



Impact of Service Quality Dimensions on Non-BPJS Patients Satisfaction at Dental and Oral Hospital

Amalia Astrid¹, *Muhammad Anas², Annisa Nurida³

¹⁾ Master's Program in Hospital Administration, Faculty of Medicine, Muhammadiyah University of Surabaya, Surabaya, East Java, Indonesia

^{2,3)} Faculty of Medicine, Muhammadiyah University of Surabaya, Surabaya, East Java, Indonesia

Article Info	Abstract
Article history: Received 09 February 2026 Revised 03 March 2026 Accepted 03 March 2026 Available online 01 August 2026 Keywords: Patient Satisfaction; Service Quality Dimensions; Dental Hospital; Non-BPJS; Logistic Regression Correspondence: muhanasjamil1@yahoo.co.id How to cite this article: Amalia Astrid, Muhammad Anas, Annisa Nurida. Impact of Service Quality Dimensions on Non-BPJS Patient Satisfaction at Dental and Oral Hospital. MAGNA MEDIKA Berk Ilm Kedkt dan Kesehat. 2026; 13(2): 79-89	Background: This study examines the effect of service quality dimensions on the satisfaction of non-BPJS patients at Dental and Oral Hospital. The aim was to identify which dimensions, tangibles, reliability, responsiveness, assurance, and empathy, significantly impacted patient satisfaction. A quantitative, cross-sectional design was used to collect data from 100 non-BPJS patients in July 2025. Objective: This study aimed to analyze the effect of service quality dimensions, tangibles, reliability, responsiveness, assurance, and empathy, on the satisfaction of non-BPJS patients at Dental and Oral Hospital. The research revealed that tangibles and empathy significantly impacted patient satisfaction, while the other dimensions did not. Methods: A cross-sectional design was used to collect data from 100 non-BPJS patients who received outpatient services at RSGM in July 2025. Service quality dimensions were assessed using a 5-point Likert-scale questionnaire, and logistic regression was performed. Results: Tangibles and empathy significantly influenced patient satisfaction, while reliability, responsiveness, and assurance did not. Education level did not substantially affect satisfaction. Conclusion: Improving physical facilities and enhancing medical staff empathy are key to boosting patient satisfaction and loyalty at RSGM.

2026 MAGNA MEDIKA: Berkala Ilmiah Kedokteran dan Kesehatan with CC BY NC SA license

INTRODUCTION

Health services are an essential sector of human resource development in Indonesia, where dental and oral hospitals play a strategic role in improving the community's quality of life through dental and oral health care¹. One of the leading indicators of the success of health services is patient satisfaction, which reflects the extent to which patients' needs and expectations are met.² Hospitals, as a key element in the Indonesian health system, are expected to provide safe, quality, efficient, and non-discriminatory services in accordance with applicable service standards.³ Outpatient care, as an integral part of hospitals, plays a vital role in providing comprehensive services in accordance with Law No. 44 of 2009 on hospitals, which covers inpatient, outpatient, and emergency services.

Dental and oral hospital services are provided not only to BPJS patients but also to non-BPJS patients who pay independently. Non-BPJS patients, due to the direct costs they incur, tend to have higher expectations regarding the quality of services received. Based on visit data, there was a significant decrease in non-BPJS patient visits in 2022-2023, down 30% from the previous year. This shows the importance of measuring the satisfaction of non-BPJS patients to ensure service sustainability and maintain the institution's reputation. This study aims to analyze the influence of service quality dimensions on the satisfaction of non-BPJS patients, focusing on the functional quality dimensions that shape patients' perceptions and experiences of service delivery.

Previous studies have shown that patient satisfaction is strongly influenced by service quality,

which encompasses dimensions such as the competence, empathy, communication, and reliability of medical personnel. The SERVQUAL model to measure service quality based on five dimensions, tangibility, reliability, responsiveness, assurance, and empathy, has been widely adopted in the context of health services, including dental and oral hospitals.⁴ Research in Indonesia also shows that the dimensions of empathy and reliability have a significant effect on patient satisfaction in private hospitals⁵, while the responsiveness and communication of doctors play an important role in increasing patient satisfaction in public hospitals⁶. Further research also identified that patient demographic factors, such as age, education, and occupation, can influence patient satisfaction with healthcare services.^{7,8,9}

Based on previous studies, the hypothesis in this study is that service quality dimensions, including tangibles, reliability, responsiveness, assurance, and empathy, have a significant effect on the satisfaction of non-BPJS patients at the dental and oral hospital. In addition, patients' educational backgrounds are expected to influence their satisfaction with the services they receive. This study is of high urgency because although there are studies on service quality and patient satisfaction in the health sector, specific studies on the influence of service quality dimensions on the satisfaction of non-BPJS patients at dental and oral hospitals remain limited. The significant decline in non-BPJS patient visits in 2023 is an essential indicator that a deeper understanding of the factors that influence patient satisfaction is needed to improve service quality and institutional competitiveness.

This study aims to analyze the influence of service quality dimensions and educational background on the satisfaction of non-BPJS patients at a dental and oral hospital and to provide strategic recommendations to improve service quality. Specifically, this study aims to identify the service quality dimensions that most strongly influence the satisfaction of non-BPJS patients and to develop strategic recommendations to improve service quality. The theoretical benefit of this study is to contribute to the development of knowledge in health service management, particularly regarding the relationship between functional quality and patient satisfaction, and to strengthen theories on the influence of service quality dimensions on customer satisfaction in the context of health services. Practically, this study provides insights for the management of dental and oral hospitals to make data-driven strategic decisions to improve service quality and serves as a reference for other health institutions in managing service quality to improve patient satisfaction, especially in the non-BPJS segment. It is hoped that this study can help hospitals improve their competitiveness and service sustainability, thereby attracting more patients and maintaining their loyalty.

METHODS

This study uses a quantitative, cross-sectional design that collects data at a single point in time (July 2025) to analyze the relationship between service quality dimensions and non-BPJS patient satisfaction at Dental and Oral Hospital. This design was chosen because it allows for the simultaneous and specific measurement of the influence between variables. This study was conducted at the Dental and Oral Hospital in

Surabaya, East Java, which was chosen because it provides dental and oral health services, especially for non-BPJS patients. This study was conducted from July to August 2025, covering the preparation, data collection, and data analysis stages.^{10,11,12} The research population comprised all non-BPJS patients who received services at the Dental and Oral Hospital in 2023, totaling 11,451. The sample consisted of non-BPJS patients who met the inclusion and exclusion criteria and were willing to participate in this study. The inclusion criteria included non-BPJS patients who had received at least one service at Dental and Oral Hospital, were over 17 years of age, and were willing to fill out the questionnaire. The exclusion criteria included patients who refused to provide data or did not complete the service during the study period. The sample size was determined using the Slovin formula with a 10% error rate, resulting in a final sample of 100 respondents, with 10% added to account for potential respondent dropouts.^{13,14} Data were collected through a questionnaire consisting of two parts: respondent identity and moderating variables (education level), as well as questions related to the five dimensions of service quality and patient satisfaction. The questionnaire used a Likert scale with five options (1 = Very Dissatisfied to 5 = Very Satisfied) to measure patient satisfaction with these dimensions. The sampling technique used was purposive sampling based on predetermined criteria. Data processing was performed using statistical software to calculate the mean, test validity and reliability, and perform logistic regression analysis to test the simultaneous influence of the five dimensions of service quality on patient satisfaction. A model fit test was also performed to assess the model's suitability for the

data. This study has obtained the necessary ethical approval from the university's ethics committee, number 11/UN3.9.3/ Etik/PT/2025.

RESULTS

Respondent Characteristics

Table 1 shows the average scores for each service and patient satisfaction dimension, measured using a 5-point Likert scale questionnaire. Based on the table, the tangible dimension (physical evidence) received the highest average score, namely 4.40, indicating that facilities, cleanliness, and the comfort of the service environment greatly affect patient satisfaction. This was followed by the assurance dimension, with a score of 4.36, indicating that patients feel confident in the competence and professionalism of the medical staff. Other dimensions, such as reliability, empathy, and responsiveness, each received excellent scores, ranging from 4.29 to 4.32. The overall patient satisfaction score also showed excellent results with a value of 4.35,

indicating that patients were generally satisfied with the services provided at Dental and Oral Hospital. Table 2 shows the gender distribution of respondents. Of the 100 respondents, 56% were female, while 44% were male. This indicates that the majority of respondents in this study were female, although the proportion was not far from the number of males. Table 3 classifies respondents by age group. Most respondents were aged 21–30 (30%), followed by those aged 31–40 (22%) and 41–50 (19%). Respondents aged 50 or older accounted for 16%, while those aged 20 or younger accounted for 13%. This shows that the majority of patients visiting Dental and Oral Hospital are those of productive age, between 21 and 40 years old. Table 4 describes the respondents' educational backgrounds. Most respondents had a high school education (57%), followed by a D3/S1 degree (34%), and elementary school (5%). Only 4% of respondents had a junior high school education, while none had an education higher than S1 (S2/S3). This shows that most patients had a relatively low to medium level of education.

Table 1. Average Scores for Service and Patient Satisfaction Dimensions

Dimention	Questioner Item	Mean	Interpretation
Reliability	2	4.32	Very Good
Empathy	3	4.29	
Assurance	2	4.36	
Responsiveness	2	4.32	
Tangible	2	4.40	
Patient Satisfaction	5	4.35	

Respondent Characteristics Based on Gender

Table 2. Respondent Characteristics Based on Gender Result

Gender (Sex)	Frequency (n)	Percentage (%)
Male	44	44
Female	56	56
Total	100	100

Respondent Characteristics Based on Age

Table 3. Respondent Characteristics Based on Age Result

Age (Year)	Frequency (n)	Percentage (%)
< 20	13	13
21–30	30	30
31–40	22	22
41–50	19	19
>50	16	16
Total	100	100

Respondent Characteristics Based on Education

Table 4. Respondent Characteristics Based on Education Result

Pendidikan	Frequency (n)	Percentage (%)
SD	5	5
SMP	4	4
SMA	57	57
D3/S1	34	34
>S1	0	0
Total	100	100

Respondent Characteristics Based on Visits

Table 5. Respondent Characteristics Based on Visits Result

Visit (times)	Frequency (n)	Percentage (%)
1	59	59
2–3	25	25
>3	16	16
Total	100	100

Table 5 shows the frequency of respondents' visits to the Dental and Oral Hospital. Most respondents (59%) visited the RSGM only once, while 25% visited 2–3 times, and the remaining 16% visited more than 3 times. This shows that most respondents were visiting the Dental and Oral Hospital for the first time, which may have influenced their perceptions of the quality of service provided. Table 6 presents the results of the validity and reliability tests for the questionnaire items. Based on Cronbach's Alpha results, all dimensions show excellent internal

consistency, with scores above 0.8. The R calculated values for the items tested are also greater than 0.7, indicating that all items in the questionnaire are valid for measuring the intended dimensions. Table 7 shows the results of the model fit test of the logistic regression used to analyze the effect of service quality dimensions on patient satisfaction. The R^2_{mcf} value is 0.652 (p -value < 0.001), indicating that the logistic regression model fits well and explains approximately 65.2% of the variability in patient satisfaction, which is considered very good.

Validity and Reliability Test Analysis

Table 6. Validity and Reliability Test Results

Item	R Count	Cronbach's Alpha
Tangible 1	0,733	0.846
Tangible 2	0,733	
Reliability 1	0,920	0.957
Reliability 2	0,920	
Responsiveness 1	0,801	0.888
Responsiveness 2	0,801	
Assurance 1	0,890	0.942
Assurance 2	0,890	
Emphaty 1	0,917	0,949
Emphaty 2	0,870	
Emphaty 3	0,901	

The Effect of Service Quality Dimensions on Patient Satisfaction

Table 7. Model fit test

Model	R ² mcf	p
1	0.652	<.001

Logistic Regression Test

Table 8. Significant Test Results with Logistic Regression

Item	Estimate	SE	p	Odds Ratio
Tangible	4.381	1.195	<.001	79.927
Reliability	0.761	0.979	0.437	2.140
Responsiveness	0.227	0.932	0.808	1.254
Emphaty	2.488	1.008	0.014	12.043
Assurance	-1.943	1.370	0.156	0.143
D3/D4/S1-Elementary School	0.169	0.976	0.862	1.184
High School-Elementary School	0.724	0.951	0.447	2.062
Junior High School-Elementary School	1.504	1.472	0.307	4.500

Table 8 presents the results of logistic regression analyses of the effects of service quality dimensions on patient satisfaction. The tangible dimension (physical evidence) has a highly significant effect (p -value < 0.001) and an odds ratio of 79.927, indicating that each one-unit increase in the tangible dimension is associated with a massive increase in patient satisfaction. Meanwhile, the empathy dimension also has a significant effect with a p -value of 0.014 and an

odds ratio of 12.043, indicating that attention and good communication from medical personnel significantly increase patient satisfaction. On the other hand, the reliability, responsiveness, and assurance dimensions did not show a significant effect on patient satisfaction (p -values > 0.05), indicating that these factors are not important determinants of patient satisfaction. Furthermore, the results for the moderating variable, education level, suggest

that it does not have a substantial effect on patient satisfaction.

DISCUSSION

This study examined the effect of health service quality dimensions on the satisfaction of non-BPJS outpatients at the Dental and Oral Hospital. The findings indicate that not all service quality dimensions significantly influence patient satisfaction, reinforcing the SERVQUAL theory that service quality is a multidimensional construct in which each dimension may contribute differently to satisfaction outcomes depending on the service context⁴. Similar patterns have been reported in healthcare studies, in which certain dimensions emerge as stronger predictors of satisfaction, while others serve as baseline expectations¹⁵.

Among the service quality dimensions, tangible (physical evidence) had a significant effect on patient satisfaction ($p < 0.05$), with the largest effect size (2.068). This suggests that improvements in facilities, cleanliness, and the physical environment substantially increase the likelihood of patient satisfaction. This finding is consistent with previous research emphasizing that tangible elements are particularly salient in dental services, where patients directly observe equipment, hygiene practices, and clinical environments during care delivery¹⁶. Although the tangible dimension achieved the highest average score, the small proportion of dissatisfied respondents (1–3%) indicates that physical facilities remain an area requiring continuous improvement. This result implies that tangible aspects not only influence satisfaction but also serve as visible indicators

of service quality, shaping patient trust and comfort.

In contrast, the responsiveness dimension did not show a significant effect on patient satisfaction ($p > 0.05$), despite achieving a perfect average score. This finding differs from earlier studies that identified responsiveness as a dominant determinant of patient satisfaction^{6,8}. One possible explanation is that patients at RSGM may perceive responsiveness as a basic service requirement rather than a differentiating factor. When responsiveness is consistently delivered at an acceptable level, its marginal contribution to satisfaction may diminish, shifting patient attention toward other dimensions such as tangibles and empathy. Nonetheless, dissatisfaction expressed by some respondents regarding procedural safety and doctors' competence suggests that responsiveness should not be interpreted solely as speed of service, but also as the ability of medical personnel to provide reassurance and clear information during treatment.

Empathy was found to have a significant effect on patient satisfaction ($p < 0.05$), supporting previous studies that highlight the importance of personal attention, effective communication, and understanding patient concerns in healthcare services⁵. Even with a high average score, the presence of dissatisfied respondents suggests that empathy is perceived subjectively and may vary across individual patient experiences. This finding underscores the importance of strengthening interpersonal skills among medical personnel to ensure that patients feel heard and respected during treatment¹⁷.

Meanwhile, the reliability and assurance dimensions did not significantly affect patient

satisfaction. This may be explained by patients' fundamental expectations regarding punctuality, service consistency, and professional competence. When these expectations are met, they tend to be taken for granted and no longer function as key drivers of satisfaction. Instead, these dimensions act as hygiene factors that prevent dissatisfaction rather than actively enhancing satisfaction. Therefore, maintaining reliability and assurance remains essential to sustaining service quality standards, even if their statistical influence appears limited¹⁸.

Finally, demographic factors, particularly education level, did not significantly influence patient satisfaction. This supports previous findings that patient satisfaction is more strongly determined by perceived service quality than by individual characteristics^{19,20}. Overall, the results suggest that improving tangible aspects and strengthening empathetic interactions should be prioritized to enhance patient satisfaction among non-BPJS outpatients at RSGM, while ensuring that responsiveness, reliability, and assurance remain consistently delivered.

Managerial Implications

The findings of this study offer practical guidance for the management of the Dental and Oral Hospital (RSGM) in enhancing service quality for non-BPJS outpatients. The tangible (physical evidence) dimension emerged as the most influential factor affecting patient satisfaction, indicating that the physical environment plays a critical role in shaping patient perceptions. Therefore, management should prioritize continuous improvement of facilities, cleanliness, modern dental equipment, and the comfort of waiting and treat-

ment areas. Despite high average scores, the presence of dissatisfied patients suggests that regular facility evaluation and maintenance remain essential.

Although responsiveness did not have a significant effect on patient satisfaction, some respondents expressed dissatisfaction with their sense of security and confidence during medical procedures. This implies that responsiveness should be strengthened through clear communication, reassurance, and transparency in explaining treatment procedures, rather than focusing solely on service speed. Targeted training programs for medical personnel can help address patient anxiety, particularly in dental care settings.

Empathy was found to significantly influence patient satisfaction, highlighting the importance of interpersonal interaction and patient-centered communication. Management should integrate empathy-related competencies into staff training, performance evaluation, and patient feedback systems to ensure consistent service delivery.

Meanwhile, reliability and assurance were not significant predictors of satisfaction, suggesting that these dimensions are perceived as basic service expectations. Nonetheless, maintaining punctuality, service consistency, and professional competence remains essential to prevent dissatisfaction. Overall, prioritizing tangible improvements and empathetic care while preserving reliability and assurance standards can enhance patient satisfaction and service quality at RSGM.

Limitations of the Study

This study has several limitations that should be considered when interpreting the findings. First, the study employed a cross-sectional design, which captures patient perceptions at a single point in time. As a result, the findings cannot establish causal relationships between service quality dimensions and patient satisfaction, nor capture potential changes in patient perceptions over time. Longitudinal studies are recommended to better understand the dynamic nature of patient satisfaction.

Second, the study focused exclusively on non-BPJS outpatients at the Dental and Oral Hospital. Therefore, the results may not be generalizable to BPJS patients or to other healthcare institutions with different service systems, patient characteristics, or organizational contexts. Future research could include broader patient groups or comparative analyses across different hospitals to enhance generalizability.

Third, patient satisfaction and service quality were measured using self-reported questionnaires, which are subject to response bias, such as social desirability and recall bias. Patients may provide favorable responses due to courtesy or perceived expectations, potentially affecting the accuracy of the findings.

Fourth, although this study examined key SERVQUAL dimensions, other factors that may influence patient satisfaction—such as waiting time, treatment outcomes, cost considerations, and psychological factors—were not included in the model. Omitting these variables may limit the analysis's explanatory power.

Finally, the demographic variables were limited in scope, potentially failing to fully capture the

diversity of patient characteristics that influence satisfaction. Future studies are encouraged to incorporate additional variables and mixed-method approaches to obtain a more comprehensive understanding of patient satisfaction in dental healthcare services.

CONCLUSION

This study concludes that health service quality dimensions do not equally influence patient satisfaction among non-BPJS outpatients at the Dental and Oral Hospital. The findings support the SERVQUAL framework, showing that tangible (physical evidence) and empathy significantly affect patient satisfaction, while responsiveness, reliability, and assurance function as basic service expectations rather than differentiating factors. These results indicate that patients place greater value on physical facilities, cleanliness, comfort, and empathetic communication. Therefore, it is recommended that RSGM prioritize continuous improvement of service facilities and strengthen patient-centered, empathetic communication through regular staff training, while consistently maintaining reliability, assurance, and responsiveness to prevent dissatisfaction.

REFERENCES

1. Sari R, Theo D, Nasution RS. Implementation of Marketing Mix Strategy at Soelastri Dental and Oral Hospital. *Promotor*. 2025 Aug;8(4):576–80.
2. Lumbu ARA, Korompis GEC, Mandagi CKF. Hubungan Persepsi Antara Kinerja Tenaga Kesehatan dengan Kepuasan Pasien di Rumah

- Sakit Umum Daerah Kota Manado. J Kesehat Tambusai [Internet]. 2025;6(September):13355–68. Available from: <https://journal.universitaspahlawan.ac.id/index.php/jkt/article/download/49011/31126/176257>
3. Abdurahman, Junaidi. Analisis Kualitas Pelayanan Jasa Kesehatan (Pada Pasien Rawat Inap Rumah Sakit Pendidikan Universitas Tanjungpura Pontianak). Manag Mark Serv. 2020;6(2):89–116.
 4. Parasuraman, Berry L, Zeithaml. SERVQUAL: A multiple Item Scale for measuring consumer perceptions of service quality. J Retail . 1988;64(1):12–40.
 5. Nurhasma N, Rijal AS, Azis R. Hubungan Dimensi Kualitas Pelayanan Dengan Kepuasan Pasien Rawat Inap Pada Rsup Dr Tadjuddin Chalid Makassar. J-KESMAS J Kesehat Masy. 2021;7(2):90.
 6. Pratama IGE, Triana KY, Martini NMDA. Interaksi Teman Sebaya Berpengaruh Terhadap Perilaku Merokok Remaja Kelas Ix Di Smp Dawan Klungkung. J Keperawatan dan Kesehat Masy Cendekia Utama. 2021 Jul;10(2):152.
 7. Christasani PD, Satibi S. Kajian Faktor Demografi Terhadap Kepuasan Pasien Jaminan Kesehatan Nasional Pada Fasilitas Kesehatan Tingkat Pertama. J Pharm Sci Community. 2016 May;13(01):28–34.
 8. Megawati, Hariyanto T, Rachmi AT. Hubungan Dimensi Mutu Pelayanan Farmasi Rawat Jalan dengan Kepuasan Pasien di RS Baptis Batu: Peran Kepesertaan Asuransi. J Apl Manaj. 2016 Mar;14(1).
 9. Anas M, Senoaji F, Jamil AM. Wisata Halal di Madura: Konsep, Strategi, dan Pengembangan Berkelanjutan [Internet]. 1st ed. Nurhidayati SE, editor. Kota Surabaya: UMSurabaya Publishing; 2025. vi–89. Available from: https://www.researchgate.net/publication/390136487_Wisata_Halal_di_Madura_Konsep_Strategi_dan_Pengembangan_Berkelanjutan
 10. Dr. Ina Debora Ratu Ludji, SKp. MK. Metode Penelitian Kesehatan Populasi. Pekalongan: Penerbit NEM; 2023. 122 p.
 11. Rita Ambarwati RA, Sumartik S. Buku Ajar Metode Penelitian Manajemen. Buku Ajar Metode Penelitian Manajemen. Pekalongan: Penerbit NEM; 2022. 71–72 p.
 12. Nugroho RA, Anas M, Mochklas M. Factors Determining Patient Satisfaction in Medical Tourism Services. MAGNA MEDICA Berk Ilm Kedokt dan Kesehat [Internet]. 2025;12(2):166. Available from: [file:///C:/Users/BIMCND/Downloads/18045-57634-1-PB \(6\).pdf](file:///C:/Users/BIMCND/Downloads/18045-57634-1-PB%20(6).pdf)
 13. Slovin LA. Sampling Methods of Research. Bull Am Math Soc. 1960;66(5):708–13.
 14. Zimmermann M. Preface. Vol. 24, Best Practice and Research: Clinical Endocrinology and Metabolism. Jakarta: Erlangga; 2010. 7 p.
 15. Narayanan VG, Brem L. Service Management and Marketing: Customer Relationship Perspective (2nd edition) [Internet]. Vol. 36, European Journal of Marketing. John Wiley & Sons; 2002. 1164–1166 p. Available from: <http://www.amazon.com/Service-Management-Marketing-Customer-Relationship/dp/0471720348>
 16. Afrashtehfar KI, Assery MKA, Bryant SR. Patient Satisfaction in Medicine and Dentistry. Isola G, editor. Int J Dent. 2020 Dec;2020:1–10.
 17. Dianing Negari AR, Nurida A, Ghufro M, Anas M. Effect on Dimensions of Health Services to Inpatient Satisfaction at Primary Health Care. MAGNA MEDICA Berk Ilm Kedokt dan

- Kesehat. 2021;8(2):71.
18. Nugroho RA, Anas M, Mochklas M. Readiness Analysis of Facility, Human Resources, and Marketing Strategies on The Increase in Medical Tourism Visits at BIMC Hospital Nusa Dua Bali. MAHESA Malahayati Heal Student J. 2026;6(7):173–87.
 19. Saputra DMD, Partina A, Amallia BA. Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien pada Puskesmas Tanjungsari di Gunungkidul, Daerah Istimewa Yogyakarta. Cakrawangsa Bisnis J Ilm Mhs. 2025;6(1):1.
 20. Haksama S, Ramadhan MC, Anas M. Traditional Healthcare Branding and Marketing Strategies in Hospitals: Efforts to Increase Public Acceptance and Trust Through Innovative Integration. MAGNA Med Berk Ilm Kedokt dan Kesehat. 2026;13(1).