

The Effect of Service Quality on Inpatient Patient Satisfaction at RSUD Serui, Yapen Islands District

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Abstract

This study aims to determine and analyze the effect of service quality on inpatient satisfaction, by taking the research location at the Serui Regional General Hospital (RSUD) Yapen Islands Regency. The sample in this study is the people who use the health services of RSUD Serui, where the number of respondents taken is 115 respondents. The data used in this study is primary data by distributing questionnaires to respondents for responses and through interviews, while secondary data is obtained through various information and important notes from the general administration section of Serui Hospital, Yapen Islands Regency. From the results of the suitability analysis between the level of importance (what is expected by inpatients) and the level of implementation / performance (what is felt by inpatients using the importance analysis method and performance / quality of service (Importance-Performance Analysis), it is found that 1) There is still a gap (gap) between what is expected by the patient (interest) and what is felt by the patient (Implementation/Performance), marked by the average level of conformity for 18 attributes of 73.64% still below 80%, 2 The dimensions that need important attention from Serui Hospital for improvement are assurance, friendliness, courtesy and attention (Empathy), and tangible evidence (Tangible) because these dimensions have not reached the desired target, namely the level of patient satisfaction. New hospitalizations ranged from 64.58% - 74.17%. Meanwhile, other service quality dimensions such as realibilitis (real evidence) and responsiveness (responsiveness) are close to the ideal level of service, which ranges from 78.03 to 79.99 (close to 80% and above).

Keywords

service quality; satisfaction;
patient



I. Introduction

The challenge to improve the quality of public services in the era of regional autonomy and free competition can no longer be postponed. With the development of advances in technology and information today, people are increasingly aware of their rights as citizens to get good service from public service officials. If the current public service apparatus is unable to adapt to the various changes that occurred in that era, he or she will be eliminated from the competition and will no longer have the sympathy or trust of the public. The public service model that seems rigid, unfriendly, slow, not dynamic, and does not focus on the community

as service users should be replaced with a new model that can accommodate the needs of the community and can adapt to the demands of these changes.

In this regard, professional public services need to be realized, considering that the current public service system tends to show many setbacks. The fact shows that many “bureaucrats” or administrators still show a personal figure of “big employers” in public services, instead of the image of “professional servants” resulting in various complaints from the public about the quality of services provided.

In response to this, the Government is increasingly being challenged to improve its efficiency and professionalism, both organizationally and individually. This challenge is not only an internal demand of the organization, but more than that, as a result of changes in the external environment. This is evident from the results of several studies which show that the performance of public organizations in Indonesia has not improved much, in fact it tends to get worse, giving rise to a crisis of public trust (Agus Dwiyanto, et al., 2002).

In order to anticipate this situation, the Minister of Administrative Affairs Decree No. 18/1993 which states explicitly that in order to improve the quality of services to the community, these services should:

1. Simple, easy, smooth and uncomplicated.
2. Clear and definite in the procedure requirements
3. Safe, the process and results of public services can provide security, convenience and legal certainty.
4. Open to everything.
5. Economical
6. Efficiency
7. Fair and equitable
8. on time.

In reality, the existing service climate is not fully in line with the expectations of the Menpan decision above. Administrators or public service employees, who should act as service providers and facilitators, have not yet appeared in the eyes of the public as service users. In the sense that users of public services should have an interest in good or quality services, but in reality the quality of service is often seconded, causing a lot of disappointment among users of public services.

Real conditions like this do not only occur in government circles, but also in public service agencies such as hospitals. As a public health service institution, hospitals are expected to be able to carry out their functions properly in order to create a healthy and prosperous society, but the reality that we find is very contrary to existing expectations. We often encounter various complaints from the public regarding the health services provided by the hospital, both in terms of medical personnel, health facilities, administrative procedures, and services provided. This is reflected in the sluggishness of medical personnel in dealing with their patients, lengthy administrative procedures, lack of medical or health equipment, as well as available medicines.

This condition is further exacerbated by the hospital environment that does not provide a sense of security and comfort for the patients, the layout and ventilation that does not provide a beautiful atmosphere for the patients, the unsatisfactory service from the nurses, and so on.

In response to the foregoing, this research was conducted in order to contribute as much as possible to improving the quality of hospital services, specifically RSUD Serui for the community. In addition, according to the author's observations, it is still rare to find research results that examine in depth the quality of public services, especially the service quality of Serui Hospital, Yapen Islands Regency.

II. Research Method

This study took the research location at Serui Hospital, Yapen Islands Regency. The population used in this study were all inpatients at the Serui Hospital, Yapen Islands Regency. The samples taken were inpatients at Serui Hospital, Yapen Islands Regency who met the criteria: 1) Patients aged 17 years and over, 2) Ever hospitalization at Serui Hospital, Yapen Islands Regency for 1 (one) month or more, 3) registered as an inpatient at Serui Hospital, Yapen Islands Regency.

III. Discussion

Based on the results of the analysis of public perceptions (inpatients) of the factors that influence inpatients in choosing a hospital, it can be explained in the form of a table as follows:

Table 1. The Importance of Inpatients in Choosing a Hospital

| No. | Factors Affecting Patients in choosing a hospital | SP | PTG | BS | TP | STP | SCOR |
|-----|---|----|-----|----|----|-----|--------------|
| | | 5 | 4 | 3 | 2 | 1 | |
| 1 | Fast and efficient patient admission | 78 | 37 | | | | 538 |
| 2 | Services, examinations, treatment and fast and appropriate treatment. | 57 | 58 | | | | 517 |
| 3 | Hospital service schedule is run appropriately (doctor visits, treatment, and rest. | 50 | 65 | | | | 510 |
| 4 | The service procedure is not | 43 | 71 | 1 | | | 502 |
| 5 | The ability of doctors and nurses to quickly responsive to patient complaints. | 70 | 45 | | | | 530 |
| 6 | Officers provide clear information and easy to | 63 | 39 | 3 | | | 480 |
| 7 | Fast and precise action when the patient need help | 82 | 33 | | | | 542 |
| 8 | Knowledge and abilities of doctors in establishing a disease diagnosis. | 79 | 36 | | | | 539 |
| 9 | Skills of doctors, nurses and staff administration at work. | 39 | 76 | 2 | | | 505 |
| 10 | Polite and friendly service. | 50 | 65 | | | | 510 |
| 11 | Guaranteed service security and trust towards service. | 56 | 59 | | | | 516 |
| 12 | Pay special attention to patients and their | 26 | 88 | 1 | | | 485 |
| 13 | Attention to patient complaints and His family. | 33 | 80 | 2 | | | 491 |
| 14 | Service to all patients without look at their social status. | 35 | 78 | 2 | | | 493 |
| 15 | Cleanliness, tidiness, safety and room comfort. | 62 | 53 | | | | 522 |
| 16 | Interior and exterior layout of the room | 58 | 57 | | | | 518 |
| 17 | Completeness, readiness, and cleanliness medical equipment/facilities used. | 68 | 47 | | | | 528 |
| 18 | Cleanliness and tidiness of the appearance hospital staff. | 36 | 78 | 1 | | | 495 |
| | AMOUN | | | | | | 9,291 |
| | AVERAGE | | | | | | 516 |

Information:

SP: Very Important

PTG: Important

BS: Ordinary

TP: Not Important

STP: Very Not Important

Based on the table above, the factors that are considered important for inpatients in choosing a hospital based on the priority scale can be stated as follows: the factor that has the highest score is factor 7 (fast and appropriate action when the patient need help), followed by factor 8 (the knowledge and ability of doctors in establishing a diagnosis of disease), and so on factor 1 (fast and appropriate patient admission procedures), to the last priority with the lowest score being factor 6 (officers provide information clear and easy to understand).

Overall, it can be said that the average score for the level of importance of inpatients on the factors that influence them in choosing a hospital is 516 or per respondent of 4.49 (516: 115). This indicates that the patient is very interested in or expects a near perfect or very good service quality from Serui Hospital, Yapen Islands Regency.

Based on the results of the analysis of the service quality or performance of RSUD Serui based on the experience or reality experienced by the patient while receiving treatment at RSUD Serui, can be explained in the form of a table as follows:

Table 2. Assessment of the Performance of the Serui Hospital in Terms of the Factors that Influence the Patient in Choosing a Hospital

| No. | Faktor-faktor yang mempengaruhi Pasien dalam memilih sebuah rumah sakit | SP | P | BS | TP | STP | SKOR |
|-----|--|----|----|----|----|-----|-------|
| | | 5 | 4 | 3 | 2 | 1 | |
| 1 | Prosedur penerimaan pasien yang cepat dan tepat. | 14 | 71 | 30 | | | 444 |
| 2 | Pelayanan, pemeriksaan, pengobatan dan perawatan yang cepat dan tepat. | 8 | 62 | 38 | 7 | | 416 |
| 3 | Jadwal pelayanan rumah sakit dijalankan dengan tepat (kunjungan dokter, perawatan, dan istirahat). | 9 | 49 | 47 | 10 | | 402 |
| 4 | Prosedur pelayanan tidak berbelit-belit | 7 | 24 | 62 | 12 | 10 | 361 |
| 5 | Kemampuan dokter dan perawat untuk cepat tanggap menyelesaikan keluhan pasien. | 9 | 65 | 39 | 2 | | 426 |
| 6 | Petugas memberikan informasi yang jelas dan mudah dimengerti. | 8 | 66 | 38 | 3 | | 424 |
| 7 | Tindakan cepat dan tepat pada saat pasien membutuhkan pertolongan. | 8 | 51 | 38 | 15 | 3 | 391 |
| 8 | Pengetahuan dan kemampuan para dokter dalam menetapkan diagnosis penyakit. | 15 | 66 | 28 | 6 | | 435 |
| 9 | Ketrampilan para dokter, perawat, dan petugas administrasi dalam bekerja. | 4 | 36 | 59 | 16 | | 373 |
| 10 | Pelayanan yang sopan dan ramah. | 2 | 40 | 57 | 15 | 1 | 372 |
| 11 | Jaminan keamanan pelayanan dan kepercayaan terhadap pelayanan. | 3 | 26 | 67 | 17 | 2 | 356 |
| 12 | Memberikan perhatian secara khusus kepada pasien dan keluarganya. | 7 | 21 | 71 | 11 | 5 | 359 |
| 13 | Perhatian terhadap keluhan pasien dan keluarganya. | 2 | 25 | 68 | 18 | 2 | 362 |
| 14 | Pelayanan kepada semua pasien tanpa memandang status sosialnya. | 4 | 25 | 69 | 12 | 5 | 356 |
| 15 | Kebesihan, kerapian, keamanan dan kenyamanan ruangan. | 1 | 26 | 43 | 36 | 10 | 318 |
| 16 | Penataan eksterior dan interior ruangan. | | 18 | 48 | 30 | 19 | 295 |
| 17 | Kelengkapan, kesiapan, dan kebersihan dari alat-alat / fasilitas kesehatan yang dipakai. | 1 | 22 | 74 | 18 | | 351 |
| 18 | Kebersihan dan kerapian penampilan dari petugas rumah sakit. | 3 | 31 | 69 | 9 | 3 | 367 |
| | JUMLAH | | | | | | 6,788 |
| | RATA - RATA | | | | | | 377 |

Based on the results of the patient's assessment of the performance of Serui Hospital, in terms of the factors that influence patients in choosing a hospital, it can be said that the factor that gets the highest score for the performance of Serui Hospital is a fast and precise patient admission procedure (factor 1), followed by by factors of knowledge and ability of doctors in establishing a diagnosis (factor 8), then officers provide clear and easy-to-understand information (factor 6). Furthermore, the lowest score is the interior and exterior arrangement of the room (factor 16).

Overall, it can be said that the average score of the Serui Hospital performance assessment is 377 or the average answer for each respondent (patient) is 3.28 (377: 115). This

indicates that the service performance of Serui Hospital is still considered normal, in the sense that it has not reached the good and very good categories.

Furthermore, to be able to see the level of conformity between the level of importance (expectations) and performance (implementation) or the quality of service felt by patients after receiving health services from Serui Hospital, it can be seen in the following table:

Table 3. Level of Conformity Between Expectations and Implementation (Performance) Serui Hospital

| No. | Tindakan yang diharapkan pasien dalam memilih sebuah rumah sakit | Pelaksanaan | Keperntingan | Kesesuaian | Urutan |
|-----|--|--------------|--------------|----------------|--------|
| 1 | Prosedur penerimaan pasien yang cepat dan tepat. | 444 | 538 | 82,53 | 17 |
| 2 | Pelayanan, pemeriksaan, pengobatan dan perawatan yang cepat dan tepat | 416 | 517 | 80,46 | 15 |
| 3 | Jadwal pelayanan rumah sakit dijalankan dengan tepat (kunjungan dokter, perawatan, dan istirahat). | 402 | 510 | 78,82 | 13 |
| 4 | Prosedur pelayanan tidak berbelit-belit | 351 | 502 | 69,92 | 5 |
| 5 | Kemampuan dokter dan perawat untuk cepat tanggap menyelesaikan keluhan pasien. | 426 | 530 | 80,38 | 14 |
| 6 | Petugas memberikan informasi yang jelas dan mudah dimengerti. | 424 | 480 | 88,33 | 18 |
| 7 | Tindakan cepat dan tepat pada saat pasien membutuhkan pertolongan | 391 | 542 | 72,14 | 7 |
| 8 | Pengetahuan dan kemampuan para dokter dalam menetapkan diagnosa penyakit. | 435 | 539 | 80,71 | 16 |
| 9 | Ketrampilan para dokter, perawat, dan petugas administrasi dalam bekerja. | 373 | 505 | 73,86 | 10 |
| 10 | Pelayanan yang sopan dan ramah. | 372 | 510 | 72,94 | 9 |
| 11 | Jaminan keamanan pelayanan dan kepercayaan terhadap pelayanan. | 356 | 516 | 68,99 | 4 |
| 12 | Memberikan perhatian secara khusus kepada pasien dan keluarganya. | 359 | 485 | 74,02 | 11 |
| 13 | Perhatian terhadap keluhan pasien dan keluarganya. | 352 | 491 | 71,69 | 6 |
| 14 | Pelayanan kepada semua pasien tanpa memandang status sosialnya. | 356 | 493 | 72,21 | 8 |
| 15 | Kebersihan, kerapian, keamanan dan kenyamanan ruangan. | 318 | 522 | 60,92 | 2 |
| 16 | Penataan eksterior dan interior ruangan | 295 | 518 | 56,95 | 1 |
| 17 | Kelengkapan, kesiapan, dan kebersihan dari alat-alat / fasilitas kesehatan yang dipakai. | 351 | 528 | 66,48 | 3 |
| 18 | Kebersihan dan kerapian penampilan dari petugas rumah sakit. | 387 | 495 | 74,14 | 12 |
| | JUMLAH | 6,792 | 9,291 | 1325,50 | |
| | RATA - RATA | 377 | 516 | 73,64 | |

Based on the order of priorities depicted in table 3, it can be said that in order to improve the quality of service from Serui Hospital, Yapen Islands Regency to the community as service users, the factors that need to get top priority in providing services to the community are the exterior and interior arrangement of the room. (factor 16). This means that a beautiful, safe, and comfortable (beautiful) room layout needs serious attention from the hospital in order to improve the quality of its services to patients as service users.

Furthermore, the second priority is cleanliness, tidiness, security and room comfort (factor 15). This needs to be prioritized considering that the cleaning service (c-learning service) is sometimes negligent or indifferent to patient complaints about the cleanliness and tidiness of the room, as well as a sense of security and comfort while resting in the hospital.

The third priority is the completeness, readiness, and cleanliness of office equipment (factor 17). This means that patients really expect the completeness of existing health facilities, always available when needed, and guaranteed cleanliness (sterile). Responding to this, the hospital should be able to provide assurance to patients that the health facilities used are always available when needed, and that their health and safety are guaranteed (sterile).

The fourth priority is the guarantee of service security and trust in services (factor 11). This means that patients really expect security from the health services provided by the hospital so that they are not haunted by feelings of fear, anxiety, and doubt about the success and failure of the health services used. Responding to this, the hospital must be able to provide a sense of security and generate trust from patients in the services provided by providing assurance that the services provided are the best for their patients.

The fifth priority is uncomplicated health care procedures (factor 4). This means that patients expect a service procedure that does not take a long time and is convoluted, both in terms of administration and services. Therefore, in order to improve the quality of service from Serui Hospital, it is hoped that the hospital must be more effective and efficient in managing the waiting time (queues) so that it does not seem that the hospital is too convoluted in providing services to its patients. On the other hand, administrative and health facilities must be able to support this, and if necessary, use a computerized system.

The sixth priority is attention to the complaints of patients and their families (factor 13). This means that the hospital must be responsive to various complaints from patients and families, so as not to leave the impression that the hospital is indifferent or does not care about the whereabouts of patients and their families when they need help.

The seventh priority is that patients need prompt and appropriate action from medical and non-medical staff when they need help (Factor 7). This means that in order to improve the quality of service to patients, the hospital must be responsive to various complaints from its patients, and is always ready to serve sincerely when needed.

The eighth priority is service to all patients regardless of social status and others (factor 14). This means that patients really expect equal treatment in services, considering the proximity factor to family (acquaintances, friends, relatives), occupation, position, ethnicity, religion, gender, and so on, influences medical and non-medical personnel in providing health services. to the patient. Therefore, in order to improve the quality of service to patients as service users, it is hoped that the hospital can treat its patients fairly, equitably, and wisely according to their rights and obligations to obtain health services.

The ninth priority is courteous and friendly service (factor 10). This means that in providing services to patients, the hospital should be polite and friendly. In other words, the hospital must be able to instill a good impression in the hearts of inpatients through their attitude, greetings, and manners in the eyes of the patient so that more or less they can help patients in the healing process, because they feel appreciated and treated well by the hospital. hospital.

The tenth priority, the skills of doctors, nurses, and administrative officers at work (factor 9). This means that in providing services to patients as service users, it takes a team of doctors, nurses, and administrative officers who are capable and skilled and skilled in their work so as to provide maximum satisfaction for the patients they treat. This means that in order to improve the quality of service to patients, it is necessary to have a team of doctors, nurses, and hospital officers who are qualified in their fields, in the sense that they have attended education and training that can support towards increasing professionalism in their field of work.

The eleventh priority is to pay special attention to the patient and his family (factor 12). This means that the hospital in carrying out its service duties should be able to give special attention to patients and their families, especially patients who are in critical condition and require serious attention from the hospital. The real condition that occurs is that patients often feel that they are not being cared for or not taken seriously by the hospital even though they really need special attention and treatment quickly and precisely. This condition causes the patient and his family to feel neglected, in the end they submit a claim to the hospital. And

it's even worse if they spread unfavorable issues regarding the image of hospital services to the wider community.

The twelfth priority is the cleanliness and tidiness of hospital staff (factor 18). This means that in providing services to patients as service users, hospital employees and paramedics must have an attractive appearance in the eyes of their patients (clean and neat), thus creating a good impression in the hearts of patients.

The thirteenth priority, the schedule of hospital services is carried out correctly (factor 3). This means that in carrying out services to patients, it is hoped that the hospital can be consistent with the service schedule that is prepared, in terms of the schedule for doctor visits, treatment, and patient rest periods). It often happens that the schedule for doctor visits and patient care is delayed due to the limited number of doctors or nurses making it difficult to allocate time for their patients. On the other hand, the patient's rest time is often disturbed because of the inappropriate timing of visits from his family or friends and relatives. Therefore, the hospital should be consistent with the existing schedule so as not to interfere with the patient's healing process.

The first priority to the thirteenth priority above are included in the factors or attributes that affect community (patient) satisfaction with the services provided by the hospital, where these factors are considered very important by patients, while the level of implementation has not satisfying.

Furthermore, the fourteenth to eighteenth priorities are factors that need to be maintained and adjusted to the health service activities carried out by RSUD Serui Hospital, namely factors (1), (2), (5), and (8). These factors were judged by patients to be appropriate or close to what they expected. While on the other hand there are also factors that are felt to be not too important or related to the level of satisfaction but in practice it is normal or satisfactory for the community, namely the officer provides clear and easy to understand information (factor 6).

From the results of the analysis of the level of conformity between what is perceived (implementation) and what is expected (interest) by the patient for the services of RSUD Serui, it can be said that the average level of conformity between implementation (what is felt by the community) and interests (what is perceived by the community) perceived or expected by the community) is 73.64%. This shows that patients are not fully satisfied with the services provided by RSUD Serui, where there is still a gap between what is felt (implementation) and what is expected (interest) of 26.36% (100% - 73.64%).

Furthermore, to sharpen the analysis of the factors that influence inpatient satisfaction above, we can calculate the average value of implementation (performance) and the average value of the patient's level of interest (expectations) for the services provided by RSUD Serui as following:

Table 4. Average Implementation Value (Performance) and Interest Value (Expectations) Against Factors Affecting Patient Satisfaction Serui Hospital

| No. | Faktor-faktor yang mempengaruhi Pasien dalam memilih sebuah rumah sakit | Penilaian Pelaksanaan | Penilaian Kepentingan | \bar{X} | \bar{Y} |
|-----|---|-----------------------|-----------------------|--------------|--------------|
| 1 | Prosedur penerimaan pasien yang cepat dan tepat. | 444 | 538 | 3.86 | 4.68 |
| 2 | Pelayanan, pemeriksaan, pengobatan dan perawatan yang cepat dan tepat | 418 | 517 | 3.62 | 4.60 |
| 3 | Jadwal pelayanan rumah sakit dijalankan dengan tepat (kunjungan dokter, perawatan, dan tindakan). | 402 | 510 | 3.60 | 4.43 |
| 4 | Prosedur pelayanan tidak berbelit-belit | 351 | 502 | 3.06 | 4.37 |
| 5 | Kemampuan dokter dan perawat untuk cepat tanggap menyelesaikan keluhan pasien. | 428 | 530 | 3.70 | 4.61 |
| 6 | Pelugas memberikan informasi yang jelas dan mudah dimengerti. | 424 | 480 | 3.60 | 4.17 |
| 7 | Tindakan cepat dan tepat pada saat pasien membutuhkan pertolongan | 391 | 542 | 3.40 | 4.71 |
| 8 | Pengeluhan dan kemampuan para dokter dalam menetapkan diagnosis penyakit. | 435 | 539 | 3.78 | 4.60 |
| 9 | Ketrampilan para dokter, perawat, dan pelugas administrasi dalam bekerja. | 373 | 505 | 3.24 | 4.39 |
| 10 | Pelayanan yang sopan dan ramah. | 372 | 510 | 3.23 | 4.43 |
| 11 | Jaminan keamanan pelayanan dan kepercayaan terhadap pelayanan. | 358 | 516 | 3.10 | 4.40 |
| 12 | Memberikan perhatian secara khusus kepada pasien dan keluarganya. | 359 | 485 | 3.12 | 4.22 |
| 13 | Perhatian terhadap keluhan pasien dan keluarganya. | 352 | 491 | 3.06 | 4.27 |
| 14 | Pelayanan kepada semua pasien tanpa memandang status sosialnya. | 358 | 493 | 3.10 | 4.29 |
| 15 | Kebersihan, kerapian, keamanan dan kenyamanan ruangan. | 318 | 522 | 2.77 | 4.64 |
| 16 | Perawatan eksterior dan interior ruangan | 295 | 518 | 2.67 | 4.60 |
| 17 | Kelengkapan, keutuhan, dan kebersihan dari alat-alat / fasilitas kesehatan yang dipakai. | 351 | 528 | 3.06 | 4.69 |
| 18 | Kebersihan dan kerapian penampilan dari pelugas rumah sakit. | 367 | 495 | 3.19 | 4.30 |
| | JUMLAH | 6.792 | 9.291 | 69.03 | 80.18 |
| | RATA - RATA (\bar{X} dan \bar{Y}) | 377 | 516 | 3.28 | 4.45 |

Source: Research Results

Based on the data shown in Figure 4, it can be said that the average level of service delivery (performance) from Serui Hospital is 3.28 while the interest (expectation) for services is 4.45. This means that the service performance of Serui Hospital is still categorized as average, that is, it has not reached the good and very good categories. This indicates that the patient is not satisfied with the services provided by RSUD Serui to him, where there is a gap (variance) between what is expected (interest) and what is perceived (implementation) of 1.17 (4.45 – 3.28).

To further clarify the factors that affect patient satisfaction with the services of RSUD Serui, it can be described in the form of a schema as follows:

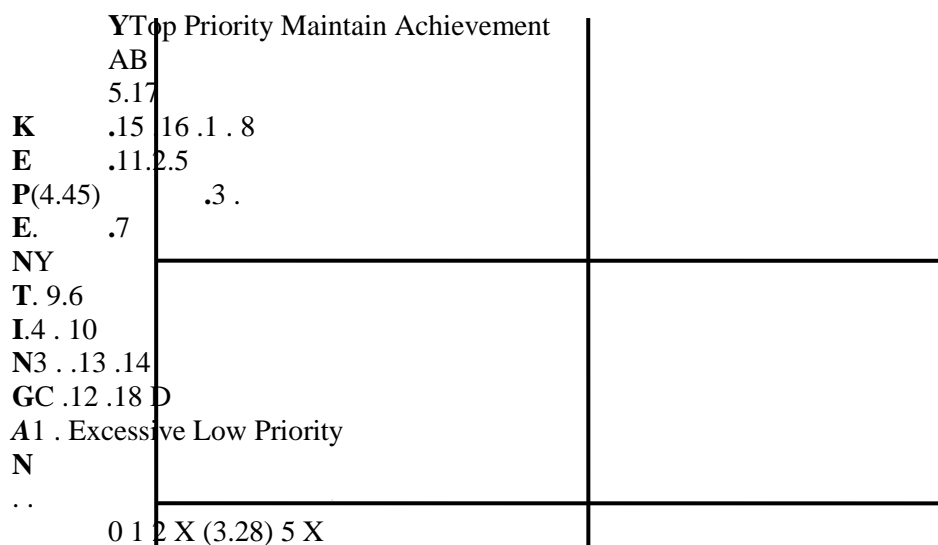


Figure 1. Cartesian Diagram of the Factors Affecting Patient Satisfaction with Serui Hospital Services Implementation / Performance / Satisfaction
Source: Tables 3 and 4

From Figure 1, the Cartesian diagram above, it can be seen that the location and elements of the implementation of the factors or attributes that affect the patient satisfaction of RSUD Serui are divided into 4 (four) parts. The interpretation of the Cartesian diagram can be explained as follows:

Quadrant A.

Shows the factors or attributes that affect patient satisfaction with the services of RSUD Serui, where the factors that are in this quadrant need to be the main priority of RSUD Serui because these factors are considered very important by patients, but in practice it has not been satisfactory for the patient. The factors included in this quadrant are:

- Guarantee of service security and trust in service (factor 11)
- Cleanliness, tidiness, security, and comfort of the room (factor 15)
- Interior and exterior arrangement of the room (factor 16)
- Completeness, readiness, and cleanliness of the equipment/health facilities used (Factor 17)

Quadrant B

Indicates the factors or attributes that affect patient satisfaction with the services provided by RSUD Serui. The factors that are in this quadrant need to be maintained by RSUD Serui, because in general these factors are considered to be in accordance with the interests and expectations of the patient. The factors included in this quadrant are:

- Fast and precise patient admission procedures (factor 1).
- Services, examinations, treatment and care quickly and appropriately (factor 2).
- The schedule for hospital services is carried out properly, namely doctor visits, treatment and rest periods (factor 3).
- The ability of doctors and nurses to respond quickly to patient complaints (Factor 5).
- Quick and appropriate action when the patient needs help (Factor 7).
- Knowledge and ability of doctors in establishing a disease diagnosis (Factor (8)).

Quadrant C

Shows the factors or attributes that affect patient satisfaction with the services provided by RSUD Serui, where the factors in this quadrant are considered less important for patients, but in practice they are considered normal or sufficient. The factors included in this quadrant are:

- The service procedure is uncomplicated (factor 4)
- Skills of doctors, nurses, and administrative officers at work (Factor 9)
- Polite and friendly service (factor 10)
- Paying special attention to patients and their families (factor 12)
- Attention to patient and family complaints (factor 13)
- Service to all patients regardless of social status (factor 14)
- Cleanliness and tidiness of the appearance of hospital staff (factor 18).

Quadrant D

Shows the factors or attributes that affect patient satisfaction with the services provided by RSUD Serui, where the factors in this quadrant are considered excessive in their implementation, this is because these factors are considered not too important for the patient, but the implementation is carried out with good. The factors included in this quadrant are the officers providing clear and easy-to-understand information (factor 6).

Based on the results of analysis about the factors that influence inpatient satisfaction based on the level of importance (expectations) and implementation (performance) of RSUD Serui according to the dimensions of service quality, (reliability, responsiveness, assurance, empathy and tangible), can be explained in the form of a table as follows:

Table 5. Analysis of Service Quality Dimensions at RSUD Serui

| No. | Faktor-faktor yang mempengaruhi Pasien dalam memilih sebuah rumah sakit | X | Y | Var | Var | TKT KESESUAIAN (%) |
|--------------------------------|--|--------------|--------------|--------------|--------------|--------------------|
| A. RELIABILITY | | | | | | |
| 1 | Prosedur penerimaan pasien yang cepat dan tepat. | 3,86 | 4,68 | | | |
| 2 | Pelayanan, pemeriksaan, pengobatan dan perawatan yang cepat dan tepat | 3,62 | 4,50 | 3,51 | 4,50 | 78,03 |
| 3 | Jadwal pelayanan rumah sakit dijalankan dengan tepat (kunjungan dokter, perawatan, dan istirahat). | 3,50 | 4,43 | | | |
| 4 | Prosedur pelayanan tidak berbelit-belit | 3,05 | 4,37 | | | |
| B. RESPONSIVENES | | | | | | |
| 5 | Kemampuan dokter dan perawat untuk cepat tanggap menyelesaikan keluhan pasien. | 3,70 | 4,61 | | | |
| 6 | Petugas memberikan informasi yang jelas dan mudah dimengerti. | 3,69 | 4,17 | 3,60 | 4,50 | 79,99 |
| 7 | Tindakan cepat dan tepat pada saat pasien membutuhkan pertolongan | 3,40 | 4,71 | | | |
| C. ASSURANCE | | | | | | |
| 8 | Pengetahuan dan kemampuan para dokter dalam menetapkan diagnosis penyakit. | 3,78 | 4,69 | | | |
| 9 | Ketrampilan para dokter, perawat, dan petugas administrasi dalam bekerja. | 3,24 | 4,39 | 3,34 | 4,50 | 74,17 |
| 10 | Pelayanan yang sopan dan ramah. | 3,23 | 4,43 | | | |
| 11 | Jaminan keamanan pelayanan dan kepercayaan terhadap pelayanan. | 3,10 | 4,49 | | | |
| D. EMPHATY | | | | | | |
| 12 | Memberikan perhatian secara khusus kepada pasien dan keluarganya. | 3,12 | 4,22 | | | |
| 13 | Perhatian terhadap keluhan pasien dan Keluarganya. | 3,06 | 4,27 | 3,09 | 4,26 | 72,61 |
| 14 | Pelayanan kepada semua pasien tanpa memandang status sosialnya. | 3,10 | 4,29 | | | |
| E. TANGIBLE | | | | | | |
| 15 | Kebersihan, kerapian, keamanan dan kenyamanan ruangan. | 2,77 | 4,54 | | | |
| 16 | Penataan eksterior dan interior ruangan | 2,57 | 4,50 | 2,90 | 4,48 | 64,58 |
| 17 | Kelengkapan, kesiapan, dan kebersihan dari alat-alat / fasilitas kesehatan yang dipakai. | 3,05 | 4,59 | | | |
| 18 | Kebersihan dan kerapian penampilan dari petugas rumah sakit. | 3,19 | 4,30 | | | |
| JUMLAH | | 59,03 | 80,18 | 16,43 | 22,23 | 369,38 |
| RATA - RATA (X dan Y) | | 3,28 | 4,45 | 3,28 | 4,45 | 73,88 |

Source: Table 4

Based on the results of the analysis of the 5 (five) dimensions of service quality put forward, it can be said that the dimensions that need important attention from Serui Hospital in order to improve the quality of their services to their patients are the dimensions of Assurance, Empathy, and Tangible, where the level of conformity between the implementation (what is perceived by the community) and interests (what is expected by the community) have not reached or approached the value of 80% and above. In the sense that the satisfaction level of inpatients ranges from 64.58% to 74.17%. This means that the community is not satisfied with the services provided by Serui Hospital.

Ideally, the level of community satisfaction with services should be greater than or equal to 80%. Thus, there are only two dimensions that are considered to be almost in accordance with what is felt and expected by inpatients, namely the dimension of Reliability and the dimension of responsiveness. However, on average, it can be said that in order to achieve overall patient satisfaction, the five dimensions above should receive important attention from Serui Hospital, because the average value of the conformity level of the 5 quality dimensions above has only reached 73.88%. On the other hand, we need to understand that these five dimensions are interrelated with each other and are a reflection of the quality/performance of RSUD Serui as a whole.

3.1 Analysis of Determinants of Satisfaction with Services

To see what factors are very decisive or influence inpatient satisfaction with health services, the data will be analyzed using multivariate analysis assisted by the SPSS .12 For Windows program as follows:

Table 6. Calculation Results of Correlation between Service Quality Indicators and Inpatient Satisfaction

| | Satisfaction | Significant | N |
|---|--------------|-------------|-----|
| <i>Person Corellation: Satisfaction</i> | 1.00 | . | 115 |
| <i>Reliability</i> | 0.786 | 0.000 | 115 |
| <i>Responsiveness</i> | 0.816 | 0.000 | 115 |
| <i>Assurance</i> | 0.661 | 0.000 | 115 |
| <i>Empathy</i> | 0.717 | 0.000 | 115 |
| <i>Tangible</i> | 0.734 | 0.000 | 115 |
| R = 0.999 | | 0.000 | 115 |
| R2 = 0.998 | | 0.000 | 115 |
| Adjusted R2 = 0.998 | | | |

Source: Calculation Results.

From the calculation results of the SPSS program. 19 For Windows as shown in table 6 above, it can be explained that:

1. The correlation coefficient between reliability and satisfaction of inpatients is 0.786 with a significance level of 0.000. This shows that there is a very significant positive correlation between the dimensions of reliability and patient satisfaction at RSUD Serui.
2. The correlation coefficient between responsiveness and satisfaction of inpatients is 0.816 with a significance level of 0.000. This shows that there is a very significant

positive correlation between the dimensions of responsiveness and patient satisfaction at Serui Hospital.

3. The correlation coefficient between assurance on inpatient satisfaction is 0.661 with a significance level of 0.000. This shows that there is a very significant positive correlation between the assurance dimension and patient satisfaction at RSUD Serui.
4. The correlation coefficient between empathy and inpatient satisfaction is 0.717 with a significance level of 0.000. This shows that there is a very significant positive correlation between the dimensions of empathy and patient satisfaction at Serui Hospital.
5. The correlation coefficient between tangibles and inpatient satisfaction is 0.734 with a significance level of 0.000. This shows that there is a very significant positive correlation between the Empathy dimension and the patient satisfaction of Serui Hospital.
6. The adjusted R² value (adjusted R Square) = 0.998 also shows that the five dimensions of service quality above as a whole have a very significant relationship with patient satisfaction at Serui Hospital. This means that 99.8% of Serui Hospital patient satisfaction is influenced by the five dimensions of service quality above, of which 0.2% is caused by other factors. The results of this calculation also strongly support the results of the analysis of the indicators or dimensions of service quality with inpatient satisfaction in table 4.7, which shows that the dimensions of service that greatly affect patient satisfaction at Serui Hospital are the dimensions of reliability and responsiveness.

3.2 Hypothesis Testing

1. Testing using the F-test (Anova). In this test, two approaches are used, namely: testing by paying attention to the level of significance and testing by comparing the calculated F and F table.
 - a. Testing by paying attention to the level of significance
 - b.

Hypothesis:

Ho : There is no effect of service quality (reliability, responsiveness, assurance, empathy and tangible) on patient satisfaction at RSUD Serui.

Ha: There is an effect of service quality (reliability, responsiveness, assurance, empathy and tangible) on patient satisfaction at RSUD Serui.

Provision :

If probability < 0.05 , then Ho is rejected

If Probability > 0.05 then Ho is accepted

Test result :

From the results of data analysis using SPSS for Windows (attachment 2), it turns out that the probability is $0.00 < 0.05$. This means that Ho is rejected and Ha is accepted. Thus it can be concluded that the quality of service (reliability, responsiveness, assurance, empathy and tangible) together does affect the satisfaction of inpatients or inpatients.

- b. Testing by comparing F count and F table.

Hypothesis

Ho : There is no effect of service quality (X) on inpatient satisfaction (Y).

H1 : There is an effect of service quality (X) on inpatient satisfaction.

Provision:

If F count $> F$ table ($\alpha 0.05$), then Ho is rejected

If $F_{\text{count}} < F_{\text{table}} (\alpha 0.05)$, then H_0 is accepted.

Test result:

From the results of the analysis (Appendix 2), it turns out that the calculated F value is 11,716 and the F table value is at a significance level of 0.05 (95%) with Numerator (number of variables – 1) = 5 and denominator (number of cases – number of variables) = 99 (115 – 6) is 4.40 (table list). Thus, the calculated F value = $11.716 > F_{\text{table}} = 4.40$. This means that H_0 is rejected while H_a is accepted. Thus it can be concluded that the quality of service affects the satisfaction of inpatients (patients at Serui Hospital).

c. Testing using t test.

The t test was used to test the effect of each service quality dimension on inpatient satisfaction. Here the test is carried out using two approaches, namely testing based on the level of significance (probability) and testing by comparing t count and t table.

1) Testing by taking into account the level of significance (probability)

Hypothesis:

- a) H_0 : There is no influence of the reliability dimension on patient satisfaction at Serui Hospital.
 H_{a1} : There is an effect of reliability t dimension on patient satisfaction at Serui Hospital.
- b) H_0 : There is no effect of responsiveness dimension on patient satisfaction at Serui Hospital.
 H_{a2} : There is an effect of responsiveness dimension on patient satisfaction at Serui Hospital.
- c) H_0 : There is no influence of the assurance dimension on patient satisfaction at RSUD Serui.
 H_{a3} : There is an effect of assurance dimension on patient satisfaction at Serui Hospital.
- d) H_0 : There is no effect of empathy dimension on patient satisfaction at Serui Hospital.
 H_{a4} : There is an effect of empathy dimension on patient satisfaction at Serui Hospital.
- e) H_0 : There is no effect of tangible dimensions on patient satisfaction at Serui Hospital.
 H_{a5} : There is an effect of tangible dimensions on patient satisfaction at Serui Hospital.

Test result:

From the results of calculations using SPSS.10 for windows (attachment 3), it is known that:

- The t value for the reliability dimension is $51.647 > t_{\text{table}} t_{\text{table}} 0.05 (dk = n - 2) = + 1.98$. On the other hand, the calculated t value for the reliability dimension is 51.647 with probability (significance) = $0.000 < 0.05$. This means that H_0 is rejected while H_a is accepted. Thus it can be concluded that there is a significant influence between the dimensions of reliability and patient satisfaction at Serui Hospital.
- The t value for the responsiveness dimension is $45.375 > t_{\text{table}} 0.05 (dk = n - 2) = + 1.98$. On the other hand, the calculated t value for the responsiveness dimension is 45.375 with probability (significance) = $0.000 < 0.05$. This means that H_0 is rejected while H_a is accepted. Thus, it can be concluded that there is a significant influence between the responsiveness dimension and patient satisfaction at Serui Hospital.

- The value of t count of assurance dimension is $35,638 > t \text{ table } t \text{ table } 0.05 (dk = n - 2) = + 1.98$. On the other hand, the calculated t value for the assurance dimension is 35,638 with probability (significance) $= 0.000 < 0.05$. This means that H_0 is rejected while H_a is accepted. Thus it can be concluded that there is a significant influence between the dimensions of reliability and patient satisfaction at Serui Hospital.
- The value of t arithmetic dimension of empathy is $46.901 > t \text{ table } 0.05 (dk = n - 2) = + 1.98$. On the other hand, the calculated t value for the empathy dimension is 46.901 with probability (significance) $= 0.000 < 0.05$. This means that H_0 is rejected while H_a is accepted. Thus, it can be concluded that there is a significant influence between the dimensions of empathy and patient satisfaction at Serui Hospital.
- The tangible dimension t value is $66,748 > t \text{ table } t \text{ table } 0.05 (dk = n - 2) = + 1.98$. On the other hand, the t-count value for the tangible dimension is 66,748 with probability (significance) $= 0.000 < 0.05$. This means that H_0 is rejected while H_a is accepted. Thus, it can be concluded that there is a significant influence between the tangible dimension and patient satisfaction at Serui Hospital. The results of this test also show that the five dimensions of service quality (reliability, responsiveness, assurance, empathy and tangible) have a positive and significant effect on inpatient satisfaction.

From the results of the Statistical T-Test and the Statistical F-Test, it can be concluded that there is a very strong relationship between the dimensions of service quality and patient satisfaction at RSUD Serui. Thus, the hypothesis put forward in this study is proven that there is a positive and significant relationship between the dimensions of service quality and patient satisfaction at Serui Hospital.

IV. Conclusion

4.1 Conclusion

From the whole discussion that has been stated, it can be concluded some important findings from the results of this study as follows:

1. Based on the results of the analysis of the level of conformity between the factors that affect inpatient satisfaction, seen from the level of importance (expectations of inpatients) and implementation (quality of service perceived or experienced by inpatients), it can be said that:
 - a. The level of conformity between what is felt/experienced by the patient (implementation) and what is expected by inpatients (interest) there is still a gap, where the average value of the level of conformity is 73.64%. This indicates that inpatients are not completely satisfied with the flight services provided by the airline Susi Air Serui, where the remaining value of 26.36% ($100\% - 73.64\%$) is the percentage of discrepancy between the implementation and the interests of the patient for the flight services provided. .
 - b. The dimensions that need important attention from the airline company Susi Air Serui in an effort to improve the quality of services to inpatients as users of health services are the dimensions of Assurance, Empathy, and Tangible. The three dimensions of service quality are not close to the ideal figure of 80%, where the level of conformity between the implementation (what is felt by inpatients) and what is expected by inpatients (interests) still ranges from 64.58% to 74.17%.

- c. Overall, the quality of services provided to inpatients as service users is still considered mediocre, in the sense that it has not fully provided maximum satisfaction to the community (inpatients) as service users.
 - d. The dimensions of service quality that are considered appropriate or close to what is felt and expected by inpatients are the Reliability and Responsiveness dimensions, where the level of conformity is close to the ideal figure of 80%.
2. The results of statistical tests, using regression and correlation analysis as well as t-test and F-test (Fischer) show that the five dimensions of service quality (reliability, responsiveness, assurance empathy and tangible) together have a significant effect on inpatient satisfaction.

4.2 Suggestions

1. The success or failure of the Serui Hospital company in providing health services to the community is closely related to the provision of physical facilities (tangible), accuracy in meeting requests from patients (reliability), responsiveness or the ability of staff employees to assist and provide services to patients, guarantees security (assurance) to patients as service users and ease of communication with inpatients (emphaty). The five dimensions of service quality need important attention from Serui Hospital, considering that the five dimensions of service quality on average have not been fully implemented by Serui Hospital. This is reflected in the arrangement of the exterior and interior of the room which does not provide an element of order and beauty or Asri (16),
3. Given the limitations of this research, especially regarding the samples taken, the research variables used and the methodology used, it is hoped that in the future this research can be expanded by adding other variables that are related to this research, for example the performance of Serui Hospital in terms of aspects. financial, operational, administrative and service quality, with the same or different objects, for example between hospitals in the Papua region, between banks, as well as between state-owned and private companies engaged in the public sector.

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