Service Quality and Patient's Interest in Choosing Class 2 Inpatient Care

Herlinawati Herlinawati[1], Muslimin Muslimin[2], Heni Fa'riatul Aeni[3], Lisandi Lisandi [4]

[1,2,3]Lecturer, Sekolah Tinggi Ilmu Kesehatan Cirebon, Cirebon, West Java, Indonesia
[4]Student, Public Health Departement, Sekolah Tinggi Ilmu Kesehatan Cirebon, Cirebon, West Java, Indonesia

ABSTRACT: The decrease in interest in choosing class 2 inpatient care was due to dissatisfaction in services provided which indicated theat such services were of less quality. This study aims to determine the relationship between service quality and patient's interest in choosing class 2 inpatient care. This was an analytic survey study with a cross-sectional design. The population was all patients in class 2 inpatient care as many as 1970 people and the samples were taken using the accidental sampling method which obtained 95 people. Hypothesis test was conducted using the chi square test. The result showed that there was a significant relationship between the dimensions of tangibles, reliability, responsiveness, assurance and empathy with the patient's interest in choosing class 2inpatient care.

KEYWORDS: Quality, Interest, Choosing, Class 2

INTRODUCTION

The health sector is an important public service (Nurfikri & Roselina, 2022). Public services in Indonesia face three significant problems that often occur in the implementation namely the high level of discrimination in services, no certainty regarding the cost and time of service, and the low level of community satisfaction with public services (Huda, 2014).

Hospital is one of the public service institutions that is influenced by the development of science, technological advances, and the socio-economic life of the community which is required to always improve the quality of service (Brown & Osborne, 2012). The low quality of hospital services will lead to patient dissatisfaction with the services provided by the hospital (S Pohan, 2012). This is supported by the result of study conducted by Riswan (2013) which stated that there was a relationship between service effectiveness, service comfort, service security, human relations, service continuity, and timely service with patient satisfaction (Riswan, 2013).

The results of a patient satisfaction survey conducted at several hospitals in Jakarta showed that 14% of patients were dissatisfied with the health services provided, while the services provided were generally good. Simple interviews revealed that health workers rarely visited the patients, just for routine activities when there was a medical procedure and they didn't provide enough time to interact with patients (Saputri, 2016)

The measure of the quality of service received is the level of comparison between consumer expectation and the service received (Berinyuy, 2021). Service quality is developed by rearranging the 10 factors that determine service quality into five dimensions that reflect it. The five dimensions in question are tangible, reliability, responsiveness, assurance, empathy (Tjiptono, 2014). One of the main values expected by customers of an institution is the high quality of products and services (P, Kotler; A, 2012)

Quality service will provide satisfaction to service users (Hopkins, Loeb, and Fick 2009; Nasir et al. 2022). Satisfaction of patients as the health service users can be a good indicator, so that patients or health service users want to return to reuse health facilities that they consider competent or satisfactory (Solikhah, 2008). Rondonuwu (2014) stated that there was a relationship between patient satisfaction and patient's interest in reusing the same health services (Rondonuwu et al., 2014). Furthermore, service quality had a significant relationship with patient satisfaction and patient satisfaction had a significant relationship with behavioral intention (Sadli & Huda, 2022; Thawesaengskulthai et al., 2015).

The theory of interest to reuse services emphasizes the importance of measuring customer repurchase interest in order to determine whether the customer wants to continue to use or leave the service. Consumers who are satisfied with the services they have used will think of reusing such services (Sparks & McColl-Kennedy, 2001). Repeated purchases will make consumers loyal to a service (Harjadi et al., 2023; Sunyoto, 2013).

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Based on the results of a preliminary study conducted at the General Hospital of the Muhammadiyah University of Cirebon on 21st January 2020, there were 2,276 patients who utilized class 2 inpatient care in 2017, there were 2,152 patients in 2018 and there were 1,970 patients in 2019. These data indicate that there was a decrease in patient's interest in choosing class 2 inpatient care. Class 2 inpatient facilities provided for the patients include 1 room containing 4 2-partitioned patient beds, nightstand, folding chair for the watchman, fan on each bed, private bathroom and examination by a doctor once a day in the morning.

Based on the results of interviews with 10 patients on 21st January 2020 at the General Hospital of the Muhammadiyah University of Cirebon, there were several complaints regarding services, including complicated procedures, inpatient rooms that were not comfortable, inadequate service delivery, lack of friendly attitudes of the staffs, unclear information, as well as long waiting time for the nurse. These complaints are included in aspects of service quality regarding physical evidence, reliability, confidence, responsiveness and empathy. This study aims to determine the relationship between service quality and patient's interest in choosing class 2 inpatient care.

METHOD

This was an analytic survey study with a cross-sectional design (Amaliah et al., 2022; Herlinawati et al., 2022). The population was all patients in class 2 inpatient care at the General Hospital of the Muhammadiyah University of Cirebon in 2019 as many as 1,970 people. The sample size calculation used the Slovin's formula (R Nur Abdurakhman et al., 2022) with a precision of 10% which obtained a sample size of 95 patients. The sampling technique used accidental sampling technique by taking subjects who presented at the time of the study (Notoatmodjo, 2014). The inclusion criteria were 1) patients who had received treatment for at least 1 day in the Class 2 Inpatient Care, 2) aged >21 years, 3) were able to communicate well. 4) were willing to be a respondent. Data were collected directly from respondents by using a questionnaire sheet as the study instrument. Hypothesis test was conducted using the chi square test with a significance level of 5%.

RESULT AND DISCUSSION

A. Five dimensions of service quality

Table 1. Description of Service Quality Dimensions and Patient's Interest

Variables	n	%
Tangibles		
Not good	42	44.2
Good	53	55.8
Reliability		
Not good	45	47.4
Good	50	52.6
Responsiveness		
Not good	30	31.6
Good	65	68.4
Assurance		
Not good	25	26.3
Good	70	73.7
Empathy		
Not good	43	45.3
Good	52	54.7
Patient's Interest		
Not interested	35	36.8
Interested	60	63.2

The results of the univariate analysis showed that 44.2% of respondents stated that the tangible aspect was not good, 47.4% of respondents stated that the reliability aspect was not good, 31.6% of respondents stated that the responsiveness aspect was not good, 26.3% of respondents stated that the assurance aspect was not good, 45, 3% of respondents stated that the empathy aspect was not good and 36.8% of respondents stated that they were not interested in choosing class 2 inpatient rooms.

B. Relationship between service quality dimensions and patient's interest in choosing class 2

Table 2. Relationship between service quality dimensions and patient's interest in choosing class 2 inpatient care

Variable	Patient's interest						P value
	Interested		Not Interested		Total		
	n	%	N	%	n	%	
Tangibles							

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Not good	21	50.0	21	50.0	42	100	0.031
Good	39	73.6	14	26.4	53	100	
Reliability							
Not good	23	51.1	22	48.9	45	100	0.036
Good	37	74	13	26	50	100	
Responsiveness							
Not good	13	43.3	17	56.7	30	100	0.013
Good	47	72.3	18	27.7	65	100	
Assurance							
Not good	9	36	16	64	25	100	0.002
Good	51	72.9	19	27.1	70	100	
Empathy							
Not good	22	51.2	21	48.8	43	100	0.047
Good	38	73.1	14	26.9	52	100	

The results of the bivariate analysis showed that there was a relationship between tangible (p-value=0.031), reliability (p-value=0.036), responsiveness (p-value=0.013), assurance (p value=0.002) dan empathy (p-value=0.047) aspects with the patient's interest in choosing Class 2 inpatient care.

C. Tangibles

Tangibles are concrete evidence covering physical facilities (Amankwah et al., 2019), which include the up-to-dateness of the equipment used, the condition of the facilities, the condition of human resources as well as the appearance of health workers and hospital employees (Hamidiyah, 2016).

Based on the results of the study, it was found that there were 44.2% of respondents who stated that the tangibles aspect was not good. Respondents stated that the inpatient room was not neatly organized and the bathroom was not clean enough. Uncomfortable conditions made respondents reluctant to reuse the services they received.

The results of statistical tests showed that there was a relationship between the service quality dimension of tangibles and the patient's interest in choosing class 2 inpatient care. The study finding showed that some of respondents who revealed not so good tangible aspect (50.0%) had no interest in choosing class 2 ward, while only 26.4% of respondents who revealed a good tangible aspect had no interest in choosing class 2 ward.

This result is in line with the result of a study conducted by Hamidiyah (2013) which stated that there was a relationship between patient perceptions of physical evidence of service and the interest in follow up visits (p<0.05) (Hamidiyah, 2016). Furthermore, a study conducted by Istiqomah (2015) also found that there was a relationship between the service quality dimension of tangibles and the interest in follow up visits (Istiqomah N f, 2016).The quality of health services can also be felt directly by its users by providing adequate physical facilities and equipment. If the patient is satisfied, he will have a higher probability of using the service in the future. Improvement in tangible aspect at the General Hospital of the Muhammadiyah University Cirebon can be implemented by arranging the wards and maintaining the cleanliness of the bathroom so that the patients may have comfortable feeling(AA gde, 2011).

D. Reliability

Reliability shows the ability to provide services accurately and reliably (Sari et al., 2019), be responsible for what is promised, never give excessive promises and always fulfill the promises (Tjiptono, 2014). Based on the results of the study, it was found that there were 47.4% of respondents who stated that the reliability aspect was not good. Respondents stated that the examination and administration procedures were still convoluted, the waiting time for towards nurses was long and the nurses paid less attention to the complaints of the patient's family. Patients usually expect timely, comfortable, effective and professional services from the hospital(Choi KS, Lee H, Kim C, 2005).

The result of the study showed that there was a significant relationship between service quality dimension of reliability and patient's interest in choosing class 2 inpatient care. This result is in line with the result of a study conducted by Monal Deskmukh which found that there was an effect of the perception of service quality (tangible, reliability, responsiveness, assurance and empathy) on customer loyalty(Mel et al., 1999). A study conducted by Lenny Ashita also found that service quality made a positive contribution to follow visits (Cahyani et al., 2018). The dimension of reliability plays an important role in patient satisfaction which in turn will have an impact on the patient's interest in returning to the health facility he previously visited (Djuwa et al., 2020). The quality of service, especially the reliability aspect, must be improved continuously so as to increase the number of patient visits. In addition, General Hospital of the Muhammadiyah University Cirebon should also increase the service quality of officers regarding administrative services. The nurse schedule should also be improved so that they are always ready whenever the patient need assistance by designing an efficient scheduling system.

E. Responsiveness

Responsiveness is the ability of staff to assist customers and provide service responsively (Hadion Wijoyo et al., 2022). Responsiveness includes the desire to help customers and provide quick and precise service (precise and immediate in providing services).

Based on the results of the study, it was found that there were 31.6% of respondents who stated that the responsiveness aspect was not good. Only 30.9% of patients stated that they could speak privately about their disease. Moreover, at the time of performing the medical procedures, the healthcare provider often let the bulkhead being opened. The doctor/nurse must inform the patients about the disease and condition, answer their questions, understand and pay attention to emotional needs and be willing to provide appropriate care whenever needed (Arab et al., 2012).

The results showed that there was a significant relationship between responsiveness service quality and patient's interest in choosing class 2 inpatient care. This finding is in line with the finding of a study conducted by Arab M., et al (2012), there was an effect of service quality dimensions (tangible, reliability, responsiveness, assurance and empathy) on patient loyalty(Arab et al., 2012). Furthermore, a study conducted by Liza Wati (2018) also revealed that respondents who assessed the dimension of responsiveness as good would be more loyal (Wati, 2018). Patients' expectations of speed tend to increase. In addition, the value of time experienced by the patients is becoming increasingly expensive because people experience an increase in economic activities. Being quick and responsive in handling patient complaints will provide satisfaction and satisfied patients tend to use again the good service he had experienced before (AA gde, 2011).

F. Assurance

Assurance consists of the ability, courtesy and trustworthiness of the staff and the provision of a sense of security (Mahmud, 2022). Assurance covers 4 things namely competency or the possession of the necessary skills and knowledge; courtesy or politeness, respect, attention and friendliness of officers; credibility which includes trust in the honesty of service providers; and security which includes freedom from danger, risk or doubt (Tjiptono, 2014).

Based on the results of the study, it was found that there were 26.3% of respondents who stated that the assurance aspect was not good. Only 25% of patients stated that doctors gave the opportunity to them to ask questions and ong 29.2% of patients stated that the nurses paid attention to their needs. Patients need certainty, accurate diagnosis of disease and prediction of recovery as well as matters relating to the state of the disease or a sense of security (Sondari, 2015).

The results showed that there was a significant relationship between quality service dimension of assurance and patient's interest in choosing class 2 inpatient care. This finding is in line with the finding of a study conducted by Aliman (2015) that the tangibles aspect, assurance and empathy are found to be positively significant towards the intention to behave, in this case is the interest to choose the type of inpatient care) (Aliman & Mohamad, 2016). Abdurrouf (2017) proposed that service quality had an effect on the loyalty of Islamic Hospital patients such as revisiting the hospital for the same treatment, revisiting it for different treatment and recommending others to come to the hospital (Abdurrouf & Puspitasari, 2017).

The assurance aspect must be improved continuously by taking time to communicate with patients, informing them of their disease conditions and always being careful in conducting examination and treatment so as to be able to develop trust among the patients to take advantage of services in the future.

G. Empathy

Based on the results of the study, it was shown that there were 45.3% of respondents who stated that the empathy aspect was not good. Furthermore, 43% of respondents stated that nurses took special time to communicate with patients and 39.8% of respondents stated that doctors tried to reduce patient anxiety.

The results showed that there was a significant relationship between service quality dimension of empathy and patient's interest in choosing class 2 inpatient care. This is in line with the result of study conducted by Olgun Kitapci (2014) revealed that the empathy dimension had a positive effect on satisfaction, and perceived satisfaction would encourage behavior to reuse the service (Kitapci et al., 2014). Lailil Masruron (2019) found that there was a relationship between patient satisfaction in terms of performance, reliability, responsiveness, assurance and the services of doctors and nurses with the interest in being cared in the future (Masruron et al., 2019). Patients who feel satisfied with the care and communication provided by the officer will create a sense of calm so that they can attract the interest of service users. Services that have high level of care are reflected by the ability of officers to communicate and understand patient needs and demands.

CONCLUSIONS

Service quality dimensions (tangible, reliability, responsiveness, assurance, empathy) were proven to be related to the patient's interest in choosing class 2 inpatient care. Therefore, the hospital must always improve its services regarding the quality dimension and improve the service quality to maintain patient decisions in choosing services.

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REFERENCES

1) AA gde, M. (2011). *Manajemen mutu pelayanan kesehatan*. EGC.
2) Abdurrouf, M., & Puspitasari, D. W. (2017). Model loyalitas pasien berbasis kualitas pelayanan Rumah Sakit Islam di Semarang. *Jurnal Kesehatan*, *8*(3), 435. https://doi.org/10.26630/jk.v8i3.616
3) Aliman, N. K., & Mohamad, W. N. (2016). Linking service quality, patients' satisfaction and behavioral intentions: An investigation on Private Healthcare in Malaysia. *Procedia - Social and Behavioral Sciences*, *224*, 141–148. https://doi.org/10.1016/j.sbspro.2016.05.419
4) Amaliah, L., Rufaedah, A. A., Nurcahyati, S., Abdurakhman, R. N., & Hidayat, A. (2022). The relationship between the physical home environment and the event of tuberculosis. *World Journal of Advanced Research and Reviews*, *14*(3), 623–628.
5) Amankwah, O., Choong, W.-W., & Mohammed, A. H. (2019). Modelling the influence of healthcare facilities management service quality on patients satisfaction. *Journal of Facilities Management*, *17*(3), 267–283. https://doi.org/10.1108/JFM-08-2018-0053
6) Arab, M., Ghazi Tabatabaei, S. M., Rashidian, A., Rahimi Forushani, A., & Zarei, E. (2012). The effect of service quality on patient loyalty: A study of private hospitals in Tehran, Iran. *Iranian Journal of Public Health*, *41*(9), 71–77.
7) Berinyuy, B. (2021). Service Quality, a Correlation of Customer Expectation and Customer Perception of Services Received Responsiveness and Empathy in Shisong Hospital. *International Journal of Social Science and Human Research*, *04*(12). https://doi.org/10.47191/ijsshr/v4-i12-07
8) Brown, K., & Osborne, S. P. (2012). *Managing change and innovation in public service organizations*. Routledge.
9) Cahyani, L. A., Nurudin, A., & Fauziah, M. (2018). *Analysis effect of quality service and patient ' s knowledge of patients attitude awareness of treatment and its impact on dental patient visit at Puskesmas Situ Udik Bogor , West Java , Indonesia*. *1*(2), 1–11.
10) Choi KS, Lee H, Kim C, L. S. (2005). The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of service. *Journal Serv Marketing*.
11) Djuwa, A. S. S., Sinaga, M., & Dodo, D. O. (2020). Hubungan Persepsi Pasien tentang Mutu Pelayanan Kesehatan dengan Minat Kunjungan Ulang Rawat Jalan di Puskesmas Bakunase Kecamatan Kota Raja. *Media Kesehatan Masyarakat*, *2*(2), 24–32. https://doi.org/10.35508/mkm.v2i2.2850
12) Hadion Wijoyo, I Putu Gelgel, & Ida Ayu Komang Arniati. (2022). Factors that Cause the Monastery and Cetiya under the Auspices of the Pekanbaru MBI PC. *Britain International of Humanities and Social Sciences (BIoHS) Journal*, *4*(1), 162–176. https://doi.org/10.33258/biohs.v4i1.605
13) Hamidiyah, A. (2016). Persepsi pasien tentang kualitas pelayanan dengan minat kunjungan ulang. *Jurnal Penelitian Kesehatan Suara Forikes*, *VII*(3), 121–130.
14) Harjadi, D., Fatmasari, D., & Hidayat, A. (2023). Consumer identification in cigarette industry: Brand authenticity, brand identification, brand experience, brand loyalty and brand love. *Uncertain Supply Chain Management*, *11*(2), 481–488. https://doi.org/10.5267/j.uscm.2023.3.001
15) Herlinawati, H., Sadli, M., Indragiri, S., & Dewi, S. R. I. (2022). Health Promotion Strategy with MHP (Mask-wearing, Hand-washing and Physical Distancing). *International Journal of Nursing Information*, *1*(1), 18–23. https://doi.org/10.58418/ijni.v1i1.12
16) Hopkins, J. E., Loeb, S. J., & Fick, D. M. (2009). Beyond satisfaction, what service users expect of inpatient mental health care: a literature review. *Journal of Psychiatric and Mental Health Nursing*, *16*(10), 927–937. https://doi.org/10.1111/j.1365-2850.2009.01501.x
17) Huda, K. (2014). Pertanggungjawaban hukum tindakan mal-administrasi dalam pelayanan publik. *Jurnal Heritage*, *2*(2), 13.
18) Istiqomah N f. (2016). *Hubungan Mutu Pelayanan terhadap Minat Kunjungan Ulang Pasien Rawat Inap di Puskesmas II Tambak Kabupaten Banyumas*.
19) Kitapci, O., Akdogan, C., & Dortyol, İ. T. (2014). The Impact of service quality dimensions on patient satisfaction, repurchase intentions and word-of-mouth communication in the Public Healthcare Industry. *Procedia - Social and Behavioral Sciences*, *148*, 161–169. https://doi.org/10.1016/j.sbspro.2014.07.030
20) Mahmud, A. (2022). The Effect of Service Quality on Customer Satisfaction. *Point of View Research Management*, *3*(3), 263–276.
21) Masruron, L., Kuntjoro, T., & Kartasurya, M. I. (2019). Analisis kepuasan pasien dilihat dari minat untuk dirawat kembali terhadap pelayanan Dokter dan Perawat. *Jurnal Manajemen Kesehatan Indonesia*, *7*(2), 81–87.

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22) Mel, A. W. O., Dean, A., & White, C. (1999). The impact of service quality on customer loyalty in the hospitality industry. *International Journal of Customer Relationship Management*, *2*(1), 81–90.

23) NASIR, A., WARIDIN, W., ISKANDAR, D. D., SUSILOWATI, I., & HIDAYAT, A. (2022). Shariah-Based Hospitality, Competitive Advantage and Tourists' Revisiting Interest on Indonesia Tourism. *Journal of Environmental Management and Tourism*, *13*(8), 2134. https://doi.org/10.14505/jemt.v13.8(64).06

24) Notoatmodjo, S. (2014). *Metodologi Penelitian Kesehatan*. Rineka Cipta.

25) Nurcahyati, S., Rahmayani, S. T., Amaliah, L., Jayanti, K. D., & Handayani, S. (2022). Analysis of Personal Protective Equipment in The Pandemic Period of Covid-19 on Medical Recording and Health Information Officers. *International Journal of Nursing Information*, *1*(1), 32–36. https://doi.org/10.58418/ijni.v1i1.16

26) Nurfikri, A., & Roselina, E. (2022). Evaluation of Referral Ratios in Facing Universal Health Coverage in Primary Healthcare Centers. *International Journal of Nursing Information*, *1*(2), 1–6. https://doi.org/10.58418/ijni.v1i2.26

27) P, Kotler; A, G. (2012). *Prinsip-prinsip Pemasaran*. Erlangga.

28) R Nur Abdurakhman, Abas Hidayat, Didi Taswidi, & Alifa Romadoni. (2022). Effect of hypertension exercise on blood pressure in the elderly. *World Journal of Advanced Research and Reviews*, *13*(3), 491–495. https://doi.org/10.30574/wjarr.2022.13.3.0269

29) Riswan. (2013). *Faktor determinan yang berhubungan dengan kualitas pelayanan Rawat Inap di RSUP dr. Wahidin Sudirohusodo Makassar Tahun 2013*. *53*(9), 1689–1699.

30) Rondonuwu, N. S., Sondakh, R. C., & Ratag, B. T. (2014). *Hubungan antara kepuasan pasien terhadap kualitas jasa pelayanan rawat jalan dengan minat untuk memanfaatkan kembali pelayanan kesehatan di Puskesmas Ranotana Weru Kota Manado Tahun 2014*. 1–7.

31) S Pohan, I. (2012). *Jaminan mutu layanan kesehatan*. EGC.

32) Sadli, M., & Huda, S. (2022). Relationship between The Status and Length of Membership with Patient Satisfaction of BPJS (Social Security Administrator). *International Journal of Social Science And Human Research*, *05*. https://doi.org/10.47191/ijsshr/v5-i11-43

33) Saputri, M. M. A. (2016). Persepsi Pasien Tentang Perilaku Caring Perawat Dalam Pelayanan Keperawatan Diruang Maranatha I. *Jurnal Komunikasi Kesehatan*, *7*(2). https://doi.org/10.56772/jkk.v7i2.94

34) Sari, I. M., Nasution, S. W., Girsang, E., & Ginting, C. N. (2019). Relationship of Nursing Service Quality to Patient Satisfaction Levels in Balimbingan Hospital 2018. *International Journal of Research & Review*, *6*(8), 77–85.

35) Solikhah. (2008). Hubungan kepuasan pasien dengan minat pasien dalam pemanfaatan ulang pelayanan pengobatan. *Jurnal Manajemen Pelayanan Kesehatan*, *11*(04), 192–199.

36) Sondari. (2015). *Analisis Kepuasan Pasien Rawat Jalan Peserta Jaminan Kesehatan Nasional (JKN) Di Rumah Sakit Umum Daerah (RSUD) Kabupaten Brebes*. 144.

37) Sparks, B. A., & McColl-Kennedy, J. R. (2001). Justice strategy options for increased customer satisfaction in a services recovery setting. *Journal of Business Research*, *54*(3), 209–218. https://doi.org/10.1016/S0148-2963(00)00120-X

38) Sunyoto, D. (2013). *Perilaku konsumen (panduan riset sederhana untuk mengenali konsumen)*. Center of Academic Publishing (CAPS).

39) Thawesaengskulthai, N., Wongrukmit, P., & Dahlgaard, J. J. (2015). Hospital service quality measurement models: patients from Asia, Europe, Australia and America. Total Quality Management and Business Excellence, 26(9–10), 1029–1041. https://doi.org/10.1080/14783363.2015.1068596

40) Tjiptono, F. (2014). *Pemasaran jasa-prinsip, penerapan, dan penelitian*. Andi Offset.

41) Wati, L. (2018). Hubungan Antara Reliability dan Responsiveness dengan Loyalitas Pasien di Ruang Rawat Inap. *Jurnal Keperawatan Silampari*, *2*(1), 252–269. https://doi.org/10.31539/jks.v2i1.311