

The Relationship Of Physiotherapy Services With The Compliance Level Of Elderly Patients At Running The Physiotherapy Program In Dr. Soepraoen Malang Hospital

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Abstrak—Based on the results of observations of researchers at dr. Soepraoen the physiotherapy services provided are not optimal, as seen from the level of patient compliance which is lacking, this is influenced by several factors, namely reliability, responsiveness, lack of empathy for the physiotherapist, plus incomplete and inadequate facilities. So this study aims to see. There is a relationship between physiotherapy services and patient satisfaction. This research was conducted at dr. Soepraoen with a sample of 85 respondents using a purposive sampling technique. The research instrument used was a questionnaire and the data was analyzed using the chi-square test with a significant level ($\alpha=0.05$). The results of this study indicate that there is a relationship between physiotherapy services and patient satisfaction ($p=0.000$). Based on research results. It can be concluded that there is a relationship between physiotherapy services and patient compliance.

Kata Kunci—Physiotherapy, services, compliance with medical rehabilitation patients

I. INTRODUCTION

Communication is one that can affect patient satisfaction. Patient satisfaction is the responsibility of the health service. Health facilities and services that meet patient expectations do not rule out the possibility that these patients will always come and seek treatment at these health services. Patients will always seek health services according to their expectations. If it doesn't meet expectations, the patient will seek better health care facilities or not disappoint. Communication in the health sector is a basis and key for a health worker in carrying out his duties.

Communication is a process to create a relationship between health workers and clients. Without communication a person will feel alienated and without

communication a nursing action to meet the client's needs will experience significant difficulties. Therapeutic is related to therapy, which is an attempt to restore the health of someone who is sick, care for illness and treatment of disease, while therapeutic communication is sending messages between senders and recipients with interaction between the two that aims to restore the health of someone who is sick. Therapeutic communication is a verbal and non-verbal techniques used by health workers to focus on the needs of patients. The use of effective therapeutic communication by paying attention to the knowledge, attitudes, and methods used by nurses has a very large influence on efforts to overcome various psychological problems of patients. Public health efforts undertaken to ensure the productivity and well-being of the elderly should not only focus on decreasing the body's biological functions, but also must consider psychosocial factors related to changes in the elderly in their role as part of the family and society (Mindianata, 2018).

The World Health Organization in 2012 announced that the elderly (elderly) is someone who reaches the age of over 60 years, according to the World Health Organization (WHO, 2012). A statistical profile of older Asian American aged in 2014 noted that the elderly population in Asia reached 1.9 million and is projected to grow to 8.5 million in 2060. Most of the increase in the elderly population has occurred in developing countries, one of which is Indonesia. Based on the projection data, in 2017 there were 23.66 million people or around 9.03% of the elderly population in Indonesia (RI Ministry of Health, 2017). Predictions about an increase in the elderly population will be higher than the world's elderly population after 2100 (Pusat Center, 2016). In 2016 the elderly population of South Sumatra reached 582,643 people or around 7.14% from all Sumatera Selatan people (BPS, 2017).

Health problems that often occur in an elderly, namely; degenerative diseases, infectious diseases, malignancies, and geriatric syndromes. An elderly patient

who has other multipathological characteristics such as decreased physiological reserves with changes in symptoms and signs of classic disease, impaired functional status of geriatric patients, and nutritional disorders, malnutrition or malnutrition is called a geriatric patient (Nida, 2014). In addition, in the elderly there is often a collection of conditions or clinical signs called geriatric syndromes. This clinical appearance is often atypical making it difficult to diagnose. There are six common geriatric syndromes consisting of immobilization, instability and falls, intellectual disorders such as dementia and delirium, incontinence, isolation, iatrogenic disorders. Geriatric syndrome is a combination of physiological decline and various pathological processes (Yuliati et al., 2014). It is said to be a geriatric syndrome if the condition has disrupted daily life, so that it will have a major impact on the patient's quality of life and can cause disability and is associated with reduced life expectancy (Syafitri & Permanasari, 2020).

The elderly will experience a decrease in bodily functions due to physical, psychosocial, cultural and spiritual changes (Nirwan, 2020). As a person ages, several vital functions in the body experience functional decline. His hearing decreased, his vision blurred, and his physical strength weakened. The elderly experience many changes physically and mentally, especially the decline in the various functions and abilities they once had. Thus triggering psychosocial problems in the elderly (Khoiriyah, 2019).

With therapeutic communication, the patient will know what is being done and what will be done while in the hospital so that the patient's feelings and thoughts that cause the patient's psychological problems can be resolved such as anxiety and fear. The application of therapeutic communication by health workers is a form of real performance from health workers towards patients. Improving the performance of health workers requires hard work from a health worker so that his achievements are different from other people and the health worker must have the desire to do something better than before. Satisfaction with the work achieved is one of the things that encourages nurses to apply therapeutic communication. The application of communication itself is influenced by both intrinsic and extrinsic motivation, where health workers who have high motivation are able to apply therapeutic communication much better (Sasmito et al., 2018). Better implementation of therapeutic communication will cause patients and families to feel more satisfied (Fusfitasari et al., 2020).

According to (Tiballa, 2013) currently patient non-compliance is a serious issue and problem among health professionals. The development of research or programs in the health sector will be meaningless if it is not followed by patient compliance. From studies on patient adherence to treatment, non-compliance is found in patients with chronic diseases. The average adherence to long-term therapy for chronic diseases in developed countries is 50%. In developing countries, this average is even lower. It is undeniable that many patients have difficulty following treatment recommendations.

II. LITERATURE REVIEW

A. Definition of the Elderly

Elderly is an advanced stage of a life process characterized by a decrease in the body's ability to adapt to environmental stress. Elderly is a condition characterized by a person's failure to maintain balance against physiological stress conditions (Ekasari et al., 2019). Elderly is someone who is > 60 years old and is powerless to earn their own living to meet their daily need (Annisa & Ifdil, 2016).

According to the World Health Organization (WHO), an elderly person is someone who has entered the age of 60 years and over. Elderly is an age group in humans who have entered the final stages of their life phase. The group that is categorized as elderly will experience a process called the Aging Process or the aging process.

B. Classification of the Elderly

According to (Annisa & Ifdil, 2016) there are several expert opinions regarding the age limit among them:

1. According to the World Health Organization (WHO), there are four stages of old age, namely:
 - a. Middle age (45-59 years old).
 - b. Elderly (elderly) aged 60-74 years
 - c. Old age (75-90 years old).
 - d. Very old age (very old) over 90 years
2. According to Sartika (2019), the elderly are grouped as follows:
 - a. Young adulthood (elderly adulthood) is the age of 18/20-25 years
 - b. Full adult age (middle years) or maturity (age 25-60/65 years)
 - c. Elderly (geriatric age), namely the age of more than 65/70 years, divided into:
 - d. Age 70-75 years (young old)
 - e. Age 75-80 years (old)
 - f. Age over 80 years (very old)
3. According to Hurlock, the age difference is divided into two stages, namely:
 - a. Early old age (age 60-70 years)
 - b. Advanced old age (age 70 years and over)

C. Characteristics of the Elderly

The elderly have characteristics that are more than 60 years old, needs and problems that range from healthy to illness, biopsychosocial and spiritual needs, adaptive conditions to maladaptive conditions (Kiik et al., 2018).

D. Elderly Problems

Older people are vulnerable to various life problems. Common problems faced by the elderly include (Hasbi et al., 2021):

1. Economy problem

Old age is marked by a decrease in work productivity, entering retirement or stopping the main job. On the other hand, the elderly are faced with a variety of increasing needs such as the need for nutritionally balanced food, routine health checks, social needs and recreation. The elderly who have a pension have better economic conditions because they have a

fixed income every month. Elderly who do not have a pension, will bring the elderly group to a dependent condition or become dependents of family members (Hasbi et al., 2021).

2. Social problem

Entering old age is characterized by reduced social contact, either with family members or with the community. lack of social contact can lead to feelings of loneliness, sometimes regression behavior appears such as crying easily, isolating oneself, and whining when meeting other people so that the behavior returns to that of a child (Livana et al., 2018).

3. Health problems

Increasing old age will be followed by increasing health problems. Old age is characterized by decreased physical function and susceptibility to disease (Hasbi et al., 2021).

4. Psychosocial problems

Psychosocial problems are things that can cause balance disorders so that it leads the elderly to progressive damage or deterioration, especially sudden psychological aspects, for example, confusion, panic, depression, and apathy. This usually comes from the emergence of the most severe psychosocial stressors, such as the death of a

E. Research Materials and Instruments

Instruments are the tools used to collect data (Yusup, 2018). The instruments used in this research are demographic data and questionnaires. The questionnaire in this study was used to reveal information about the services of health workers related to compliance with physiotherapy in elderly patients and demographic data consisting of age, gender, last education, previous work history.

The research instrument is a questionnaire, for this reason it is necessary to test the research instrument which includes validity and reliability tests.

F. Validity

Test the validity in this study using construct validity. Budiastuti & Bandur (2018) explain construct validity, namely the measurement tool is carried out by correlating the scores obtained on each item with the total score. The formula for conducting validity tests is as follows (1):

$$r_{xy} = \frac{N(\sum xy - (\sum x)(\sum y))}{\sqrt{[N\sum x^2 - (\sum x)^2][N\sum y^2 - (\sum y)^2]}} \quad (1)$$

Information : (1)

r_{xy} : correlation coefficient xy

N : Number of research samples

$\sum X$: Sum of statement item scores

$\sum Y$: Sum of total scores

The appropriateness of the r_{xy} prices above was consulted with the regression price table with the r_{xy} price correlation greater than or equal to the table regression, then the instrument item is valid and if the r_{xy} is smaller than the table regression, the instrument item is invalid. The validity test was carried out at the Physiotherapy Polyclinic Hospital Tk.II dr. Soepraoen by distributing

questionnaires to elderly patients who were on therapy for 3 days, 85 patients were met and received questionnaires.

G. Reliability

According to Arikunto, as quoted by Budiastuti & Bandur (2018), explaining reliability (reliability) can mean that an instrument can be trusted to be used as a data collection tool because the instrument is good. The implementation of this reliability test is to calculate the Alpha Cronbach value using the following (2)

$$\alpha = \frac{r}{1 + (k - 1)r} \quad (2)$$

Information (2)

α = Cronbach's Alpha reliability

k = number of statements on the scale

r = average correlation

The implementation of the reliability test in this study was carried out with the help of the SPSS (Statistical Package for Service Solution) program. The reliability test criteria according to Budiastuti & Bandur, (2018), an instrument is declared reliable if the minimum reliability coefficient is 0.6.

In the process of data processing, the steps taken in this study are as follows:

1. Editing (Editing data)

The editing process is checking the data by looking at the completeness of the results of data collection. Activities in this step include:

a. Check the name and completeness of the filling identity, if there is a shortage of content or pages it needs to be repeated to the respondent.

b. Checking the types of data entry (questionnaire answers).

2. Coding (making code sheets)

Coding is done to classify and code the respondents' answers and then enter them into work table sheets so as to facilitate data processing:

3. Scoring

Scoring or data processing is used by giving a score, where for this research scoring is done on data:

Compliance level score: Health Officer Services:

a. Not complying , Less

b. Obedient, Enough

c. Fine

4. Tabulating

The collected data were analyzed analytically. The table used is a simple form. Usually the data consists of one variable along with the frequency of each category of that variable (Hidayat, 2021).

The techniques used in collecting data in this study are as follows:

a. Interview

The interview method is a method used to collect data by asking questions directly to the respondents studied so that information is obtained about the relationship between physiotherapy

services and the level of adherence of elderly patients.

b. Observation

Observation was carried out by direct observation of elderly patients. Observations were made at the Physiotherapy Polytherapy Hospital Tk.II dr. Soepraoen Malang and the patient's family or friends if possible.

c. Documentation

Documentation is carried out by taking pictures of patients while carrying out therapy and health worker services in administering Medical Rehabilitation therapy to patients during the study, and recapitulating data on Physiotherapy administration per day for 2 weeks.

III. RESULT AND DISCUSSION

A. Univariate Analysis of Respondent Characteristics

Univariate analysis describes the frequency distribution of patient characteristics including gender, age, last education, occupation and length of stay. Based on the results of the questionnaires that have been distributed, a description of the various characteristics of the respondents is obtained.

Table 1. shows based on research conducted at Tk II Hospital dr. Soepraoen Malang showed that 55 people (64.7%) who perceived physiotherapy services felt good, and 25 people (29.4%) felt unwell.

Table 1 Frequency Distribution of Respondents Based on Physiotherapy Service Satisfaction at RS Tk II dr. Soepraoen.

Attitude	Amount	Percentage
Good	55	64.7%
Not Good	30	35.3%
Total	85	100%

In physiotherapy services, elderly patients tend to be more receptive to action because elderly patients have more various kinds of diseases they want to cure (Purnomo et al., 2022).

According to Putra & Rizqi (2020) suggests that nurses who have an empathetic attitude in communicating, responding to, and paying attention to patient complaints will easily establish a relationship of trust with patients, thereby providing professional satisfaction in physiotherapy services and enhancing the image of the physiotherapy profession. In this study, the lack of empathy for physiotherapists in physiotherapy services means that physiotherapists do not help patients in fulfilling their elimination needs and lack of attention from physiotherapists to clients.

Table 2. shows based on research conducted at Tk II Hospital dr. Soepraoen Malang showed that respondents who perceived adherence to medical rehabilitation therapy were 80 people (94%) who were declared adherents, and 5 people (6%) who were declared non-adherent to medical rehabilitation therapy.

Table 2. of Frequency Distribution of Respondents Based on Compliance with Medical Rehabilitation Therapy for Physiotherapy Patients at Tk II Hospital dr. Supraoen.

Attitude	Amount	Percentage
Obedient	80	94%
Less Obedient	5	6%
Total	85	100%

The Chi-Square Test statistic was carried out according to Fisher's analysis. The Exact Test obtained a value of $p = 0.000 < 0.05$, thus H_0 was rejected and H_a was accepted, which means that there is a relationship between physiotherapy services and patient adherence to medical rehabilitation therapy.

Table 3. shows based on research conducted at dr. Soepraoen showed that there was a relationship between physiotherapy services and adherence to medical rehabilitation of patients, where respondents who perceived good physiotherapy services were 55 people (64.7%), who were declared obedient as many as 80 people (94%) and who did not comply as many as 5 people (6 %) while those who perceived the quality of physiotherapy services to be unfavorable were 30 people (35.3%).

Table 3. Table of Frequency Distribution of Respondents Based on Compliance with Medical Rehabilitation Therapy for Physiotherapy Patients at RS Tk II dr. Soepraoen.

Physiotherapy Services	Patient Compliance				Total		P=
	Obedient		Less Obedient		n	%	
	n	%	n	%			
Good	55	64.7	25	29.3	80	94	0.000
Not Good	30	35.3	5	6	35	41	
Total	85	100	30	35.3	115	100	0.05

It can be seen that there are 5 people (6%) who perceive physiotherapy services as good but feel disobedient. This is because the respondents are not satisfied with the existing facilities or facilities coupled with the physiotherapist's lack of empathy. However, in terms of reliability, ladder power and guarantees, they are good so that respondents perceive physiotherapy services to be good.

In addition, the characteristics of the respondents also affect client satisfaction, in this study 100% respondents are elderly people. Older people are more satisfied with physiotherapy services than younger people because:

1. Older patients tend to be more receptive than older patients.
2. The level of appreciation of older patients for physiotherapy services is lower

Sartoyo et al.(2021) also argues that the older a person is, the wiser they are in responding to problems so that deficiencies while undergoing treatment are understandable.

According to Supriyatna et al. (2015) in paying attention to patient complaints it is easy to establish a relationship of trust with patients, thereby providing professional satisfaction in physiotherapy services and enhancing the image of the physiotherapist profession. In this study, the lack of empathy for physiotherapists in physiotherapy services means that physiotherapists do not help patients in fulfilling their elimination needs and lack of attention from physiotherapists to clients.

Research conducted by Munawarah (2021) shows that in the empathy section, more than 50% of respondents were dissatisfied with the services provided, there were 47 people (75.8%) who stated they were satisfied, this was because the respondents perceived that the physiotherapy services provided were good, seen in terms of reliability such as physiotherapists have been able to carry out physiotherapy actions correctly, in terms of empathy such as physiotherapists have understood the patient's condition and needs, in terms of responsiveness such as physiotherapists are responsive in handling patient complaints so that they can be resolved, in terms of physical evidence such as physiotherapists always look good clean, as well as in terms of guarantees.

Other factors that affect patient satisfaction are the level of education and type of work. This is related to the respondents' understanding of the quality of physiotherapy services provided, seen from the type of work and the higher the level of education, the more critical the ability to assess the quality of physiotherapy services provided. In this study the most recent education was elementary school, namely 22 people (35.5%) and in terms of physiotherapy services, one of the physical evidence of service that can be seen is the attitude and appearance of the physiotherapists themselves. Things that need to be realized by the hospital that the quality of physiotherapy services depends on the fulfillment of needs. In this study, it is more related to the cleanliness and comfort of the room, the readiness and cleanliness of medical and non-medical equipment, the friendly attitude of physiotherapists towards patients and their families, and the cleanliness of the bathroom/WC.

The results of research conducted by (Sulaiman & Anggriani, 2019) show that in the physical facilities section, patients who fall into the satisfied category reach 45% and patients who fall into the dissatisfied category reach 55%.

According to Syafitri & Permanasari (2020) stated that physiotherapists who have an empathetic attitude in communicating, responding, and working mostly do not work so researchers assume that respondents tend to accept or are unable to assess the services provided due to a lack of knowledge about physiotherapy services.

This is in accordance with Putri's opinion which states that the higher a person's education level, the greater their desires and expectations, so a high level of education tends to have a low level of satisfaction, so high-quality services are needed.

The duration of therapy also influences respondents' perceptions of the quality of physiotherapy services.

According to Purnomo et al. (2022) good service is usually associated with a quick recovery from illness, friendly staff, fast and accurate service and low rates. Thus, it can be concluded that services, especially physiotherapy services, are closely related to patient satisfaction.

Based on the Chi Square Test statistical test which was carried out in accordance with the Fisher Exact Test analysis, it obtained a value of $p = 0.000 < 0.005$. From this analysis, it can be interpreted that H_0 is rejected and H_a is accepted or there is a relationship between physiotherapy services and patient compliance in carrying out medical rehabilitation therapy.

According to Kotler, as quoted from Pradita (2022), satisfaction is a person's feelings of pleasure or disappointment that arise after comparing perceptions or impressions of the performance or results of a product and their expectations. So satisfaction or dissatisfaction is the conclusion of the interaction between expectations and experiences after using the services or services provided. Based on the experience of researchers when conducting research at dr. Soepraoen Hospital. The researcher looked at the overall results of the respondents/patients' answers to the dimensions of physiotherapy services, the average respondent stated that it was good, while in terms of all dimensions of satisfaction, the average respondent stated that he was satisfied.

So that researchers take the assumption that patient satisfaction with the quality of physiotherapy services is that physiotherapists are capable of carrying out correct physiotherapy actions, physiotherapists are able to foster good communication with patients and physiotherapists are responsive in providing action when patients need it and responsive in resolving patient complaints. So that patients believe in the services provided. Even though the empathetic attitude of physiotherapy and the facilities are not very supportive, the patient is satisfied with the physiotherapy services provided.

Based on the description above, the researchers concluded that the quality of physiotherapy services greatly influences patients. Nurses who provide good service to patients will make patients feel satisfied and will speed up the healing process. Conversely, implementing physiotherapists who are not optimal in providing physiotherapy services will make patients feel dissatisfied and will slow down the patient's healing process. The existence of a reciprocal relationship between the quality of physiotherapy services and patients increasingly proves that the relationship between the two is very close.

IV. CONCLUSION

Based on the results of the research and discussion described above, it can be concluded that Physiotherapy services for elderly patients at dr. Supraoen is good. There is patient compliance in carrying out medical rehabilitation. From the results of the analysis it was found that there was a relationship between physiotherapy services and patient compliance in

carrying out medical rehabilitation at dr. Soepraoen Hospital.

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