Service quality dimensions affect outpatient satisfaction

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ABSTRAK

Latar Belakang: Pemantauan tingkat kepuasan pasien menjadi target instansi kesehatan dalam hal ini rumah sakit untuk berkembang dan bersaing dengan rumah sakit lainnya. Pengukuran tersebut untuk mengetahui sejauh mana dimensi mutu pelayanan kesehatan yang telah diselenggarakan memenuhi harapan pasien. Semakin meningkatnya kualitas pelayanan disuatu rumah sakit maka diharapkan mampu memenuhi harapan dari pasien sehingga hal ini memberikan hasil kepuasan pasien. Salah satu jenis pelayanan kesehatan yang ada di rumah sakit yaitu pelayanan rawat jalan yang tuntut untuk memberikan pelayanan kepada pasien dan keluarga pasien sesuai dengan standar kualitas pemenuhan kebutuhan dan keinginan pasien.
Tujuan: Mengetahui pengaruh dimensi mutu pelayanan terhadap kepuasan pasien rawat jalan.
Metode: Jenis penelitian ini adalah analitik kuantitatif dengan rancangan penelitian cross sectional. Populasi dalam penelitian ini adalah seluruh pasien rawat jalan RSUP Dr. Soeradji Tirtonegoro. Teknik sampel yang digunakan pada penelitian ini probability sampling dengan jenis simple random sampling. Jumlah sampel dalam penelitian ini sebanyak 200 responden. Analisis data dalam penelitian ini menggunakan analisis univariat, analisis bivariat dengan uji statistik spearman rank dan chisquare serta analisis multivariat dengan uji statistik regresi logistik.
Hasil: Hasil penelitian menunjukkan bahwa adanya pengaruh dimensi mutu responsiveness dan empathy terhadap kepuasan pasien umum rawat jalan di RSUP dr. Soeradji Tirtonegoro. Diketahui bahwa pada uji multivariat kedua dimensi masing-masing berpeluang 5 dan 27 kali dalam mempengaruhi kepuasan pasien umum rawat jalan dengan masing-masing nilai p-value 0,003 dan p-value 0,005.
Kesimpulan: Terdapat pengaruh antara dimensi mutu (Responsiveness dan Empathy) terhadap kepuasan pasien umum rawat jalan RSUP dr. Soeradji Tirtonegoro.

KATA KUNCI: *dimensi mutu pelayanan; kepuasan pasien; rawat inap*

ABSTRACT

Background: Monitoring the level of patient satisfaction is the target of health agencies, in this case hospitals, to develop and compete with other hospitals. This measure is to determine the extent to which the dimensions of the quality of health services that have been prepared meet patient expectations. The increasing quality of service in a hospital is expected to be able to meet the expectations of patients so that this results in patient satisfaction. One type of health service that exists in hospitals is outpatient services which are required to provide quality services, by providing services to patients and patient families in accordance with quality standards of meeting patient needs and expectations.
Objectives: To determine the influence of service quality dimensions on outpatient patient satisfaction.

Methods: *This type of research is quantitative with a cross-sectional research design. The population in this study were all outpatients at RSUP Dr. Soeradji Tirtonegoro. The sampling technique used in this study is probability sampling with simple random sampling. The number of samples in this study were 200 respondents. Data analysis in this study used univariate analysis, bivariate analysis with Spearman rank and chi-square statistical tests and multivariate analysis with logistic regression statistical tests.*

Results: *The results showed that there was an influence of responsiveness and empathy dimensions on general outpatient patient satisfaction at hospital of dr. Soeradji Tirtonegoro. It is known that in the multivariate test both dimensions were affected 5 and 27 times respectively in influencing general outpatient patient satisfaction with a p-value of 0.003 and a p-value of 0.005, respectively.*

Conclusions: *There is an influence between the dimensions of quality (Responsiveness and Empathy) on patient satisfaction outpatient at dr. Soeradji Tirtonegoro hospital*

INTRODUCTION

Based on Law No. 36 of 2009 concerning Health, it is emphasized that everyone has the same right to obtain access to health and obtain safe, quality and affordable health services (1). Hospitals as health service providers must provide quality, affordable, equitable and fair health services. The increasing quality of service in a hospital is expected to be able to meet the expectations of patients so that this results in patient satisfaction –(2). Hospitals have various types of health services that can be prioritized to maintain patient loyalty. One type of health service in the hospital is outpatient services. Outpatient services are the main concern of Hospital management, because the number of outpatients is more than other treatments. Outpatient services are a promising market share and can bring financial benefits to hospitals (3). In providing services, the community generally has a first impression in assessing a hospital, namely the quality of service (4). As an effort to improve the quality

of a health service, it is an important step to increase competitiveness in Indonesian businesses, especially in the health sector(5).

Improving the quality of hospital services in accordance with the mandate of Article 16 of the Republic of Indonesia Health Law Number 36 of 2009 stipulates that the government is responsible for the availability of resources in the health sector that are fair and equitable for all people to obtain the highest degree of health (6). The quality of service at the hospital is one of the important factors in creating patient satisfaction. Quality service in a hospital is providing services to patients and their families in accordance with quality standards to fulfill the needs and desires of patients. So, this is expected to create patient satisfaction which can increase patient and patient family trust in the hospital (7). Measures of service quality and low patient satisfaction will have an impact on the number of visits which will affect the profitability of these health facilities(8)(9,10).

Parasuraman et al factors that affect service quality are assessed based on five dimensions, namely tangible (physical evidence), reliability, responsiveness, assurance and empathy (11)(12,13). Nurul Anisa's research (2017) on 44 respondents obtained the results of poor service quality and poor patient satisfaction of 52.3% with a total of 23 respondents. Patients with poor service quality and patient satisfaction were satisfied by 2.3% with 1 respondent. Patients who rated good service quality and patient satisfaction were less than 2.3% with 1 respondent. In addition, patients who rated good service quality and patient satisfaction were satisfied as much as 43.3% with a total of 19 respondents. From this study shows that there is an influence of service quality in the process of providing services to patients. Patient satisfaction can be achieved by improving the quality of services provided to patients, this aims to meet patient expectations(14).

The standard for patient satisfaction in health services is determined nationally by the Ministry of Health with a minimum service standard for patient satisfaction, which is above 95% (15). dr. Soeradji Tirtonegoro hospital the results of a community satisfaction survey in 2021 starting from January-December 2021 showed the Community Satisfaction Index in January was 80.67%, in February it was 79.13%, in March it was 79.15%, in April 79.71%, May 77.54%, June 78.82%, July 77.15%, August 78.97%, September 80.06%, October 80.31%, November 80.04% and December 80.19%. With elements of service requirements, system mechanisms and procedures, completion time, costs, product specifications for types of services, implementing competence, implementing behavior, facilities and infrastructure and complaint handling, suggestions and input. Based on the overall results, the Community Satisfaction Index score at dr. Soeradji Tirtonegoro hospital is 79.31% and is in category good.

Based on this description, the researcher is interested in conducting research with the aim of knowing the effect of service quality on patient satisfaction at dr. Soeradji Tirtonegoro hospital. Because good service quality will create trust and form patient loyalty in reusing the same service and recommending services received to other people who need health services.

MATERIALS AND METHODS

This type of research is quantitative analytic with a cross sectional research design. The research location is in dr. Soeradji Tirtonegoro hospital and when the research was carried out in August-September 2022. The population in this study were all outpatients at dr. Soeradji Tirtonegoro hospital. The sample technique is Probability Sampling with the Simple random sampling type. Calculation of the number of samples using Slovin formula by including the design effect with a sample of 200 respondents. The type of research instrument used a questionnaire on the dimensions of service quality and patient satisfaction, the statistical tests used were the Chi-square and the logistic regression test. Testing the validity of the service quality questionnaire and patient satisfaction was carried out on 35 samples with the results of all statements being valid (r count > r table 0.279) and the results of the service quality reliability test obtained Cronbach's alpha 0.638 (>r table 0.60) and

patient satisfaction 0.678 (>r table 0.60) so that two instruments are reliable. The data analysis used was univariate, bivariate and multivariate analysis. This research has passed the ethical test from the ethical commission of Alma Ata University with number KE/AA/VII/10874/EC/2022.

RESULTS AND DISCUSSION
RESULTS

Table 1 shows the results that the majority of the characteristics of the research respondents based on age were 152 adults (76%). The characteristics of the respondents based on the majority gender were female, amounting to 134 (67%). Meanwhile, the majority of respondents with educational characteristics were compulsory level education totaling 160 (80%). And the characteristics of the respondents based on the majority's work are working totaling 152 (76%).

Table 1. Characteristics Distribution of Outpatient

Characteristics	Category	f	%
Age	18-25 years	21	10,5
	26-35 years	37	18,5
	36-45 years	52	26
	46-55 years	50	25
	56-65 years	40	20
Gender	Man	66	33
	Woman	134	67
Education	Compulsory Education	160	80
	College Education	40	20
Work	Work	152	76
	Doesn't work	48	24

Based on **Table 2** shows the results that most respondents provide dimensional assessments tangible, reability, responsiveness, assurance and empathy are in the good category as many as 197 (98.5%) on the dimension tangible, by 180 (90%) on dimensions reability, as much as 198 (99%) on dimension responsiveness and as much as 186 (93%) for dimensions assurance as well as 188 (94%) for dimensions empathy.

Table 2. Dimensions of Service Quality

Quality Dimensions	Category	f	%
Tangible	Good	197	98.5
	Not good	3	1.5
Reability	Good	180	90
	Not good	20	10
Responsiveness	Good	198	99
	Not good	2	1
Assurance	Good	186	93
	Not good	14	7
Empathy	Good	188	94
	Not good	12	6

Based on **Table 3**, it shows that most of the research respondents gave satisfaction ratings in the satisfied category, namely 193 (96.5%) respondents.

Table 3. Distribution of outpatient satisfaction

Patient Satisfaction	f	%
Satisfaction	193	96.5
Less satisfied	7	3.5
Amount	200	100

Table 4. The Effect of Service Quality Dimensions on Outpatient Satisfaction

Quality Dimensions	Patient Satisfaction				Total		P Value
	Satisfaction		Less satisfied				
	f	%	f	%	f	%	
Tangible							
Good	193	96,5	4	2	197	98,5	0,000
Not good	0	0	3	1,5	3	1,5	
Reability							
Good	174	87	6	3	180	90	0,700
Not good	19	9,5	1	0,5	20	10	
Responsiveness							
Good	192	96	6	3	198	99	0,000
Not good	1	0,5	1	0,5	2	1	
Assurance							
Good	180	90	6	3	186	93	0,442
Not good	13	6,5	1	0,5	14	7	
Empathy							
Good	183	91,5	5	2,5	188	94	0,010
Not good	10	5	2	1	12	6	

Based on **Table 4** shows the results that the dimensions of quality tangible in the good category, most of the outpatient satisfaction levels were in the satisfied category, namely 193 (96.5%) respondents and in the less satisfied category, namely 4 (2%) respondents. While the dimensions of quality tangible in the unfavorable category with the satisfaction level of outpatients in the satisfied category as many as 0 (0%) of respondents and in the less satisfied category as many as 3 (1.5%) of respondents. Statistical test results Chi-square on dimensions tangible a value of 0.000 is obtained where the gain is smaller than the provision of 0.05 so it can be concluded that there is a significant influence between the dimensions of quality tangible on outpatient general patient satisfaction. up to dimensions tangible then multivariate analysis can be carried out.

Quality dimension reability in the good category, most of the outpatient satisfaction levels were in the satisfied category, namely 174 (87%) respondents and the patient satisfaction level was less satisfied, namely 6 (3%) respondents. While the dimensions of quality reability in the unfavorable category with the satisfaction level of outpatients in the satisfied category, namely 19 (9.5%) respondents and the level of patient satisfaction in the less satisfied category was 1

(0.5%) respondents. Statistical test results Chi-square on dimensions reability a value of 0.700 is obtained where the gain is greater than the provision of 0.05 so it can be concluded that there is no significant effect between the dimensions of quality reability on outpatient general patient satisfaction. up to dimensions reability then multivariate analysis could not be performed.

Quality dimension responsiveness in the good category, most of the outpatient satisfaction levels were in the satisfied category, namely 192 (96%) of respondents and in the less satisfied category, namely 6 (3%) of respondents. While the dimensions of quality responsiveness in the unfavorable category with the satisfaction level of outpatients in the satisfied category, namely 1 (0.5%) of respondents and in the less satisfied category, 1 (0.5%) of respondents. Statistical test results on dimensions responsiveness a value of 0.000 is obtained where the gain is smaller than the provision of 0.05 so it can be concluded that there is a significant influence between the dimensions of quality responsiveness on outpatient general patient satisfaction. up to dimension responsiveness then multivariate analysis can be carried out.

Quality dimension assurance in the good category, most of the outpatient satisfaction levels were in the satisfied category, namely 180 (90%) respondents and in the less satisfied category, namely 6 (3%) respondents. While the dimensions of quality assurance in the unfavorable category with the satisfaction level of outpatients in the satisfied category as many as 13 (6.5%) respondents and in the less satisfied category as many as 1 (0.5%) respondents. Statistical test results on dimensions assurance obtained a value of 0.442 where the gain is greater than the provisions of 0.05 so it can be concluded that there is no significant effect between the dimensions of quality assurance on outpatient general patient satisfaction. up to dimensions assurance then multivariate analysis could not be performed.

Quality dimension empathy in the good category, most of the outpatient satisfaction levels were in the satisfied category, namely 183 (91.5%) respondents and in the less satisfied category, namely 5 (2.5%) respondents. While the dimensions of quality empathy in the unfavorable category with the satisfaction level of outpatients in the satisfied category as many as 10 (5%) respondents and in the unsatisfied category as many as 2 (1%) respondents. Statistical test results on the tangible dimension a value of 0.010 is obtained where the acquisition is smaller than the provision of 0.05 so it can be concluded that there is a significant influence between the

Table 5. The Effect of Service Quality Dimensions on Outpatient General Patient Satisfaction

Quality Dimensions	p-value	Exp (B)	95% CI	
			Upper limit	Lower limit
Tangible	0,999	0,000	0.000	0.000
Responsiveness	0,003	0,005	0,000	0,164
Empathy	0,005	0,027	0,002	0,329

The results of the multivariate analysis test show that the tangible dimension has p-value = 0.999, the responsiveness dimension has p-value = 0.003 and having empathy dimension p-value = 0.005. This responsiveness dimension is the most influential dimension on patient satisfaction. The results of the multivariate testing of the dimensions of tangible, responsiveness and empathy simultaneously have an influence on general outpatient patient satisfaction, but statistically the responsiveness dimension is the quality dimension that most influences the satisfaction of outpatient general patients at RSUP dr. Soeradji Tirtonegoro in 2022.

DISCUSSION

Characteristics of respondents

The results showed that the characteristics of the respondents based on age at dr. Soeradji Tirtonegoro hospital was mostly adults (18-54 years) totaling 152 (76%) respondents and elderly adults (55-65 years) totaling 48 (24%) respondents. From these results it can be seen that the use of health service facilities is mostly used by respondents in the adult age category. Age or age is the length of life calculated from birth (15). According to Munawir, age is a demographic factor that influences patient satisfaction (16). According to Maslow in Setiadi 2019 in his theory of human needs also explains that every human being needs to want to have and be owned, love and affection and self-esteem, so that between the young and the adults they want a relationship interpersonal good (17). Characteristics of respondents based on gender at dr. Soeradji Tirtonegoro hospital the majority were women with a total of 134 (67%) respondents

compared to men who amounted to 66 (33%) respondents. Gender is the difference in form, nature, and biological function of men and women that determines their different roles in reproduction (18). Munawir said that gender is a demographic factor that influences patient satisfaction (16). Research this shows that there is no significant relationship between gender and outpatient satisfaction (19) (16). Characteristics based on the level of education of respondents in the majority of Soeradji Tirtonegoro hospital have compulsory basic education totaling 160 (80%) respondents compared to tertiary education amounting to 40 (20%) respondents. Patient satisfaction is not determined by the level of education '(20), satisfaction is the hope of every patient who seeks treatment who has the right to get excellent and satisfying service. Patient satisfaction is not only influenced by one's education but on other aspects that vary as well as service quality (21). Research conducted by Ikbal Munawir (2018) showed a p-value of 0.983 meaning p > 0.05 which showed that there was no significant relationship between education level and outpatient satisfaction (16). According to Carl in Suryati et. al (2017) those with higher education think more critically, are more informative, and expect more so they tend to be dissatisfied with services that do not meet their expectations, while those with low education tend to accept and understand more what has been given to them '(22). Characteristics of the work of respondents in the majority of dr. Soeradji Tirtonegoro hospital worked totaling 152 (76%) respondents while the respondents who did not work amounted to 48 (24%) respondents.

Research conducted by Suryati et. al (2017) showed that there was no significant relationship between employment status and utilization of health services '(22). According to Rahman, people who work tend to have higher expectations than people who don't work for health services (23).

The Effect of Quality Dimensions on Outpatient Satisfaction

The results of the research show the dimensions tangible having a p-value of 0.000 means p ≤ 0.05, this indicates that there is a significant effect between tangible on outpatient general patient satisfaction. The results of this study are in accordance with previous research that there is a relationship between physical evidence (tangible) on outpatient satisfaction (24). Tangible is the physical form of the hospital. According to Budiawan and Effendi (2015), tangible is one aspect of service quality that has an influence on patient satisfaction (25). Based on the results of dimensional research Reability obtained p-value 0.700 means p> 0.05, this indicates that there is no significant effect between reability on outpatient general patient satisfaction. The results of this study are in accordance with previous research which means there is no relationship between reliability with outpatient satisfaction (26). According to Kotler in Rinnanik *et al*. That reability namely the ability of the service to provide services as promised, reliable, accurate, and consistent and this is related to the level of customer satisfaction (27). Based on the results of dimensional research Responsiveness obtained p-value 0.000 means p ≤ 0.05, this shows that there is a significant effect between responsiveness on

outpatient general patient satisfaction. The results of this study are in accordance with previous research conducted by Marmeam et.al (2017) in this study it was found that there was a relationship between responsiveness on outpatient satisfaction (24). According to Kotler in Buchari, A. That responsiveness, namely the willingness of officers or employees and of employers to help customers and provide services quickly and hear and resolve complaints from consumers and this is related to the level of customer satisfaction (28). Based on the results of dimensional research Assurance obtained p-value 0.442 means p> 0.05, this shows that there is no significant effect between assurance on outpatient general patient satisfaction. The results of this study are in accordance with previous studies whose results have no relationship between assurance with outpatient satisfaction (28). Service guarantee, namely the ability of employees to generate confidence and trust in promises that have been made to consumers, and this is related to the level of customer satisfaction '(29). Based on the results of dimensional research Empathy obtained p-value 0.010 means p ≤ 0.05, this shows that there is a significant effect between empathy on outpatient general patient satisfaction. The results of this study are in accordance with research whose results state that there is a relationship between empathy with outpatient satisfaction (28).

Logistic Regression Analysis

Based on the results of multivariate dimensional test tangible obtaining a significant value of 0.999 means that the significance level is greater <0.05 so that it

does not have a significant effect, this shows that there is a significant effect tangible on outpatient general patient satisfaction. Then on to dimensions responsiveness obtain a significant value of 0.003, meaning that the significance level is smaller <0.05, so this shows that there is a significant effect responsiveness on general outpatient patient satisfaction and has Exp (B) or OR (Odd Ratio) of 0.005, so it can be said that the dimension responsiveness has a 0.005 times chance of influencing general outpatient patient satisfaction. Meanwhile on dimensions empathy obtain a significant value of 0.005, meaning that the significance level is smaller <0.05, which means there is an influence empathy on general outpatient patient satisfaction and has Exp (B) or OR (Odd Ratio) of 0.027, so it can be said that the dimension empathy 0.027 times the opportunity to affect outpatient general patient satisfaction. Thus, dimensions tangible not a dominant quality dimension that affects patient satisfaction. While dimensions responsiveness and empathy are the dominant dimension in influencing general outpatient patient satisfaction by 0.005 and 0.027 times. Responsiveness in providing health services related to the speed and accuracy of officers in providing services to customers. The results of this study are in accordance with previous research conducted by Marmeam et.al (2018) (24) in a study showed that the significant value of $p < \alpha = 0.05$ (29). it can be concluded that there is a relationship between responsiveness on outpatient satisfaction '(29-32). Other studies have pointed out that identifying forms of non-linearity is important for categorizing quality dimensions as attractive, one-dimensional or imperative and

for allocating quality improvement resources to services (33).

CONCLUSION AND RECOMMENDATION

Based on the data obtained from the results of the analysis, the conclusions from this study are as follows: Characteristics of respondents at RSUP dr. The majority of Soeradji Tirtonegoro are aged 36-45 years with a total of 52 (26%), female sex totaling 134 (67%) and compulsory level education totaling 160 (80%) with the majority working totaling 152 (76%). The majority of respondents in RSUP dr. Soeradji Tirtonegoro stated that he was satisfied with the good category on dimensions tangible as many as 193 (96.5%) respondents. There is a significant influence between the dimension's responsiveness and empathy on outpatient general patient satisfaction where the two dimensions respectively have a chance of 0.5% and 2.7% in influencing general outpatient patient satisfaction at Soeradji Tirtonegoro hospital. Responsiveness dimension is the quality dimension that most influences the satisfaction of outpatient general patients at RSUP dr. Soeradji Tirtonegoro.

Suggestions for this research: for dr. Soeradji Tirtonegoro hospital is expected to be hospital improve and optimizes service quality starting from the quality dimension reability, assurance, empathy, responsiveness and tangible so that the quality of service is getting better and patient satisfaction will be higher. Respondents are advised to be more open about what they feel while visiting or getting health services at dr. Soeradji Tirtonegoro hospital, for example, by submitting complaints and suggestions through a critique

and suggestion sheet provided by the hospital, this is also a form of self-evaluation of the hospital.

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