

RESEARCH ARTICLE

Shariah Models-Based on Ethics Innovation In Nursing Documentation

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Abstract

Introduction: Nurses who work full time require religious support in patient care and professional documentation tools. The purpose of this research was to test a model development of patients' satisfaction through nurse performance with an empirical study on innovation in nursing services and shariah ethics. **Methods:** A quantitative design was used with a cross-sectional approach. The samples were 420 postoperative patients. Respondents were obtained through multistage sampling. The independent variables were innovation service with Electronic Nursing Documentation and shariah-based ethics. Nurse performance was the mediating variable and the dependent variable was patient satisfaction. Data collection was performed using a questionnaire and data analysis with SEM version 22. **Results:** The results of this study indicated there was use of standard operating procedures in patient care about shariah-based ethics, which can improve the quality of nursing services where nurses can document the patient's nursing process comprehensively using Electronic Nursing Documentation (END). All the variables tested in the model development, namely service innovation, shariah ethics, and nurse performance, affects patient satisfaction. SEM test results obtained GFI (Goodness of Fit Index) values which should be within the expected cut-off value range ($p \text{ Value} \leq 0.05$). **Conclusion:** The use of SOPs on shariah ethics with END is interrelated between service innovation, shariah ethics and nurse performance and affects patient satisfaction. It is expected that nurses will be able to provide shariah ethics-based services and documentation to improve patient satisfaction.

Keywords: *Ethics; Innovation; Performance and satisfaction; Documentation.*

Introduction

An organization serving for public earning service products is difficult to assess, hence a quality standard is needed to measure customer satisfaction [1]. A service organization like hospitals has a service indicator, which is patient satisfaction [2]. In addition, there are still other factors in the implementation of care services that affect patient satisfaction, such as: service innovation, shariah ethics, and nurse performance [3, 4]. Furthermore, survey results also show that the increase in patient satisfaction is influenced by the facilities used [5]. To date, documentation has not

been maximally applied due to several factors, such as time constraints, the number of patients outnumbers the nurses, high administrative workloads, and varying levels of nurse education. Numerous between 1999-2017 have been conducted, and from 164 studies on telemedicine service in hospitals, altogether 137 studies were carried out in the United States ($n = 61$, 44.5%). Almost two-thirds of the service ($n = 86$ (62.7%)) was done through real time telemedicine employing three key perspectives: clinical, economic and patient satisfaction results [6].

Nurses who have good performance is vital for hospitals' support services. Well-performing nurses can be assessed from the nursing care provided to patients [7]. Internet use in health and care information systems has been used in 74% to 85% of developed countries worldwide. It is estimated that 80% of users look for information about health and care for their disease [8]. Besides the nurse service innovation, shariah ethics and computer facility can be integrated through the application of documentation technology and placing nursing staff who are performing well [9], [10].

Health services require Healthcare Information Management and Systems that can facilitate the nurses' work [11] and this effort is beneficial to promote an innovative work culture for nurses in providing nursing care with the use of electronic devices [12][12][12][12](Underwood, DW., and Douglas, 2010)(Underwood, DW., and Douglas, 2010) [10, 13].

The health information management system is very useful for the preparation of service reports [14]. The use of technology requires good moral awareness from nurses and hospital leaders [15]. Computer-assisted documentation process can be utilized for various service indicators, such as BOR (Bed Occupation Rate) and AVLOS (Average Length of Stay), the incidence of infection, the success of services, and the mortality rate, requiring proper management [16].

The application of shariah services should be done from entering the patient's room by giving Islamic greetings (Assalamualaikum), starting the act by reading Basmallah (a starting Islamic expression) and praying together with the patient after performing the nursing action. In applying these steps in completing the nursing actions toward patients, nurses have performed part of the nursing service based on shariah principles.

However, efforts to implement shariah ethics need to be adjusted to the hospital standard operating procedures. Principally, it is also important to develop the hospital's procedures according to the proportion of service quality or the Total Quality Management, known as TQM. This study used theories related to improving the quality of nursing services that aim to analyze development of a model of patient

satisfaction through nurse performance with an empirical study on innovation in nursing services and shariah ethics using Electronic Nursing Documentation (END).

Method

Study Design

Research design: survey with a cross-sectional approach was used to describe analyzing variables simultaneously.

Participant Sampling

This research was conducted between February and August 2018 in the post-operative care rooms of Government hospitals in four Kota districts in Aceh, Indonesia. The researchers introduced themselves and explained the benefits, objectives, and approval procedures by referring to the informed consent form. Furthermore, researchers gave questionnaires to respondents about service innovation (X_1), shariah ethics (X_2), nurse performance and patient satisfaction (Y)

The study population was all patients who underwent surgery and were hospitalized in the post-operative space of the Aceh Government General Hospital. The reason the operating room was used as the location of this study was because to find out services with shariah ethics with the use of professional documentation such as END.

The population was all post-surgical patients treated at four Aceh Government Hospitals in four city districts (B. Aceh, Aceh Besar, Lhokseumawe and Langsa) in Aceh Province, Indonesia. Determination of sample size in this study was carried out using SEM provisions of > 100 people and no more than 1000 people.

If the respondents are less than 100 people or more than 1000 people the results of data processing become biased [17]. The number of respondents obtained was 420 people. Sampling technique used Multi Stage Sampling with inclusion criteria, namely respondents aged 17-60 years old, able to read and write, fully aware, can communicate well with Indonesian, treated for two to three, mild-moderate dependency, has no complications and is willing to be a respondent. The exclusion criteria were patients who are not cooperative, coma, treated in isolation and are not willing to be respondents.

The types of the independent variables, intervening variables and dependent variables in this study can be seen in Table 1 below:

Table 1: Research variable Shariah Models-Based on Ethics Innovation in Nursing Documentation

Variable	Information	Dimension
X ₁	Service Innovation	1. Ease 2. Based on evidence / facts 3. Costs
X ₂	Shariah Ethics	1. Patient safety 2. Competence 3. Culture of caring
Y	Nurse Performance	1. Nursing assessment 2. Nursing diagnosis 3 Intervention / implementation 4 Evaluation
Z	Patient Satisfaction	1. Real 2. Reliability 3. Responsiveness 4. Guarantee 5. Empathy

Measurement

The questionnaire was tested for validity and reliability using 30 post-surgery patients at Hospital of Dr. Zainoel Abidin, B. Aceh, Aceh Province of Indonesia in January 2018. Calculation of the validity of question items was done using Pearson product-moment correlation. The questionnaire tested in this study was developed by researchers and has been tested for validity and reliability based on references related to these variables.

The service innovation variable (X₁) was developed with reference to [18,19]. Shariah Ethics (X₂) was developed from [20 , 21] and [22], Nurse Performance (Y) was developed from the concepts of [23] and [24], while patient satisfaction was adopted from Pasolong (2010) and [25]. The data collection process was carried out through surveys on patients after being documented with END.

Data Analysis

Data analysis was carried out by applying structural equation modeling (SEM) using AMOS 22 software. The SEM analysis model was used because the equation model is a set of statistical techniques that allow testing a series of relatively complex relationships simultaneously [26].

Ethical Considerations

This research was conducted with an ethics test conducted at the Poltekkes Aceh and received research approval from the Hospital Director. In addition, it has been explained to post-surgical patients who were selected as respondents about the purpose of the study and agreed by respondents on the informed consent.

Results

Demographic Characteristics

Table 2: Demographic Characteristics (n=420)

Description	Frequency	%
Ages:		
- 17-19 years old	48	11.4
- 20-29 years old	112	26.7
- 30-39 years old	103	24.5
- 40-49 years old	101	24.0
- > 50 years old	56	13.3
Marital status:		
- Single	110	26.2
- Married	271	64.5
- Widow/Widower	39	9.3
Level of education:		
- Diploma	165	39.3

- Bachelor	205	48.8
- Master	50	11.9
Monthly income:		
- < IDR 1.350.000	198	47.1
- IDR 1.350.000-2.999.999	173	41.2
- IDR 3.000.000-3.999.999	36	8.6
- IDR 4.000.000-4.999.999	6	1.4
- IDR 5.000.000-5.999.999	7	1.7

Table 2 shows that the highest age group of respondents at the age level of 20-29 years old was 112 people or 26.7% of the total respondents. Characteristics of respondents based on marital status as many as 271 people or 64.5% are married. Then for the level of education, characteristic of the respondents the most dominant is a bachelor degree with 205 people or 48.8%, while the characteristics based on average monthly income of 198 people or 47.1% is less than IDR 1,350,000

Confirmatory Factor Analysis

The latent construct in this study consisted of two exogenous latent variables, which are service innovation and shariah ethics. Meanwhile, the other two endogenous latent variables are nurse performance and patient satisfaction. This study also offered the path diagram as shown in the following. Concerning to dimensions observed on latent exogenous and endogenous variables, these amounted to 23 dimensions. Based on Figure 1, it can be explained the influence of each

variable, namely service innovation, and shariah ethics on nurse performance and also the occurrence of indirect effects on patient satisfaction through nurse performance. The test of the full feasibility of the SEM model was tested using Chi square, GFI (Goodness Of Fit Index), AGFI (Adjusted Goodness Fit Of Index), CFI (Comparative Fit Index), TLI (Tucker Lewis Index), CMIN / DF and RMSEA (Root Mean Square Error of Approximation) within the expected value range, as shown in Table 4.

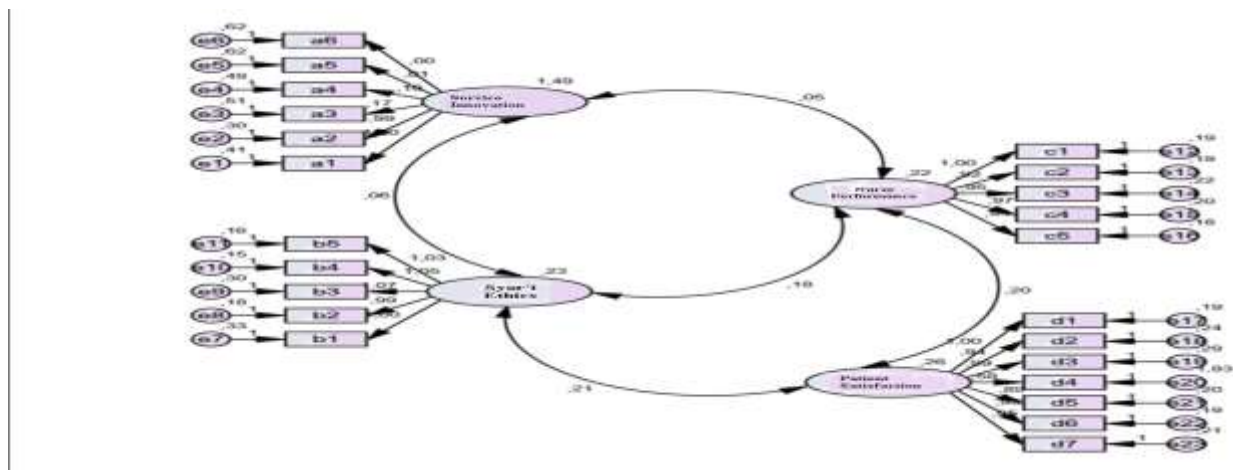


Figure1: Confirmatory Factor Analysis

As for the four variables as shown above, there are indicators (a, b, c, d) that are tested

for the relationship in the development of this model, which is as in Table 3 below:

Table 3: Variables and Indicators

Variables	Indicators
Service innovation	a1. The nurse is easy to do electronic documentation / on the cellphone after the action a2. Nursing actions are systematic and efficient for electronic documentation. a3. Documentation of patient problems according to facts a4 Nursing service interventions in patients save documentation time. a5. Lower administrative documentation costs. a6. The lower level of cost charged to each patient is more affordable.
Shariah ethics	b1. Nurses provide services according to the patient's main needs. b2. Nursing measures carried out uphold respect for the patient. b3. When entering and leaving the patient's room, always say hello. b4. The nurse implements daily ethical principles of action.

	b5. Nurses and teams provide education with courtesy to patients
Nurses' Performance	c1. The nurse is able to carry out nursing assessments before taking nursing action. c2. The ability to diagnose done by the nurse is correct. c3. Nursing planning carried out by the nurse is in accordance with the patient's case. c1. The nurse is able to implement each action as planned. The nurse is evaluating. c5. The nurse always evaluates / reassesses every treatment action that has been taken.
Patients' Satisfaction	d1. Nurses are able to perform physical examinations well. d2. The nurse takes action properly and systematically. d3. The nurse delivers the results about the patient's condition after the procedure. d4. The nurse takes the action and writes on the computer or mobile appropriately. d5. The nurse acts on a sterile principle. d6. The nurse works with care for the patient. d7. The nurse tells the patient if it is necessary to carry out further treatment

Confirmatory Factor Analysis of Research Variable Construct

Analysis of the data used in this study is Structural Equation Modeling (SEM) by first testing its dimensions with Confirmatory Factor Analysis. The research model consisted of 23 dimensions or indicators and

the causality relationship between the hypothesized variables was tested. The result shows that the model used can be accepted with the level of significance 0.072, which means that it is a good structural equation. The measuring index of GFI, CFI, CMIN/DF and RMSEA are also in the expected range (See Table 4).

Table 4: Goodness of Fit Index

Goodness of Fit Index	Cut-off Value	Analysis Result	Evaluation Model
χ^2 - Chi Square	expected small	395,638	Good
Significance Probability	≥ 0.05	0,000	Good
RMSEA	≤ 0.08	0,096	Good
GFI	≥ 0.70	0,998	Good
AGFI	≥ 0.90	0,951	Good
CMIN/ DF	≤ 2.0	1,766	Good
TLI	≥ 0.95	0,989	Good
$CFI = 1 - \frac{\chi^2}{df}$	≥ 0.95	0,721	Good enough

These results indicate that the model used can be accepted with a significance level of 0.000 indicating a good structural equation model. The measurement indexes of Goodness of Fit Index (GFI), Comparative Fit Index (CFI), The Minimum Sample Discrepancy Function (CMIN/DF) and the Root Mean Square Error of Approximation (RMSEA) are in the range of expected values

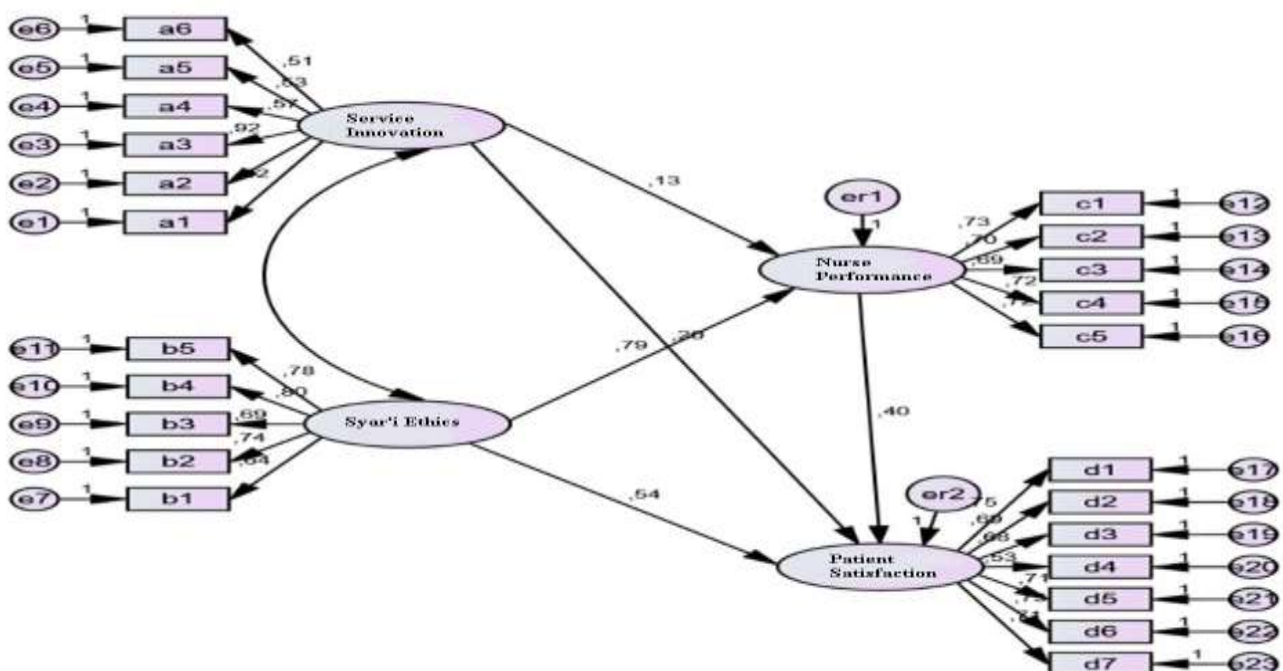


Figure 2: Confirmatory Full Model

Discussion

The Effect of Service Innovation on Nurse Performance

The estimated parameter for testing the effect of service innovation on nurse performance shows as critical. The results of this study explain service innovation influences nurse performance. This means that, if service innovation has been carried out, it can improve the performance of nurses in providing services by 13%. Similar research results on product innovation constitute the largest majority of innovations.

This survey used 13 services as a sample in hospitals, with a population of 38,144 doctors, 106,176 nurses and 23,418 assistant nurses in 2012. It was found that nurses' accounts almost doubled their innovations compared to doctors and nurse assistants. Every profession has various problems and the existence of people who are willing and able to do innovation for their profession is essential [27].

Further, it was found in another study that nurses were mostly female (89%) and 57% of them held academic positions, 28% of them worked in hospitals or health services, 8% of them worked as nurse consultants, and 24% of them reported having formal training in business or management [28]. Nursing service innovations have an impact on the economy, where more than 90% of these innovations have a positive effect on hospital productivity.

The results of a sample of 56 innovation programs estimate a potential profit of around 126 billion USD per year if innovation is spread through the public healthcare system. So, in brief, one innovation is estimated to have a very high economic influence [27]. Innovations which were made include modifying the use of computer systems throughout the healthcare system regarding information, specifically on appropriate antibiotic dilution.

This requires a long time to get the reliable information, because nurses do it manually and it poses various kinds of risks. To overcome this problem, a research was carried out to discover a password-less computer which can easily be accessed by the nurses about the drug dilution to be injected into patients. This trial was conducted at a

hospital and showed that this product can save 32 seconds per dilution and 130/seconds for information retrieval. This proves that the swift movement clearly has an economic impact despite it looks small, but a great deal of time can be saved by nurses in working and they can do other work from that time to provide services to patients.

The Effect of Service Innovation on Patient Satisfaction

The test results of the influence of service innovation variables on patient satisfaction show a good probability value (0.006). The magnitude of the effect of service innovation on patient satisfaction is 0.30 or 30%. Thus it can be explained that service innovation will affect patient satisfaction. This can be interpreted that, if service innovation is carried out by nurses at work, it can increase patient satisfaction with services provided by nurses by 0.30 or 30%. A similar study was conducted to examine the relationship between service, nurse effort, nurse performance and patient satisfaction on 156 nurses, 28 supervisors, and 171 patients.

The results found that the service atmosphere was related to efforts directed by the head of the care ward about the technical care and extra efforts made by nurses. The implementation of the efforts made is predicted to improve the performance of nurses [29]. The activity of developing a program, reshaping, uniting, organizing, or rearranging resource capabilities requires innovation.

Various concepts from several researchers in the field of dynamic capabilities suggest that dynamic capabilities in a person are made up of: 1) the process of analyzing external situations, 2) creation or development of ideas to utilize updated knowledge and technology, 3) creation of alternative models, 4) restructuring and modification of processes and other elements of the organization, and 5) evaluation and integration during implementation [30].

Hospital is a complex service structure consisting of several services whose main purpose is to provide healthcare services that are timely, fair, patient-centered, safe, efficient, and effective, which must be supported by evidence-based service guidelines.

The performance of nurses is not only a matter of quality, but also a resources function and the efficiency of quantity services performed by nurses. This fact depicts that hospitals throughout the world struggle to maximize the quality of their services, and at the same time, provide sufficient costs for patients. Specifically, the service aims to reduce the waiting list for actions as well as to minimize the possibility of economic problems such as reduced visits, patient complaints, decreased quality, lack of effectiveness in performance, and lack of patients receiving services.

The Effect of Shariah Ethics on Nurse Performance

The estimated parameter to test the influence of shariah ethics on patient satisfaction shows a probability value of 0,000. This value shows the influence of shariah ethics on patient satisfaction is 0.54 or 54%. Thus it can be explained that shariah ethics influences patient satisfaction and the value of shariah ethics has the greatest influence on patient satisfaction. Globally, there is a consensus on nurse shariah ethics and it needs further support to manage ethical issues in daily practice. One type of service in the form of clinical ethics support is the Moral Case Deliberation (MCD) carried out by the hospital ethics commission. The aim of the MCD is to support care and health professionals in the cases management and to improve the quality of care and patient satisfaction [31, 32].

From other studies, it was found that the implementation of nursing care and work intensification in nurses can cause emotional fatigue and emotional dissonance whereby nurses experience emotional disturbances and physical fatigue. Although the ethical setting is embedded personally in the nurse, it requires specific attention of the hospital management team because ethical issues create various dilemmas in service.

The ethical setting of nursing is an important issue, because it has an impact on professional development, quality of care, and patient satisfaction [33]. Under such circumstances, certain work might not be able to be accomplished comprehensively due to the intensive action. A finding in other study urges that nurses must be able to adapt in dealing with different patients, different problems, and different needs,

including the ability to perform in a certain time constraint to meet the patients' needs and the demands from the organization to provide better services. In the nurses' code of ethics and shariah ethics, nurses are always expected to do good for patients, not to do dangerous things, not to differentiate patient status, speak and behave professionally, be responsible, and respect cultural values and beliefs.

The application of shariah ethics completely (kaffah) is highly expected by patients. Currently, shariah ethics are only carried out on a primary agenda in services such as greeting, reciting prayers after the actions, and tayamum, but this has given satisfaction to patients for more than 50%. Currently, nurses take action with the principle of shariah only limited to the provisions of the hospital, but they are not informed about the fact that the shariah ethics they conduct have an excellent psychological impact on patients.

The Effect of Nurse Performance Toward Patient Satisfaction

The parameters used to test the effect of nurse performance on patient satisfaction show a probability value of 0,000. This value fulfills the requirement that the influence of nurse performance on patient satisfaction is 0.40 or 40%. This can be explained that the good performance of a nurse while working in service can increase patient satisfaction by 40%. Related research was also conducted at the Emergency Unit of other educational hospitals to determine the level of patient satisfaction with nursing care in the unit.

The average score obtained was 32.60 (\pm 7.11%) and there was a relationship between patient education, health status, and satisfaction with nursing care with $p = 0.05$ [34]. Other studies abroad have been conducted to assess patient literacy in hospitals. Patient satisfaction and patient literacy data were collected from inpatients in each hospital ($n = 491$ for educational hospitals, 482 for government hospitals, and 486 for private hospitals). The results of this study indicate the level of health literacy and inpatient satisfaction in educational hospitals is higher ($p < 0.001$) compared to other hospitals and the high level of literacy is related to the level of patient satisfaction [35].

The study of satisfaction becomes an issue for assurance in service provision. The importance of user satisfaction starts with the patient's response and to assess the nurse's compliance and non-compliance. Emotional conditions such as pleasure, displeasure, and nurses' attitude toward the caring treatments profoundly contribute to patients in using the service-whether to use, reuse, and devoting loyalty to using the same service as well as allocating the household budget expenditures for their sick family members in the hospital [36].

Assessing satisfaction is necessary to establish a measurement mechanism in finding out the scope conforming to the studied context. According to the results of the study, there are three aspects of assessing health services: (a) specific steps in service or in the standard operating procedure, (b) consumers' evaluation on specific services, such as waiting time for medical appointments, general characteristics of attention, safety, and reliability, and (c) tools and scales of direct measurement of perceived satisfaction, expectations, and service.

Conclusion

Findings from research on service innovation show variables affect nurse performance. This result means that, if nurses who innovate provide services, it will improve the performance of good nurses, while the effect

of the services innovation on patient satisfaction is also a large influence on care. The results of shariah ethics variables also affect the performance of nurses, where, if nurses can perform using shariah ethics in service to patients, it will increase patient satisfaction. Furthermore the influence of shariah ethics on patient satisfaction is also very significant, where nurses who have shariah ethics when providing services to patients can greatly increase patient satisfaction.

Likewise, the effect of nurse performance on patient satisfaction has a good effect; this can be interpreted that nurses who have good performance will increase patient satisfaction. To improve patient satisfaction with services at the General Hospital, the government can implement what is perceived by respondents by increasing the sustainability of services.

Nurses, as agents of reform in the service, can work together in providing services to patients and foster good relations when working with fellow team members. In addition, nurses can provide services using the nursing process, including assessment, planning, implementing and evaluating. Nurses' performance in service documentation uses standard Electronic Nursing Documentation (END). The service implementation is done with shariah ethics covering caring culture, prioritizing patient safety and working with competence.

References

1. A R Hernández, A K Hurtig, K Dahlblom, M San Sebastián (2015) "Integrating views on support for mid-level health worker performance: A concept mapping study with regional health system actors in rural Guatemala," *Int. J. Equity Health*, 14 (1): 1-13. doi: 10.1186/s12939-015-0225-4.
2. P, W P W Kone (2013) "Organizational Performance Impacting Patient Satisfaction in Ontario Hospitals: a multilevel analysis," *BMC Res. Notes*, 6: 50.
3. S S Sharon (2008) "Dimensions of Cultural Competence: Nurse-Client Perspectives," The University of North Carolina,.
4. G Zailani, S, Ali SM, Iranmanesh M, Moghavverni S, Musa (2016) "Predicting Muslim Medical Tourists Satisfaction with Malaysian Islamic friendly Hospital," *Tour. Manag.*, 57: 159-167.
5. J Davino (2007) "Effects of Changes in Health Plans on Patient Satisfaction with Selected Private Health Care Facilities by Jean Marie Davino A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Health Administration University OF P," no. November.
6. S AlDossary, M G Martin-Khan, N K Bradford, A C Smith (2017) "A systematic review of the methodologies used to evaluate telemedicine service initiatives in hospital facilities," *Int. J. Med. Inform.*, 97: 171-194. doi: 10.1016/j.ijmedinf.2016.10.012.
7. A Cohen (1999) "Relationship Among five form of commitment: An empirical Assessment," *J. Organ. Behav.*, 20 (3): 285-

308.

8. M Hoffman, AS, Volk RJ, Saarimaki A, Stirling C, Linda C, Li Harter (2012) Delivering Patient Decision Aids On The Internet: Definitions, Theories, Current Evidence, and Emerging Research Areas. USA.
9. E Harris, IM Hackstaff, Lynn Mueller, Dale Peterson (2013) "Evaluating Directors of Nursing: Self-Perceptions on Leadership, Job Satisfaction, and Personnel Retention by Iesiah M . Harris Lynn Hackstaff, PHD., Faculty Mentor and Chair Dale Mueller, PHD., Committee Member Ellen Peterson, PhD., Committee Me," September.
10. L R Liisa, T Suominen, M Ritmala-Castrén, T Vahlberg, H Leino-Kilpi (2015) "Basic competence of intensive care unit nurses: Cross-sectional survey study," Biomed Res. Int., November, 2015, doi: 10.1155/2015/536724.
11. K Gartrell (2014) "Factors Associated with Electronic Personal Health Record Use Among Registered Nurse for Theirs Own Health Management,".
12. W Underwood, DW Douglas (2010) "Competence by Simulation: The Expert Nurse Continuing Education Experience Utilizing Simulation,".
13. J J Levac (2013) "A Correlational Study of Nurse Leadership, Attitude Towards Unions, and Retention in an Acute Care Setting." ProQuest LLC,.
14. I P Chochliouros, A S Spiliopoulou, N Alonistioti (2011) "Challenges for enhanced network self-manageability in the scope of future internet development," Lect. Notes Comput. Sci. (including Subser. Lect. Notes Artif. Intell. Lect. Notes Bioinformatics), 6656: 277-292. doi: 10.1007/978-3-642-20898-0_20.
15. F Scott, W Davis (2007) Organizations and Organizing: Rational, Natural and Open System Perspectives. NJ: Pearson prentice-Hall.
16. M (2018) of Health, Health Information System II. Jakarta: Education Center of Health Human Resource.
17. C B Hair, JR Joseph, F Rolp, E Anderson, Ropnald L, Tatham William (2006) Multivariate Data Analysis with Reading. Fourth Ed, 4th ed. Prentice Hall International, Inc.,.
18. A W Snowdon, H Bassi, A D Scarffe, A D Smith (2015) "Reverse innovation: An opportunity for strengthening health systems," Global. Health, 11 (1): 1-7. doi: 10.1186/s12992-015-0088-x.
19. A Thune, T Mina (2016) "Hospitals as Innovators in the health-care system: a literature review and research agenda," Res. Policy, 45 (9): 1545-1557.
20. R Lamsuddin (2002) "The nuances of Islamic Health Services in Islamic Hospitals," Malang, Feb.
21. V Lachman (2007) "Ethics, law, and policy. Patient safety: the ethical imperative.," Medsurg Nurs., 16(6): 401-403 3p.
22. K Laeheem (2018) "Approaches to promoting islamic ethics in adherence to the faith among thai muslim youths in Pattani province, Southern Thailand," Kasetsart J. Soc. Sci., 41(2): 357-362. doi: 10.1016/j.kjss.2017.12.024.
23. PPNI (2005) Standar Praktik Persatuan Perawat Nasional Indonesia (PPNI).
24. ANA (2015) Nursing Professional Development: Standards of Professional Practice.
25. V Ziethaml (2010) Delivering Quality Service. Simon and Schuster.
26. A Ferdinand (2006) Structural Equation Modelling dalam Penelitian Manajemen, Aplikasi Model-Model Rumit Dalam Penelitian Untuk Tesis Magister dan Disertasi Doktor. Semarang: Badan Penerbit Universitas Diponegoro.
27. P O Svensson, R K Hartmann (2018) "Policies to promote user innovation: Makerspaces and clinician innovation in Swedish hospitals," Res. Policy, 47 (1): 277-288. doi: 10.1016/j.respol.2017.11.006.
28. K R White, R Pillay, X Huang (2016) "Nurse leaders and the innovation competence gap," Nurs. Outlook, 64(3): 255-261. doi: 10.1016/j.outlook.2015.12.007.
29. D C Ferreira, R C Marques (2019) "Do quality and access to hospital services impact on their technical efficiency?," Omega (United Kingdom), 86: 218-236. doi: 10.1016/j.omega.2018.07.010.
30. H Arief, M Djojo, BW Purnomo (2017) "How e-Commerce Web Quality and

Customer Experiences Can Take the Online Purchase Intention Up? Case Study: e-Commerce of General Insurance Product,” 12 (2): 391-396.

31. L Dauwerse, F Weidema, T Abma, B Molewijk, G Widdershoven (2013) “Implicit and explicit clinical ethics support in the Netherlands: A mixed methods overview study,” HEC Forum, 26(2): 95-109. doi: 10.1007/s10730-013-9224-2.
32. M Heidenreich, K Bremer, A Materstvedt, LJ Tidefelt, U Svantesson (2017) “Relational Autonomy in the Care of the Vulnerable: Health Care Professionals’ Reasoning in Moral Case Deliberatin (MCD),” Med. Heal. Care Philos., doi: <https://doi.org/10.1007/s11019-017-9818-6>.
33. P A S Suhonen, Riita Minna Stolt, Monika Habermann, Inibjorg Hjaltadottir, Stavros Vryonides, Siri Tonnessen, Kristin Halvorsen, Clare Harvey, Luisa Toffoli (2018) “Ethical Elements in Priority Setting in Nursing Care: A Scoping Review,” Int. J. Nurs. Stud., 88: 25-42.
34. J Buchanan, P Dawkins, J L M Lindo (2015) “Satisfaction with nursing care in the emergency department of an urban hospital in the developing world: A pilot study,” Int. Emerg. Nurs., 23 (3): 218-224. doi: 10.1016/j.ienj.2015.01.001.
35. O Hayran, O Özer (2018) “Organizational health literacy as a determinant of patient satisfaction,” Public Health, 163: 20-26. doi: 10.1016/j.puhe.2018.06.011.
36. D E Forero, A Gómez (2017) “Comparación de modelos de medida basados en expectativas y desempeño percibido para el estudio de la satisfacción en servicios de salud,” Suma Psicol., 24 (2): 87-96. doi: 10.1016/j.sumpsi.2017.06.002.