

Health problems in Indonesia: Assessment of hospital service levels of Jakarta Dharmais cancer hospital

by Posma Sariguna Johnson Kennedy

Submission date: 14-Nov-2023 12:08PM (UTC+0700)

Submission ID: 2227586429

File name: 20231031210211_E-23-183.1.pdf (634.85K)

Word count: 4016

Character count: 22594



Health problems in Indonesia: Assessment of hospital service levels of Jakarta Dharmais cancer hospital

4

Posma Sariguna Johnson Kennedy
Universitas Kristen Indonesia, Indonesia

* Corresponding Author: Posma Sariguna Johnson Kennedy

6

Article Info

ISSN (online): 2582-7138

Impact Factor: 5.307 (SJIF)

Volume: 04

Issue: 05

September-October 2023

Received: 04-09-2023;

Accepted: 06-10-2023

Page No: 31-37

Abstract

This study aims to evaluate public consumer satisfaction with services at the Dharmais Cancer Hospital, Jakarta. Patient satisfaction is an important indicator in measuring the quality of health services. This study used a quantitative method with descriptive statistics, where data were obtained from hospital users in 16 installations available at the Dharmais Cancer Hospital. The basis for this assessment is Law Number 25 of 2009 concerning Public Services and the Decree of the Minister for Administrative Reform No. 14 of 2017 concerning General Guidelines for Compiling the Community Satisfaction Index for Government Agency Service Units. The survey results of consumers found that the Community Satisfaction Index from SSR Dharmis had a value of 92.98 in category A, where the level of consumer satisfaction was very good. The blood transfusion unit had the highest index of 98.92 in category A (very good), while the palliative installation had the lowest index of 83.74 but was still in category B (good).

Keywords: Level of service, Dharmais Cancer Hospital, Consumer Satisfaction

Introduction

Health is the main goal of a country in improving the welfare of its people. The country will be strong if its people are healthy, so they can carry out productive economic activities (Kennedy, 2020)^[7]. "Hospital services, especially for cancer sufferers in Indonesia, are still very limited, which have complete medical equipment to carry out diagnoses with specialists who can treat types of cancer. The phenomenon of overcrowding in hospitals seems to be a normal and normal everyday occurrence. The density of patients in hospitals and the deteriorating condition of the rooms are the background for this research with the hope of developing a form of optimization of health services in hospitals through studies of patient and health circulation, equipment and space formed, hospital operations in providing home services. Sick. (Fitranto, 2022)^[8].

In the world, cancer growth has increased by 7 million people, of which more than half are residents of developing countries, two-thirds of whom are in developing countries (WHO, 2007). Based on these facts, on the regional side, Indonesia is estimated to see an increase in cancer patients of 100 people per year. The Indonesian Cancer Foundation as a research institute on the development of this disease in 2007 stated that 5.7% of deaths were caused by malignant cancer without good health services, due to the lack of health facilities with adequate technology to alleviate and cure this disease. (Kennedy *et al.*, 2022)^[8].

Most people who go to the government's special cancer hospital often complain about the length of service and how much time it takes. This was also triggered by administrative complications in conducting consultations with BPJS. On the one hand, this is a necessity because of the high number of clinical patients, who are in polyclinics, inpatient rooms and other supporting facilities such as radiology and MRI. "Throughout our experience in planning hospitals, the phenomenon of overcrowding in hospitals has become a normal and normal everyday phenomenon." (Fitranto, 2022)^[8].

"The customer aspect of public services provided by government agencies is the community and stakeholders who use these public services. Therefore, it is very important to measure the community satisfaction index with public services to assess the effectiveness and accountability of the output and performance outcomes produced in providing satisfaction to the community as the recipient object.

Measuring the community satisfaction index is one way to measure individual performance and organizational performance in the context of improving public services in line with the goals and objectives of bureaucratic reform. This measurement must be carried out by all Government Agencies, guided by the Regulation of the Minister for Empowerment of State Apparatus and Bureaucratic Reform (PermenPan-RB) Number 14 of 2017 concerning Guidelines for Preparing Community Satisfaction Surveys for Public Service Providing Units in conducting community satisfaction surveys." (Cahyaningsih & Rudianto, 2021)^[11]. Based on the explanation above, this study aims to conduct an analysis of the community satisfaction index for Dharmas Jakarta cancer hospital services, so that we can find out the Community Satisfaction Index (IKM) value. From this study, it is hoped that it will be possible to identify which units/installations have provided maximum satisfaction and which ones require improvement.

Literature Review

Public service

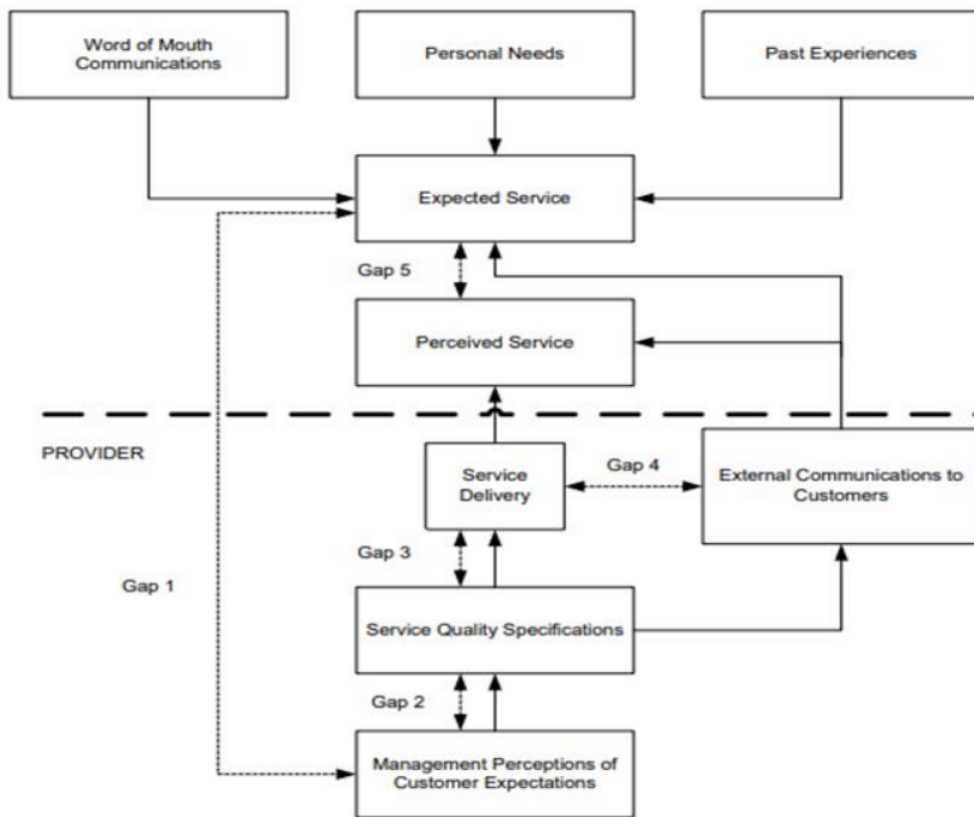
Service quality has become an important issue in the provision of public services in Indonesia. "The impression of poor public services has always been an image attached to service providing institutions in Indonesia. So far, public services have always been synonymous with slowness,

injustice and high costs. Not to mention in terms of service ethics, where the behavior of service providers is less empathetic and responsive in providing good services" (RSUD-Soedono, 2018)^[15].

Service quality itself is defined as a dynamic condition related to products, services, people, processes and environments that meet or exceed expectations. Therefore, service quality is related to fulfilling customer expectations or needs. This assessment of service quality can be seen from several different points of view (Sigma, 2017)^[12], for example in terms of:

- a. *Product Based*, where service quality is defined as a specific function, with different measurement variables regarding the product characteristics
- b. *User Based*, where service quality is the level of suitability of service to what customers want
- c. *Value Based*, related to usefulness or satisfaction over price.

"This service quality can be known more clearly when a gap analysis is carried out related to customer expectations, management perceptions, service quality, service provision, external communication, and what is felt by customers. In detail, in *Delivering Quality Service*," (Zeithaml *et al.*, 1990, p.46) these gaps can be identified as follows:



Source: RSUD-Soedono, 2018^[15]

Fig 1: Service Quality Model Concept

From the picture above it can be explained " (RSUD-Soedono, 2018) ^[15]:

- a. *Gap 1.* The gap between customer expectations (*Expected Service*) and management perception (*Management Perception of Customer Expectation*). This occurs due to a lack of surveys of market needs or a lack of appropriate use of research results and a lack of interaction between service providers and customers. Another cause is the lack of communication between management and service provider officers (customer contact personnel), even though they are the ones who obtain the most information about customer expectations. Lastly, the classic factor of too many levels of bureaucracy in service units is also one of the factors of the emergence of this gap.
- b. *Gap 2.* The gap between management perception (*Management Perception of Customer Expectation*) and service quality specifications (*Service Quality Specification*). This gap occurs when management's commitment is lacking in realizing service quality, as well as management's perception of the service quality desired by customers, as well as the absence of standardization in service provision, and the absence of goal setting in service provision.
- c. *Gap 3.* The gap between service quality specifications (*Service Quality Specification*) and service delivery (*Service Delivery*). This gap occurs because role conflicts arise within employees and female employees in terms of the desire to meet customer expectations with the desire to meet the expectations of leaders. Apart from that, there is also technology that is not suitable to support services, there is no evaluation and appreciation, and there is a lack of internal cooperation.
- d. *Gap 4.* The gap between external communication to customers (*External Communication to Customers*) and the service delivery process (*Service Delivery*). The cause of this gap is the absence of horizontal communication in the organization.
- e. *Gap 5.* The gap between the service expected by customers (*Expected Service*) and the service perceived by customers (*Perceived Service*). This fifth gap shows and describes the size of the level of community satisfaction with the performance of service organizations. "In contrast to the previous gap, this fifth gap focuses on the customer side."

7 Regulation of the Minister for Administrative Reform and Bureaucratic Reform Number 14 of 2017

The concept of *New Public Management (NPM)* is an important issue in public sector reform. "The NPM concept is also related to public sector performance management issues because performance measurement is one of the main NPM principles" (Indahsari *et al.*, 2020) ^[15]. "Viewed from a historical perspective, this modern management approach in the public sector initially emerged in Europe in the 1980s and 1990s as a reaction to the inadequacy of traditional public administration models. The New Public Management concept basically contains seven main components (RSUD-Soedono, 2018) ^[15], namely:

- a. Professional management in the public sector
- b. The existence of performance standards and performance measures
- c. Greater emphasis on controlling output and outcomes
- d. Breakdown of work units in the public sector

- e. Creating competition in the public sector
- f. Adoption of management styles in the business sector into the public sector
- g. Emphasis on discipline and greater economy in the use of resources. (Sururi *et al.*, 2022) ^[13] (Kemenperin, 2021) ^[6].

The government regulation regarding public services is an assessment of the performance of public service units, namely "Regulation of the Minister of Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Surveys of Public Satisfaction with the Implementation of Public Services. The minimum elements that must be included in the Community Satisfaction Survey include 9 (nine) scopes, namely:

- a. Condition. Requirements are conditions that must be fulfilled in managing a type of service, both technical and administrative requirements;
- b. Procedure. Procedures are standardized service procedures for givers and recipients
- c. Service time Service time is the time period required to complete the entire service process for each type of service;
- d. Fees/Rates. Fees/Tariffs are fees charged to service recipients in administering and/or obtaining services from providers, the amount of which is determined based on an agreement between the provider and the community;
- e. Product specifications, type of service. Product service type specifications are the results of services provided and received in accordance with predetermined provisions. This service product is the result of each service type specification;
- f. Implementing Competency. Implementing Competency is the ability that an implementer must have including knowledge, expertise, skills and experience;
- g. Implementing Behavior. Implementing behavior is the attitude of officers in providing services;
- h. Handling complaints, suggestions and input Handling complaints, suggestions and input are procedures for implementing complaint handling and follow-up;
- i. Facilities and infrastructure. Means are anything that can be used as a tool to achieve goals and objectives. Infrastructure is everything that is the main support for the implementation of a process (business, development, project). Facilities are used for moving objects (computers, machines) and infrastructure for immovable objects. (Valeriani *et al.*, 2018)"

Method

This research uses quantitative methods by conducting descriptive statistics. The survey was conducted to determine patient satisfaction with the quality of service at Dharmas Cancer Hospital. To obtain research data, research was carried out through a survey to determine the assessment of patient satisfaction with the quality of Cancer Hospital services in 2022. Research respondents were Dharmas Cancer Hospital patients who were met during the survey period. The activity stages carried out are: The preparation stage consists of preparing a questionnaire, preparing a sampling plan, determining a surveyor; Stage of survey implementation and data tabulation; and the data analysis and reporting stage. The data collection method is through face-to-face interviews, then the data is directly tabulated. In the

interview process, surveyors use tools so that respondents can provide good answer choices.

The service quality measurement theory used is **Service Quality Theory (ServQual)**. It was put forward by **Zeithaml, Parasuraman & Berry (1990)** ^[18] who said that, "The quality of services is influenced by 5 (five) dimensions, namely Tangible, Reliability, Responsiveness, Assurance, and Concern (Empathy)." (Parasuraman *et al.*, 1985, 1986; Tjiptono, 2005; Fatas, 2017) ^[10, 11, 14, 31].

Sampling ^[17] carried out using Purposive Sampling Technique. The number of samples is determined using the **Krejcie Morgan formula** as follows (Chuan, 2006) ^[21]:

$$S = \{\lambda^2 \cdot N \cdot P \cdot Q\} / \{d^2 \cdot (N + 1) + \lambda^2 \cdot P \cdot Q\}$$

Where:

S = Number of samples
 λ^2 = Lambda with degrees of freedom = 1, namely the error level, determined at 5%

N = Total population, taken from the number of patients during June 2021 of 33,258

d = Margin of Error (MoE), set at 5%"

Based on the sample size calculation using the **Krejcie Morgan formula** above, the minimum sample size for the Dharmais Cancer Hospital ^[19] community satisfaction survey was 380 respondents. Next, the sample size was rounded up to 504 respondents (if calculated, the MoE is: 4.4%). The following is the number of samples taken from each unit at Dharmais Hospital.

Table 1: Number of samples from each unit at Dharmais Hospital

No	Outpatient	Sample Number	Inpatient	Sample Number
1	Outpatient Installation		Children's Care Room Fl. 4	9
	▪ Oncology Poly 1	42	▪ Orchid 1, VIP/VVIP 8th Floor	5
	▪ Oncology Poly 2	49	▪ Orchid 2, VIP/VVIP 7th Floor	21
2	Systemic Therapy Installation		▪ Mawar 1, Class I 8th Floor	28
	▪ Carnation 1	4	▪ Rose 2, Class I Fl. 7	6
	▪ Carnation 2	8	▪ Melati 1 Class III	31
3	Executive Service Installation	26		
4	Blood Transfusion Unit	9	Number of Hospitalizations	100
5	Diagnostic Procedure Installation	11		
6	Medical Rehabilitation Installation	10		
7	Early Detection and PKRS Installations	4		
8	Integrated Laboratory Installation			
	▪ Anatomical Pathology Laboratory	9		
	▪ Clinical Pathology Laboratory	86		
9	Emergency departments	7		
10	Intensive Care Installation	5		
11	Radiodiagnostic Installation	31		
12	Central Surgical Installation	10		
13	Radiotherapy Installation	15		
14	Palliative Installation	4		
15	Pharmacy Installation	74		
	Number of Outpatients	404		
	Grand total			504

Source: Data Processing Results, 2022

The variables in this research are expectations and satisfaction with "9 (nine) elements of public service, which are broken down into 15 question items. The nine service elements are: Service Requirements, Systems, Mechanisms and Procedures, Service Completion Time, Fees/Tariffs, Product Specifications, Types of Service, Competence of Implementers, Behavior of Implementers, Handling Complaints and Feedback, Facilities and Infrastructure.

These variables are in accordance with Law Number 25 of 2009 concerning Public Services and Decree of the Minister for Administrative Reform No. 14 of 2017 concerning General Guidelines for Preparing a Community Satisfaction Index for Government Agency Service Units." ^[4]

The following question items for each variable can be seen in the table below.

Table 2: Elements and Questions in Research Surveys

Elements of Public Service	Number	Question Items
Terms of Service	B6	Conformity of service requirements with the type of service
Systems, Mechanisms and Procedures	B5	Explanation of procedures and treatment flow by hospital staff
	B12	Complete information on service flow procedures and hospital regulations
	B4	Conformity of service hours with those promised (service opening time until closing)
Service Completion Time	B7	Speed and accuracy of hospital staff in providing services
	B15	Doctors provide sufficient service time to patients
	B2	Comparability of rates with services provided
Fees/ Tariffs	B2	Comparability of rates with services provided
Product Specifications Type of Service	B8	Compliance with procedures carried out by medical personnel
Implementing Competency	B10	Competence/ability of doctors, medical personnel and hospital staff in providing services
Implementing Behavior	B3	Appearance of doctors, medical personnel and hospital staff

	B13	Ability to understand patient needs and expectations in services by hospital staff
Handling Complaints and Feedback	B14	Friendliness and politeness of hospital staff
	B9	Handling complaints/complaints by hospital staff
Facilities and infrastructure	B1	Cleanliness and comfort of hospital facilities
	B11	Quality of facilities and infrastructure

The research instrument in this survey activity uses a 1-8 Likert Scale, to be in line with the Indonesian government's guidelines for public service surveys, for processing the

Community Satisfaction Index, the data is converted to a 1-4 Likert Scale measurement as follows:

Table 3: Measurement Scale Conversion

Likert Scale	Expectancy Level:	Perceived Value
1 and 2	Very not Important 1 2 3 4 5 6 7 8 Very Important	1 (unsatisfactory)
3 and 4		2 (unsatisfactory)
5 and 6	Satisfaction Level: Very Dissatisfied 1 2 3 4 5 6 7 8 Very Satisfied/ Appropriate	3 (satisfactory)
7 and 8		4 (very satisfying)

Calculation of the community satisfaction index with interval values (1-4), using the formula:

$$Index = \sum_{k=1}^N [\bar{S}_k \cdot W_k]$$

Where:

S_k = average level of

satisfaction
 W_k = weight of importance (expectations)
 N = many indicators/aspects
 K = indicators

$$W_k = \frac{\bar{I}_k}{\sum_{K=1}^N I_K}$$

Interpretation of the Community Satisfaction Index Value can be seen in the following table.

Table 4: Table of Interpretation of Community Satisfaction Index Values

Perceived Value	Interval Value	Conversion Interval Value (NIK)	Service Quality	Service Unit Performance
1	1.00 – 2.5996	25.00 – 64.99	D	Not good
2	2.60 – 3.064	65.00 – 76.60	C	Not good
3	3.0644 – 3.532	76.61 – 88.30	B	Good
4	3.5324 – 4.00	88.31 – 100.00	A	Very good

Source: Nasution et al., 2021

Results and Discussion
Demographic Description

Respondent profiles are divided into several categories,

namely based on gender, age, occupation and area of residence, which can be seen in the image below:

Table 5: Distribution of Respondents

Profile	Percentage
Gender	
Man	38.89
Woman	61.11
Age	
17-30	25.00
31-45	37.70
56-60	29.37
>60	7.94
Work	
Businessman	12.10
private sector employee	27.38
Government officials	7.34
Housewife	33.33
Student	7.34
Does not work	2.98
Another	9.52
Residential area	
Bekasi	7.34
Tangerang	17.86
Bogor	7.54
Depok	4.54
Jakarta	44.05
Another	18.65

Source: Data Processing, 2022

Satisfaction Index

From the results of the respondent survey, the Satisfaction Index obtained from each hospital unit/installation. The

following is the ranking of Satisfaction Index from 16 Service Units at Dharmais Cancer Hospital in a tabular manner:

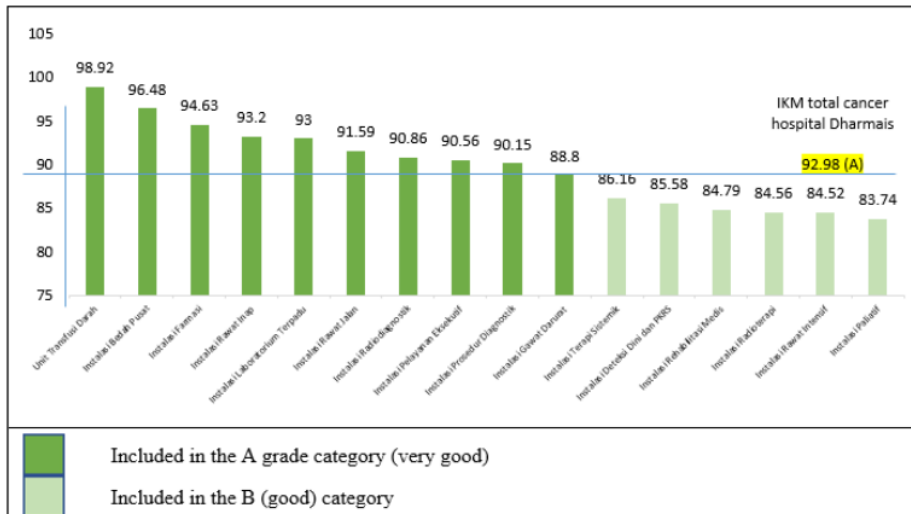
Table 6: Satisfaction Index Ranking of 16 Service Units at Dharmais Cancer Hospital

Elements of public service	Variable Code	Expected Average	Average Satisfaction	Hope Index	Satisfaction Index
Terms of Service	B6	3.96	3.82	98.91	96.7758
Systems, Mechanisms and Procedures	B5, B12	3.96	3.68	99.06	91.99
Service Completion Time	B7, B4, B15	3.96	3.70	98.88	92.58
Fees/ Tariffs	B2	3.94	3.86	98.56	96.38
Product Specifications Type of Service	B8	3.98	3.84	99.40	96.08
Implementing Competency	B10	3.99	3.87	99.65	96.78
Implementing Behavior	B3, B13, B14	3.97	3.81	99.24	95.27
Handling Complaints and Feedback	B9	3.96	3.16	98.96	78.91
Facilities and infrastructure	B1, B11	3.96	3.73	98.98	93.35
Total		3.96	3.72	99.07	92.98
SMI category					A

Source: Data Processing, 202 2

The following is the ranking of Satisfaction Index from a total of 16 service units at Dharmais Cancer Hospital, which can

be seen in the graph below:



Source: Data Processing, 202 2

Fig 2: Ranking order of Satisfaction Index from 16 Service Units at Dharmais Hospital

From the index calculated through a survey of hospital users or the public, it was found that the Community Satisfaction Index from the Dharmis Cancer Hospital had a value of 92.98, which means that consumer satisfaction is very good.

Conclusion

This research wants to quantitatively survey the level of consumer satisfaction from the services provided by the Dharmais Jakarta cancer hospital. The basis for this assessment is " Law Number 25 of 2009 concerning Public Services and Decree of the Minister for Administrative Reform No. 14 of 2017 concerning General Guidelines for Preparing a Community Satisfaction Index for Government Agency Service Units. " From the results of the consumer survey, it was found that the Community Satisfaction Index from RSK Dharmis had a value of 92.98, which means consumer satisfaction is very good. The blood transfusion unit has the highest index of 98.92 with category A (very

good). Meanwhile, palliative installations have the lowest index, namely 83.74 but are still in category B (good). Units that have category A are blood transfusion units, central surgical installations, pharmacy, inpatient, integrated laboratory, outpatient, radiodiagnostic and emergency installations. Meanwhile, units in category B are systemic therapy installations, early detection, medical rehabilitation, radiotherapy, intensive care and palliative installations. These results should be taken into account to improve the services of Dharmais Hospital, where it is necessary to maintain units/installations in category A, at the same time it is necessary to improve services in units/installations in category B. This research needs to be continued at the best service strategy stage which must be carried out by the Jakarta Dharmais Cancer Hospital.

Acknowledgement

We would like to thank the Research Grant from the Ministry

of Education and Culture-RI (Hibah Simlitabmas, 2022), the Institute for Research and Community Service LPPM-UKI. Also to Mr. Aswin Griksa Fitranto from Griksa Cipta Jakarta who helped with data collection, the Dharmais Cancer Hospital Jakarta, and other parties who have helped.

References

1. Cahyaningsih E, Dan Rudianto D. Analisis Indeks Kepuasan Masyarakat Terhadap Pembinaan dan Layanan Pengelolaan Data dan Penyajian Informasi Kepegawaian. *Civil Service*. 2021; 15(1):13-23.
2. Chuan, Chua Lee. Sample size estimation using krejcie and morgan and cohen statistical power analysis: a comparison. *Jurnal Penyelidikan IPBL, Jilid*, 2006, 7.
3. Fatas IA. Analisis Tingkat Kepuasan Pasien Rawat Inap Terhadap Mutu Pelayanan di Rumah Sakit Hidayah Boyolali. Tesis Magister Manajemen Sekolah Pascasarjana Universitas Muhammadiyah Surakarta, 2017.
4. Fitranto AG. Optimalisasi pelayanan kesehatan melalui perancangan bangunan rumah sakit Studi Kasus: RS Kanker Dharmais. Tesis Program Studi Magister Teknik Arsitektur Universitas Kristen Indonesia, 2022.
5. Indahsari CL, Raharja SJ. New Public Management (NPM) as an Effort in Governance. *Jurnal Pelayanan Publik*. 2020; 3(2):73-129. <https://doi.org/10.24198/jmpp.v3i2.25342>
6. Kemenperin. Laporan Survei Kepuasan Pelayanan Publik Pusat Kementerian Perindustrian Tahun 2021. Kementerian Perindustrian Republik Indonesia, 2021.
7. Kennedy PSJ. Health policy problems in Indonesia's border region. *Acta Sci. Pol. Oeconomia*. 2020; 19(4):79-85. DOI: 10.22630/ASPE.2020.19.4.43
8. Kennedy PSJ, Pare S, Fitranto AG, Simanullang R. Peningkatan Pemahaman Mengenai Pelayanan Rumah Sakit Melalui Diskusi di Rumah Sakit Kanker Dharmais Jakarta. *Jurnal Ikrath-Abdimas*. 2022; 5(3):107-114.
9. Nasution MA, Nasution IK, Achmad N. Integrated Service Model in District as the Implementation of Government Regulation Number 17 of 2018 about District (A Case Study the Districts in Padangsidempuan City). *Turkish Online Journal of Qualitative Inquiry*. 2021; 12(3):2021-2032.
10. Parasuraman A, Zeithaml VA, Berry LL. A Conceptual Model of Service Quality and its implication. *Journal of Marketing*. 1985; 4:41-50. <https://doi.org/10.2307/1251430>
11. Parasuraman A, Zeithaml VA, Berry LL. Servqual: a multipleitem scale for measuring customer perceptions of service quality. *Journal of Retailing*. 1986; 64(1):12-40.
12. Sigma. Laporan Akhir Survei Kepuasan Masyarakat Kementerian Kelautan dan Perikanan Tahun 2017. PT. Sigma Research Indonesia, 2017.
13. Sururi A, Rusli B, Widianingsih I, Ismanto SU. Housing Policy for Low-Income Communities in Indonesia and Its Reforms: An Overview. *Public Policy and Administration*. 2022; 21(1):158-174. <https://doi.org/10.5755/j01.ppa.21.1.30151>
14. Tjiptono Fandy. Pemasaran Jasa. Edisi pertama. Malang: Bayumedia, 2005.
15. RSUD-Soedono. Laporan Akhir survei kepuasan karyawan RSUD dr. Soedono Madiun. Madiun: Pemerintah Provinsi Jawa Timur RSUD dr. Soedono, 2018.
16. Valeriani D, Wibawa DP, Putri AK, Wahyudin N. Analysis of public satisfaction in dpmptsp naker of pangkalpinang city. *AFEBI Management and Business Review*. 2018; 03(02):46-57. <http://dx.doi.org/10.47312/ambr.v3i2.200>
17. Zeithaml VA, Berry LL, Parasuraman A. The behavioral consequences of service quality, *The Journal of Marketing*. 1996; 60(2):31-46. <https://doi.org/10.2307/1251929>
18. Zeithaml VA, Parasuraman A, Berry LL. *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. New York: The Free Press, 1990.

Health problems in Indonesia: Assessment of hospital service levels of Jakarta Dharmais cancer hospital

ORIGINALITY REPORT

16%

SIMILARITY INDEX

16%

INTERNET SOURCES

7%

PUBLICATIONS

7%

STUDENT PAPERS

PRIMARY SOURCES

1	ijair.id Internet Source	3%
2	Submitted to Universitas Mataram Student Paper	2%
3	brain.edusoft.ro Internet Source	2%
4	repository.uki.ac.id Internet Source	1%
5	www.scitepress.org Internet Source	1%
6	www.allmultidisciplinaryjournal.com Internet Source	1%
7	icss.greenpublisher.id Internet Source	1%
8	www.jurnalhukumdanperadilan.org Internet Source	1%
9	Risma Yulia, Ikhsan Ikhsan, Zuhrizal Fadhly, Vellayati Hajad. "The Effect of Public Service	1%

on Community Satisfaction at the Department of Agriculture, Food Crops and Horticulture, West Aceh, Indonesia", Journal of Research in Social Science And Humanities, 2022

Publication

10

Submitted to Middlesex University

Student Paper

<1 %

11

Muhammad Arifin Nasution, Surya Yudha Regif. "An Analysis of One-Roof Application Services Quality at the Faculty of Social and Political Sciences, University of North Sumatra", IOP Conference Series: Materials Science and Engineering, 2020

Publication

<1 %

12

Submitted to University of Hertfordshire

Student Paper

<1 %

13

doaj.org

Internet Source

<1 %

14

nlistsp.inflibnet.ac.in

Internet Source

<1 %

15

eudl.eu

Internet Source

<1 %

16

jist.publikasiindonesia.id

Internet Source

<1 %

17

ijosmas.org

Internet Source

<1 %

18	inotera.poltas.ac.id Internet Source	<1 %
19	jsss.co.id Internet Source	<1 %
20	ojs.unm.ac.id Internet Source	<1 %
21	www.atlantis-press.com Internet Source	<1 %
22	courses.washington.edu Internet Source	<1 %
23	ecosia.asia.ac.id Internet Source	<1 %
24	repository.stimi-bjm.ac.id Internet Source	<1 %
25	www.unud.ac.id Internet Source	<1 %
26	Submitted to University of the West Indies Student Paper	<1 %

Exclude quotes On

Exclude matches Off

Exclude bibliography On