ANALYSIS OF BPJS PATIENT COMPLIANCE & NON-COMPLIANCE WITH FOLLOW-UP SCHEDULES (SKDP) AT THE INTERNAL MEDICINE CLINIC OF HUMANA PRIMA HOSPITAL

Sani Fitriyani[1], Auliya Mustaqima Rahayu[2]
[1]Administrasi Rumah Sakit, Politeknik Piksi Ganesha, Indonesia
[2]Rekam Medis Dan Informasi Kesehatan, Politeknik Piksi Ganesha, Indonesia
Email: [1]sanybeii90@gmail.com, [2]auliyarhy@gmail.com

Abstract. This study aims to analyze the level of compliance and non-compliance of BPJS patients with the doctor's control schedule (SKDP) at the internal medicine clinic at Humana Prima Hospital, as well as to identify the factors and impacts involved. This study employed a quantitative research method with a cross-sectional approach, involving a sample of 96 patients out of a total population of 2,420 BPJS patients at the internal medicine outpatient clinic from February to April 2025. The results of the study indicate that the compliance rate at Humana Prima Hospital is relatively high, with 75% of patients adhering to the follow-up schedule, while 25% did not comply. Intrinsic factors such as patient motivation and knowledge, as well as extrinsic factors such as family support and healthcare provider support, play a significant role in improving patient adherence to follow-up schedules. Meanwhile, non-adherence is influenced by insufficient patient knowledge, service quota limitations, follow-up schedules at other healthcare facilities, inadequate reminder systems, and patient busyness, which are common issues at Humana Prima Hospital. The positive impact of patient compliance is the smooth administration and BPJS claims process, while non-compliance leads to claim rejection, forcing patients to pay for services out-of-pocket. These findings emphasize the importance of patient education and reminder systems to improve adherence to follow-up schedules, thereby optimizing service delivery and BPJS claims processes at Humana Prima Hospital.

Keywords: *Patient compliance, control schedule, BPJS patients, Humana Prima Hospital*

Introduction

According to the Law of the Republic of Indonesia No. 17 of 2023 on Health, Article 277 emphasizes that:

"Patients are obligated to comply with the advice and instructions of Medical and Health Workers and to follow the applicable regulations in Health Care Facilities."

This regulation affirms that every patient is required to follow the prescribed advice and instructions, including the recommendation to undergo routine follow-up visits. Such adherence facilitates disease monitoring, ensures treatment success, allows for early detection of complications, and supports patient recovery.

In line with Regulation of the Minister of Health (Permenkes) No. 4 of 2018 on the Rights and Obligations of Hospitals and Patients, particularly Chapter III, Article 28, point F, it is stated that:

"Every patient is obliged to comply with the therapeutic plan recommended by health professionals in the hospital and approved by the patient after receiving an explanation in accordance with applicable laws and regulations."

This therapeutic plan includes not only medication and medical procedures but also the follow-up or control schedule after receiving hospital care.

In accordance with BPJS Health Circular Letter No. 8398/V-01/1024 dated October 11, 2024, issued by the Bandung Branch Office on Optimizing Waiting Times for Outpatient Services and the Issuance of SKDP (Surat Keterangan Dalam Perawatan / Control Letter), it is emphasized that every BPJS patient attending routine follow-up must have a valid SKDP issued by the attending physician. Patients are required to return for follow-up care according to the date stated on their SKDP. Failure to do so may result in administrative issues, BPJS claim rejections or returns, and consequently, service costs not being covered by BPJS — leaving patients to bear the cost themselves. This policy is intended to ensure patients comply with their scheduled visits and that BPJS claims can be processed smoothly.

According to a previous study by Emiliana (2021) on treatment compliance among outpatient hypertension patients at Pisangan Health Center, several factors influence whether patients comply with routine follow-up appointments. These include blood pressure status, health insurance participation, and the presence of comorbidities. Meanwhile, variables such as gender, age, employment status, and healthcare access did not significantly correlate with treatment compliance in that study.

Non-compliance is defined as behavior by individuals and/or caregivers that does not align with the established health promotion or therapeutic plan, either fully or partially, which may result in clinically ineffective outcomes (Bulecheck, Butcher, Dochterman, & Wagner, 2016). According to Melva (2019), key factors contributing to patient non-compliance with follow-up schedules include: understanding of instructions given by healthcare providers, quality of interactions, and family support.

In Indonesia, several non-communicable diseases (NCDs) are among the leading causes of premature death, accounting for about 75% of deaths. These include hypertension, stroke, and diabetes — which largely affect individuals between the ages of 30–69 years. Such outcomes are associated with unhealthy lifestyles such as smoking, lack of physical activity, poor dietary habits (insufficient intake of fruits and vegetables), and alcohol consumption. In 2016, NCDs were responsible for 73% of all deaths, including cardiovascular diseases (35%), chronic respiratory diseases (6%), diabetes (6%), and others with over 20% contributing to early mortality. These diseases are the primary cases handled at the Internal Medicine Clinic of Humana Prima Hospital.

Patient adherence to follow-up schedules is crucial in preventing disease complications and recurrences, and in ensuring that BPJS claims are optimized. This study focuses on analyzing compliance and non-compliance among BPJS patients regarding follow-up schedules (SKDP) at the Internal Medicine Clinic, as well as identifying influencing factors and their implications. The study aims to determine the extent of BPJS patient compliance with follow-up schedules and explore the contributing factors and consequences at Humana Prima Hospital. Many patients at the hospital are still unaware of the regulation requiring them to attend follow-up appointments strictly on the date indicated on their SKDP, as stated in the aforementioned BPJS Health Circular Letter. As a result, some patients are unable to access scheduled medical services due to issues in the BPJS claim process.

Methodology

This study employs a quantitative research method. According to Sugiyono (2020:16), quantitative research is a method based on the philosophy of positivism, used to examine specific populations or samples, collect data using research instruments, and analyze the data quantitatively or statistically for the purpose of testing predetermined hypotheses. Data collection in this study was conducted directly using a descriptive method with a cross-sectional approach.

Cross-sectional studies are a form of observational research aimed at identifying or examining the relationship between independent variables (risk factors) and dependent variables (effects) by means of data collection at a single point in time, also known as a point-time approach (Sastroasmoro & Ismael, 2014; Notoatmodjo,

2012). According to Sugiyono (2021), cross-sectional research is an observational method in which data is collected at one particular time from a population or sample. This type of study is designed to describe the characteristics of the population or sample at that specific moment, without follow-up observations at other times.

The research was conducted directly from February to April 2025 at Humana Prima Hospital. The data collection technique used was probability sampling. According to Sugiyono (2014), probability sampling is a sampling technique that provides equal opportunities for each element or member of the population to be selected as a sample.

Data were collected through observation, analysis, interviews, and documentation of control letters (SKDP) and patient medical records. The population in this study consisted of all BPJS patients visiting the internal medicine outpatient clinic at Humana Prima Hospital during March to April 2025, totaling 2,420 individuals. The sample size was determined using the Slovin formula, resulting in a total of 96 respondents.

Results and Discussion

1. Patient Characteristics

Table 1 presents the frequency distribution based on gender, age, and level of compliance at Humana Prima Hospital.

Table 1. Characteristics of Patients at Humana Prima Hospital

Characteristic	Frequency	Percentage (%)
Gender		
Male	38	39.6
Female	58	60.4
Total	**96**	**100.0**
Age Group		
20–39 years	9	9.4
40–59 years	34	35.1
60–79 years	48	49.5
80–99 years	6	6.2
Total	**96**	**100.0**
Compliance Level		
Compliant	72	75.0
Non-compliant	24	25.0
Total	**96**	**100.0**

Based on Table 1, the distribution of patients by gender shows that there were 38 male patients (39.6%) and 58 female patients (60.4%). In terms of age, 9 patients (9.4%) were aged 20–39 years, 34 patients (35.1%) were aged 40–59 years, 48 patients (49.5%) were aged 60–79 years, and 6 patients (6.2%) were aged 80–99 years. Regarding the level of compliance, 72 patients (75%) were compliant with follow-up appointments, while 24 patients (25%) were non-compliant.

2. Factors Influencing Patient Compliance

Based on interviews conducted with medical staff at Humana Prima Hospital, the factors influencing patient compliance are grouped into two categories: intrinsic and extrinsic factors.

One staff member stated:
"Patients who are highly motivated to recover and understand their illness tend to pay more attention to their follow-up schedules. Especially when their family members consistently remind and accompany them, patients become more disciplined."
This statement highlights that both intrinsic and extrinsic factors play important roles in supporting patient compliance.

Intrinsic factors refer to internal aspects within the patient that influence compliance, including:

a. Patient motivation – Interviews and observations revealed that patients with a strong desire to recover tend to be more compliant with follow-up schedules. For example, some patients are highly motivated to recover quickly in order to return to work. This demonstrates that patient motivation significantly affects compliance behavior.

b. Patient knowledge – It was found that some patients, especially new ones, are still unaware of BPJS regulations requiring follow-up visits according to the schedule. Furthermore, a patient's understanding of their illness and the potential consequences of missing scheduled visits also affects their level of compliance.

Extrinsic factors are external influences that support patient compliance, including:

a. Family support – Interview results indicated that family involvement in the treatment process has a substantial impact. Patients who are accompanied and reminded by family members are more likely to adhere to their scheduled visits.

b. Support from healthcare providers – Effective communication, empathy, and education provided by medical personnel can create a sense of comfort for patients. When patients feel well-treated by healthcare providers, they are more motivated to attend follow-up appointments.
This multiple linear regression test is to determine how much influence the independent variable has on the dependent variable.

3. Factors Influencing Non-Compliance
Based on interviews with medical personnel, several factors contribute to patient non-compliance. One healthcare staff member stated:

"This often happens because patients do not understand the importance of regular check-ups. There are also scheduling conflicts with appointments at other hospitals, so they have to choose one. Sometimes the doctor's appointment quota is already full, they have other unavoidable activities, and elderly patients often forget."

From this statement, the factors influencing non-compliance are derived from various aspects, including:

a. Patient knowledge – The study found that non-compliance, especially among new patients, often stems from a lack of understanding about BPJS regulations requiring patients to follow scheduled check-ups. Patients are also unaware that failing to do so may result in BPJS claim rejection.

b. Doctor's service quota limitations – Some doctors at Humana Prima Hospital limit the number of patients they can see. Several patients reported being unable to attend their follow-up visits because the doctor's quota was full, leading to disappointment and reluctance to return for future appointments.

c. Overlapping schedules with other healthcare facilities – Patients with chronic conditions often have appointments at multiple healthcare facilities, which may result in scheduling conflicts. Consequently, they may skip some follow-ups, leading to non-compliance.

d. Lack of a reminder system – Humana Prima Hospital currently lacks an automated reminder system, which could be particularly helpful for elderly patients who tend to forget their appointment dates due to declining memory.

e. Busy patient schedules – Observations revealed that patients in the productive age group often miss appointments due to personal responsibilities such as work or other activities that cannot be postponed. These patients tend to deprioritize follow-up visits, even though such visits should be a primary concern.

4. Impacts of Compliance and Non-Compliance
According to information from interviews, one staff member explained:

"When patients come according to schedule, their treatment can be claimed through BPJS, and the hospital doesn't suffer losses due to claim rejections. On the contrary, if patients don't come on time, the BPJS claim is likely to be rejected, and the patient will have to pay out-of-pocket."

From this interview, it is clear that compliance with the SKDP schedule facilitates BPJS administrative processes and ensures timely claim reimbursement, minimizing claim rejections by BPJS officers. This benefits both the patient and the hospital.

In contrast, non-compliance with the SKDP schedule results in claim rejection by BPJS. Patients who do not attend appointments on time must cover the service costs themselves.

Observations from the study indicate that a significant number of patients do not adhere to scheduled follow-up visits. A total of 24 patients were identified as non-compliant, leading to BPJS claim issues due to mismatched appointment dates. This situation may increase the hospital's financial burden due to rejected or unprocessed claims, ultimately affecting operational sustainability and service quality.

B. DISCUSSION

1. Patient Characteristics

The characteristics of respondents in this study are classified into three categories. Based on gender, the majority were female, accounting for 60.4% (58 patients). In terms of age, the largest proportion was patients aged 60–79 years, comprising 49.2%, while in terms of compliance, the highest percentage was 74.2% (72 patients).

The data shows that female patients tend to be more compliant with their scheduled follow-up visits. This finding is supported by a study conducted by Salsabila Damayanti (2018), which states that women generally pay more attention to their health than men, and are therefore more likely to adhere to scheduled medical appointments.

In terms of age distribution, patients aged 60–79 years made up the largest group (50%), compared to 20–39 years (9.4%), 40–59 years (35.4%), and 80–99 years (5.2%). This indicates that the elderly population is more likely to attend follow-up visits, possibly due to the presence of chronic diseases that require regular monitoring. However, older age may also present barriers to compliance, such as limited mobility, dependence on caregivers, and cognitive decline.

Conversely, the lower attendance rates among patients aged 20–39 and 40–59 years, who are within the productive age group, may be due to occupational commitments or a lack of awareness regarding the importance of regular check-ups. A study by Lestari (2011) also found that elderly individuals over 71 years old were more likely to visit integrated healthcare posts (posyandu) compared to younger individuals, primarily due to more frequent health complaints. Wetle (1997) similarly noted that older adults are more likely to utilize health services compared to younger people.

With regard to compliance, Humana Prima Hospital shows a relatively high level of patient adherence to scheduled visits, with 75% of patients attending as instructed. Regular follow-ups are essential to ensure patient stability and to prevent disease recurrence. Sackett (1976), as cited in Niven (2002), defined patient compliance as the extent to which a patient follows the recommendations given by healthcare

professionals. According to Bastable (2002), compliance refers to the degree to which a person adheres to goals set in a treatment plan developed or recommended by others, such as healthcare professionals.

Previous studies have also shown that patients with health insurance (BPJS) tend to be more compliant with scheduled visits. Emiliana et al. (2021) found a significant relationship between health insurance ownership and treatment adherence among hypertensive patients at Puskesmas Pisangan in 2019. The findings suggest that patients with BPJS health insurance are more attentive to their health and more likely to attend follow-up visits. Financial support from BPJS plays a key role in enhancing treatment compliance.

Furthermore, interviews with hospital staff revealed that many elderly patients fail to attend scheduled follow-ups due to memory issues commonly associated with aging. On the other hand, non-compliance among the productive age group is often caused by work-related commitments and a lack of awareness about the importance of regular medical monitoring.

2. Factors Influencing Patient Compliance

Patient compliance with treatment is a key determinant of therapeutic success and the ability to claim BPJS (Indonesia's National Health Insurance). Based on interviews conducted with healthcare staff, several factors influencing patient compliance were identified and categorized into intrinsic and extrinsic factors.

Intrinsic Factors

a. Patient Motivation

Motivation that originates from within the patient significantly influences adherence to medical advice. Patients with a strong awareness of the importance of undergoing treatment tend to be more consistent in attending follow-up appointments. Those who are highly motivated to recover often have specific goals, such as returning to work or avoiding disease complications. Conversely, patients with low motivation tend to disregard follow-up schedules, particularly if symptoms have lessened, leading them to believe they are already cured.

b. Patient Knowledge

Patient knowledge, especially regarding the importance of regular follow-up visits, impacts both treatment outcomes and the smooth processing of BPJS administrative claims. Some patients, particularly new ones, admitted to not being aware of BPJS regulations displayed in the hospital. This lack of knowledge leads some patients to assume they can attend follow-up appointments at any time, not realizing that non-adherence to scheduled visits may result in claim rejections. On the other hand, patients who are well-informed about these rules tend to comply with the schedule due to their understanding of the consequences.

Extrinsic Factors

a. Family Support

Family involvement plays a critical role in enhancing patient compliance with treatment and follow-up schedules. Emotional support, physical assistance, and supervision provided by family members contribute to patients' sense of responsibility in managing their health conditions. Interviews revealed that elderly patients or those with physical limitations were more compliant when accompanied by family members. The family's role is vital in supporting the treatment process, reminding and accompanying patients, and providing emotional comfort so the patient does not feel alone. Additionally, family members assist with navigating treatment procedures and BPJS processes, which can be complex for some patients.

b. Support from Healthcare Providers

Healthcare providers who are friendly and educate patients on the importance of follow-up visits can improve compliance. Communicative and empathetic providers help patients feel respected and heard. This empathy fosters trust and increases patient satisfaction and adherence, ultimately encouraging patients to take greater responsibility for their scheduled appointments.

According to Niven and Nindy (2012), compliance stems from the word "patuh," which means discipline and obedience. Patient compliance refers to the extent to which a patient follows the recommendations or instructions given by healthcare professionals. Every individual desires good health; thus, when experiencing symptoms, they will attempt various means to recover.

Niven and Nindy (2012) explain that the factors influencing compliance include:

Intrinsic factors: motivation, belief, education, attitude, perception of disease severity, physical condition, and capability.

Extrinsic factors: social support, family support, professional healthcare support, and the simplicity of healthcare programs (Marmi, 2014).

These findings are supported by a study conducted by Yusransyah (2023), which identified several factors affecting patient compliance levels, including age, education level, knowledge, employment status, duration of illness, insurance ownership, access to healthcare, support from medical personnel, and motivation to seek treatment. Similarly, research by Mei Melvi (2025) found a significant relationship between intrinsic and extrinsic motivation and medication adherence among pulmonary TB patients. Patients with strong motivation were more likely to adhere to TB treatment schedules, and emotional support from family significantly influenced their compliance.

3. Factors Influencing Patient Non-Compliance

Non-compliance refers to patients who do not follow or only partially adhere to the treatment plan that has been mutually agreed upon with healthcare professionals (World Health Organization [WHO], 2023). According to research conducted by Melva Sianipar (2019), several factors contribute to patient non-compliance, including

the patient's understanding of the instructions provided, the quality of interactions between healthcare providers and patients, and the level of family support.

Based on interviews with hospital staff, the following factors were identified as contributing to patient non-compliance at Humana Prima Hospital:

a. Lack of Patient Knowledge
Many patients at Humana Prima Hospital, especially new patients, are unaware of BPJS regulations that require them to attend follow-up appointments on the date stated in the SKDP (Referral Letter for Continued Treatment). This lack of awareness is mainly due to low patient health literacy and insufficient attention to information posted in the hospital. As a result, discrepancies occur between the number of patients visiting and the doctor's quota, leading to administrative issues such as BPJS claim rejections. These mismatches negatively affect both the patients and the efficiency of hospital operations.

b. Limited Quota by Doctors
Some doctors at Humana Prima Hospital impose a limit on the number of patients they can attend to. Consequently, patients who arrive late or after the quota is full must reschedule through the customer care unit. This rescheduling causes discrepancies between the actual appointment date and the original SKDP schedule, leading to patient dissatisfaction.

c. Conflicting Appointments at Other Healthcare Facilities
Some patients have follow-up appointments at multiple healthcare providers. When these schedules overlap, patients are forced to prioritize one visit, potentially disrupting the continuity of their treatment and health monitoring. This is particularly common among patients with chronic illnesses, who often choose the facility they perceive as more important or accessible. Staff reported that such scheduling conflicts are frequently not communicated by the patient, making it difficult for the hospital to anticipate and adjust.

d. Lack of Reminder Systems
The absence of a reminder system from the hospital contributes to non-compliance. Reminder systems are especially helpful for elderly patients or those with memory limitations. Without reminders, patients may forget their follow-up appointments, especially if the interval between visits is long.

e. Busy Schedules
Patients with demanding work or daily routines may forget or neglect their scheduled appointments. Observations indicate that non-compliant patients are mostly younger or of working age. This suggests that patients in the productive age group tend to deprioritize medical follow-ups due to their busy schedules or other activities.

Proposed Solution
To address these issues, the hospital offers rescheduling services through the customer care unit, allowing patients to arrange alternative appointment dates. In

cases where patients experience urgent symptoms, they are advised to visit the emergency department (ER/IGD). If their condition is deemed an emergency, the treatment costs can be covered by BPJS. However, if it is not categorized as an emergency, patients will be responsible for standard medical fees.

4. Impact of Patient Compliance and Non-Compliance with Scheduled Appointments
Compliance with the SKDP (Referral Letter for Continued Treatment) schedule among BPJS patients significantly influences the quality of medical services provided by hospitals. Patients who adhere to their scheduled follow-up appointments facilitate smoother administrative processes and ensure that BPJS claims are processed efficiently. As a result, hospitals can receive claim reimbursements on time and minimize the risk of claim rejection. This supports hospital operations, maintains financial stability, and enables continuous improvement in facilities and service quality.

According to the BPJS Circular Letter Number 8398/V-01/1024, all BPJS patients undergoing follow-up treatment are required to present a valid SKDP and attend their appointment on the date specified. Non-compliance with this requirement may result in the rejection of BPJS claims, forcing patients to pay for services out-of-pocket. In this study, 25% of patients (24 individuals) failed to attend their appointments on the designated SKDP date, largely due to a lack of understanding regarding the regulation. This finding aligns with the study by Devi Anyaprita et al. (2020), which indicated that disrupted hospital cash flow, caused by claim rejections, hampers the effectiveness of healthcare services. Patients sometimes do not receive prescribed medications due to limitations of the National Formulary, and hospitals may face shortages in medical equipment, healthcare personnel, medications, and reagents—all of which negatively impact patient care.

Rangga (2025) reported that hospitals may face serious financial crises as a result of claim rejections and delayed reimbursements. These financial constraints can hinder hospitals from paying staff salaries and operational costs, forcing them to limit the number of patients accepted. Furthermore, restricted budgets lead to a decline in service quality, which can severely impact patients requiring urgent or ongoing care. Public dissatisfaction with healthcare services increases, as delays in access to necessary treatment—previously guaranteed under BPJS—are perceived as a failure of the healthcare system. These findings reinforce the importance of patient compliance with the provisions of BPJS Circular Letter Number 8398/V-01/1024 regarding the optimization of outpatient service waiting times and the issuance of SKDP. The results also align with interviews conducted with hospital staff, further validating the negative consequences of non-compliance on hospital administration and patient care.

Conclusion

Based on the results of the research and the discussion above, it can be concluded that:

1. The compliance rate of BPJS patients at Humana Prima Hospital shows a good level of adherence to scheduled follow-up appointments, with 75% of patients complying with the control schedule and attending according to the SKDP schedule, while 25% were non-compliant. The majority of patients who were most compliant with the control schedule were elderly women (aged 60–79 years). This indicates that women tend to pay more attention to their health, and elderly patients generally require regular check-ups due to chronic illnesses.

2. The factors influencing patient compliance can be grouped into two categories: intrinsic and extrinsic factors. Intrinsic factors include the patient's motivation and knowledge, while extrinsic factors include family support and support from healthcare providers.

3. The factors that contribute to patient non-compliance include lack of knowledge, limited doctor quotas, control schedules at other healthcare facilities, lack of a reminder system from the hospital, and the patients' own busy schedules. A possible solution offered by the hospital is allowing patients to reschedule appointments through the customer care department to obtain a new control schedule.

4. Non-compliance with the control schedule can result in BPJS claims being rejected, which forces patients to pay for the visit out of pocket. Moreover, the hospital also suffers financial losses and a decline in service quality due to unprocessable claims.

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