Inpatient Satisfaction To Attribute of Health Service Quality Dimensions in Hospitals in Indonesian

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ABSTRACT

The hospital is one of the health service facilities that play a very important role in providing health services to the community. To increase patient satisfaction in the hospital, it is necessary to evaluate the quality of existing health services both from a technical and administrative perspective. This study aims to describe inpatient satisfaction with the attributes of the health services quality dimension in hospitals in Indonesia. This study used secondary data with a cross-sectional design based on Risnakes data in 2017. The sample used is samples of Risnakes in hospitals in 2017 after deducting missing data, namely 7,287 inpatients from 380 hospitals in Indonesia. Data analysis used univariate analysis. Results of this study showed that the level of inpatient satisfaction to the attribute of health service quality dimensions in private hospitals was better than in government hospitals. In the tangible dimension of the various attributes studied, there are 5 attributes still below the standard of patient satisfaction (90%), while for the reliability dimension there are 2 attributes, the responsiveness dimension 5 attributes, the assurance dimension 2 attributes, and empathy dimensions 3 attributes. To improve the quality of health services, the management of all hospitals in Indonesia needs to routinely evaluate all of the attributes of health service quality dimensions in the hospital.

Keywords: Patient satisfaction; service quality; hospital; risnakes

INTRODUCTION

In realizing the goal of health development, the hospital is one of the health facilities that play a very important role in providing health services to the community to improve the highest possible health status to create a better quality of life.[1] As a health facility which is the first place of reference, the hospital should be able to run health care quality and affordable for all communities, especially for inpatient services.[2] Thus every hospital must always evaluate the quality of existing services both from a technical and administrative point of view because the quality of service provided will greatly affect the level of patient satisfaction of the hospital.[3]

Patient satisfaction is the main objective of every hospital and becomes the main criteria in natural assessing the quality of health services.[4] Patient satisfaction can be interpreted as the level of patient feelings that arise as a result of the performance of health services obtained after the patient compares what is expected with what has been received regarding existing services.[5] It can only be realized if a hospital has succeeded in fulfilling all the needs of patients in obtaining a quality, fair and equitable service.[1,6]

Based on data of the Global Health Index followed by the Banyuwangi District Health Office, the health level of the Indonesian state is in the 101st position of 149 countries in the world, and based on the results of the Community Satisfaction Index Survey Report conducted by the Indonesian Ministry of Health 2018 shows that the Patient Satisfaction Index at Hasan Sadikin Hospital is 78.74%; Fatmawati Hospital 78.23%; Marzoeki Mahdi Hospital 79, 95% and Persahabatan Hospital 78.99%.[7] Based on this fact, it shows that patient satisfaction in Indonesia is still below the customer satisfaction standard set by the Indonesian Ministry of Health, namely > 90%.[8]

Based on these facts, the problem of patient satisfaction must be considered and overcome seriously, because patient satisfaction will affect patient loyalty to existing services in the hospital, even patient satisfaction is related to the image of the hospital. To overcome this problem, the health service quality in the hospital must be continuously improved, it is necessary to conduct an assessment or measurement of patient satisfaction to the quality of existing health services.

Methods commonly used to measure patient satisfaction is the SERVQUAL method to look at the quality of service of five dimensions: tangibles, reliability, responsiveness, assurance, and empathy.[9,10] This study aims to describe inpatient satisfaction with the attributes of the health services quality dimension in hospitals in Indonesia.

METHOD

This research is a quantitative study with a cross-sectional study design based on secondary data from the Workforce Research in the Health Sector (Risnakes) in 2017 that obtained from the Indonesian Ministry of Health's laboratory. The sample used is samples of Risnakes in hospitals in 2017. From 9,605 samples obtained, after deducting missing data only 7,287 inpatients can be a sample in this study.

The samples come from 380 selected hospitals in Indonesia, both public and private hospitals that were successfully interviewed by the Risnakes team in 2017. In Risnakes 2017 the sample is selected by proportional random sampling.[11]

The independent variable in this study is the dimension of tangible, reliability, responsiveness, assurance, and empathy, while patient satisfaction acts as the dependent variable. Furthermore, the data were analyzed using the SPSS program with univariate analysis because this study only wanted to describe inpatient satisfaction to the attributes of the health services quality dimensions in hospitals in Indonesia. Categorizing satisfied and not satisfied based on the value of the mean of respondents' answers on each question, if the attribute score above the mean of the respondents considered satisfied but if the attribute score below the mean of the respondents considered not satisfied. The results of data analysis are presented in the form of tables and descriptions.

RESULTS

The univariate analysis aims to explain or describe the frequency distribution of respondents based on respondent characteristics, independent variables, and dependent variables. In this study, the univariate analysis explains the frequency distribution of respondents based on patient satisfaction with the attributes of the dimensions of health services in hospitals in Indonesia. The results of the univariate analysis are presented as follows:

Tangible

Table 1. Frequency Distribution of Patient Satisfaction based on Attributes of Tangible Dimension

Attribute	Hospital Type			
	Government *		Private *	
	Satisfied (%)	Less Satisfied (%)	Satisfied (%)	Less Satisfied (%)
Affordability of hospital locations	98.4	1.6	99.3	0.7
Clear directions for finding space	90.5	9.5	96.4	3,6
Cleanliness of the inpatient room	98.0	2.0	99.1	0.9
Quality of food given during treatment	99.1	0.9	99.6	0.4
Quality of the drugs given during treatment	99.6	0.4	99.9	0.1
The patient's family waiting room	69.8	30.2	76.9	23.1
Patient care room	73.5	26.5	81.2	18.8
Bathroom / WC	75.0	25.0	85.8	14.2
The inspection tool used	96.6	3,4	98.7	1.3
Health worker appearance	99.4	0.6	99.6	0.4
Information in the form of posters/video /audio, or other media at the hospital	80.6	19.4	81.8	18.2
Availability of supporting examination materials (X-rays, USG, CT Scan, MRI, EKG, etc.)	88.2	11.8	92.4	7,6

Data Source: Results of Workforce Research in the Health Sector (Risnakes) Year 2017.

Based on table 1, it can be seen that of the twelve attributes of tangible dimensions studied, new inpatients were satisfied with seven attributes. The highest percentage of satisfaction was in the

attribute of the quality of the drugs given during treatment, which was 99.6% and the lowest was in the attribute of the patient's family waiting room which was 69.8%.

Reliability

Table 2. Frequency Distribution of Patient Satisfaction based on Attributes of Reliability Dimension

Attribute	Hospital Type			
	Government		Private	
	Satisfied (%)	Less Satisfied (%)	Satisfied (%)	Less Satisfied (%)
The patient underwent hospitalization as expected	94.6	6.0	96.2	3.8
The doctor visits every day	94.8	5,2	94.9	5.1
Administration process for admission to hospitalization	95.4	4.5	97.6	2,4
Laboratory tests or other medical support examinations (X-rays, USG, MRI, etc.)	100	0.0	100	0.0
The examination is carried out by a doctor	97.2	2.8	98.1	1.9
Patients are examined regularly every day by health workers	95.9	4,1	97.3	2.7
The officer examines the patient carefully	98.1	1.9	98.8	1,2
All the drugs prescribed are available	86.5	13.5	96.2	3.8
There are no additional fees for all services received	89.4	10.6	91.2	8.8

Data Source: Results of Workforce Research in the Health Sector (Risnakes) Year 2017

Based on table 2, it can be seen that of the nine attributes of the reliability dimension studied, inpatients were satisfied with the seven attributes. The highest percentage of satisfaction is in the attributes of laboratory examinations or other medical support examinations (X-rays, USG, MRI, etc.), which is 100% and the lowest is in the attributes of All drugs prescribed available, which is 86.5%.

Responsiveness

Tabel 3. Frequency Distribution of Patient Satisfaction based on Attributes of Responsiveness Dimention

Attribute	Hospital Type			
	Government		Private	
	Satisfied (%)	Less Satisfied (%)	Satisfied (%)	Less Satisfied (%)
The doctor / nurse gives attention as quickly as the patient expects	98.6	1.4	99.0	1.0
The doctor is always there when the patient needs it	85.9	14.1	87.3	12.7
there are decisions on personnel health about how the treatment/examination of the patient when health services	94.1	5,9	95.9	4,1
Doctors/nurses / other health workers involve the patient in deciding how to treat and examine as desired	88.4	11.6	92.3	7,7
Health workers intervene or hinder the choice of treatment while the patient is treated	69.9	30.1	75.5	24.5
Ease of obtaining an inpatient room that suits the patient's choice	79.1	20.9	84.1	15.9
Ease in obtaining care physicians and personnel other health following the selection of patients	81.8	18.2	86.1	13.9

Data Source: Results of Workforce Research in the Health Sector (Risnakes) Year 2017

Based on table 3, it can be seen that of the seven attributes of the responsiveness dimension studied, inpatients were only satisfied with two attributes. The highest percentage of satisfaction is in the attribute of the doctor/nurse giving attention as fast as the patient expects, which is 98.6%, and the

lowest in the attribute of the health worker who intervenes or hinders the choice of treatment while the patient is treated, namely 69.9%.

Assurance

Table 4. Frequency Distribution of Patient Satisfaction based on Attributes of Assurance Dimension

Attribute	Hospital Type			
	Government		Private	
	Satisfied (%)	Less Satisfied (%)	Satisfied (%)	Less Satisfied (%)
The doctor delivers the results of the examination that has been carried out	91.0	9.0	92.4	7,6
The inpatient service officers serving friendly and polite	99.6	0.4	99.7	0.3
Health workers maintain the privacy of health at the time of inspection	97.6	2,4	98.5	1.3
officers providing the information needed by patients clearly	99.6	0.4	99.7	0.3
Officers ask permission before conducting examination/treatment	97.8	2,2	99.2	0.8
Health workers provide clear information about the cost of treatment	80.6	19.4	82.5	17.5
Health Workers store health information (medical history) of patients in secret	73.5	26.5	76.9	23.1
The officer explains the administrative procedure	91.8	8.2	92.7	7.3
The officer explains how to use/take medication to the patient/family	97.3	2.7	98.6	1.4

Data Source: Results of Workforce Research in the Health Sector (Risnakes) Year 2017

Based on table 4, it can be seen that of the nine attributes of the assurance dimension studied, inpatients were satisfied with the seven attributes. The highest percentage of satisfaction is in the attributes of inpatient service officers serving friendly and polite, and officers providing the information needed by patients clearly, which is 99.6% and the lowest is in the attributes of health workers storing patient health information (medical history) as confidential, which is equal 73.5%.

Emphaty

Table 5. Frequency Distribution of Patient Satisfaction based on Attributes of Emphaty Dimension

Attribute	Hospital Type			
	Government		Private	
	Satisfied (%)	Less Satisfied (%)	Satisfied (%)	Less Satisfied (%)
Waiting time for inpatient admission is not long	81.4	18.6	88.3	11.7
The time to wait for the results of laboratory examinations or other medical supporting examinations (X-rays, USG, MRI, etc.) is not long	88.9	11.1	91.6	8,4
health workers listening attentively	99.6	0.4	99.6	0.4
officers giving opportunities to patients to ask questions about health problems and their treatment	99.6	0.4	99.6	0.4
The officer calmed the patient's anxiety about the illness he was suffering from	95.0	0.5	96.2	3.8
Health workers give encouragement, prayers to patients so that they recover quickly	94.4	5,6	96.1	3,9
Ease of obtaining permission for family and friends to serve the patient's personal needs (for example: bringing favorite foods and daily necessities)	85.2	14.8	89.7	10.3
Ease to carry out activities of religious or belief	90.0	10.0	92.6	7.4

Data Source: Results of Workforce Research in the Health Sector (Risnakes) Year 2017

Based on table 5, it can be seen that of the eight attributes of the assurance dimension studied, inpatients were satisfied with five attributes. The highest percentage of satisfaction is found in the attributes of health workers listening attentively, and officers allowing patients to ask questions about health problems and their treatment, namely 99.6% and the lowest in the attribute Waiting time for admission to hospitalization is not long, namely 81.4%.

DISCUSSION

Inpatient services are one of the existing forms of service in hospitals that are provided to patients to occupy a bed due to the needs of observation, diagnostics, therapy, rehabilitation, medication, and other medical services with certain medical conditions that require daily medical care.[12] Inpatient services show an interaction between patients and health workers, both doctors and nurses, for a long time while the patient is treated. According to Supriyanto and Wulandari (2011), inpatient services involve a sensitive relationship between patients, doctors, and hospital nurses while the patient is treated so that it is related to patient satisfaction and the quality of existing services.[12] For this reason, the hospital must always provide quality services to realize patient satisfaction.

Bitner and Zeithaml (1996) describe patient satisfaction as a specific evaluation effort for all services provided by service providers to customers where measurement of customer response is carried out directly so that customer satisfaction can only be assessed based on the experience felt during the service delivery process.[13] Based on this, it can be said that patient satisfaction is a form of feeling or direct patient assessment of the quality of all health services they have received while being treated in

the hospital. Assessment of patient satisfaction on the quality of health care can be measured by the overall dimensions of service quality attributes which include the dimensions of tangible, reliability, responsiveness, assurance, and empathy

Tangible (Dimensions of Physical Evidence)

The dimension of tangible is the appearance of the hospital that can be seen directly and becomes a reference for the first-morning assessment of patients who will receive service. Physical evidence (tangible) includes physical appearance. can be in the form of facilities and infrastructure including ready-to-use tools and staff appearance.[14] The availability of buildings and rooms with attractive interiors, neatly arranged and ready-to-use medical and non-medical equipment, the comfort and cleanliness of the rooms that are maintained, and the appearance of attractive officers. The patient's expectations of physical evidence are the patient's beliefs before receiving services which will later be used as a standard or reference in assessing services.[15]

Patient satisfaction with the dimensions of tangible is the response or level of patient feelings to the attributes of physical evidence that appear after the patient sees and feels the service while the patient is hospitalized. In this study, an assessment of inpatient satisfaction was carried out on the 12 attributes of the dimensions of physical evidence as can be seen in Table 1. Based on Table 1 above we can see that overall patient satisfaction to attribute health care quality dimensions of physical evidence in government hospitals and private not much different, although in private hospitals show a state that is better for all attributes in appeal hospital government.

All of the attributes of tangible dimensions studied, several attributes indicate the level of patient satisfaction is low or below the customer satisfaction standards set by the Ministry of Health of the Republic of Indonesia (> 90%). This means that patients feel not satisfied with the service dimension of evidence of physical provided the hospital where they were treated so that it can be a problem in hospital health care quality such.

In government hospitals, there are five attributes that the attribute ' family waiting room patients, patient-care areas, bathroom / WC, information forms of media poster/video/audio, or other hospitals, as well as a lat investigation (X-rays, USG, CT Scan, MRI, EKG, etc.), are available '. The same thing happened at a private hospital, four attributes indicate the level of patient satisfaction is low, namely at the same attributes as a government hospital unless the attribute ' a lat investigation (X-ray, ultrasound, CT scan, MRI, ECG, etc.) ', where the supporting examination tools in private hospitals have met the standard or better than the government hospitals (92.4%).

The first complaint, the patient feels dissatisfied with the attribute of ' family waiting room ' because there are still hospitals in Indonesia that do not provide family waiting rooms, even though there are family waiting rooms but the conditions are uncomfortable and inadequate, the room is not clean, there is no place sitting, and the number of trash cans and air vents in the room is felt to be insufficient. Second, patients are dissatisfied with the attribute of ' patient care room ' because of the uncomfortable and unsanitary conditions, the absence of a handwashing area, insufficient air ventilation, and the

inadequate number of bins in the treatment room. Third, patients are not satisfied with the attribute ' bathroom/WC available ' due to lack of water supply, sewerage out bathroom/WC does not exist, a bathroom/WC an uncomfortable baud.

According to Pohan (2007), several elements can affect the satisfaction of inpatients at the hospital where they are treated, including the inpatient room which is neat, clean, and comfortable.[12] Environmental conditions were arranged neatly, coexist and beautiful will make patients and families who take care of the patient are comfortable. Convenience is the dimension of the quality of services that are not directly related premises n effectiveness Vitas clinically but can affect patient satisfaction for re-use hospital services.[14]

Recommendations that can be given regarding the patient's complaints above are that the hospital needs to provide a family waiting room and patient care room that is made to be as comfortable as possible with conditions that are always clean, adequate ventilation, adequate seating, availability of a place to wash hands and sufficient trash cans, and the availability of a bathroom/WC comfortable and did not smell, as well as necessary their role cleaning service that should always pay attention to and increase efforts to the maintenance of cleanliness, especially the cleanliness of the room shower/WC as well as the overall hospital hygiene.

In addition to the above complaints, the patients also feel dissatisfied with the attributes ' is not the availability of the information media in the form of a poster/video/audio or other hospitals '. D late fifth, patients are not satisfied with the attributes of a lat investigation (X-ray, ultrasound, CT scan, MRI, ECG, etc.) are available in the hospital is not complete. According to Gesper (1997), there are several things regarding the dimensions of quality/quality of health services that must be considered, including the ease of getting services related to the availability of supporting facilities.[14] Recommendations that can be given regarding this problem are the need for efforts to provide complete medical support equipment so that patients do not have to bother carrying out supporting examinations outside the hospital where they are treated and there is a need for procurement of information media in the form of posters/video/audio so that patients can get good information. they need.

Reliability

Reliability includes all the ability of service providers to provide immediate service in a timely, accurate, reliable, and satisfactory manner as promised.[9] This concerns the consistency of service providers in providing services, fulfilling existing promises, keeping accurate records, and serving correctly. Patient satisfaction with the reliability dimension is the patient's response or level of feeling to the reliability attributes that appear after the patient feels service while the patient is hospitalized. In this study, an inpatient satisfaction assessment was carried out on 9 attributes of reliability dimensions such as which can be seen in table 2.

Based on table 2 above can be seen that the level of satisfaction of patients in private hospitals is better than the government hospital because private hospital patient satisfaction for all dimensions of quality attributes of reliability (reliability) meets the standards of customer satisfaction has been set at>

90%. However, even so, private hospitals must continue to improve the quality of the reliability dimension attributes so that no more patients feel dissatisfied. For both public and private hospitals, there is one attribute that shows the level of patient satisfaction reaching 100%, this means that all patients who are hospitalized in hospitals in Indonesia are satisfied with these attributes, namely all hospitals always carry out laboratory examinations or other medical support examinations (X-rays, ultrasound, MRI, etc.) of hospitalized patients.

All of the attributes of the reliability dimension studied, in government hospitals, 2 attributes indicate the level of patient satisfaction is low or below the customer satisfaction standard set by the Ministry of Health of the Republic of Indonesia (> 90%). This means that patients feel dissatisfied with the service dimension of reliability of the available hospital where they were treated so that it can be a problem in hospital health care quality. The attributes are 1) all the drugs prescribed are available, and 2) There is no additional charge for all services received.

The first complaint, patients feel dissatisfied with the attribute ' all drugs prescribed by doctors are available ' because, in reality, not all drugs prescribed by doctors are available at the hospital, so patients are forced to look for drugs in pharmacies outside the hospital where they are treated. In theory, one of the elements of the reliability dimension is dependent, which means that the services provided are reliable and accountable, and trustworthy.[16] Thus, it can be said that the attributes of all drugs prescribed by doctors are not dependent. Recommendations that can be given regarding the patient's complaints above are that the hospital must provide all the medicines needed by the patient at each treatment installation so that patients and their families do not have to bother looking for drugs that have been prescribed by doctors out of the hospital.

Second, patients feel dissatisfied with the attribute ' no additional costs for all services received ' because there are patients who have to pay additional fees for the services they have received while being hospitalized. This is not following the theory of "Excellent Service Joints" as followed by Warella (1997) states that the criteria for quality public services include: clarity and certainty regarding service procedures or procedures, and openness in service procedure.[17]

Recommendations that can be given for this problem are that the hospital must provide clear information about all the medical costs required for the actions given to treat the disease suffered by the patient before the treatment is carried out so that the patient and family can prepare all the costs needed. Hospitals can maximize frontline functions that are already available and apply the implementation of SIMRS online so it is expected to control the symptoms.

Responsiveness

Responsiveness is the willingness of officers to assist customers in dealing with complaints and provide services quickly and soon. This dimension focuses on the attention and speed of officers in responding to requests, complaints, and problems faced by consumers.[18] Patient satisfaction with the dimension of responsiveness is the response or level of patient feelings to the attributes of responsiveness that appear after the patient feels service while the patient is hospitalized. In this study,

an assessment of the satisfaction of inpatients was carried out on the 7 attributes of the response dimensions as can be seen in Table 2.

Based on table 3, it can be seen that of the 7 attributes studied, 5 attributes are below the standard of patient satisfaction (> 90%) in government hospitals and 4 attributes in private hospitals. at the government hospital patient satisfaction is low on attributes: 1) The health care provider come to intervene or obstruct in choosing a treatment or medication for patients treated, 2) Ease of obtaining an inpatient room that suits the patient's choice, 3) Ease in obtaining service of doctors and Other health workers according to the patient's choice, 4) The doctor is always there when the patient needs it, and 5) The doctor/nurse/another health worker involves the patient in deciding how to treat and examine as desired. The same is true for private hospitals, except for the 5th attribute.

The first complaint, the patients are not satisfied with the attributes health workers to intervene or obstruct the choice of treatment or treatment while the patient is treated, so that the patient can not receive care or treatment according to what they want. Second, patients also feel less satisfied because of the difficulty in obtaining an inpatient room that suits their choice, either because the administrative process is convoluted or because the rooms are full. Third, patients find it difficult to obtain services from doctors/nurses/other health workers according to what they choose, so this will affect the patient's comfort while carrying out treatment. Fourth, patients were also dissatisfied because doctors do not always stay in place when they are needed, so that patients find it difficult to consult convey what into their complaints related problems their disease.

All of the above contradicts the dimensional theory of responsiveness, where the dimensions of this emphasis on the attitude of officers should be attentive to the patient, fast and precise in dealing with requests, complaints, and problems of the patients.[14] Recommendations that can be given to overcome all the complaints above are that there is a need for personality training for health workers so that in providing services to patients they can be as much as possible by not intervening or hindering patients from choosing the treatment or treatment they want. Besides, the hospital also needs to deal with patient complaints about the difficulty of obtaining inpatient rooms and services for selected doctors/nurses/health workers by helping to simplify the administrative process for admission to inpatients, and it is better if a doctor's schedule should be arranged so that doctors are always available when needed.

Apart from the complaints above, the patient also fell dissatisfied because the doctor/nurse/other health worker did not involve the patient in deciding how to treat and examine according to what the patient wanted. Whereas, according to research on patient characteristics and dimensions of health service quality in Sweden, it is stated that patient participation in medical decision making has a positive correlation with patient satisfaction.[19] Recommendations that can be given for this complaint are important for the hospital to always involve the patient and his family in determining how to treat or treat the patient according to the wishes of the patient so that they do not regret whatever has happened to all the actions taken, and the patient will feel satisfied. for the services provided.

Assurance

Assurance (Assurance) is a measure of the ability and knowledge of personnel to fully be trusted without hesitation as reliable professionalism, failure to assure patients will result in the patient's concern for receiving help.[15] For this reason, the hospital must provide a guaranteed dimension of service with good quality so that patients feel satisfied, confident, and believe that they will be cured for treatment at the hospital.

Patient satisfaction with the dimension of assurance (assurance) is the response or level of patient feelings to the assurance attributes that appear after the patient feels service while the patient is hospitalized. In this study, an inpatient satisfaction assessment was carried out on the 9 attributes of the guarantee dimensions as can be seen in Table 4. Based on this table, we can see that the overall satisfaction of inpatients with the attributes of the quality of health services, the dimensions of insurance in public and private hospitals are almost the same, even though private hospitals show a better condition for all attributes compared to government hospitals.

All of the attributes assurance dimensions studied, two attributes indicate the level of patient satisfaction is low or below the standards of customer satisfaction which have been established by the Ministry of Health of the Republic of Indonesia (> 90%), namely 1) the attributes health workers store health information (medical history) patients confidentially, 2) Health workers provide clear information about the cost of treatment. It means that the patient was not satisfied with the service dimension of guarantees provided in the hospital where they were treated so that it can be a problem in hospital health care quality.

In government hospitals or private, the patient was not satisfied because it is based on table 4 above in mind that although health workers have been maintaining privacy during the examination, they do not store health information (medical history) patients in secret for patients treated so that patients feel no safe with the behavior of health workers at the hospital. This is not following the theory which reveals that the dimensions of assurance include knowledge, ethics, politeness, friendliness, the ability and skills of officers to generate customer trust and confidence.[9,20] Although in terms of courtesy and friendliness of the staff is good, patients still feel insecure because patient confidentiality is not properly maintained, even though in principle this dimension ensures that patients are free from all dangers, risks, and doubts.

Recommendations can be given to this complaint is the need for evaluation or briefing on all officers periodically on actions taken and need their personality training for health workers Hospital to provide service with a friendly and courteous and can maintain the confidentiality of the patient so that the patient and family feel confident, trusting and safe treatment in the hospital because of things this will greatly affect the assessment of patient satisfaction on the quality of the health services in the hospital.

On the dimension of this guarantee, the patients were also dissatisfied because although the health workers provide clear information about the care and treatment of patients, the clerk did not

provide information about the cost of the treatment clearly and in detail. So that many patients have to pay additional costs for actions that have been taken related to the treatment of their disease. This makes patients and their families object to having to incur costs beyond their expectations, and automatically this greatly affects patient satisfaction with the services available at the hospital.

Gaspersz (1997) states that the quality dimension must pay attention to service accuracy related to service reliability and error-free.[14] This means that the hospital must provide accurate information about everything related to the care or treatment of patients before the procedure is carried out so that all actions will be free of errors. The recommendation for this problem is that health workers must provide clear and detailed information on all matters relating to patient treatment, including all costs involved. Officers must explain in clear language that can be understood by the patient and family.[21]

Empathy

Empathy is individual care and attention from officers to customers, providing convenience and good communication in making relationships when customers need help, and understanding customer needs.[9,10] To the satisfaction of patients to the dimensions of empathy (empathy) are a response or the patient's level of feeling against the attributes of empathy that is obtained after the patient feels the service for the patient to be hospitalized. In this study, an assessment of inpatient satisfaction was carried out on the 8 attributes of the empathy dimension as can be seen in Table 5.

Based on the table above, if we compare the level of patient satisfaction on the empathy dimension, it is better for private hospitals than government hospitals. In government hospitals, the level of patient satisfaction on the attributes of the empathy dimension that is below the customer satisfaction standard (> 90) is more than that of private hospitals, namely 3 attributes at government hospitals and 2 attributes at private hospitals. In both government and private hospitals, patients feel dissatisfied with the same attributes, but in private hospitals, except for the attributes of time to wait for the results of laboratory examinations or other medical supporting examinations (X-rays, USG, MRI, etc.), it is not long.

The first complaint, the patient is not satisfied with the attribute ' w time waiting for inpatient admission process is not long ' because the patient feels time wait that long, either because the administrative process cumbersome and because of the full treatment rooms. Second, patients were also dissatisfied because the time waiting for results of laboratory tests or other medical investigations (X-ray, ultrasound, MRI, etc.) felt old. Third, the patients are not satisfied with service quality dimensions of empathy in the hospital where they were treated for patients find it difficult to obtain a permit for family and friends to serve the personal needs of patients such as bringing kan favorite foods and everyday needs of the patient.

This is not in line with the meaning and understanding of the existing dimensions of empathy, namely, empathy is the willingness of health workers to give personal/individual attention or care to customers, in this case, the patient, which is a combination of aspects of access and understanding the customer. [22] Access is the ease of making contact or communication and easy to reach, for example,

services are easily accessible via telephone, service waiting time is not long, locations are easily accessible. Meanwhile, understanding the customer is an attitude that always tries to understand the wants and needs of consumers.[21]

Recommendations can be given to all the complaints above are the saki home should be able to ensure that every officer in the hospital can provide service excellence with an attitude of care and concern that better individually and understand the need for patients. The health workforce on duty can assist patients in preparing the administration needed for hospitalization, the results of laboratory examinations and other medical support are sought to be released as quickly as possible considering the need for immediate testing of patients, and officers are expected to be able to permit for families to fulfill patient needs and able to provide understanding to the patient's family so that they can follow the applicable visiting hour regulations so that other patients do not feel disturbed.

CONCLUSIONS AND SUGGESTIONS

Based on the results of the study and discussion, it can be seen that the level of patient satisfaction in public and private hospitals is not much different, although patient satisfaction in private hospitals is better than patient satisfaction in government hospitals. For the dimension of physical evidence (tangible), in government hospitals from all the attributes studied 5 attributes indicate the level of patient satisfaction is low or below the standard of customer satisfaction (> 90%) while in private hospitals there are 4 attributes. For the dimensions of reliability (reliability), in the government hospital, two attributes are below the standards of customer satisfaction, while in private hospitals all attributes have shown a good level of satisfaction. For the dimension of responsiveness, in government hospitals the level of patient satisfaction is below the standard, there are 5 attributes, while in private hospitals there are 4 attributes. For the dimension of assurance (assurance), 2 attributes are below the customer satisfaction standard in both government hospitals and private hospitals. And for the dimension of empathy (empathy), in government hospitals, 3 attributes indicate the level of patient satisfaction is below standard while in private hospitals there are 2 attributes.

For the management of all hospitals in Indonesia, it is necessary to routinely evaluate existing services to maintain the attributes that have been assessed as good by patients and improve the quality of attributes that are still considered poor in every dimension of service quality by following the Minimum Service Standards. in hospitals that have been designated by the Ministry of Health of the Republic of Indonesia so that the quality of health services in the hospital will be better and patient satisfaction will increase. For the relevant government having authority to carry out a revision of the related policies Minimum Service Standards RS following the progress of science and technology.

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