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## Effect of Service Quality Health Outpatient Poly on Patient Satisfaction in Hospital Kwaingga Keerom Regency Papua Province

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### Abstract

Regional General Hospital Kwaingga in the development of Peskesmas PLUS, which was later increased its status to hospitals with Type D that aims to provide proximity to health services for all communities in Keerom regency, during which this society when severe pain always in reference to the RSU existing City Jayapura and long distance constraint. Spate of treated people in hospitals Kwaingga, the study aims to analyze the influence of the variable quality of service consisting of reliability (reliability), comprehension (responsiveness), assurance (assurance), direct evidence (tangibles) and attention (empathy) to variable poly outpatient patient satisfaction in hospitals Kwaingga Keerom Regency 2016. The object of research is poly outpatient patients in hospitals Kwaingga Keerom Regency with a sample size of 100 people. The research is a survey, data diproleh by questionnaire, were analyzed with multiple linear regression at  $\alpha = 5\%$ . The results showed that partially was no significant effect of variable direct evidence (tangibles) to client satisfaction by 72%. While simultaneously there is significant influence service quality variables, include reliability (reliability), comprehension (responsiveness), assurance (assurance), direct evidence (tangibles) and attention (empathy) to client satisfaction by 96, 1% and the rest oelh influenced by other variables not examined in this study.

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It is expected that the Regional General Hospital Kwaingga to further improve reliability through service by improving the competence of medical personnel and paramedics as well as the completeness of facilities and infrastructures are still lacking.

**Keywords:** Quality Service; Satisfaction.

## **1. Introduction**

Constitution of 1945 section 28 H and Law No. 23/1992 and No. 36/2009 on Health provides that everyone is entitled to health care. Therefore every individual, family and community right to receive the protection of health and the state is responsible for arranging so fulfilled right healthy life for its residents. Regional General Hospital District. Keerom is the result of an increase in the status of Puskesmas Plus Swakarsa. Where Puskesmas Plus unveiled [1]. It is based on the determination Keerom District Government in an effort to improve public access Keerom to get a referral service closer distance because during this referral is far enough to RS Abepura, Dian Harapan Hospital, RS Doc II Jayapura and other hospital in Jayapura. Average - Average outpatient visits in hospitals Keerom each day ranged between 250-300 patients while hospitalized between 40-60 with various complaints of the disease. But we realize that there is still a lack of good facilities and infrastructure and the resources available today. However, the Government of Keerom. In relation to several factors that influence customer satisfaction, Moenir [2] says that customer dissatisfaction is caused by internal factors and external factors. Internal factors are relatively controlled companies, for example, employees were rude, rubber time, fault recording transactions. Conversely, external factors beyond the company's control, such as weather, disruptions in public infrastructure, criminal activity, and personal problems of customers.

## **2. Materials and Methods**

### ***2.1 Types of research***

This type of research used in this research is the explanation (explanatory research) using survey methods, the research seeks to explain the influence of the independent variables on the dependent variable with quantitative approach.

### ***2.2 Research sites***

The location of the research conducted at the Polyclinic Hospital District Regional General Kwaingga Kerom held on October 17, s / d December 7, 2016.

### ***2.3 Population and Sample***

The population in this study is the employee at the General Hospital of Kwaingga Keerom and patients. And the sample in this study by using an error rate of 10%, the sample size.

## **2.4 Data Collection Instrument**

The questionnaire or the Questionnaire, the questionnaire technique is a method to obtain data by providing a list of questions to respondents form of writing that contains the data - data about the object of research needed by researchers, who expected the respondents to provide answers through a questionnaire as honestly - honestly. The questionnaire distributed directly to hospital patients who are being treated.

## **2.5 Data analysis**

Technical analysis of the data in the study is one of the strategies that are key in the success of the research subject. The analysis in this study conducted in several engineering analysis calculations using computer program Statistical Product Service Solutions (SPSS) 16. Step - a step in the data analysis are as follows:

### 1) Test Validity

Validity to know whether the instruments used in the study is valid or not. An instrument is said to be valid if it is able to measure what you want measured and can reveal the data of the variables examined regularly. The instrument is said to be valid if the values in the table rhitung Corrected item - Total Correlation greater than rtabel.

### 2) Test Reliabelitas.

Reliabelitas test used to determine whether the instrument can be trusted or relied upon. An instrument can be said reliably when the instruments leads to keajegannya or constant, so that the measurement results remain consistent if measurements were repeated - again the same symptoms, the same measuring devices as well. The instrument is said to be reliable if the value in the table r-count Cronbach's Alpha if Item Deleted greater than r-tabel.

#### a. test assumptions

Test the assumptions used to test variables - variables in the study. Test Assumptions used in this study are:

### 1) Test Multicollinearity.

Multicollinearity test used to determine whether the regression model used there is a correlation between the independent variables. Inter independent variable multikolinearitas said not happen if the calculations using SPSS 12 obtained tolerance value between 0.5 to 1, or VIF dikisaran number 1. Terms in this study each independent variable should not happen multikolinearitas. In the event of the variables that occur multikolinearitas multiko can be combined or one of the variables can be eliminated.

### 2) Test heterocedasticity.

Heterokedastisitas test to determine the pattern of spread. If there is a pattern that spreads mean regression

models do not happen heterocedasticity. Terms of good regression model is there is a pattern that spreads above and below zero. This we can see in the picture Scatterplot.

#### Normality test

Normality Test to determine whether a dependent variable regression model, independent or both have a normal distribution or not. It can be seen from the pattern or distribution of the data (as shown in Figure Normal P-P Plot of Regression Standardized Residual). If the pattern or distribution of the data follow or around the diagonal line, the regression meet the assumption of normality. Terms of this study is that should happen normality.

#### Hypothesis testing

- Ha accepted, meaning reability, responsibility, assurance, tangibility and empathy simultaneously have a significant influence on the Quality of Hospital Services Kwaingga Keerom.
- Ho accepted, it means reability, responsibility, assurance, tangibility and empathy simultaneously and partially no effect on the quality of service in hospitals Kwaingga Keerom.

To prove the hypothesis used:

#### 1) F Test

F test to determine how much influence variables simultaneously - independent variable on the dependent variable. If the value of F larger than F table then Ho is rejected and H1 accepted, meaning variables - independent variables had a significant influence on the dependent variable.

#### 2) T Test

T test to determine how large the partial effect of each - each independent variable on the dependent variable. If tcount greater than ttable hence Ho refused and H1 accepted, meaning that the independent variables have a significant influence on the dependent variable. From t test we can forecast the independent variable which is the most dominant influence on the dependent variable, it can be seen from tcount Which are the most substantial of each - each an independent variable. [3-5]

#### Measurement Scale Variable.

Likert Scale used to measure attitudes, opinions and perceptions of a person or group of events or social phenomena by Ridwuan, [6]. Scale measurements on the questionnaire answers are as follows:

- a. Answer "a", is very satisfied with the revelation (the value 5)
- b. Answer "b", are satisfied with the revelation (value of 4)

- c. Answer "c", are less satisfied with the revelation (value 3)
- d. Answer "d", not satisfied with the revelation (value of 2)
- e. Answer "e", it is not satisfied with the revelation (value 1)

### 3. Results and Discussion

General Description of Respondents This section will explain the descriptive data obtained by the respondent. Descriptive data describes the state or condition of respondents need to be considered as additional information to understand the results. Hospital Patient Data Kwaingga Keerom for 6 (six) months in 2016 as follows:

**Table 1:** Patients Deployment Details

No	Working unit	Number (person)	(%)
1	Poli womb	1493	16
2	Poli internal disease	470	5
3	Poli suergery	188	2
4	Poli general	3106	34
5	Poli children	2865	31
6	Poli teeth	1032	11
Number		9154	100

Source: Processed Data 2016

- a. distributing questionnaires

Number of questionnaires distributed in this study amounted to 100 sheets of questionnaires, the distribution can be seen in the following table:

**Table 2:** Deployment Details respoden

No	Working unit	Number (person)	(%)
1	Poli womb	16	16
2	Poli internal disease	5	5
3	Poli suergery	2	2
4	Poli general	34	34
5	Poli children	31	31
6	Poli teeth	11	11
Number		100	100

Source: Processed Data 2016

In Table 2 above shows that the composition of the questionnaire distributed to each of the poly in hospitals Kwaingga Keerom.

## Descriptive analysis

By using descriptive statistical analysis will be able to describe the distribution of respondents' answers to each indicator variable. Based on the data obtained from the answers to the questionnaire, it can be determined the value of the average score of each indicator of the variables as a basis for mengidentifikasi trends and variations of respondents to each study variable, with a score ranging from 1 to 5, the frequency distribution of the answers can be grouped [7] as follows:

**Table 3:** Interpretation Basic Average Score Description of Respondents Answers

No	Score value	Interpretation
1	$1,00 < \text{average} \leq 1,80$	Very low
2	$1,81 < \text{average} \leq 2,60$	Low
3	$2,61 < \text{average} \leq 3,40$	Moderate
4	$3,41 < \text{average} \leq 4,20$	Good
5	$4,21 < \text{average} \leq 5,00$	Very good

Source : Husein Umar,1998

### 1. Variable Reliability

Based on feedback from 100 respondents who have provided answers to the questionnaire then frekuwensi of indicators of reliability variable average value for each indicator of the reliability variable that consists of 6 indicators or questions, where the average value of the indicator ranged from 3.58 up to 3.75. Assessment of respondents to 6 indicators give good ratings. While the value of the average total for the variable reliability of 3.61, this value is in the interval from 3.41 to 4.20. This shows that the reliability of the categories.

### 2. Variable Response

Based on feedback from 100 respondents who have provided answers to the questionnaire then frekuwensi of indicators of variable responsiveness average value for each indicator of variable responsiveness consisting of six indicators or questions, where the average value of the indicator ranged from 2, 44 up by 3.14 Rate of respondents to declare sufficient responsiveness. While the average value total for the variable responsiveness at 3.06 this value is in the interval from 2.61 to 3.40. This indicates that the responsiveness in the category of moderate / sufficient.

### 3. Variable guarantee (assurance)

Based on feedback from 100 respondents who have provided answers to the questionnaire then frekuwensi of indicators variables assurance (assurance) average value for each indicator of the variable guarantee (assurance) that consists of 6 indicators or questions, where the average value indicator ranges from 2.92 up to 3.1.

Assessment of respondents to the indicator 6 states are / pretty. While the average value total for the variable performance of \$ 2.96 this value is in the interval from 2.61 to 3.40. This indicates that the performance in the medium category / enough.

#### **4. Variable Direct Evidence (tangibels)**

Based on feedback from 100 respondents who have provided answers to the questionnaire then frekuwensi of indicators variable direct evidence (tangibels) average value for each indicator variable direct evidence consisting of six indicators or questions, where the average value of the indicator ranges from 2.66 up to 2.96 Ratings respondents to the indicator evidence implying moderate / sufficient. While the average value total for the variable direct evidence at 2.78 this value is in the interval from 2.61 to 3.40. This indicates that the performance in the medium category / enough.

#### **5. Variables Attention (empathy)**

Based on feedback from 100 respondents who have provided answers to the questionnaire then frekuwensi of indicators variables Attention (empathy) average value for each indicator of the variables of concern (empathy) that consists of 6 indicators or questions, where the average value indicator ranges from 2.78 up to 2.96 Rate of respondents to all indicators expressed moderate / sufficient. While the average value total for work performance variables at 2.88 this value is in the interval from 2.61 to 3.40. This indicates that the performance in the medium category / enough.

#### **6. Satisfaction Variable**

Based on feedback from 100 respondents who have provided answers to the questionnaire then frekuwensi of indicators variable average value for each indicator of the satisfaction variables consisting of six indicators or questions, where the average value of the indicator ranges from 2.57 to with 2.91 Rate respondents on average indicators expressed moderate / adequate, and indicators 5 and 6, giving low. While the average value total for work performance variables by 2.72 this value is in the interval from 2.61 to 3.40. This indicates that the performance in the medium category / enough.

#### **Data analysis**

##### **Validity and The reliability**

After the measuring instrument is valid further reliability testing conducted by the method cronbachch's alpha. Alpha value where value of 0.6 to 1 stated data are valid and feasible to do further processing. Results validity and reliability that all valid variable stated.

##### **1. Classical Assumption Test**

Before creating a multiple regression model first tested the classical assumption of 4 (four) kinds of testing are:

a. Normality test

The test used in this study chi quadrat. This test can be performed to determine whether the observed frequencies (O<sub>i</sub>) in accordance with the expected frequencies (E<sub>i</sub>) whose distribution approaches the normal curve. Based kurvar Normal P-P Plot describes the data dissemination and spread around the diagonal line follows the diagonal line graph, so the regression model used in this study meet the assumption of normality. That is feasible to use the data to predict patient satisfaction based variable reliability (X1), responsiveness (X2), assurance (X3), direct evidence (X4) and attention (X5).

b. test multicolinearity

Multikolinearitas testing aims to examine whether there is a significant correlation was nearly perfect between the independent variables. If between the members of the independent variables are significant correlation, then in the linear regression model is symptomatic multikolinearitas. Regression model yang good is knowing whether there is a correlation in the regression model between independent variables.

**Table 4:** Output Testing magnitude correlation among Independent Variables

		reliability	Responsiveness	Assurance	Direct evidence	Attention
Reliability	Pearson Correlation	1	.307**	.522**	.558**	.696**
	Sig. (2-tailed)		.002	.000	.000	.000
	N	100	100	100	100	100
Responsiveness	Pearson Correlation	.307**	1	.456**	.405**	.457**
	Sig. (2-tailed)	.002		.000	.000	.000
	N	100	100	100	100	100
Assurance	Pearson Correlation	.522**	.456**	1	.606**	.755**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	100	100	100	100	100
Direct evidence	Pearson Correlation	.558**	.405**	.606**	1	.707**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	100	100	100	100	100
Attention	Pearson Correlation	.696**	.457**	.755**	.707**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	100	100	100	100	100

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Based on the table above can be seen that the correlation between variables X1 reliability, assurance X2, X3 direct evidence, perhtian X4 and X5 variable of concern is at 0.793. Therefore, the correlation between the independent variables, namely X1, X2, X3, X4 and X5 amounted to 0.712 greater than 0.5, then it is said that



between quality and satisfaction there is no relationship multicollinearity.

**Hypothesis testing**

Based on test results of research data to test the classic assumption can be concluded that there multikorelasi, heterokedstisitas and normality. Testing the hypothesis is proof against all the hypotheses in the study based on the theory. To test the hypotheses that have been proposed and detect terhadap independent variables influence the dependent variable used regression analysis.

a. Uji Simultan (Uji F)

**Table 5**

ANOVA<sup>b</sup>

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	2352.098	5	470.420	227.171	.000 <sup>a</sup>
Residual	194.652	94	2.071		
Total	2546.750	99			

Based on the ANOVA test results in the table above shows the calculated F value of 227.171 with a probability of 0.000. While the value of F table is 2,46 meaning F count larger than F table then Ho is rejected, so it can disimpulkan that variable reliability (reliability), responsiveness (responseveness), assurance (assurance), direct evidence (tangibles) and attention (empathy) effect jointly to satisfaction of passion Since the probability is much smaller than 0.05 then the regression model can be used to predict satisfaction

**b. Multiple Regression Analysis**

To determine whether there is influence, how to influence the pattern of huhungan anatra X and Y and how big the average X and Y change in one unit of regression analysis. If a change in Y could diprediksi by changes in X, then statistically these changes show the influence of X to Y. To see that effect can be systematically formulated as follows:

$$Y = 1.143 + + 0,010X3 0,014X2 0,020X1 + + 0,720X4 0,015X5$$

The regression coefficient for reliability variable (X1) is 0,020 this value shows the influence of variable reliability to satisfaction is positive. This suggests that each follows the reliability of medical personnel and paramedics in providing services affect the satisfaction and responsiveness regression coefficient (X2) is 0,014 this value indicates the variable responsiveness is positive effect on satisfaction.

The regression coefficient variable Assurance (X3) is 0,010 this value indicates the variable collateral effect on satisfaction is positive, then the regression coefficient variable direct evidence (X4) is .720 this value shows a

variable direct evidence of a great impact on satisfaction was positive and the regression coefficients of variables attention (X5) is a value of 0.015 indicates a variable attention was positive effect on satisfaction. Based on the above table variables have the attention of the most dominant influence on patient satisfaction. Can be interpreted multiple regression models that have a meaning that with constant = 1.143 when the variable reliability, responsiveness, assurance, direct evidence and attention is 0 (zero) then the effect on patient satisfaction Keerom district hospitals Kwaingga amounted to 1,143 points.

### **c. Partial test (t test)**

Basically t test showed how far the influence of the independent variables partially in explaining the dependent variable. According to the table above can be explained that influence the quality of patient satisfaction test results as follows;

#### 1. Effect of reliability (Reliability) to the satisfaction, of the calculation results

obtained t count for Reliability (Reliability) X1 for 0606 with a probability of 0.546, compared to a significance level of 5% probability that the value significantly greater than 0.05. Thus partial variable reliability (Reliability) no significant effect on patient satisfaction.

2. Effect of Response (Responseveness) to the satisfaction, of the calculation results obtained t count for Responsiveness (Responseveness) X2 amounted to 0.431 with probability equal to 0.667. Compared significance level of 5% probability that the value significantly greater than 0.05. Thus partial variable Response (Responseveness) no significant effect on patient satisfaction.

3. Effect of Assurance (Assurance) to the satisfaction, of the calculation results obtained t count for Assurance (Assurance) X3 for 0,265 with probability equal to 0.792. Compared significance level of 5% probability that the value significantly greater than 0.05. Thus in partial Assurance (Assurance) no significant effect on patient satisfaction.

4. Effect of Direct Evidence (Tangibels) to the satisfaction, of the calculation results obtained t count on direct evidence (Tangibels) X4 amounted to 22.249 with a probability of 0.000. Compared significance level of 5% probability that the value significantly greater than 0.05. Thus partial variable direct evidence (Tangibels) is very significant effect on patient satisfaction.

5. Effect of Attention (Empathy) to the satisfaction, of the calculation results obtained t count for Attention (Empathy) X5 amounted to 0.314 with probability equal to 0.751. Compared significance level of 5% probability that the value is significantly smaller than 0.05. Thus in partial attention (Empathy) no significant effect on patient satisfaction.

### **d. Correlation Analysis**

The correlation coefficient is used to view the strength of the relationship between independent variables and the

dependent variable. Where the value of the correlation coefficient of 0.804, or 80.4%, this value indicates that there is a relationship or a strong correlation between the variable quality and patient satisfaction in hospitals Kwaingga Keerom.

Based on the results at 5:17 following table shows that the value of the coefficient of determination that the adjusted R Square of 0.647 or 64.7% indicated that it silmultan quality variables are able to explain or demonstrate influence on satisfaction of 64.7%. While the remaining 35.3% is influenced by other factors outside of the study.

**Table 6**

Model Summary (b)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.961 <sup>a</sup>	.924	.920	1.43902	1.916

a Predictors: (Constant), Kehadalan, Responsiveness, Assurance, direct evidence and Attention; b Dependent Variable: Satisfaction

#### 4. Discussion

##### 4.1 Effect of reliability (reliability) X1 to Patient Satisfaction

T test conducted from above, there is a T-score results of arithmetic > T table ( $0.606 < 1.98$ ) with a significant level of 5% or 0.05 used in this calculation. This shows that the dimensions of reliability (reliability) had no significant effect on patient satisfaction. therefore, the first hypothesis (Ho) which states that there is influence signifikan between variable reliability (reliability) with patient satisfaction expressed rejected. Thus, it can be said that the reliability (reliability) positive effect on patient satisfaction. A positive effect means that, when the independent variable increases, the dependent variable increases. The better the quality of service in terms kehadalan (reliability), the higher patient satisfaction. In patients hospitalized meeting Abepura hospital that provide services to the hospitalization is not reliable, not akurat and cannot be reliable. The results are not in line with the results of research which states that the reliability (reliability) significantly affects patient satisfaction. This result is in line with on inpatient hospital pasein Sheikh Yusuf Gowa stating that kehadalan (reliability) influence on patient satisfaction. The difference of the results of this study in because the condition of medics and paramedics in hospitals Kwaingga still very minimal and more labor contracts and labor contracts that clearly has not been through the selection so that the ability of medical and paramedical personnel has not been tested properly [8-10].

##### 4.2 Effect of Power Date (responsiveness) X2 to Patient Satisfaction

T test conducted from above, there is a T-score results of arithmetic > T table ( $0.431 < 1.98$ ) with a significant

level of 5% or 0.05 used in this calculation. This shows that the dimensions of responsiveness (responsiveness) had no significant effect on patient satisfaction. therefore, the second hypothesis (Ho) which states that there is influence signifikan between variable responsiveness (responsiveness) with patient satisfaction in declared rejected. Thus, it can be said that the responsiveness (responsiveness) positive effect on patient satisfaction. A positive effect means that, when the independent variable increases, the dependent variable increases. The better the quality of service in terms of responsiveness (responsiveness), the higher patient satisfaction.

#### ***4.3 Effect of assurance (assurance) X3 on Patient Satisfaction***

T test conducted from above, there is a T-score results of arithmetic > T table (, 0.245 <1.98) with a significant level of 5% or 0.05 used in this calculation. This shows that the dimensions of a guarantee (assurance) had no significant effect on patient satisfaction. therefore the third hypothesis (Ho) which states that there is influence signifikan between variables assurance (assurance) with patient satisfaction expressed rejected. Thus, it can be said that a guarantee (assurance) positive effect on patient satisfaction. A positive effect means that, when the independent variable increases, the dependent variable increases. The better the quality of service in terms of a guarantee (assurance) influence the higher patient satisfaction. It can be concluded that the assurance (assurance) has no effect on patient satisfaction, so we need to better service, especially patients who are ambulatory using Access, KPS, and Jamkeskin, so that people can feel the benefit is real and not favoritism on the use of health insurance Askes, KPS and Jamkeskin [11-14].

#### ***4.4 Effect of direct evidence (tangibles) X4 to Patient Satisfaction***

T test conducted from above, there is a T-score results of arithmetic > T table (, 22.449 <1.98) with a significant level of 5% or 0.05 used in this calculation. This shows that the dimensions of direct evidence (tangibles) has a significant influence on patient satisfaction. therefore, the fourth hypothesis (Ho) which states that there is influence signifikan between variable direct evidence (tangibles) with patient satisfaction are accepted. Thus, it can be said to be direct evidence (tangibles) positive effect on patient satisfaction. A positive effect means that, when the independent variable increases, the dependent variable increases. The better the quality of service in terms of direct evidence (tangibles) influence the higher patient satisfaction. If we look at the answers of respondents to 6 indicator variable direct evidence (tangibles) X4, most respondents stated that hospitals Kwaingga terms of direct evidence has been good this is in accordance with the answers of respondents who said they were satisfied to settle the amount of 40.17% and are very satisfied amounted to 9, 67%. The condition of facilities and infrastructure in hospitals Kwaingga already quite good and complete as physical facilities (buildings), equipment (meubelair, equipment) and the cleanliness of the hospital environment [15].

#### ***4.5 Effect of Attention (empathy) X5 on Patient Satisfaction***

T test conducted from above, there is a T-score results of arithmetic > T table (, 0.314 <1.98) with a significant level of 5% or 0.05 used in this calculation. This shows that the dimensions of direct evidence (tangibles) had no significant effect on patient satisfaction. therefore, kelimat hypothesis (Ho) which states that there is influence signifikan between the variables of interest (empathy) with patient satisfaction expressed rejected. Apablia we

look at the answers of respondents to 6 indicator variables of concern (empathy) X5, most respondents stated that hospitals Kwaingga terms of attention (empathy) is good this is in accordance with the answers of respondents who said they were satisfied the amount of 36.67% and are very satisfied amounted to 7, 83%. This is not in line with the the concern (empathy has not give a good perception terhap meeting patient satisfaction hospitalized in Abepura Hospital. But there are still a respondent who answered less satisfied, dissatisfied and very dissatisfied respondents this lack of time to be able to submit complaints to the nurse's disease, not andanya encouragement to the patient to take medication on a regular basis so that the disease can be treated. And lack of listening to the complaints of patients by nurses, this happens because of the limitations of nurses and nurse fatigue caused quite a lot of patients seeking treatment.

#### **4.6 Quality Impact on Patient Satisfaction**

From the F test or test jointly between (reliability, responsiveness, assurance, direct evidence and attention) yield calculation calculated F value of 227.171 while the F seeded dalah of 2.46 means that in this case F count larger than F table then  $H_0$  is received, it can be concluded that the reliability, responsiveness, assurance, direct evidence and attention together have a significant effect on customer satisfaction. That is hipoeses sixth ( $H_0$ ) which states that there is a significant penngaruh between reliability, responsiveness, assurance, direct evidence and attention proved no influence and we accept the hypothesis.

Powered by Adjustedd  $R^2$  value of 0.961 indicates that 96.1% satisfaction satisfaction (Y) diperharui reliability, responsiveness, assurance, direct evidence and attention, while the remaining 3.9% are influenced by other factors. This is in line with research [16] which states that the quality of services at the hospital proved to be different from the expectations of consumers, Meksi satisfaction level of 75.76%. The findings in this study is the level of patient satisfaction with the services Kwaingga Hospital Outpatient Hospital Kwaingga Keerom. These findings show that patient satisfaction is obtained from the dimensions of direct evidence (tangibles) or physical. Aspects beriakian denan satisfaction is the satisfaction of physical, mental, social status and the patient satisfaction with the hospital environment. PPP program that provides health fee waiver for the indigenous people of Papua in effect since March 2009, ie since the enactment of Papua gubernatorial 6 of 2009, increasing the number of outpatients in hospitals Kwaingga, Kwaingga Hospital as one of the nearest hospital to be an option for treatment with KPS and BPJS. Quality of service is one indicator of the performance of the hospital to attract patients. if the quality of medical services and constantly improved continuously, the patient will continue to grow and is unable to serve patients from multiplying. Moreover, Kwaingga Hospital is working to improve the status of hospital type from type D to Type C, resulting in continuous pembangunan building infrastructure, additional medical equipment and of course also the addition of medical personnel and the quality of medical personnel.

#### **5. Conclusion**

Based on the research that has diurakan in previous chapters, it can be summed up some of the following:

1.  $H_0$  unacceptable because it does not affect reliability signifikan to satisfaction of outpatients with sig.

0.546.

2. Ho is unacceptable because it does not affect significant responsibility to satisfaction of outpatients with sig.0,667
3. Ho unacceptable because it does not affect significant assurance to satisfaction of outpatients with sig. 0.792
4. Ho unacceptable because tangibility effect significant to satisfaction of outpatients with sig. 0,000
5. Ho unacceptable because empathy does not affect significant to satisfaction of outpatients with sig. 0.754
6. Ho acceptable because there is a significant influence simultaneously its reliability (reliability), responsiveness (responsibility), assurance (assurance), direct evidence (tangibility), attention (empathy), to the satisfaction of outpatients at 96.1%

## **References**

- [1] Moenir. 2002. *Manajemen Pelayanan Umum Indonesia*, Jakarta. Budi Aksara
- [2] Wijaya. T. 2011. *Manajemen Kualitas Jasa*, Jakarta.
- [3] Sugiyono, 2001. *Metode Penelitian Administrasi*. Alfabeta, Bandung.
- [4] *Metode Penelitian Kuantitatif, Kualitatif, dan R & D*. Bandung: Alfabeta, 2012.
- [5] Singarimbun, M. dan Sofian, E, 1987. *Metode Penelitian Survey*. LP3ES, Jakarta.
- [6] Riduwan dan H. Sunarto, 2007. *Pengantar Statistika*. Alfabeta, Bandung.
- [7] Parasuraman dan Malhotra. 2005. A Multiple-Item Scale for Assessing Electronic Service Research. Vol.7, No.5 pp: 1-21
- [8] Adisasmito, Wiku. 2008. *Kesiapan Rumah Sakit Dalam Menghadapi Globalisasi*. Jakarta: Fakultas Kesehatan Masyarakat Universitas Indonesia
- [9] Arso, Septo Pawelas. 2013. *Prinsip - prinsip Manajemen dalam Pelayanan Kesehatan. Materi Kuliah Administrasi Rumah Sakit Magister Ilmu Kesehatan Masyarakat Universitas Diponegoro*. Semarang: Universitas Diponegoro
- [10] Depkes RI. 2008. *Riset Kesehatan Dasar (Riskesdas) 2007. Laporan Nasional 2007*. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Departemen Kesehatan Republik Indonesia

- [11] Arikunto, S, 1992. Manajemen Penelitian. Bina Aksara, Jakarta.
- [12] Gasperz, Vincent. 2005. Total Quality Management. Jakarta: PT Gramedia Pustaka Utama
- [13] Gasperz, Vincent, 2002. Manajemen Kualitas Dalam Industri Jasa. Jakarta: PT. Gramedia Pustaka Utama
- [14] Muninjaya, A.A. Gde. 2012. Manajemen Mutu Pelayanan Kesehatan. Jakarta: Penerbit Buku Kedokteran EGC
- [15] Arian, Robertus. 2011. Cara Rumah Sakit Mengukur Mutu Pelayanan; URL: [robertusarian.wordpress.com](http://robertusarian.wordpress.com)
- [16] Ratminto dan Winarsih. 2005. Manajemen Pelayanan. Yogyakarta: Pustaka Belajar