

RELATIONSHIP BETWEEN SOCIAL SUPPORT PERSONNEL INFORMATION TO THE PATIENT WITH HOSPITALITY PATIENT SATISFACTION IN PAPUA HOSPITAL BIAK

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ABSTRACT

Support social information from officer to client satisfaction is one form of social assistance human committed by one person or more to help fill the need for a sense of satisfaction of patients / clients. This condition has responded positively by local government Biak Numfor by improving the quality of human resources, and resource infrastructure, as an example of success is the increase in the type of hospitals Biak from type C to type B has been unveiled by the Governance Papua Province and the Central Government in terms Indonesia's health ministry. **This type of research** is descriptive quantitative research for this study, we want relevanced research objectives to be achieved, namely in order to explain the relationship between the variables (the independent and dependent) through hypothesis testing.

The Research result shows that : 1) The intensity of support for social information officer to the patient by patient satisfaction in hospitals Biak in 2015, were positively correlated simultaneously ($R = 0.296$), and significantly correlated two-way or (correlation is significant at the 0.05 level (2-tailed) ($P = 0.01$), (2) the intensity of information exchange relationship with the level of discipline appearance of the house pain on patient satisfaction Pearson correlation ($R = 0.085$) correlated negatively and significantly in both directions. Sig (2-tailed) ($P = 0.496$) were not significant. (3) the relationship intensity of exchange of information rights and responsibilities of patients with a level of reliability of the officer against complacency patients Pearson, s ($R = 0.399$) correlation positive or significant two. Sig (2-tailed) ($P = 0.001$) correlated significantly. (4) the relationship intensity information exchange diagnosis and medical treatment and nursing actions with the level of responsiveness officer the patient satisfaction Pearson's correlation ($R = 0.337$) correlated positively and significant bidirectional (two-tailed) ($P = 0.006$) significantly correlated.

(5) Relationship intensity information exchange risk of complications and prognosis of health measures to guarantee the level of patient satisfaction officers against Pearson's correlation ($R = 0.204$) correlated significantly weaker and bidirectional (two-tailed) ($P = 0.100$) were not significant. (6) Relations intensity of information exchange with the medical expenses attendant power level of empathy toward patient satisfaction in hospitals in Biak Pearson's correlation ($R = 0.130$) was not correlated and significant correlation in both directions. Sig (2-tailed) ($P = 0.300$) were not significant. **Conclusion:** The hypothesis test showed that the relationship between social support officer to the patient information with patient satisfaction in hospitals Biak partially correlated positively and significantly, but is still low correlation.

Keywords: Social Support, Personnel Information, Satisfaction, Biak

A. Background

Support social information from officer to client satisfaction is one form of social assistance human committed by one person or more to help fill the need for a sense of satisfaction of patients / clients. Understanding the patients in this context is any person who does consultation health problems to obtain medical care that we need either directly or indirectly in the hospital. (Article 1, paragraph 4 of Law No.44 of 2009). Relationship between Support Social Information Officers are required To Patients With Satisfaction Inpatient in hospital Numfor Biak, Papua Province, backed by observation beginning directly or indirectly in the General Hospital of Biak-Noemfoor, which has occurred estrangement of social exchange between EMTs with the patient indirectly. This information was obtained at the time of the survey or observations in early 2013 where the problem stretching and dissatisfaction of patients in hospitals to support information on all matters relating to the rights and duty patient has not run well so that patients do not understand much about the rights and duties held for obtain maximum treatment at the General Hospital of Biak Noemfoor. This condition is very experienced patients where patients come eraser doing treatment / treatment do not receive any information about how the various rules that must be known so that patients can enjoy the health services of the hospital as well. Moreover, the Province of Papua is currently experiencing the Papua Special Autonomy with many budget of the central government that is acceptable to all districts in Papua including Biak Numfor but today many patients do not know what should be received from the various services of the Hospital for the treatment and recovery of patients.

This condition has responded positively by local government Biak Numfor by improving the quality of human resources, and resource infrastructure, as an example of success is the increase in the type of hospitals Biak from type C to type B has been unveiled by the Governance Papua Province and the Central Government in terms Indonesia's health ministry. Biak Hospital Inauguration type of type B type C be carried out in September 2015, and the regional government is committed to pay attention seriously the patient's needs both physical and

physical not like feeling and comfort (satisfaction). The commitment explained in DIPA SKPD Biak Hospital in 2014 and 2015 (like the Law of Indonesian style). The substance of the patient's needs will be implemented according to the ability of local government budgets in the budget of the present and the future.

The essence of this research has been in line with *the fourth mission of* the Regent of Biak Noemfoor period from 2014 until 2019, that the commitment of local governments Biak Numfor that improve the health and improveness people's lives in Biak Noemfoor and overcome unfavorable conditions of the people in the framework of the exchange of health care. Conditions of exchange which are not in harmony can not be detected with the naked eye plain or with advanced tool because it is not perceived directly, can only be detected through social phenomena, which can be perceived by a person or group of persons or the general public such as, complaints and resentment in together, also on a separate place between hospital personnel and patients: such complaints are not satisfied, the expression lazy to go for treatment to the hospital of the patient, while the officer threw pique and complaints that patients under the hospital is already under severe conditions that do not survive or the healing process takes a long time so that the hospital continues to blame because they did not provide a professional service and does not satisfied patients.

The social phenomenon has been a chronic problem in healthcare, including General Hospital Biak Numfor. Therefore, it should be sought to solve the basic problems and solutions theoretically and empirically, thereby solving this problem be a solution for a problem that concerns the Opera- social relationship with patient satisfaction Hospitalization in Biak Noemfoor.

The subject matter stretch exchange or social relationship between patients and hospital personnel in accordance social exchange theory of classical and modern exchange theory pioneered Homans and Peter BLAW is resting on the rights and obligations of each party different interests. The rights and obligations in the form of cost, reward and profit, which is summarized in a group of commodity

exchange is the exchange of material and financial applied to future exchange theory classic, while commodity exchange in the era of exchange theory modern is in addition to other commodity materials and also financially non material and nonfinancial namely commodity satisfaction feeling or satisfaction and communicative exchange of information and feed back.

Essence interests of those rights and obligations between the parties, subject to the transaction or exchange is different from one to another, 'such patients avoid the pursuit of reward and profit cost, while the cost of the patient's officers chase and chase reward and profit both from patients and from the government. The difference of these interests have lead to big problems on both sides, for example, the patient or the community has led to the problem of suffering physical, mental and social, whereas the officers have caused social diseases for the hospital which is declining reputation of the hospital in society indirectly as an example: public capital high to go for treatment outside the area Biak and cashed low but wanted the satisfaction sought treatment at a private hospital, while other hospitals or private hospitals that, when viewed in terms of resources, then surely the government hospital in this case hospitals Biak, has more adequate resources from a private hospital in the city of Biak. So factor estrangement issues of social exchange between the officer and the patient is a matter of satisfaction and informative were poorly communicated during the exchange process.

B. Formulation of the problem

Departing from the facts as described in the background of the problem, the study thrusting the problem as follows:

- 1 Is there an association between officer social support information to patients with in patient satisfaction in hospitals Biak Noemfoor?
- 2 Factors meaning what factors determine the development dimension of social information exchange and patient satisfaction in hospitals Biak Noemfoor?.

The purpose of this study is: 1) To analyze the relationship is positive or significant similtas between support social information officer to the patient by patient satisfaction in hospitals Biak Noemfoor. "2) To analyze the relationship is positive or sighnificant between the intensity of the exchange of information order with appearance overall conditions in the hospitals (*tangibles*) on patient satisfaction in hospitals Biak. "3) to analyze a significant positive relationship between the intensity or the exchange of information and the rights of patients with reliability duties of officer (*reliability*) of the patient satisfaction in hospitals Biak. 4) To analyze the relationship between the intensity of a significant positive or information exchange diagnosis and medical treatment and nursing actions with the responsiveness of officers (*resiponsiveness*) on patient satisfaction in hospitals Biak. 5) To analyze the relationship between the intensity of a significant positive or information exchange risk of complications and prognosis of disease with attendant assurance (*assurance*) on patient satisfaction in hospitals Biak. 6) To analyze a significant positive relationship between the intensity or the exchange of information with the medical expenses empathy responsiveness officer (*empathy*) toward patient satisfaction in hospitals Biak.

This research is expected to have usefulness of scientific / academic, which invented the concept and the new model from the results and update the old model of synthesized context and concept support social information officer to the patient in terms of patient satisfaction in practice, in an attempt to solve the problem of patient satisfaction Hospital inpatient care in Biak Noemfoor. As for the practical uses that this study provides support for hospitals Biak, namely: can determine the relationship support social information officer to the patient by patient satisfaction, and new references to the author later, in the field of study of sociology and other sciences in clumps sciences social, and health and provide new insights, especially the study of sociology in relation to the issue of patient satisfaction, expanding efforts to support social information officer to patients in improving patient satisfaction which has not been optimal.

C. Theoretical review

In connection with that, in this study first conducted concept studies and theories about social and information support patient satisfaction and intensity determiner factors that support the exchange of social information officer to the patient in an effort to improve patient satisfaction as the capital of an optimal patient recovery. The substance of this assessment obtained some normative view of some experts, where this research have affiliates concepts and theories put forward by:

First, Betham, Malinowski, Mauss and Levi-Strauss (in Turner, 1978) theory of exchange reads as follows:

Summary exchange theory (1) humans are always trying to find an advantage in his social dealings with others; (2) in human social conduct transactions perform the calculation of profit and loss; (3) humans tend to recognize the existence of the various alternatives available to him; (4) humans compete with one another; (5) the general interpersonal exchange relationships take place in almost all of the social context; and (6) any individual intangible exchanging various commodities such as feelings and services (Turner, 1978: 202-203, in Sunarto, 2004).

Social behavior is deemed equivalent to the economic measures or actions rationally based on the calculation of profit and loss or expense billing and satisfaction of services that are acceptable to the patient.

Furthermore Homans' theory further reinforce the exchange with the developing success or propositions assuming success (*The Succes Proposition*):

For all the actions carried out by someone, the more often someone special measures were given a gift, the more likely the person doing the action (Homans: 1974, in Goodman, 2005).

Second: Sarafino (1997, in Wike, 2009) explains that support the concept of social information (*information social support*) or informational social information:

Types / forms include: provision of advice, guidance, suggestions, or feedback, about what he had done. Through interaction with others, people will be able to evaluate and reinforce the belief by comparing the opinions, attitudes, beliefs, and behaviors of others. This support helps individuals overcome the problem by expanding the knowledge and understanding of the issues facing individuals. The information needed to make decisions and solve problems in a practical (Sarafino, 1997).

This is in line with Jogiyanto, (1989) states that information:

is like blood flowing in the body of an organization, so that this information is very important in an organization. A system that less information will be whole, stunted and finally ends.

Third: Act number: 44 year 2009 about the hospital as a reference to set the intensity dimension of social information exchange set out in Article 32 letters a and b and j, dimension of intensity ratings exchange of information should patients know as follows: 1.: the right to obtain information about the rules and regulations of the hospital; meaning that every hospital should organize the governance of hospitals and clinics that good governance, then that in the administration of the hospital to do an audit and medical audit of the audit mainly guided by the provisions set by the minister. 2. The right to obtain information about the rights and obligations of the patients in the hospital; include: (a) obtain the services of humane, fair, honest, and without discrimination, (b) obtain quality health services in accordance with professional standards and standard operating procedures, (c) obtain the services effectively and efficiently so that patients avoid physical injury and materials, (d) to file complaints against the quality of services obtained, (e) a doctor and a nursing class in accordance with his desire and

regulations in force in the hospital, (f) asked you for consultation about the disease to another physician who has a practice license (SIP) both inside and outside of the hospital, (g) to privacy and confidentiality of the disease include data of medical, (h) shall approve or reject the actions to be performed by health workers to the disease in misery, (i), accompanied by his family in a critical condition, (j) to practice the appropriate religion or belief in anutnya long as it does not interfere with other patients, (k) obtaining the security and safety of himself during hospitalization, (l) to propose suggestions for improvements on hospital treatment against him, (m) sued or sue the hospital if the hospital is assumed to provide services that do not conform to the standard; either civil or criminal, (n) complained about hospital services that are not in accordance with the standards of service through print and electronic media in accordance with the provisions of the legislation. Meanwhile, patients obligations under the sound of the article are: (a) each patient has an obligation to the hospital for services it receives, (b) the obligation to patients in the set with a ministerial regulation; 3. The right to obtain information diagnosis, medical treatment and procedures for the purpose of medical action and action alternatives. 4. Right to information the risk of complications that may occur, or the possible dangers of diseases that emerge together with other diseases is known as the joint appearance of two or more diseases in the same patient, and prognosis on the actions to be undertaken. 5. The right to information of medical expenses.

Third: Kotler (1997, in Karisma, 2009), states that the level of satisfaction is the perceived state of a person that is the result of comparing the appearance or *outcome* of product is perceived in relation to one's expectations. Along Soejadi,(1996, in Karisma, 2009). That patients or clients are the most important people in the hospital as well as consumer products target the hospital, patients can play doubles or antagonistic namely as information agent hospitals are beneficial or detrimental to the hospital, depending on the process of internalization and interconnectivity between the patient and the attendant.

Fourth: Gerson, (1998, in Butar-butur et al, 2012 and Karisma, 2009), arguing that classification is the satisfaction can be classified into several levels as follows: (1) *Very satisfactory*; interpreted as a measure of subjective assessments patient feeling that describe health care completely or largely according to the needs or interests of the patient " as very clean for infrastructure ', very friendly " to a relationship with a doctor or nurse, " very quickly " to the process administration, which fully describe the level of *the highest* quality of service. (2) *Satisfactory*, " is defined as a subjective measure, the assessment results the patient feeling, which describes the health services are not fully or partially according to the needs or interests as not too clean " for the means " a little less quickly " to the administrative process, or less friendly " for a doctor or nurse attendant and others, all of which illustrates the level of quality *category being* ". (3) *Unsatisfactory*: " is defined as a measure of subjective assessments patient feeling low, which describes the health service does not match the needs or interests as not too clean " for the means, a bit slow " to " administrative process " or unfriendly for officers. (4) *Very unsatisfactory* " is defined as a measure of subjective assessment of patients feeling low, describes the health service does not match the needs or interests such as: do not clean " for the means, " slow " to ,, administrative process, and not friendly of " officer. All of this illustrates the level of quality the lowest category. Based on the assessment methods of classification of patient satisfaction by Gerson then be in kombain with *Likert* (source: Silalahi, 2012) and (Main, 2003) known as *Likert Scale*, namely: patient satisfaction can be modified and are categorized into: very satisfied = 5, are satisfied = 4, less satisfied and dissatisfied = 3 = 2, as well as very dissatisfied = 1 (Susilo and Limakrisna, 2012).

Fifth: Parasuraman (1988) says that the intensity of services satisfaction that there are 10 factors that affect the satisfaction of services including hospital patient services. Furthermore summarized into five factors in the excellence of services, namely: (a) The physical evidence (*tangibles*), direct evidence that includes physical facilities, equipment and materials used hospitals and appearance of existing officers. (b) Reliability (*reliability*), with regard to reliability, the ability of hospitals to provide services quickly and

accurately, since first interaction or exchange of services and cost, without making any mistakes and satisfying. (c) Responsiveness (*responsiveness*), with respect to the willingness and ability of workers to help patients and respond to requests for such patients with response and informing services appropriately (d) Assurance (*Assurance*), which includes knowledge, skills, politeness, able to cultivate patient confidence, assurance, free of hazards, risks and doubts. (e) Empathy (*Empathy*), namely convenience, in the relationship of communication and good information, attention, personal and understand the needs of patients as customers and act in the interests of patient perceptions and expectations (*expectations*) as an expression of satisfaction.

This type of research is descriptive quantitative research for this study, want relevanced research objectives to be achieved, namely in order to explain the relationship between the variables (the independent and dependent) through hypothesis testing.

D. Methods

This research method is a survey method, based on consideration of the characteristics of the unit of analysis and research object corresponds to: *First, the* unit of analysis is the individual who is in government institutions in this district hospitals in managing health affairs and managed is the patient. *Secondly,* study of the unit of analysis was done in order to explain and measure variables related to the facts, as well as the views of the subject and the object of health services. *Third,* problem solving is done *deductively* to describe the properties of the population of the research results, on samples set. *Fourth,* the number of units of a relatively large population, so it requires the study sample. Meanwhile, the selection of the quantitative paradigm approach to characterize a number of activities: collect, describe and interpret the data obtained from the tendency of the attitudes and behavior patterns of recipients of services during the study period. The use of this approach, based on a more in-depth consideration; can be obtained phenomenon and the fact that a more comprehensive and integral to

information in order to contribute to the explanation of the facts obtained from a survey approach.

Descriptive variables of this study are: the intensity of the exchange of information support of social health workers to patients (independent variable X), an assessment indicator is the intensity of the exchange of information support of social health of the clerk to the patient consists of five sub-variables information about * the intensity of information rules and house rules pain * information rights and responsibilities of patients * Information diagnosis and objective medical treatment and nursing * Information risk of complications and prognosis of disease or action * Information ** while treatment costs (dependent variable Y) is the level of patient satisfaction in hospitals Biak; with indicators of patient satisfaction services consists of five indicators include: * Physical appearance hospital (*tangibles*) * Reliability (*reliability*) * Assurance of salvation (*assurance*) * Responsiveness (*responsiveness*) * Empathy (*empathy*);

E. Research Findings

Based on data analysis and processing techniques hypothesis test of the correlation coefficient, the analysis tool SPSS shows the results of each sub variable as follows: 1) The intensity of support for social information officer to the patient by patient satisfaction in hospitals Biak in 2015, were positively correlated simultaneously ($R = 0.296$), and significantly correlated two-way or (corelation is significant at the 0.05 level (2-tailed) ($P = 0.01$), (2) the intensity of information exchange relationship with the level of discipline appearance of the house pain on patient satisfaction Pearson correlation ($R = 0.085$) correlated negatively and significantly in both directions. Sig (2-tailed) ($P = 0.496$) were not significant. (3) the relationship intensity of exchange of information rights and responsibilities of patients with a level of reliability of the officer against complacency patients Pearson, s ($R = 0.399$) correlation positive or significant two. Sig (2-tailed) ($P = 0.001$) correlated significantly. (4) the relationship intensity information exchange diagnosis and medical treatment and nursing actions with the level of responsiveness officer the patient satisfaction Pearson's correlation ($R = 0.337$) correlated

positively and significant bidirectional (two-tailed) ($P = 0.006$) significantly correlated. (5) Relationship intensity information exchange risk of complications and prognosis of health measures to guarantee the level of patient satisfaction officers against Pearson's correlation ($R = 0.204$) correlated significantly weaker and bidirectional (two-tailed) ($P = 0.100$) were not significant. (6) Relations intensity of information exchange with the medical expenses attendant power level of empathy toward patient satisfaction in hospitals in Biak Pearson's correlation ($R = 0.130$) was not correlated and significant correlation in both directions. Sig (2-tailed) ($P = 0.300$) were not significant. Conclusion: The hypothesis test showed that the relationship between social support officer to the patient information with patient satisfaction in hospitals Biak partially correlated positively and significantly, but is still low correlation. Low correlation because of the intensity of social exchange officer to the patient based on qualitative data or descriptive only amounted to 49.94%, corresponding perception of respondents. The findings of this study can be explained qualitatively as follows:

1. Support social information still occurs rift between the officer or agency with the patient, because health services are still focused on supporting the development of infrastructure and superstructure as well as material and financial.
2. Support social information is to establish the intensity of the exchange of social information at no cost and without discrimination, and ambulances free of charge, with the indicator when the patient very often get the dimensions of information such as order, rights and obligations of patients, diagnosis, risk of complications, the cost of treatment, then categorized exchange of information is very intensive and complete, if the patient lack the social information exchange, the exchange of classified information is very low and this will impact on patient satisfaction resulting hospital's reputation in the community is not good.

3. Support satisfaction is to build the level of patient satisfaction in relation to social information officer to patients without charge and without discrimination, as well as ambulances free of charge, with the indicator when patients feel the exchange of health care services is very dynamic, so the exchange of services satisfaction of patients categorized as very satisfied, and when patients experience exchange services patient satisfaction is less dynamic, it is categorized as very dissatisfied.
4. Support social information officer to the patient and patient's satisfaction, motivated by the background of the development of infrastructure and superstructure, material, financially by the government, public and private, while those expecting satisfaction, legal feeling, a feeling of comfort through accurate information quickly and accurately. The condition causes the patient restless, complaining, stretchable or lazy to go check the health and lead to many health problems are not resolved and go for treatment out area and private hospitals.

F. Conclusion

Based on research analysis results mentioned above, it can be concluded that social information Support Officer to the Patient with Inpatient satisfaction at Home Regional Public Sakita-Noemfoor Biak, but categorized Weak positively correlated. This is caused by several factors, among others:

1. Information about the rights and obligations of patients and treatment cost information is not submitted officer completely into inpatients.
2. The average distribution across information there are some respondents who do not get the

appropriate number of items information instrument available.

3. Overall descriptive information provided by the hospital has reached presentation pretty good.
4. Patient satisfaction rather weak mainly on physical appearance (tangibles).
5. The average distribution of elements in general patient satisfaction is not satisfactory, as shown by the lace presentation.

G. Suggestions

1. Sea an association with positive and significant correlation between social support officer to the patient information with patient satisfaction in hospitals Biak in 2015, the overall dimensions of information needs to be maintained or increased the intensity of its delivery to the patient during the process of treatment.
2. With respect there is no positive correlation or significant correlation between the intensity of the exchange of information order with a performance level hospitals in general, to the satisfaction of the patient, then there must be a social movement information campaign on the order of about maintenance of hospital facilities to smooth health care of the present and future by conveying to the patient and family at any time before and after health service.
3. Relative positive and significant correlation between the intensity of the exchange of information with the patient's rights and obligations attendant to the reliability levels of patient satisfaction, then it needs to be maintained or should be improved further extension of the information rights and obligations of the patient so that the patient can participate in improving health.
4. With respect there is a positive correlation or significant correlation between the intensity of the exchange of information

diagnosis and medical treatment and nursing actions with the level of responsiveness officer to client satisfaction, it needs to be preserved or need to be improved intensity information exchange diagnosis and health measures so that patients understand the advice and taboo behavior patterns of life healthy.

5. See relationship analysis there is no positive correlation or significant correlation between the intensity of information exchange risk of complications and prognosis of health measures with a guaranteed level officers of the level of patient satisfaction, then it should be built communications informative between the officer and the patient and the patient's family, about the risks of complications and prognosis will arise against health measures and not to ignore or lazy tau against health advice and abstinence.
6. See relationship analysis there is no positive correlation or significant correlation between the intensity of the exchange of information with medical expenses with power levels of empathy officer on patient satisfaction in hospitals Biak, it must be built information communicative again between the officer and the patients and families of patients about the cost of treatment in order to cause a sense, mutual believe, as the capital of the emergence of a sense of satisfaction from patients and families who in turn will increase the hospital's reputation in the eyes of society, both locally, nationally and mancan country.

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