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Analysis of patient satisfaction with the quality of patient service quality in RSUD X in Lampung City

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ABSTRACT

This study aims to test and analyze the effect of Ptient Satisfaction with the quality of Patient Service in RSUD X Lampung City by looking at the 5 dimensions of health service quality by distributing questionnaires to 30 samples. This research is a quantitative study which uses the status of people who have completed the administration by using a purposive sampling technique. The quality of patient service by doctors at RSUD X in Lampung city has used a service marketing view, namely service quality whose main concern is the speed of patient handling by doctors. The quality of hospital services has shown services that can be accepted by patients. With the level of patient satisfaction with the doctor, the hospital image will appear after the hospital carries out its activities or performs its services, and this service is felt by the patient.

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INTRODUCTION

In line with the rapid development of the world of science and technology, hospitals as a service industry compete with each other in improving service quality to provide satisfaction to their consumers. Patient satisfaction is defined as a response to the discrepancy between the level of importance and actual performance held after using existing services. Satisfactory and quality service will form patient loyalty and increased competition to improve service quality.

The existence of competition between these hospitals requires efforts from service providers to fulfill what consumers expect so that consumers get satisfaction with the services provided by the hospital. If the consumer's perception of a product or service exceeds what is expected, of course the consumer is very satisfied, but if the consumer's perception is below the expected level, of course the consumer is dissatisfied or very disappointed, especially with the doctor's service which is the initial benchmark of service in the hospital.

The quality of hospital services is very important, because it affects patient satisfaction. Good quality health services can create a sense of satisfaction in every patient. Low customer satisfaction will decrease the number of patient visits, which will affect the profitability of the health facility.. (Azwar A, 2007; Kemenkes RI., n.d.)

The quality of health services is assessed from 5 dimensions, *namely reliability (ability to realize promises), responsiveness (responsiveness in providing services), assurance (ability to provide service guarantees), empathy (ability to understand customer desires), and tangibles (physical appearance of services).* These five dimensions of service quality are the concept of Service Quality, a measuring tool for the quality of health services.

The results of research conducted by (Orah A, 2014) On the relationship between the quality of health worker services and patient satisfaction at the East Motoling Health Center, East Motoling Subdistrict, South Minahasa Regency, it can be seen that the category of respondents regarding doctor services is mostly in the category of good doctor services with a total of 64 (76.19%) respondents, while the category of doctor services is not good, namely 20 (23.81%) respondents. For nurse services, the highest number is in the category of good nurse services totaling 71 (84.52%) respondents, while the category of nurse services is not good, namely 13 (15.48%) respondents.

The quality of hospital services is very important in ensuring patient satisfaction and maintaining reputation. Hospitals have a mission to foster and preserve the welfare of the community, in addition, the exponential increase in the number of private health care providers underscores that the quality dimension is a very important part of providing health services. The service industry in general, and the healthcare sector in particular do not have precise measures of service quality. (K. R. Pillai & Alpika Kumari, 2016) Apart from the quality of hospital services, the quality of service from doctors is also an important element to be able to determine the level of patient satisfaction.

RESEARCH METHOD

This research is a research using a mix method, namely qualitative methods and elements that can be people who reveal that the object of research is a problem that will be examined to obtain directed data. So the object of this research is questionnaire data on patients who have completed administration at X Hospital in the City of Jakarta. (Anadia et. al, 2020). The data analysis used in this study is a quantitative analysis conducted by descriptive analysis of observations to determine the factors of patient satisfaction with doctor services at X Regional General Hospital in Lampung City.

Then, the results of the questionnaire on the level of satisfaction of inpatients in the special poly examined at RSUD X in the city of Lampung were examined by researchers and adjusted to the actual situation and conditions through the number of samples taken of 100 respondents randomly selected.(Notoatmodjo S, 2012) Where the questionnaire is filled in by the respondent and the questionnaire is made using a Likert scale. Data is obtained from each individual who becomes a respondent by fulfilling several mandatory criteria, where the criteria are individuals who have completed a consultation with a doctor at the X hospital poly in Lampung city.

Object and Research Method

The research object will be further analyzed to find a way to solve it. Dependent variables are variables that want to predict the results of the proposed research framework (Bougie & Sekaran, 2020). The dependent variable in this study is patient satifiscation of service quality at RSUD X in Lampung City, independent variables are Doctor Services (DS), Nurse Service (NS), Registration Service (RS), Medical Facilities and Drugs (MFD), Administrative Personnel (AP). Dependent Variable is a variable that wants to predict the results of the proposed research framework. Independent Variable or independent variable is a variable that affects the Dependent Variable positively or negatively. (Hair et al., 2017).

Population and Sampling.

The sample used was patients who sought treatment at the X Hospital in Lampung City from January to March 2023, totaling 160 people. The sampling was carried out in March-April 2023. In determining this research will use purposive sampling. The sample size in this study was

determined by several considerations, namely not opening the patient's medical record (medical record) from RSUD X Lampung City for research ethical reasons. Then the bulk population in this study cannot be determined with certainty, because of that, the researcher will use a separate calculation formula to determine the minimum sample size by taking the Formula from (Cochran, 1977) which is used to determine the minimum sample size that is sufficient to conduct research from an unknown population;

Because the population is not known with certainty, the calculation formula will be used to determine the minimum sample size that is sufficient to conduct population research whose number is not known with certainty.

$$n = \frac{Z^2 p(1-p)}{e^2} \quad (1)$$

n: number of samples
z: the level of confidence (confidence level) the level of confidence that is often used is 95% (1,960)
p: is the estimated proportion of the population.
e: level of precision or (sampling error) the variation in the value of e is between 5% and 1%

Based on the formula above, the proportion estimation value for this study uses the largest number, namely 0.5 and a precision level of 10%, a precision level of 10 percent (0.1) can be used with the consideration that this research is a case study where the sample in the study for research based on the formula from Cochran (1977) is:

$$n = \frac{1{,}960^2 \text{x } 0.5\ (1\text{-}0{,}5)}{0{,}1}$$

From this calculation, the sample size obtained is 35 respondents, however, Reporting from the total population is unknown, so the number of research respondents will determine by referring to the minimum sample size requirements in certain analyzes such as structural equation model (SEM) analysis, which is between 100 and 200 samples. The number of samples determined to be 200 people has met the requirements and then its use will use the PLS-SEM technique or (Partialized least squares) (Utama, 2021). Therefore, it can be concluded that the minimum sample value in this study is 200 because researchers will use the PLS-SEM (Utama, 2021).

RESULTS AND DISCUSSIONS

The Characteristics of Respondents

Research Flow

In this study using quantitative research with the Partial Least Square Method (PLS) is a non- This study uses the variance-based partial least square-structural equation modeling (PLS-SEM) analysis method. The reason researchers use PLS-SEM as an analytical method is because the nature of the analysis is the development of existing theory with an exploratory approach to the research model. In addition, PLS-SEM is in accordance with the research orientation, namely to test the research model compiled whether it has predictive and explanatory capabilities (Sarstedt et al., 2022). The model analysis in this study uses the PLS-SEM analysis method with the SmartPLSTM version 4.3.3 software. The advantage of the SmartPLSTM version is that it has a bootstrapping (re-sampling) feature which is a non-parametric statistical procedure with re-sampling techniques to test the significance of various PLS-SEM version 4.3.3 results.

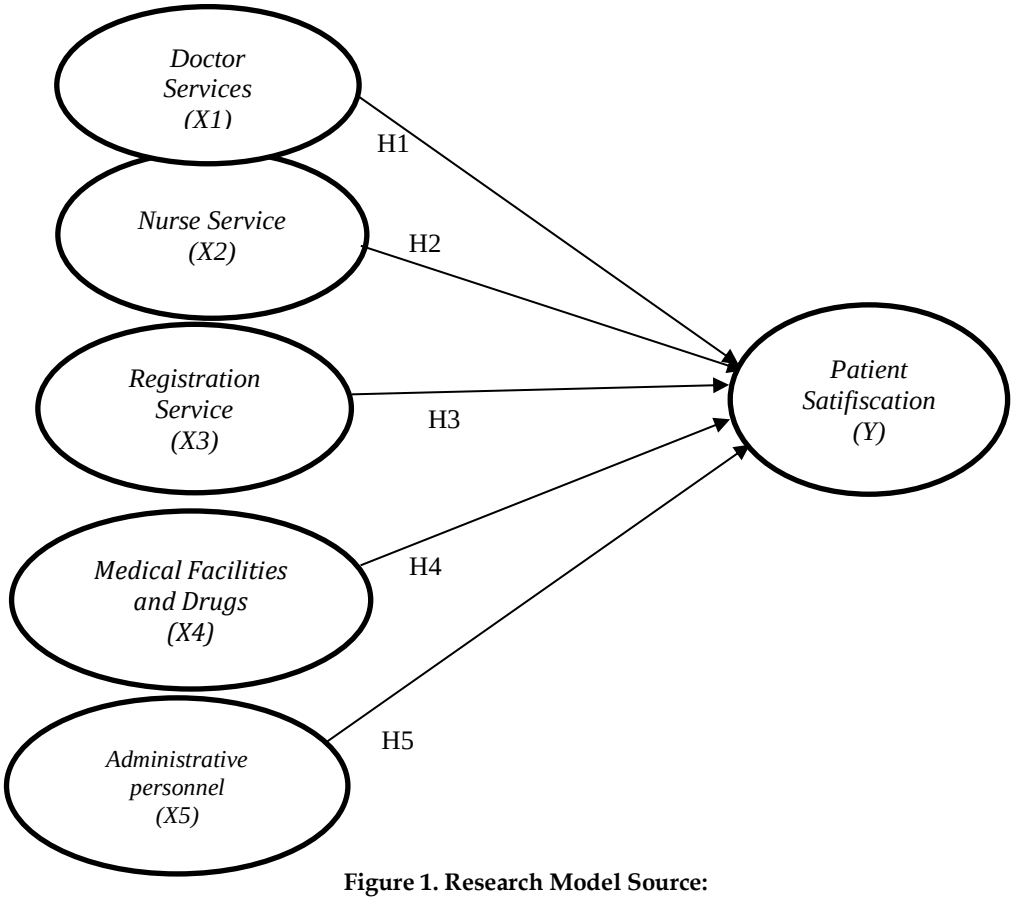

Figure 1. Research Model Source:
(modified from: Abid Hussain, et. Al, 2019; Cha Eun Kim and Joon Shik Shin, 2017)

Validity Test

The measurement model is a model that explains the relationship between variables and their indicators. The measurement model is carried out to assess the validity and reliability of the research. Validity testing in the PLS-SEM method can be done in two ways, namely convergent validity and discriminant validity. Convergent validity is the loading factor and AVE value on the latent with the indicator, if the loading factor ≥ 0.7 and AVE> 0.5 then the indicator used is valid (Hair et al., 2014). The rule of thumb for convergent validity is loading factor> 0.7; however, 0.50 - 0.60 can still be used, average variance extracted (AVE)> 0.5; and discriminant analysis must meet the Fornell-Larcker criteria, namely the square root value of the AVE must be greater than the correlation value between variables. The AVE value must be greater than the correlation of latent variables; if using cross loading, the value that must be obtained is> 0.7. and the validity test assessment is as follows**:**

Table 1. Convergent Validity Results

Variable	Indicator	Loading Factor	Average Variance Extracted (AVE) (>0,5)
Doctor Service	DS1	0,725	0,606
	DS2	0,726	
	DS3	0,544	
	DS4	0,791	
	DS5	0,731	
	DS6	0,804	
Nurse Service	NS1	0,683	
	NS2	0,860	

	NS3	0,744	0,509
	NS4	0,738	
	NS5	0,630	
	RS1	0,816	
Registration Service	RS2	0,857	
	RS3	0,767	0,522
	RS4	0,803	
	RS5	0,718	
	MDF1	0,650	
Medical, Drugs	MDF2	0,574	
Facilities	MDF3	0,886	0, 547
	MDF4	0,895	
	AP1	0,747	
Administrative	AP2	0,734	
personnel	AP3	0,31	0,773
	AP4	0,792	
	PS1	0,843	
Patient Satifiscation	PS2	0,809	0,630
	PS3	0,808	

Source: SmartPLS 4.3 Data Processing Results (2023)

In table 1. it can be seen that the AVE of all variables has results of more than 0.5 so it can be concluded that all variables in this study are valid. Meanwhile, the outer loading in table 3.3 is the result of the elimination of two invalid indicators, namely OS4 and RA3 because they have an outer loading value of more than 0.7.

Furthermore, discriminant validity measurement is carried out using the value of the heterotrait-monotrait ratio (HT / MT Ratio) as proposed by Henseler et al. (2015). The following are the results of the ratio value (HT / MT) can be shown in the following table**:**

Table 2. Discriminant Validity

AP	DS	MDF	NS	Patient _Satisfaction	RS
AP					
DS		0.649			
MDF		0.832	0.567		
NS		0.322	0.449	0.232	
Patient _Satisfaction		0.840	0.663	0.809	0.437
RS		0.857	0.506	0.776	0.524	0.835

Table 2. above shows the value of the HT / MT ratio for the discriminant validity test, where the ratio value of each variable is found below 0.9. Based on these data, it can be concluded that all indicators used in this research model are well discriminated. It can be interpreted that these indicators can specifically measure their own constructs, so that all variables pass the validity test (Hair et al., 2019; Hair et al., 2021).

Furthermore, the model form in the Structural Equation Model (SEM) analysis is as below, while details regarding the results of data analysis are described in table 2.

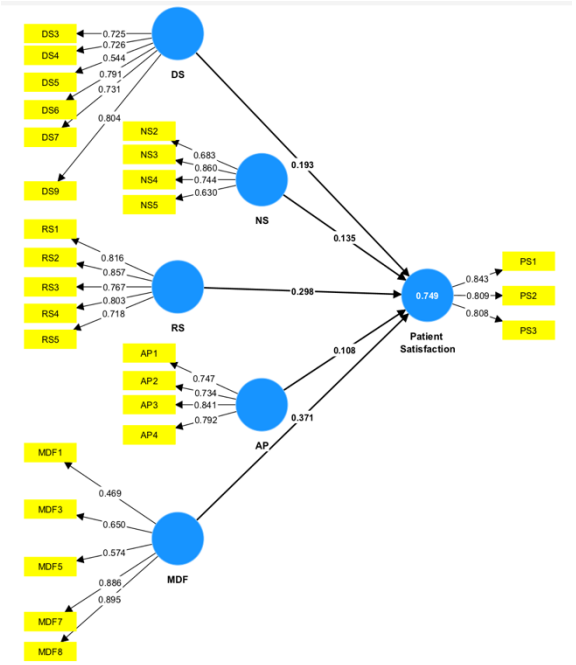

Figure 2. Structural Equation Method (SEM)

Results of Reliability Test

The second stage in outer loading is to assess construct reliability. Construct reliability is used to see the level of consistency of a measuring instrument which can provide an indication of how far the measurement results remain consistent if two or more measurements are made on the same research. In this outer model analysis, a reliability test is carried out by evaluating the Cronbach's alpha and composite reliability values with the criteria that if the value is> 0.7, it is reliable (Hair et al., 2019; Hair et al., 2020).

Table 3. Reliability Test

Variabel	Cronbach's alpha (0,7)	Composite reliability (rho_a) (0,7)
Administrative Personnel	0.788	0.801
Doctor Service	0.816	0.826
Medical Drug's Facilities	0.815	0.834
Nurse Service	0.701	0. 841
Patient Satifiscation	0.757	0.758
Registration service	0.853	0.872

Source: Data Processing Results SmartPLS Preliminary Test 4.3.3 (2023)

The table above shows that the Cronbach's alpha value and the Composite Reliability value on all variables are above 0.7 as required. (Hair et al., 2019; Hair et al., 2021). So it can be concluded that all variables in this study have passed the reliability test.

CONCLUSION

This study was conducted with the aim of knowing 1 dependent variable in this study is patient satifiscation which is divided into 5 (five) independent variables namely Doctor Services (DS), Nurse Service (NS), Registration Service (RS), Medical Facilities and Drugs (MFD), Administrative Personnel (AP) on patient Satisfaction. This quantitative study examined 160 patients as a sample.

The data collection technique was carried out by distributing questionnaires digitally via google form and physical questionnaires which were then accumulated via google form. The respondents used in this study are outpatient patients who have come to RSUD X in the past year to conduct examinations at the Internal Medicine Poly who have completed administration and examination. The data obtained is processed with SmartPLS software. 4.093. the following are the conclusions of this study: Doctor Service has a negative effect on Patient Satisfaction; Nurse Service has a positive effect on Patient Satisfaction; Registration Service has a negative effect on Patient Satisfaction; Administration Personnel has a negative effect on Patient Satisfaction; Medical Facilities and Drugs have a negative effect on Patient Satisfaction.

The following are the limitations of service research at RSUD X in the city of Lampung. First, this study was only tested empirically, especially in samples taken from 1 internal medicine health clinic at RSUD X in the city of Lampung, so that it can cause limitations in terms of sampling and generalization of the results found in this study. It is recommended in future studies to be able to include patients as a whole, but take sample filling data by paying attention to patient comfort when asking to fill in questionnaire data and include all poly in 1 hospital if necessary to get a larger sample size so that the results of the analysis can be generalized with a wider population level.

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