湖南大学学报（自然科学版）
Journal of Hunan University (Natural Sciences)

第 50 卷 第 10 期
2023 年 10 月

Available online at http://jonuns.com/index.php/journal/index

Vol. 50 No. 10
October 2023

Open Access Article

https://doi.org/10.55463/issn.1674-2974.50.10.2

Development of Polkesmed Primary Clinic for Student Practice Areas through Networking with the Structural Equation Model (SEM)

Ida Nurhayati[1]*, Ali Khatibi[2]

[1] Health Polytechnic of the Ministry of Health, Medan, Indonesia

[2] Management Science University, Malaysia

* Corresponding author: in260394@gmail.com

Received: July 17, 2023 / Revised: August 11, 2023 / Accepted: September 1, 2023 / Published: October 31, 2023

Abstract: The Health Polytechnic of the Ministry of Health Medan (Polkesmed) is a Vocational Health Education Institution that applies a more significant proportion of practical curriculum than theory. This study aimed to optimize the use of the Polkesmed clinic as a medium for health education in Medan City by developing the Polkesmed primary clinic for student practice areas through networking. Experiential learning is a strategy to help students integrate theory and practice. Practical learning requires a medium of education. It is necessary to have policies and networks established by the institution to develop a primary clinic in health education. Licensing, institutional support, and partnerships are necessary to develop clinical health services and make the clinic a place for student practice. This type of research is an observational study with a retrospective method, using structural equation modeling) analysis with smarts (partial least square). Respondents in this study were 48 people consisting of Polkesmed primary clinic managers and people who had visited the clinic. All licensing agencies positively affect licensing (highest significance value 0.934). Seven departments with 20 study programs within Polkesmed positively affected (highest significance value 0.918) institutional support. All partnerships had a positive effect as partners, except for private clinics (highest significance value (0.826). Permission and partnership have a positive relationship with the Polkesmed decision (signification values 0.896 and 0.089, respectively). Meanwhile, Polkesmed institution support did not affect Polkesmed decision (0.030 Polkesmed decision has a positive effect on Polkesmed primary clinic health services (0.689).

Keywords: student practice, health education, networking, Medan, Polkesmed, structural equation model.

透過結構方程模型聯網開發波爾克斯梅德學生實踐領域初級診所

摘要：棉蘭衛生部健康理工學院（波爾克斯梅德）是一所實踐課程比例高於理論課程的職業健康教育機構。本研究旨在透過網路為學生實踐區域開發波爾克斯梅德初級診所，優化波爾克斯梅德診所作為棉蘭市健康教育媒介的使用。體驗式學習是一種幫助學生將理論與實踐結合的策略。實踐學習需要教育媒介。有必要由機構建立政策和網絡來發展健康教育初級診所。許可、機構支援和合作夥伴關係對於發展臨床健康服務並使診所成為學生實踐的場所是必要的。此類研究是採用回顧性方法的觀察性研究，使用結構方程模型）和智能（偏最小二乘）分析。這項研究的受訪者為48人，包括波爾克斯梅德初級診所的管理人員和曾經到過

© 2023 by the authors. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC-BY) license (http://creativecommons.org/licenses/by/4.0/).

該診所的人。所有許可機構都對許可產生正面影響（最高顯著性值為0.934）。波爾克斯梅德內的7個部門和20個研究項目對機構支持產生了正面影響（最高顯著性值為0.918）。除私人診所外，所有夥伴關係都作為夥伴產生正面影響（最高顯著性值（0.826）。許可和夥伴關係與波爾克斯梅德決策呈正相關（顯著性值分別為0.896和0.089）。同時，波爾克斯梅德機構支持並不影響波爾克斯梅德決策（0.030波爾克斯梅德決策對波爾克斯梅德初級診所衛生服務有正面影響（0.689）。

关键词：學生實踐、健康教育、網路、棉蘭、波爾克斯梅德、結構方程模型。

1. Introduction

The Health Polytechnic of the Ministry of Health Medan (Polkesmed) is a Vocational Health Education Institution that applies a more significant proportion of practical curriculum than theory. The application of practice involves experimental learning in educational mediums that will help students integrate theory and practice [1, 2].

Education is a conscious and planned effort to create a learning atmosphere and learning process so that students actively develop their potential to get spiritual strength, self-control, personality, intelligence, noble character, and skills needed by themselves, society, nation, and state [3, 4].

Learning is an interaction between students, educators, and learning resources in a learning environment. Types of education include general, vocational, academic, professional, vocational, religious, and specialized. Based on the Regulation of the Minister of Health number 71 of 2013 concerning Health Services in the National Health Insurance, first-level health facilities in collaboration with National Client Insurance (BPJS) are required to provide comprehensive health services. These comprehensive health services include promotive, preventive, curative, rehabilitative health services, midwifery services, medical emergency health services, and supporting services, including simple laboratory examinations and pharmaceutical services, under the provisions of the legislation. Health facilities that do not have supporting facilities are required to build a network with supporting facilities; if necessary, referrals to other supporting facilities are necessary [5, 6].

Networking is the process of building and managing productive relationships, both personal and organizational. Another opinion states that the network is an information system consisting of humans, data, software (software), hardware (hardware), and the network itself. While the network combines the words net and work, it becomes a network whose emphasis is on work, not on the net, understood as work (work) in the relationship between nodes and a net [7].

The network of service facilities consists of clinics, hospitals, pharmacies, laboratories, and other health service facilities. The development of health facilities relates to the strength of the health service network. The health service network involves the activities of the owned health facilities related to other work units in providing quality services to realize organizational effectiveness [8].

Laboratory skills are one of the learning innovations using a laboratory, made almost like the actual conditions in the field. Learning lab skills serves as the primary basis for achieving the expected competencies. Learning occurs when thoughts, feelings, behaviors, and reactions change due to experience and active teamwork. Learning is a change in previous competency through learning or relearning in a dynamic, non-threatening environment [9]. Early learning of clinical skills makes students more skilled in helping them while studying at the hospital and dealing directly with patients [10].

Networking is the art of communicating and sharing ideas, information, and resources to achieve individual or group success. Beneficial relationships are mutually beneficial. In other words, building a network must be based on mutual benefit and two-way communication. Networking is also a process of building communication or relationships, sharing ideas, information, and resources based on mutual trust and mutual benefit between partnering parties outlined in a memorandum of understanding or memorandum of understanding (MoU) to achieve success, more shared interests in a particular line of business or a specific goal [11, 12].

2. Methods

This type of research is an observational study with a retrospective method using structural equation modeling (SEM) analysis with SmartPLS (partial least square). Respondents in this study were 48 people consisting of Polkesmed primary clinic managers and people who had visited the Polkesmed primary clinic [13-16].

3. Results

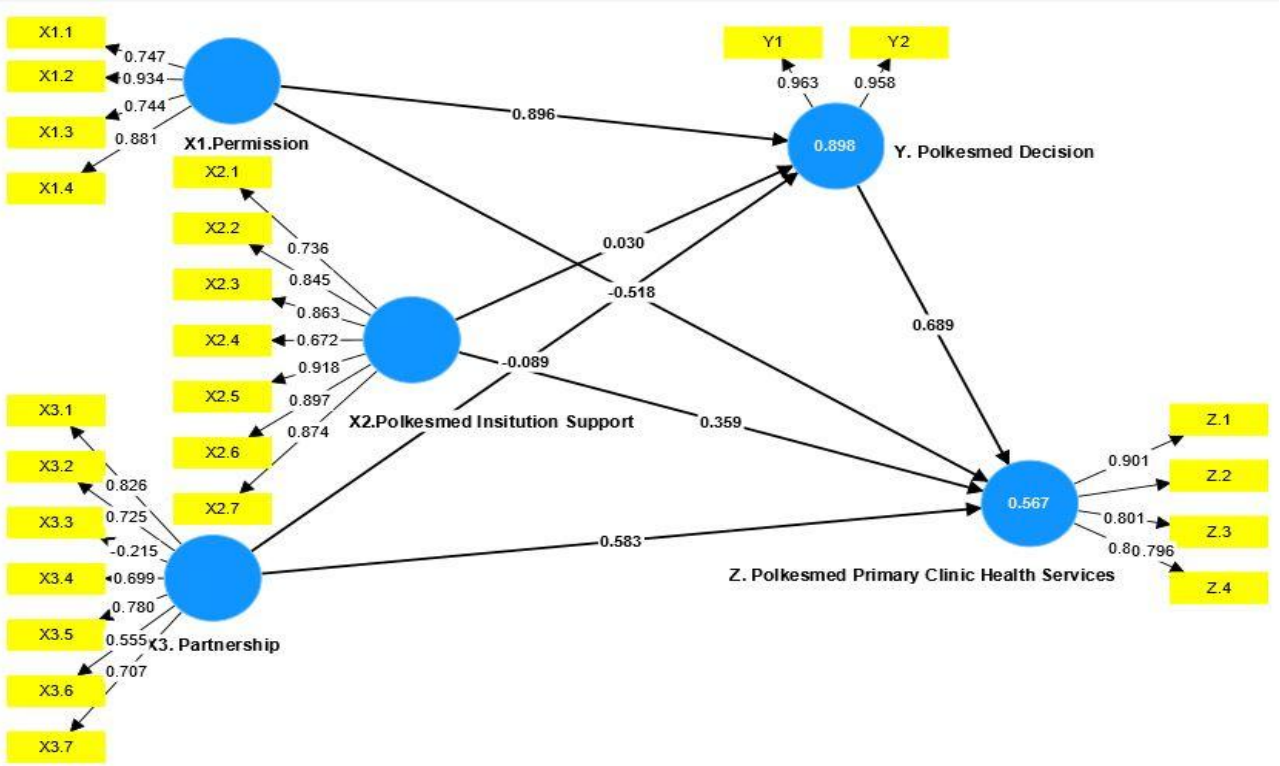

Fig. 1 Path diagram of the development of Polkesmed primary health services through networking: X.1 – permission, X1.1 - Head of the BPPSDM of the Health Ministry, X1.2 - Director of Health Services of Health Ministry, X1.3 - Head of the Public Health Office North Sumatera, X1.4 - Health of the Public Health Office Medan City, X.2 - Polkesmed institution support, X2.1 - Pharmacy Study Program, X2.2 - Nutrition Study Program, X2.3 - Medical Laboratory Technique Study Program, X2.4 - Midwifery Study Program, X2.5 Nursing Study Program, X2.6 - Dental Nursing Study Program, X2.7 - Environmental Health Study Program, X3 – partnership, X3.1 – media, X3.2 – community, X3.3 - private clinic, X3.4 - Community Health Center, X3.5 - Public and Private Hospital, X3.6 - BPJS (National Client Assurance), X3.7 - Customer Social Responsibility Bank, Y - Polkesmed decision, Y1 – policy, Y2 – networking, Z - Polkesmed primary clinic health services, Z.1 - human resources, Z.2 – facility, Z.3 - patient's satisfaction, Z.4 - student competency

4. Discussion

All agencies related to licensing have a positive effect on licensing (the highest significance value is 0.934) for the development of the Polkesmed primary clinic, namely health services and Polkesmed student practice. Of the 4 agencies referred to, all contributed positively to licensing. This is appropriate that health education institutions require primary clinics for student practical learning [17]. There was ambulance assistance from the provincial governor for the smooth operation of the Polkesmed primary clinic [18-20].

Seven departments with 20 study programs within Polkesmed had a positive effect (highest significance value 0.918) on institutional support. The form of the department's contribution is by using/utilizing the Pratama Polkesmed clinic as a place of learning and practice for students who are directly involved in health services [21-23].

All partnerships have a positive effect as partners, except for private clinics (the highest significance value (0.826) the contribution of the community as a partnership for the campus community (academic community) the development of Primary Polkesmed clinic services is very high, especially for the community. The increasing number of people using national client facilities assurance (BPJS) at the Pratama Polkesmed clinic evidences this. In addition, there is much assistance in the form of medical devices and several Pramata Polkesmed clinic facilities such as patient beds, patient waiting chairs, baby incubators, and others. The primary clinic provides referrals to hospitals and collaborates with pharmacies for drug services [24-26].

Permission and partnership have a positive relationship with Polkesmed decision (significant values 0.896 and 0.089 respectively). Meanwhile, Polkesmed institution support did not affect Polkesmed Decision (0.030), which was strongly influenced by Policy (0.963) and Networking (0.958). Licensing ensures that student clinics and practices can operate lawfully (legally) in accordance with applicable regulations and that violations of the law lead to consequences/sanctions. With the appropriate quality of service and patient safety licenses, they can be accounted for professionally. This license also provides national client insurance (BPJS) legitimacy to provide capitation to the Polkesmed primary clinic and can be used as a place for medical tests for new students to generate income for the Polkesmed primary clinic. Before this study, medical tests for new students were conducted at the hospital so that it became the hospital's income [27-30].

Partnerships can be more helpful in procuring medical facilities and equipment as well as existing facilities at the Polkesmed primary clinic [31]. Polkesmed decision has a positive effect on Polkesmed primary clinic health services (0.689) in terms of human resources (0.901), facility (0.796), patient statistics (0.801), and student competency (0.874) [32]. Permission, Polkesmed institution support, and partnership affect the effect on polkesmed primary clinic health services after polkesmed decision, namely policy and networking. This policy was implementeddue to the availability of required health workers following optimization through the Medan Poltekkes director's policy due to increasing the need for appropriate medical personnel. The regulations decided by the director of Medan Health Polytechnic as a policy include two things, namely, adding and restructuring human resources such as recruiting general practitioners as the person in charge of clinics, dentists, and other health workers such as nurses, midwives, nutritionists, sanitation experts, pharmacy, and medical laboratory personnel. The personnel used for the restructuring did not come from outside the institution, but it used human resources from within the institution, namely lecturers. Recruitment also facilitates the issuance of practice licenses for medical personnel and paramedics working at the clinic. In contrast, networking in research is all partnership.

This research can be carried out by other health education institutions, namely by establishing a Pratama Clinic as a place for student practice in addition to health services for the community. The impact of this research is that it can be used as a pilot project for other health education institutions or replicated if another health institution sets up a Pratama Clinic as a place for student practice and community health services. Student practice can measure student competency so that students who practice at the Pratama Clinic are competent in their field.

This research also has positive implications for improving student experience, which will ultimately positively influence student success in clinical practice. In addition, this research also helps evaluate or improve the clinical practice curriculum so that it is more suited to student needs.

The limitations of this research have only been tested in the midwifery department. Many other departments, such as Nursing, Dental Health, Medical Laboratory Engineering, Nutrition, and Sanitation, can practice at the Pratama Clinic. Apart from that, research can also be conducted in several stages/periodically to obtain more satisfactory results.

5. Conclusion

Polkesmed primary clinic decisions heavily influence health services. In turn, permissions, institutional support, and partnerships heavily influence Polkesmed decisions consisting of policy and networking. Permissions, institutional support, and partnerships positively affect Polkesmed Primary Clinic Health Services. Polkesmed decisions consisting of policy and networking strongly impact Polkesmed Primary Clinic Health Services.

References

[1] PRAYITNO L., and SUHARMIATI S. Study of the Quality of Pharmaceutical Services and Outpatient Satisfaction in the Era of National Health Insurance. *Health System Research Bulletin*, 2018, 21(1): 22-31.

[2] LISKO S.A., and O'DELL V. Integration of theory and practice: Experiential learning theory and nursing education. *Nursing Education Perspectives*, 2010, 31(2): 106-108.

[3] REPUBLIC OF INDONESIA. *Law of the Republic of Indonesia No. 36 of 2009 concerning health*. 2009.

[4] PRESIDENT OF THE REPUBLIC OF INDONESIA. *Law of the republic of Indonesia No. 44 of 2009 concerning hospitals*. 2009. https://jdihn.go.id/files/4/2009uu044.pdf

[5] HU R., LIAO Y., DU Z., HAO Y., LIANG H., and SHI L. Types of health care facilities and the quality of primary care: A study of characteristics and experiences of Chinese patients in Guangdong Province, China. *BMC Health Services Research*, 2016, 16(1): 1-12. http://dx.doi.org/10.1186/s12913-016-1604-2

[6] MINISTRY OF HEALTH OF REPUBLIC OF INDONESIA. *Regulation of the Minister of Health of the Republic of Indonesia No. 71 of 2013 concerning health services in national health insurance*. 2013.

[7] DAMSAR I. *Introduction to Economic Sociology*. Kencana, Jakarta, 2009.

[8] SITUMORANG T. Health Service Network at Bhayangkara Mappaoddang Hospital, Makassar City, South Sulawesi Province. *Scientific Journal of Administrative Sciences*, 2016, 4(1), 46.

[9] STRAND I., NÅDEN D., and SLETTEBØ Å. Students Learning in a Skills Laboratory. *Nordic Journal of Nursing Research*, 2009, 29(3): 18-22. http://journals.sagepub.com/doi/10.1177/010740830902900305

[10] STRAND I., NÅDEN D., and SLETTEBØ Å. Students Learning in a Skills Laboratory. *Nordic Journal of Nursing Research*, 2009, 29(3): 18-22.

[11] CASTELLS M., and CARDOSO G. *The Network Society from Knowledge to Policy*. 2005.

[12] BLACKLOCK C., GONÇALVES BRADLEY D.C., MICKAN S., WILLCOX M., ROBERTS N., BERGSTRÖM A., and MANT D. Impact of Contextual Factors on the Effect of Interventions to Improve Health Worker Performance in Sub-Saharan Africa: Review of Randomised Clinical Trials. *PLoS One*, 2016, 11(1), 0145206. https://dx.plos.org/10.1371/journal.pone.0145206

[13] RAMAYAH T., and LEE J.W.C. System characteristics, satisfaction and e-learning usage: A structural equation model (SEM). *Turkish Online Journal of Educational Technology*, 2012, 11(2): 196-206.

[14] CHOPRA G., MADAN P., JAISINGH P., and BHASKAR P. Effectiveness of e-learning portal from students' perspective. *Interactive Technology and Smart Education*, 2019, 16(2): 94-116. https://doi.org/10.1108/ITSE-05-2018-0027

[15] HARAHAP L.K. *SEM (Structural Equation Modeling) Analysis with SMARTPLS (Partial Least Square)*. Faculty of

Science and Technology, Walisongo State Islamic University, Semarang, 2018.
[16] MEKSE G., and ARISENA K. Entrepreneurship concept for farmers through approach Structural Equation Model (SEM). *Agribusiness and Arotourism E-Journal*, 2016, 5(1): 1-15.
[17] MINISTRY OF HEALTH OF REPUBLIC OF INDONESIA. *Regulation of the Minister of Health of the Republic of Indonesia No. 9 of 2014 concerning clinics*. 2014: 2071-2079.
[18] KALIJOGO R.F.M. Analysis of the quality of service for Pratama Clinic patients using the Servqual method. *Journal of Accounting and Economics*, 2019, 21(03).
[19] MINISTRY OF HEALTH OF REPUBLIC OF INDONESIA. *Ministry of Finance Decree No. 46 concerning Accreditation of Community Health Centers, Pratama Clinics, Independent Practice Places for Doctors and Dentists*. 2015. http://www.slideshare.net/adelinahutauruk7/permenkes-no-46-tahun-2015-tentang-akreditasi-puskesmas-klinik-pratama-tempat-praktik-mandiri-dokter-dan-dokter-gigi
[20] LI J., WANG P., KONG X., LIANG H., ZHANG X., and SHI L. Patient satisfaction between primary care providers and hospitals: A cross-sectional survey in Jilin province, China. *International Journal for Quality in Health Care*, 2016, 28(3): 346-354.
[21] ALI L., NISAR S., GHASSAN A., and KHAN S.A. Impact of clinical skill lab on students' learning in preclinical years. *Journal of Ayub Medical College*, 2011, 23(4): 114-117.
[22] ASSOCIATION OF CATHOLIC STUDENTS OF THE REPUBLIC OF INDONESIA. *Regulation of the Minister of Health of the Republic of Indonesia No. 35 of 2019 concerning Educational Facilities in the Health Sector*. 2014: 2004-2006.
[23] AKAIKE M., FUKUTOMI M., NAGAMUNE M., FUJIMOTO A., TSUJI A., ISHIDA K., and IWATA T. Simulation-based medical education in clinical skills laboratory. *Journal of Medical Investigation*, 2012, 59(1,2): 28-35. https://www.jstage.jst.go.jp/article/jmi/59/1,2/59_1,2_28/_article
[24] DEHARJA A., PUTRI F., and IKAWANGI L.O.N. Analysis of Social Security Administrator of Patient Satisfaction Using the Servqual, CSI and IPA Methods at Dr. M. Suherman Clinic. *Health Journal*, 2017, 5(2): 106-115.
[25] MARSHBURN D.M., ENGELKE M.K., and SWANSON M.S. Relationships of new nurses' perceptions and measured performance-based clinical competence. *Journal of Continuing Education in Nursing*, 2009, 40(9): 426-432.
[26] ALMUNAWAR M.N., and ANSHARI M. Improving customer service in healthcare with CRM 2.0. *Global Science and Technology Forum Business Review*, 2012, 1(2). https://doi.org/10.48550/arXiv.1204.3685
[27] KHASANAH, IMROATUL, and PERTIWI O.D. Analysis of the Effect of Service Quality on Consumer Satisfaction at St. Elisabeth Semarang. *Assets*, 2010, 12(2): 117-124.
[28] AMPAH I.T., and ALI R.S. The role of service quality in patients (customer) satisfaction in public healthcare institutions in Ghana. *International Journal of Innovation and Economic Development*, 2019, 5(2): 65-73.
[29] MINISTRY OF HEALTH OF REPUBLIC OF INDONESIA. Regulation of the Minister of Health of the Republic of Indonesia No. 001 of 2012 concerning the referral system for individual health services. *State News of the Republic of Indonesia*, 2012, 17(122): 1-25. https://www.kemhan.go.id/itjen/wp-content/uploads/2017/03/bn122-2012.pdf
[30] THEOPHILUS AMPAH I., and SIDI ALI R. The Role of Service Quality in Patients (Customer) Satisfaction in Public Healthcare Institutions in Ghana. *International Journal of Innovation and Economic Development*, 2019, 5(2): 65-73.
[31] HASHEMI A., YEKETAZ H., and ASGHARI F. Developing an ethical guideline for clinical teaching in Tehran university of medical sciences. *Journal of Medical Ethics and History of Medicine*, 2015, 8: 1-6.
[32] WU C. The impact of hospital brand image on service quality, patient satisfaction and loyalty. *African Journal of. Business Management*, 2011, 5(12).

參考文:

[1] PRAYITNO L. 和 SUHARMIATI S. 國民健康保險時代藥學服務品質和門診滿意度研究。健康系統研究通報，2018，21(1)：22-31。
[2] LISKO S.A. 與 O'DELL V. 理論與實務的結合：體驗式學習理論與護理教育。護理教育展望，2010，31(2)：106-108。
[3]印度尼西亞共和國。印度尼西亞共和國2009年第36號關於健康的法律。2009。
[4]印度尼西亞共和國總統。印度尼西亞共和國2009年第44號關於醫院的法律。2009。https://jdihn.go.id/files/4/2009uu044.pdf
[5] HU R.，LIAO Y.，DU Z.，HAO Y.，LIANG H. 和 SHI L.。醫療機構類型和初級保健品質：廣東省中國患者特徵和經歷的研究中國省。BMC健康服務研究，2016，16(1)：1-12。http://dx.doi.org/10.1186/s12913-016-1604-2
[6]印度尼西亞共和國衛生部。印尼共和國衛生部長2013年第71號條例，涉及國民健康保險中的衛生服務。2013.
[7] DAMSAR I. 經濟社會學導論。肯卡納，雅加達，2009年.
[8] SITUMORANG T. 南蘇拉威西省望加錫市巴揚卡拉·馬帕奧當醫院的健康服務網絡。行政科學雜誌，2016，4（1），46。
[9] STRAND I.、NÅDEN D. 和 SLETTEBØ Å。學生在技能實驗室學習。北歐護理研究雜誌，2009，29(3)：18-22。http://journals.sagepub.com/doi/10.1177/010740830902900305
[10] STRAND I.、NÅDEN D. 和 SLETTEBØ

Å。學生在技能實驗室學習。北歐護理研究雜誌，2009，29(3)：18-22。

[11] CASTELLS M. 和 CARDOSO G. 從知識到政策的網路社會。2005。

[12] BLACKLOCK C.、GONÇALVES BRADLEY D.C.、MICKAN S.、WILLCOX M.、ROBERTS N.、BERGSTRÖM A. 和 MANT D. 背景因素對改善撒哈拉以南非洲衛生工作者績效的干預措施的影響：隨機臨床試驗的回顧。《公共科學圖書館一號》，2016年，11(1)，0145206。https://dx.plos.org/10.1371/journal.pone.0145206

[13] RAMAYAH T. 和 LEE J.W.C. 系統特徵、滿意度和電子學習使用：結構方程模型。土耳其線上教育科技雜誌，2012，11(2)：196-206。

[14] CHOPRA G.、MADAN P.、JAISINGH P. 和 BHASKAR P. 從學生角度看電子學習入口網站的有效性。互動科技與智慧教育, 2019, 16(2): 94-116. https://doi.org/10.1108/ITSE-05-2018-0027

[15] HARAHAP L.K. 使用聰明的偏最小平方法進行結構方程模型分析。瓦利松戈州立伊斯蘭大學科學與技術學院，三寶壟，2018。

[16] MEKSE G. 和 ARISENA K. 透過結構方程模型方法為農民提供創業概念。農業綜合企業與休閒旅遊電子雜誌，2016，5(1)：1-15。

[17] 印度尼西亞共和國衛生部。印度尼西亞共和國衛生部長2014年第9號關於診所的規定。2014：2071-2079。

[18] KALIJOGO R.F.M. 使用服務品質方法分析基本的診所患者的服務品質。會計與經濟學，2019，21（03）。

[19] 印度尼西亞共和國衛生部。關於社區健康中心、基本的診所、醫生和牙醫獨立執業場所認證的財政部第46號法令。2015。http://www.slideshare.net/adelinahutauruk7/permenkes-no-46-tahun-2015-tentang-akreditasi-puskesmas-klinik-pratama-tempat-praktik-mandiri-dokter-dan-dokter-gigi

[20] LI J., WANG P., KONG X., LIANG H., ZHANG X. 和 SHI L. 初級保健提供者和醫院之間的病人滿意度：中國吉林省的橫斷面調查。國際衛生保健品質雜誌，2016，28(3)：346-354。

[21] ALI L.、NISAR S.、GHASSAN A. 和 KHAN S.A. 臨床技能實驗室對學生臨床前學習的影響。阿尤布醫學院學報，2011，23(4)：114-117。

[22]印度尼西亞共和國天主教學生協會。印尼共和國衛生部長關於衛生部門教育設施的2019年第35號條例。2014年：2004-2006。

[23] AKAIKE M.、FUKUTOMI M.、NAGAMUNE M.、FUJIMOTO A.、TSUJI A.、ISHIDA K. 和 IWATA T. 臨床技能實驗室中基於模擬的醫學教育。醫學調查雜誌，2012，59(1,2)：28-35。https://www.jstage.jst.go.jp/article/jmi/59/1,2/59_1,2_28/_article

[24] DEHARJA A.、PUTRI F. 與 IKAWANGI L.O.N. 使用服務品質、CSI和异丙醇方法對中号. 蘇赫曼博士診所的社會安全管理員對患者滿意度進行分析。健康雜誌，2017，5(2)：106-115。

[25] MARSHBURN D.M., ENGELKE M.K. 和 SWANSON M.S. 新護理師的看法與基於績效的臨床能力的關係。護理繼續教育雜誌，2009，40(9)：426-432。

[26] ALMUNAWAR M.N. 和 ANSHARI M. 使用客户关系管理2.0改善醫療保健領域的客戶服務。全球科技論壇商業評論，2012，1(2)。https://doi.org/10.48550/arXiv.1204.3685

[27] KHASANAH、IMROATUL 與 PERTIWI O.D. 聖伊麗莎白三寶壟服務品質對消費者滿意度的影響分析。資產，2010，12(2)：117-124。

[28] AMPAH I.T. 和 ALI R.S. 加納公共醫療機構的服務品質對病人（顧客）滿意度的影響。國際創新與經濟發展雜誌，2019，5(2)：65-73。

[29]印度尼西亞共和國衛生部。印尼共和國衛生部長2012年第001號條例，涉及個人衛生服務轉診制度。印度尼西亞共和國國家新聞，2012，17（122）：1-25。https://www.kemhan.go.id/itjen/wp-content/uploads/2017/03/bn122-2012.pdf

[30] THEOPHILUS AMPAH I. 和 SIDI ALI R. 加納公共醫療機構中服務品質對病人（客戶）滿意度的作用。國際創新與經濟發展雜誌，2019，5(2)：65-73。

[31] HASHEMI A.、YEKETAZ H. 和 ASGHARI F. 為德黑蘭醫科大學臨床教學制定倫理指南。醫學倫理與醫學史雜誌，2015，8：1-6。

[32] WU C. 醫院品牌形象對服務品質、病人滿意度及忠誠度的影響。非洲雜誌。企業管理，2011，5(12)。