IMPLEMENTATION OF QUALITY FUNCTION DEPLOYMENT ANALYSIS BY ADOPTING IN SERVICE QUALITY METHODS EFFORTS TO IMPROVE SERVICE QUALITY AT UPT. RUMAH SAKIT KHUSUS MATA IN NORTH SUMATRA PROVINCE

Aris Handiyoko Sibuea[1], Endang Sulistya Rini[2], Linda Trimurni Maas[3]
[1,3]Master Managemen Program,Post Graduated School, Universitas Sumatra Utara, Medan
[2]Faculty of Economic and Business, Universitas Sumatra Utara, Medan
Authors E-mail: [1)]arissibuea@gmail.com , [2)]sendang.sulistya@usu.ac.id , [3)]linda@kissfm-medan.com

Abstract

UPT. Rumah Sakit Khusus Mata Provinsi Sumatera Utara is one of the type B eye hospitals that serves as a referral hospital for eye disease treatment. Based on the community satisfaction index in 2022, there were 2 service elements below standard value according to regulation no.14 of 2017 issued by the Ministry of Administrative Reform and Bureaucratif Reform. These service elements are service time and executor competence. This research aims to identify the service quality of these 2 unsatisfactory elements using the service quality methode and quality function deployment on patients of the UPT. Rumah Sakit Khusus Mata Provinsi Sumatera Utara. The research begins by describing the 2 service elements into service quality dimensions, resulting in 17 attributes from 5 dimensions. The overall gap analysis reveal negative gaps, and the House of Quality concludes that special attention should be given to the technical response, which has an above-average score 111,5 in its development. This ensures that the service attributes receive good ratings in the future.

Keywords: ***Service Quality, Quality Function Deployment***

1. INTRODUCTION

In the era of globalization, the development of the service sector, especially in the health sector, has become increasingly widespread and has moved very rapidly, especially since the era of the Covid - 19 pandemic occurred in 2020. The development of the health services sector itself can be seen by the many health service sectors that have been established such as hospitals, health laboratories, clinics and health centers. The health service sector is inseparable from the quality of services provided to patients, the quality of services in hospitals, laboratories, clinics and health centers must always be improved to meet patient needs. Every place of business in the health sector, especially hospitals, always requires good service quality. Good service quality is very important for hospitals, whether it is a high class hospital or a small class hospital. Service quality in health services has a major influence on patient satisfaction and patient trust in the hospital. As a hospital that provides eye health services UPT. The Special Eye Hospital of North Sumatra Province must provide quality services so that patients feel satisfied and have high trust in the hospital. UPT. The Special Eye Hospital of North Sumatra Province is a type B hospital which has a vision and mission to provide quality health services, but in practice there are still several problems in health services that cause patients to be dissatisfied. We can see this in the patient satisfaction index table based on service elements at the UPT. North Sumatra Provincial Eye Hospital in 2022.

Table 1 Patient Satisfaction Index Data based on serviceelements for 2022 at UPT. Special Eye Hospital in North Sumatra Province

No	Service Elements	Average value
1	Condition	3.40
2	Procedure	3.98
3	Service Time	3.00
4	Fees/Tariffs	3.80
5	Service Products	3.26
6	Executor Competency	3.00
7	Executing Behavior	3.69
8	Facilities and infrastructure	3.27
9	The handling of complaints	4.00

In 2022, the elements of service, service time, and implementing competencies have an average value of 3.00, which based on Permenpan No. 14 of 2017, this value is categorized as not good. So the need for in-depth analysis to find out what causes the 2 elements of the service to be not good in its implementation. In this case the Service Quality and Quality Function Deployment methods are needed to analyze 2 service elements that have a bad score. Service Qualityis a concept that measures the level of customer satisfaction with the service received and the Service Quality method has 5 dimensions in determining problematic attributes in a company's services. According to Ratnasari (2017) Service Quality significantly influences customer satisfaction and customer loyalty in the Indonesian health sector. Quality Function Deployment(QFD) is a method used to address customer needs and expectations. With QFD, companies can ensure that their products and services meet customer expectations. According to Jang (2012) the Quality Function Deployment approach can help improve the quality of care and provide patient satisfaction Based on the descriptionAs stated above, I propose a research entitled "Application of Quality Function Deployment Analysis by Adopting Service Quality Methods in Efforts to Improve Service Quality at UPT. Special Eye Hospital of North Sumatra Province.

2. RESEARCH METHODS

2.1 Types and Methods Used

This study uses the Service Quality and Quality Function Deployment research methods and the research conducted is a case study of service quality improvement at UPT. Special Eye Hospital in North Sumatra Province. In this study the management of UPT. The Special Eye Hospital of North Sumatra Province as the service provider and the patient as the service recipient. Interviews and filling out questionnaires as well as observations by researchers regarding patient descriptions and expectations in the form of voice customers for the services provided at UPT. Special Eye Hospital in North Sumatra Province with the implementation of Quality Function Deployment using the Service Quality method.

2.2 Time and Location of Research

The research will be conducted at UPT. Special Eye Hospital located in Medan, North Sumatra, Indonesia. The research itself will be carried out from April 2023.

2.3 Data collection technique

The data collection method in this research was carried out by means of a questionnaire. To obtain data relating to the measurement of Service Quality obtained from questionnaires distributed to patients (respondents). While the attributes related to the preparation of technical responses, the correlation between technical responses, the correlation between service attributes and technical responses in the preparation of the House of Quality, were obtained from interviews with the management of the research object hospital as well as from supporting documents or data from the hospital.

2.4 Validity and Reality Test

After the questionnaire is compiled, the next step that must be taken is to test the validity and reliability of the questionnaire. The purpose of this test is to get the result that the questionnaire we make is the best measuring tool, so that later the questionnaire can be used to measure the object to be studied.

2.5 Determination of the Number of Samples

Determination of the sample in this study using a quota sampling technique. Quota Sampling which is the number of subjects to be studied is determined in advance. If the quontum has been determined, start the research and about who will be the respondent, it is up to the data collector.

2.6 Service Quality Measurement

DataService Qualityincludes the patient's expectations (expectations) and perceptions (reality) of UPT service attributes. Special Eye Hospital. Patients' assessment of these attributes was grouped using a Likert scale in 5 scales.

3. RESULTS AND DISCUSSION

The research was conducted at the UPTD. Special Eye Hospital in North Sumatra Province from April to May 2023. Data collection was carried out in the registration room by distributing questionnaires filled in by 100 respondents. The data that has been collected is then inputted into the computer and analyzed using the SPSS application. The results of the study present the results of the analysis consisting of respondent data and looking at service quality using the Quality Function Deployment method.

3.1 Patient Data

Based on the results of distributing questionnaires to all patients, in part 1 is about patient identity to find out who and what kind of patient information is the object of this study, the following are the results of patient data processing that can be used as information material:

Table 1 of Hospital Patient Data

No	Respondent Data	Amount	
1	Gender	Unit	Percent (%)
	Man	46	46
	Woman	54	54
2	Age		
	15 – 25 Years	21	21
	26 – 35 Years	18	18
	36 – 45 Years	17	17
	46 – 55 Years	25	25
	>55 Years	19	19

1. Validity and Reliability Test for Consumer Perceptions and Expectations

In testing the validity and reliability of researchers using SPSS software. SPSS provides facilities to measure validity and reliability with the Cronbach Alpha statistical test. A construct or variable is said to be reliable if it gives a Cronbach Alpha value > 0.60.

Table 2 Validity Test for Consumer Perceptions

Case Processing Summary

		N	%
Cases	Valid	100	100.0
	Excluded[a]	0	.0
	Total	100	100.0

Table 3 Reliability Test for Consumer Perceptions

Reliability Statistics

Cronbach's Alpha	N of Items
.852	17

Table 4 Validity Test for Consumer Expectations

Case Processing Summary

		N	%
Cases	Valid	100	100.0
	Excluded[a]	0	.0
	Total	100	100.0

Table 5 Reliability Test for Consumer Expectations

Reliability Statistics

Cronbach's Alpha	N of Items
.886	17

From the results of testing the validity and reliability of the respondents in each attribute it can be seen that the overall data is valid and reliable, so that it can be used in Servqual and QFD calculations.

3.2 Service Quality

To find out the performance of service quality in hospitals, it is carried out using the Service Quality method, where this method is to measure the expectations and perceptions felt by patients towards service attributes. Furthermore, the results of the Gap Score will be obtained from each service attribute that is asked directly to the patient. The data on this Service Quality measurement include the perceptions (reality and expectations) of the patient from the service attributes at home the disease being studied. Patient assessment of service attributes is grouped into 5 scales, using a Likert scale.

For the "Reality" questionnaire: 1 = Very Bad (SBU) 2 = Bad (BU)
3 = Enough (C) 4 = Good (BA)
5 = Very Good (BA) As for the "Hope" questionnaire:
1 = Not Necessary (TP)
2 = Less Necessary (KP) 3 = Sufficiently Necessary (CP) 4 = Necessary (P)

5 = Very Necessary (SP)

The following are the results of a service quality questionnaire survey distributed to patients in tabular form as follows:

Table 6 Patient "Reality" Data and Scores on Service Attributes

NO	ATRIBUT PELAYANAN	JUMLAH JAWABAN					TOTAL	Rata - rata Skor
		SBU	BU	C	BA	SBA		
1	Tersedianya dokter spesialis	1	0	23	53	23	100	3,97
2	Petugas dalam menjaga kebersihan dan perawatan lingkungan rumah sakit	0	1	20	53	26	100	4,04
3	Petugas memberi informasi yang jelas dan mudah dimengerti	1	1	19	52	27	100	4,03
4	Kemudahan untuk membuat janji temu dengan dokter atau perawat	2	10	44	27	17	100	3,47
5	Prosedur penerimaan pasien cepat dan tepat	1	3	28	41	27	100	3,90
6	Ketelitian dokter, perawat dan petugas lainnya dalam bekerja	1	4	24	46	25	100	3,90
7	Prosedur pelayanan tidak berbelit-belit	1	12	30	29	28	100	3,71
8	Petugas bersikap ramah dan sabar kepada pasien	2	3	13	36	46	100	4,21
9	Kemampuan dokter dan perawat dalam menyelesaikan keluhan pasien	3	2	23	41	31	100	3,95
10	Kecepatan petugas kesehatan dalam menyelesaikan layanan dengan tepat	2	1	24	39	34	100	4,02
11	Ketepatan jadwal kunjung dokter	2	6	22	43	27	100	3,87
12	Dokter dan perawat dalam memberikan saran	0	5	21	47	27	100	3,96
13	Petugas rumah sakit dalam mengatasi masalah yang tidak terduga	0	16	34	30	20	100	3,54
14	Kemampuan dokter dalam menetapkan diagnosa	0	3	18	50	29	100	4,05
15	Petugas memberi perhatian terhadap pasien	1	0	12	41	46	100	4,31
16	Petugas mau mendengarkan keluhan pasien	0	1	11	34	54	100	4,41
17	Petugas rumah sakit bersikap sabar, ramah, dan bersahabat terhadap pasien?	1	1	8	24	66	100	4,53

Table 7 Patient "Expectation" Data and Scores on Service Attributes

NO	ATRIBUT PELAYANAN	JUMLAH JAWABAN					TOTAL	Rata - rata Skor
		TP	KP	CP	P	SP		
1	Tersedianya dokter spesialis	0	0	0	39	61	100	4,61
2	Petugas dalam menjaga kebersihan dan perawatan lingkungan rumah sakit	0	0	0	25	75	100	4,75
3	Petugas memberi informasi yang jelas dan mudah dimengerti	0	0	0	22	78	100	4,78
4	Kemudahan untuk membuat janji temu dengan dokter atau perawat	0	0	1	38	61	100	4,60
5	Prosedur penerimaan pasien cepat dan tepat	0	0	0	20	80	100	4,80
6	Ketelitian dokter, perawat dan petugas lainnya dalam bekerja	0	0	0	22	78	100	4,78
7	Prosedur pelayanan tidak berbelit-belit	0	0	0	18	82	100	4,82
8	Petugas bersikap ramah dan sabar kepada pasien	0	0	0	9	91	100	4,91
9	Kemampuan dokter dan perawat dalam menyelesaikan keluhan pasien	0	0	0	11	89	100	4,89
10	Kecepatan petugas kesehatan dalam menyelesaikan layanan dengan tepat	0	0	0	13	87	100	4,87
11	Ketepatan jadwal kunjung dokter	0	0	0	11	89	100	4,89
12	Dokter dan perawat dalam memberikan saran	0	0	0	12	88	100	4,88
13	Petugas rumah sakit dalam mengatasi masalah yang tidak terduga	0	0	7	34	59	100	4,52
14	Kemampuan dokter dalam menetapkan diagnosa	0	0	0	11	89	100	4,89
15	Petugas memberi perhatian terhadap pasien	0	0	0	33	67	100	4,67
16	Petugas mau mendengarkan keluhan pasien	0	0	0	26	74	100	4,74
17	Petugas rumah sakit bersikap sabar, ramah, dan bersahabat terhadap pasien?	0	0	0	9	91	100	4,91

Table 8 Gap Score Service Quality Service Attributes

NO	ATRIBUT PELAYANAN	Skor Kenyataan	Skor Harapan	Gap Skor
1	Tersedianya dokter spesialis	3,97	4,61	-0,64
2	Petugas dalam menjaga kebersihan dan perawatan lingkungan rumah sakit	4,04	4,75	-0,71
3	Petugas memberi informasi yang jelas dan mudah dimengerti	4,03	4,78	-0,75
4	Kemudahan untuk membuat janji temu dengan dokter atau perawat	3,47	4,60	-1,13
5	Prosedur penerimaan pasien cepat dan tepat	3,90	4,80	-0,9
6	Ketelitian dokter, perawat dan petugas lainnya dalam bekerja	3,90	4,78	-0,88
7	Prosedur pelayanan tidak berbelit-belit	3,71	4,82	-1,11
8	Petugas bersikap ramah dan sabar kepada pasien	4,21	4,91	-0,7
9	Kemampuan dokter dan perawat dalam menyelesaikan keluhan pasien	3,95	4,89	-0,94
10	Kecepatan petugas kesehatan dalam menyelesaikan layanan dengan tepat	4,02	4,87	-0,85
11	Ketepatan jadwal kunjung dokter	3,87	4,89	-1,02
12	Dokter dan perawat dalam memberikan saran	3,96	4,88	-0,92
13	Petugas rumah sakit dalam mengatasi masalah yang tidak terduga	3,54	4,52	-0,98
14	Kemampuan dokter dalam menetapkan diagnosa	4,05	4,89	-0,84
15	Petugas memberi perhatian terhadap pasien	4,31	4,67	-0,36
16	Petugas mau mendengarkan keluhan pasien	4,41	4,74	-0,33
17	Petugas rumah sakit bersikap sabar, ramah, dan bersahabat terhadap pasien?	4,53	4,91	-0,38

Based on the Gap Score table, we can see the results of reducing the reality data in the hope of producing a negative value for each service attribute, in which case the service attributes get attention for the improvement process and improve its quality so that it can satisfy the needs of hospital patients. And the average gap score obtained from 17 service attributes is -0. 7905. This

shows that in general the services of the above attributes have not satisfied hospital patients, this is because the results of the gap score are negative (-) where the quality of service is said to be good if the gap score on the service attribute is positive (+).

With an average gap score of -0.7905, there are hospital service attributes that are below the average value

- Convenience to make an appointment with a doctor or nurse
- Patient admission procedures are fast and precise
- Accuracy of doctors, nurses and other officers in work
- The service procedure is not complicated
- The ability of doctors and nurses to resolve patient complaints
- The speed of health workers in completing services appropriately
- Schedule doctor visits
- Doctors and nurses in giving advice
- Hospital staff in dealing with unexpected problems
- Doctor's ability to establish a diagnosis

From the data above, there is a very large value related to the negative gap score, namely the ease of making doctor or nurse appointments, straightforward service procedures and the accuracy of the doctor's visit schedule. So in terms of the ease of doctor's appointments, complicated procedures and the accuracy of the doctor's visit schedule is still very far from the expectations of hospital patients, so these service attributes must be the focus of improvement without ignoring other gap scores.

3.3 Quality Function Deployment Analysis with House of Quality

The Quality Function Deployment method is defined as a process for determining customer or patient needs and translating them into relevant technical forms. The Quality Function Deployment uses the House of Quality matrix, which in the matrix is the patient's needs and expectations as well as the hospital's ability to design or respond to a service desired by the patient to achieve patient satisfaction. The stages in compiling the House of Quality matrix are customer requirements, competitive analysis, technical requirements, the relationship between technical responses and service attributes, the relationship between technical responses.

3.4 Customer Requirements (Customer Satisfaction Score)

At this stage is to identify what service attributes the patient wants or needs as well as the target value, sales point, and weight of each hospital service attribute needed by the patient. In this study, service attributes were taken based on the description of Service Quality in problematic services at the hospital. Before entering service attributes on Servqual into the House of Quality, it is necessary to adjust the level of importance (Satisfaction score) of service attributes. In this case the level of importance was taken based on a questionnaire distributed by researchers to determine the level of importance of each attribute of hospital services. In measuring the level of importance of the attributes of the researcher using a Likert scale with 5 scales, where the Likert scale is as follows:

1 = Very Not Important (STP) 2 = Not Important (TP)
3 = Quite Important (CP) 4 = Important (P)
5 = Very Important (SP)

After knowing the importance level of each service attribute, the next step is to calculate the Satisfaction Score where the Gap Score value will later become a positive value using the formula:

$$Satisfaction\ Score = Gap\ Score \times Tin\ gkat\ Kepentingan$$

By implementing a Customer Satisfaction Score, it sharpens the priority of attention to service attributes that have a large influence on the contribution of customer satisfaction. From the

data above, the average Customer Satisfaction Score is 3.85. With an average CSS of 3.85, we can see that the 3 service attributes that have the most CSS are:

- Convenience to make an appointment with a doctor or nurse
- The service procedure is not complicated
- Schedule doctor visits

3.5 Performance Goal (Target value)

After determining the Customer Satisfaction Score (Customer Importance), then perform performance goals or target values for each service attribute. The goal value is obtained from the "Reality" score of the service attribute compared to the "Expectation" of the hospital service attribute and the highest score becomes the goal (target) of each service attribute.

3.6 Improvement Ratio

This stage is needed to change the level of performance or patient perception of service attributes to achieve the desired goals.

3.7 Sales Point

Marksales pointdetermined by the hospital management team, where the sales point value is obtained from the results of discussions with the hospital management team, taking into account the sales point for each service attribute seen from the level of consumer interest. Based on Cohen, (1995) the highest sales point value (1.5) is given if it has a high selling value, an intermediate value (1.2) if a medium selling point and a low score (1) if it has no selling value.

3.8 Raw Weights

Raw Weights(Weight) is a value that describes the level of overall importance of each customer based on the level of customer interest and the Improvement Ratio.

3.9 Competitive Analysis

In this stage UPTD service attributes. The Eye Special Hospital will be compared with the North Sumatra Hajj General Hospital. Which is where the sample of the patient population is taken 100 patients to distribute the questionnaire.

From the results of a comparison of the service attributes of the two hospitals above, it can be seen that patient satisfaction with the service attributes of the Hajj general hospital is better than the special eye hospital in North Sumatra province. However, special eye hospitals excel in service attributes such as: fast admission procedures, friendly staff, speed of officers in completing services properly, officers paying attention to patients, officers willing to listen to patient complaints, and officers being friendly and patient. Which in this case the service attribute must be maintained or improved again.

3.10 Technical Requirements

Technical Requirementsis the translation of consumer needs into the language of the company or organization. At this stage a special discussion is needed with the hospital management, which involves several officers in helping to provide solutions in overcoming the service attributes needed by patients.

3.11 Relationship Between Technical Response and Service Attributes

After determining the Technical Requirements, then determining the relationship between service attributes and technical response (technical requirements) where this matrix will assess the level of relationship, whether or not the relationship between technical responses and service attributes is a consumer or patient need. The relationship can be a strong relationship, a moderate relationship or a weak relationship. Each relationship in the House of Quality is symbolized in the form of the following symbols:

1. Strong Relationship (●), a strong relationship between technical response and service attributes, the weight for this relationship category is 9
2. Moderate relationship (○), moderate relationship between technical response and service attributes, the weight for this relationship category is 3
3. Weak relationship (▽), weak relationship between technical response and service attributes, the weight for this relationship category is 1

From the calculation results of the matrix figure 4.3 it can be concluded that technical with an interest level above the average of 111.5 is following the development of medical science, having medical personnel who are ready when unexpected things happen, adequate availability of medical personnel, and an online reservation system which in this case the technical must be prioritized in its development

3.12 Relationship Between Technical Responses

The relationship between technical responses is the relationship and interrelationships between technical responses. At this stage. Relationships were obtained based on interviews with hospital management. The relationships used in the relationship between technical responses are as follows:

1. Strong positive relationship (++)
   The relationship between technical responses is unidirectional, that is, if one of the technical responses experiences an increase or decrease, it will have a strong impact on increasing or decreasing other related attributes.
2. Positive relationship (+)
   Is a relationship where one of the technical responses increases or decreases, it will affect the increase or decrease in the related technical response. This relationship is a unidirectional relationship.
3. No connection (-)
   The relationship between technical responses is unrelated or unrelated to one another.

From the matrix above, we can see that technical staff training has a strong relationship with keeping abreast of developments in medical science, technical administration flow management has a strong relationship with scheduling, and technical has medical personnel who are ready being prepared for emergencies is strongly related to the availability of adequate medical personnel.

3.13 Targets

Target is a goal that the hospital wants to achieve to increase patient satisfaction. Where the target reference is the technical response itself which will later meet the needs of service attributes. By setting targets, the hospital will have clear goals. Demonstrate how the technical response is achieved by increasing or decreasing according to the desired development of the hospital. In determining this target researchers conducted interviews with hospital management. This is intended so that decision making can be in sync with the researcher. To determine the target hospital, the following symbols are used:

▲ states the more enhanced the better
▼ states the lower down the better
◇ stating that the specified solution is good

3.14 Making a House of Quality Matrix

From the results of calculations for each element to form a quality house matrix, then the arrangement is carried out in the quality house with its location. The following is a picture of the quality house matrix and the calculation results.

3.15 Managerial Implications

After looking at the problems and analyzing the solutions above on the application of Quality Function Deployment and Service Quality analysis to hospital service attributes, it turns out that there are 4 service attributes that have the highest weight value, namely above 9, where the 4 service attributes are services regarding doctor's timeliness and procedures. administration flow. In this case the hospital needs to focus on developing technical responses related to these service attributes, in which the related technical responses are the availability of adequate medical personnel and the existence of an online reservation system.

In connection with service units that do not satisfy the technical response whose weight is above 111.5, which includes following the development of medical science, having medical personnel ready when unexpected things occur, adequate availability of medical personnel, and the existence of an online reservation system is a technical response. most influential which the hospital needs prioritizing its development, so that later consumers get maximum satisfaction in the implementing competence service unit and service time at the hospital. The administrative sub-division has an important role in assisting the improvement and development of hospital services, because the administrative sub-division acts as the person in charge of hospital services. Where information about patients will be used by the administrative sub-section as material or basis in management management. And also the administrative sub-section plays an important role in realizing the technical response of the hospital, because the administrative sub-section is the designer and executor of hospital needs. So that later the administrative sub-divisions are expected to be able to accept the suggestions and analysis above and Quality Function Deployment and Service Quality can become a hospital review tool for analysis and solutions in providing the best service.

4. CONCLUSION

Based on the results of the research, data processing and data analysis were carried out regarding the application of quality function deployment analysis by adopting the service quality method in an effort to improve service quality at upt. special eye hospital in the province of North Sumatra, the following conclusions can be drawn:

1. Of the 17 service attributes described using the Service Quality dimension, the 17 attributes consist of 5 dimensions of service quality: Direct Evidence has 4 attributes, Reliability has 4 attributes, Receptiveness has 3 attributes, Assurance has 3 attributes, and Empathy has 3 attributes . None of the service attributes described show good performance, indicated by an average gap score of -0.7905.
2. All service attributes must be repaired and improved, so that the patient's perceived (reality) value can be greater than the patient's expectations so that patient satisfaction is achieved.
3. Based on the results of interviews with hospital management, 9 steps or technical responses were obtained to overcome problematic service attributes. Which is where the technical response must be implemented and developed to satisfy the needs of hospital patients.
4. Based on calculations obtained from the House of Quality method of 9 technical responses with an average level of importance above 111.5, special attention must be given to its development, so that service attributes get a good rating for patients. So that later the service element score will be better.

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