not be true. Perhaps customers just want to be served friendly and sympathetic, while the completeness of facilities and infrastructure was not a priority for them (Wanarto, 2013).

Reliability is the dimension of the service quality which is the ability to provide services that have been promised consistently and reliable (accurate). In this dimension, there are three of a total of 10 attributes that received unfavorable responses from the respondents. These attributes are Re3 (doctors give a detailed explanation of the ultrasound examination results), Re8 (doctor examines the patient using 3-dimensional ultrasound facilities, and Re9 (doctor who

does the surgery is same with the doctor who examined the patient). The responses of strongly disagree and disagree have large enough portion of the three attributes especially from not working and non-civil servant respondents which is found most in the distribution of respondents. Ultrasound examination is the investigation to obtain the necessary medical information with more accurate level. The utilization of ultrasound becomes patients attraction, especially in obstetrics and gynecology advance. This examination only once promised by the upper middle class that is used to determine the sex of the fetus. From the researcher's interview with some respondents, the interest of BSSH patient with the use ultrasound raises its own expectations to find out more details about the use and the results of ultrasound examinations. From interview result, it is also known that some patients esteem the doctors often changing requires patients to repeatedly tell their complaint. This is what underlies the lack of positive appreciation from respondents. Reliability according to experts occupies the most important role. Kotler (2008) said that if it is arranged based on the level of importance, then the fifth dimensions are: 1) reliable, 2) responsiveness, 3) guarantee, 4) empathy, and 5) tangible. The correlation between employment status and the patient's quality perception of sectio caesar on the services of obstetrics and gynecology doctor showed that the job difference does not has a significant correlation to the tangible, responsiveness, assurance, empathy, and realibility. Sugiono (2007) gives guidance on the interpretation of the correlation coefficient is very low (0.00 to 0.19), low (from 0.20 to 0.39), moderate (0.40 to 0.59), strong (0.60 to 0.79), and very strong (0.80 to 1.00). This study finds that there are very low correlation between employment status and tangible, assurance, empathy, and reliable. Meanwhile, the employment status and responsiveness have low correlation. Suhartono (2001) states that the effort that can be done in improving customer satisfaction is improving the quality of services that includes realibility, assurance, empathy, responsiveness and tangible. The close relationship between the quality of care and patient satisfaction was confirmed by Wijono (1999) which concluded that the poor quality causes patient dissatisfaction and loss costs have consequences for the hospital because the hospital lost patients. Based on expert opinions about the identical relationship between quality of care and patient satisfaction, thus the results of this study can be said to be in line with the research of Widiastuti (2015) which states that socio-demographic characteristics variables such as age, gender and employment status was not associated with NHS patient's satisfaction in the First Level of Health Facility (FLHF) of BSSH Denpasar. Generally, this research illustrates that civil servants, non-civil servants, and not working respondent tend to give a positive response on the service of obstetrics and gynecology doctor.

This study indirectly gives different results with the research of Christasani, et al. (2016). Their research which explored with direct interview said that the majority of respondents with jobs as civil servants are not satisfied with the running system of NHS. It is caused that there is a difference between the service system when they become Health Guarantee (HG) member and become a member of NHS member in this regard BSSH. This adjustment caused respondents who worked as a civil servant are not satisfied with the running system. Respondents whose contributions are paid by the government/not working tend to be satisfied with the services/systems because they can obtain health services without paying any dues. Complaints and not satisfied statements many come from non-civil servant because respondents feel they have fulfilled its obligation by paying dues every month then the expectation of a better healthcare becomes higher.

### Conclusion

Section Caesar patients at Ibnu Sina Hospital are dominated by “not working” employment status. All the patients’ criteria of Sectio Caesar employment status generally tend to give a positive response to the service of obstetrics and gynecology doctor at Ibnu Sina Hospital. The differences of employment status on Section Caesar patients has no significant correlation to the patient's perception on the service quality of obstetrician and gynecologist with a very low correlation to the tangible, assurance, empathy, and reliable, and low correlation to the responsiveness.

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