

Articles

# Analysis of Service Response Time at Outpatient Polyclinic at Regional General Hospital (RSUD) S.K. Lerik, Kupang

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## Abstract

**Background:** Hospitals are institutions that provide comprehensive individual health services. To ensure quality and continuous improvement of these services, hospitals are guided by regulations issued by the Ministry of Health. One key indicator of service quality is patient waiting time at outpatient clinics. **Objectives:** This study aims to explore several factors affecting service quality at the outpatient polyclinic of RSUD S.K. Lerik, Kupang. These factors include response time of health and non-health workers, hospital budget allocation, worker competence, availability of essential documents, and the overall service flow mechanism. **Methods:** This qualitative study applied a management theory approach and was conducted at RSUD S.K. Lerik, Kupang. Data were collected from eight informants selected through purposive sampling. **Results:** The Results of the study showed that although the response time of health and non-health workers and the availability of service flow mechanisms are relatively good, there are still several challenges. The number of personnel remains limited, and there is no specific budget allocated to the outpatient clinic; instead, needs are recorded and submitted to hospital management. Equipment and materials such as computers and network systems are available, but often insufficient, especially in urgent situations. Despite these limitations, the flow of services generally proceeds without major delays. **Conclusions:** It is recommended that hospital officers ensure timely service delivery according to established standards to minimize patient waiting times. Improving the management system and increasing attention to service response time in outpatient clinics can help enhance the quality, safety, and comfort of healthcare services provided.

**Keywords:** *Response time, service, polyclinic outpatient, RSUD S.K. Lerik*

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## 1. Introduction

Hospital is a health service institution that provides comprehensive individual health services by providing inpatient, outpatient, and emergency services as well as other supporting facilities and infrastructure (1). In order to maintain and improve the quality of health services continuously, hospitals must measure and evaluate the quality of health services in accordance with quality indicators, one of which is the Hospital Quality Indicator. Outpatient services are basic service units that must be owned by hospitals and

are one of the requirements for issuing a hospital operational permit. The outpatient or polyclinic installation is one of the first entry points to the hospital apart from the Emergency Unit (UGD). Polyclinic is a unit for patient reception in hospital, maintenance in the polyclinic started with registration at the ticket counter until the doctor's diagnosis is completed (2). Patients who come are non-emergency patients so that before receiving service, patients are required to wait and complete the administration. However, the waiting time or response time in hospital services often does not comply with the regulations applies. Waiting time or response time on service take care road must be  $\leq 60$  minutes from the patient's first contact with the registration counter to receiving treatment from a doctor in the polyclinic room (3).

Response time has a very close relationship with patient satisfaction in hospitals, because waiting time or response time has become one of the indicators in assessing the quality of service in a hospital, then if hospital ignore long waiting time in get services, then hospitals have not paid attention to the quality of hospital services (4). Waiting time is important for people in this modern era, where time is increasingly valuable due to high mobility, so waiting time is one of the important considerations in choosing a hospital or recommending a hospital to others (5). There is a tendency that the faster the waiting time for service, the more it increases patient satisfaction(6). The longer the patient's waiting time to receive services at the polyclinics have been shown to be associated with patient dissatisfaction with health care facilities (7)-(8).

S.K. Lerik Regional Hospital (RSUD S.K. Lerik) is one of the hospitals owned by the Kupang City government, East Nusa Tenggara Province, which has been fully accredited since 2023. Besides its location which strategic, RSUD S.K. Lerik also serves all patients, both those with BPJS and non-BPJS. A survey conducted by BPJS Health Kupang Branch Officetfound that the waiting time for outpatients at the polyclinic still does not meet the standard ( $<60$  minutes), and the service time for outpatient polyclinics do not meet the standard ( $<3$  hours). The average waiting time for outpatients in the last 3 months (May to July) was 1 hour 30 minutes, while the average waiting time for services was an average of 3 hours 45 minutes. The duration of waits for outpatient care and service at RSUD S.K. Lerik has continued to increase over the past 3 months The waiting time from the register to being served at the assessment polyclinic averages 60-90 minutes, while the waiting time from the assessment polyclinic to being served by the doctor averages 23 minutes. The longest waiting time is at the pharmacy, which is around 1-2 hours.

The impact of the long waiting time is the accumulation of patient queues in the outpatient clinic, making the room appear crowded with patients coming for initial treatment and follow-up check-ups in each outpatient department. It is not yet known whether there is a relationship between the length of waiting time and patient satisfaction that will affect subsequent visits to RSUD S.K. Lerik, but many studies have found that waiting time can affect patient satisfaction. The purpose of this study is to provide an overview of the response time of services at the outpatient clinic at RSUD S.K. Lerik.

## **2. Materials and Methods**

### **2.1 Study Design and Setting**

This research is a qualitative study using management theory. The research was conducted from February to March 2025

### **2.2 Population and Sampling**

The determination of research subjects or informants was conducted using the purposive sampling method, with the criteria for informants being the staff who provide services at the outpatient polyclinic of RSUD S.K. Lerik. The informants in this study used in 8 people, consisting of 1 outpatient clinic coordinator, 1 front desk staff, 1 medical record staff, 2 medical doctors, 2 midwives and nurses from the outpatient clinic, and 1 pharmacy staff.

### **2.3 Data Collection**

Data collection was conducted through in-depth interviews to analyze the waiting time/response time of outpatient service staff at the RSUD S.K. Lerik outpatient clinic. The researcher also reviewed secondary data on the service Standard Operating Procedures (SPO) available at the outpatient clinic. The tools used in data collection were a mobile phone as an audio recording device and writing instruments.

#### 2.4 Variables and Operational Definitions

This study consists of five variables, namely Man (response time of healthcare staff and non-healthcare staff during the waiting time of outpatient clinic patients), Money (the hospital budget for the outpatient clinic), Machine (the competence of health and non-health staff in using computer applications, online queues, and the internet at the outpatient polyclinic), Matera (the accessibility of documents, supporting tools, and medical equipment needed in the outpatient polyclinic), and Methode (the method or flow of activities carried out in outpatient polyclinics in providing services to patients).

#### 2.5 Data Analysis

Data analysis was conducted using content analysis techniques, with the following steps: data collection, data reduction, data presentation, data validity check, and analysis of research components. The researchers used a deductive approach by analyzing interview transcripts through the coding process, identification of meaning units, and simplification into condensed meaning units. Data is categorized and analyzed based on the 5M framework. Source triangulation and informant quotes are presented to enhance the credibility and transferability of the research findings (9).

#### 2.6 Ethical Considerations

This study uses the Code of Ethics permit which was studied and considered by the Ethics Review Team of the Faculty of Public Health, Nusa Cendana University with the administration number: 000303/KEPK FKM UNDANA/2025.

### 3. Results

#### 3.1 Response time of healthcare staff (Doctors, Midwives, Nurses, and Pharmacists) and non-healthcare staff (Reception, Registration, Medical Records) during the waiting time of outpatient clinic patients at RSUD S.K. Lerik

The research results indicate that from the response time of healthcare and non-healthcare staff at the outpatient clinic in RSUD S.K. Lerik, out of 8 informants, 4 informants stated that the number of healthcare workers at the outpatient clinic, including doctors, nurses, and midwives, is sufficient in providing services to patients. However, the outpatient clinic, medical record staff, obstetricians, and pharmacy staff still have a shortage of healthcare workers, and healthcare workers have to take on multiple roles, which can hinder service delivery, especially if a healthcare worker is on leave or absent, causing delays in response time. As stated by the respondents during the interview:

*"We are short on staff here, so the conclusion is insufficient."*

*"It will hinder service, permits or leave will overwhelm service response time will be hindered."*

#### 3.2 The hospital budget for the outpatient clinic at RSUD S.K. Lerik

Research results indicate that the available hospital budget does not meet the service needs in the outpatient clinic, including staff entitlements such as medical fees, incentives, and TPP, which often experience delayed payments. As stated by the respondents during the interview:

*"not all needs are met, salaries are paid on time, Additional Employee Income (TPP) is delayed for 3-4 months, and service fees have not been paid for 3 months"*

#### 3.3 The competence of health and non-health staff in using computer applications, online queues, and the internet at the outpatient polyclinic at RSUD S.K. Lerik

In this study on the aspect of the competence of health and non-health staff using computer applications, online queues, and the internet in the outpatient clinic at RSUD S.K. Lerik, it was found that most informants stated that the equipment and basic materials

were available but in limited quantities and of low quality. As stated by the respondents during the interview:

*"Yeah, it's fairly available."*

*"There were only certain cases yesterday, January 5th, where the network was not good, so the issuance process at one hospital was a bit slow. Usually, from the counter, they recommend that if they check the most active ones, patients are advised to enter the SCP, and it will be printed in the afternoon, so it went quite smoothly. But if the network is slow, the status will be delayed, right? Slow network, delayed status. But for the past few weeks, the network has been smooth and good."*

In addition, there are also complaints regarding low-spec computers, broken medical equipment (such as USG and speculums), a shortage of consumables, and frequent internet connectivity issues. The Hospital Management Information System (SIMRS) has been used but is not yet optimal due to network limitations and lack of training:

*"The computer at the registration counter hasn't been updated, and the computer in the admin section is also lacking."*

*"There's a shortage of equipment, what's missing, doc? The biopsy tools, the speculum, and the ultrasound machine are also malfunctioning."*

### *3.4 The accessibility of documents, supporting tools, and medical equipment needed in the outpatient polyclinic at RSUD S.K. Lerik*

Most of the respondents said that supporting tools such as computers are available in each service unit. However, the quality of the internet network and the condition of other supporting devices remain the main obstacles in daily operations. As stated by the respondents during the interview:

*"Yes, computers are available, but the network is down."*

In addition, the Pharmacy staff also said that:

*"An older label machine, slow computer, inadequate specs"*

According to the polyclinic coordinator, it was conveyed that in general, supporting tools in services such as examination tables in the Oncology Poly and filling materials in the Dental Poly often experience shortages.

*"Yes, it's available." There is a smooth network, but generally, the supporting equipment is lacking, such as the examination table in oncology to assist the doctors. If it's the dental clinic, sometimes the materials for fillings and other supplies are running low, but there are no new ones yet.*

Meanwhile, in the service flow mechanism at the outpatient polyclinic of RSUD S.K. Lerik, SIMRS has already been implemented, but due to slow internet network issues, it sometimes makes the waiting time for patients to receive services longer.

*"Already implemented SIMRS, slow network, patients wait a long time."*

In addition, there are also staff at the Polyclinic who are still in the process of learning to use the SIMRS, and this is what makes the patient waiting time longer.

*"Yes, Khanza, but still learning."*

### *3.5 Is the service's flow mechanism in accordance with the outpatient polyclinic at RSUD S.K. Lerik?*

Research results show that the operational hours of outpatient clinic services at RSUD S. K. Lerik generally start from 8 AM to 2 PM or 3 PM, depending on the unit and staff. The registration counter operates from 07:30 AM to 12 PM.

*"Usually in the outpatient clinic from 8 AM to 3 PM because there are some patients who also wait for the laboratory, then the doctor has to wait again to get the results."*

Timeliness of staff in providing services often, doctors and other healthcare workers mostly arrive on time, but there are instances of tardiness among some medical staff, especially specialists who sometimes are late due to conducting rounds in the inpatient ward. In addition, the delay of midwives also causes a slowdown in the service flow at the obstetrics clinic. As the clinic coordinator mentioned:

*"For nurses, maybe many people don't mind too much, but for doctors, if a doctor is very late, it automatically affects the waiting time. It doesn't happen often, but sometimes the doctor might still be in a consultation, but they don't always arrive on schedule."*

For clarity, the outpatient service flow at RSUD S. K. Lerik starts with registration at the counter using fingerprints (biometric) or online, issuance of Participant Eligibility Letter (SEP) and patient status search by the staff, initial examination (triage) by the nurse for vital sign measurement, examination by a specialist doctor, prescription issuance and medication pickup at the pharmacy, and the patient back home. As the polyclinic coordinator said:

*"Patients come from the fingerprint counter, then take the SEP to the second counter to get their status checked in the review room. After that, from the review room, their blood pressure and vital signs are taken, and then they are taken to the doctor's room, for example, to the internal medicine clinic. There is an officer who will accompany the doctor, and once the patient meets the doctor, they will be directed to the pharmacy before back home."*

Some of the main obstacles encountered are network and application systems, lack of human resources, limited laboratory facilities, and medication wait times.

*"There are no obstacles in normal conditions, but like the Kanza system, it doesn't become automatic, so the pharmacy staff have to make calls back and forth to provide the medication."*

*"The most time-consuming stage is in the laboratory."*

*"Because of the lack of personnel and insufficient equipment"*

*"The lab and pharmacy are backed up, resulting in longer response times."*

*"Compounded medications take 1hour, non-compounded medications take 30 minutes, disrupting service due to insufficient human resources."*

#### **4. Discussion**

*4.1 Response time of healthcare staff (Doctors, Midwives, Nurses, and Pharmacists) and non-healthcare staff (Reception, Registration, Medical Records) during the waiting time of outpatient clinic patients at RSUD S.K. Lerik*

The waiting time for outpatient care is one of the quality indicators in hospitals. The outpatient waiting time is defined as the time required from when the patient registers until they are attended to by a specialist doctor. If the patient comes directly, it is calculated from the first contact with the registration officer until receiving service from the doctor/specialist doctor. If the patient registers online, it is calculated from the confirmation of their presence at the hospital until receiving service from the doctor/specialist doctor (10)-(3)

The response time of healthcare and non-healthcare staff at the outpatient clinic in RSUD S.K. Lerik is influenced by the number of healthcare workers (medical and non-medical). The shortage of healthcare personnel causes them to take on multiple roles and leads to longer work times, which can hinder service delivery, especially if a healthcare worker is on leave or permission, resulting in delayed response times. Therefore, the response time of healthcare and non-healthcare staff at RSUD S.K. Lerik Kupang is greatly affected by the lack of human resources, resulting in slow response times for outpatient clinic services. The standard response time is 60 minutes, but patients can take 2-3 hours to receive their medication.

The results of this study are in line with research which states that which states that the number of nurses affects patient handling. A larger number of nurses can lighten the workload of nurses, allowing for a quicker response time. In contrast, a limited number of nurses, compared to a high number of patients, can lead to nurses being overly busy, making them less effective in providing care (11). Another study at Yogyakarta states that the better the facilities and infrastructure, the shorter the waiting time for services, but there is another factor, which is the human resources factor (12). Another study said that, the speed of service is influenced by human resource factors in the emergency installation, such as length of service, education level of the staff, age, and staff education (13) .

#### 4.2 *The hospital budget for the outpatient clinic at RSUD S.K. Lerik*

Money is a basic necessity for any activity; it is capital, without which the activity is difficult to function. A company needs money to produce goods or offer services. This is necessary to obtain raw materials, hire personnel, purchase machinery, and incur many other costs faced by the business. Lack of funding can make a company less effective or, in the worst-case scenario, lead to total failure. Therefore, money is an important tool for achieving goals because everything must be calculated rationally (14). Based on the research results, it shows that the hospital budget for the outpatient polyclinic at RSUD S.K. Lerik has been included in the Budget Implementation Document (DPA), but all the needs in the polyclinic have not been met. To support the operational services at RSUD S.K. Lerik Kupang for medical services and staff incentives, which are not smooth and very small, the staff tend to provide unprofessional and untimely service, hindering the services in the polyclinic.

The results of this study are in line with the research which states that there is a limitation of funds, whereas the hospital requires a large amount of money, necessitating financial management that is truly managed professionally and then used efficiently. With the fulfillment of needs in the outpatient polyclinic, it can affect the speed of service to patients (15). However, according to literature review it is also stated that with the management of budget management and the improvement of human resource performance, it can be ensured that the operational activities to be carried out by the hospital can run smoothly (16).

#### 4.3 *The competence of health and non-health staff in using computer applications, online queues, and the internet at the outpatient polyclinic at RSUD S.K. Lerik*

Machines are equipment used by an institution or organization. Machines serve as tools to assist humans in speeding up work processes, such as computers and medical equipment. Whether they are modern equipment or still conventional tools (17). Research results indicate that the availability of necessary documents in the outpatient polyclinic at RSUD S.K. Lerik, such as the Medical Record Application (SIMRS), is not yet fully manageable by all, necessitating training for polyclinic staff. In addition, the network is unstable, the computer specifications do not meet the standards, and the old label printer for printing patient identification is still slow. This is what hinders the service and makes patients wait longer, while the BPJS and Kemenkes regulations require all services to be based on electronic medical records, thus sacrificing the patients.

Therefore, facilities such as computers, networks, and other supporting tools greatly influence the response time of staff in providing quick and accurate service to patients in accordance with standard operating procedures. According to research at the Air Omo Public Health Center (Puskesmas) which states that the achievement of the nurse response time standards in the emergency department service is influenced by the availability of facilities and infrastructure, human resources, and a good emergency department management system (18). Other research claims that there is a relationship between facilities and infrastructure and the waiting time for services in the emergency department of RS PKU Muhammadiyah Yogyakarta (12). Facilities and infrastructure are supporting tools and the implementation of emergency activities possessed by the emergency unit (IGD). The proper utilization and management of facilities and infrastructure can prevent delays in service and assist healthcare personnel in the emergency department in providing quick and accurate care.

#### 4.4 *The accessibility of documents, supporting tools, and medical equipment needed in the outpatient polyclinic at RSUD S.K. Lerik*

Material (goods), the basic necessity of every activity, are the items used. Management must ensure that goods are available in sufficient quantity and quality to meet demand. The results of the research conducted show that the tools and materials needed are available but not yet sufficient, such as medical tools and materials,

medications, and office supplies. Of course, this significantly affects the speed of service at RSUD S.K Lerik Kupang. According to research at Jakarta shows that, the infrastructure and facilities in the emergency department (IGD) are considered available and complete, so the response time should be fast and accurate, depending on the human resources who can utilize these facilities properly and correctly (19).

Another research literature review said that achieving satisfaction in emergency department services is not only influenced by response time but also by several factors, namely the availability of infrastructure and facilities, human resources, and a good management system that can enhance patient satisfaction with the services in the emergency department (20).

#### *4.5 Is the service's flow mechanism in accordance with the outpatient polyclinic at RSUD S.K. Lerik?*

In the execution of work, work methods are needed, which are a good work procedure that will facilitate the progress of the job (21). It should be noted that even if the method is good, if the person executing it does not understand or lacks experience, the results will not be satisfactory.

The research results show that the service flow mechanism is not timely, the service stages take a long time in the laboratory and outpatient clinic, and the patient waiting time exceeds 60 minutes. It should be noted that patient waiting times are greatly influenced by the level of discipline of healthcare and non-healthcare staff when starting and ending services, in addition to the lack of awareness among healthcare and non-healthcare staff regarding the importance of waiting times in a service.

The results of this study are in line with the findings at Waluyo Jati Hospital which stated that waiting times at outpatient polyclinics were still long due to information system constraints and slow registration processes (22). Other studies also show that the long waiting time for patients is caused by officers allowing finished drugs to pile up which should be given directly to patients, piling up prescriptions and there being a long queue in the doctor's room because they are waiting for the doctor to come (23).

The quality of hospital services can be determined by the professional appearance of hospital personnel, the efficiency and effectiveness of the services, and patient satisfaction, which is determined by the overall services provided. Patient dissatisfaction is often expressed in relation to the attitudes and behaviors of hospital staff, including delays in doctor, nurse, or blood sample collection services and examination results, uncommunicative and uninformative doctors or health staff, and the long process of entering the room (24).

## **5. Conclusions**

The response time of health and non-health staff at the outpatient clinic of RSUD S.K. Lerik does not yet meet standards due to budget delays affecting service professionalism, low competence in using SIMRS and electronic medical records, lack of supporting facilities and infrastructure, and service flow not operating according to the system, resulting in long patient wait times. Therefore, hospital staff must ensure timely services according to standards and improve management and service response in the outpatient clinic to enhance the quality, safety, and comfort of the services.

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## **7. Conflicts of Interest**

The author declares no conflict of interest.

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