

# Effect of Service Quality on General Patient Internal Satisfaction Inpatient Installation of Tendriawaru Bone Hospital in 2020

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## ABSTRACT

Hospitals have various types of health services that can be seeded to maintain patient loyalty. One of them is inpatient services. Based on this perception, there will be an impression of patients on hospitals, which can then be referred to as the quality of hospital services. Factors that influence the quality of health services include technical competence, access to services, effectiveness of services, human relations, efficiency in service, continuity of service, service security, and service convenience. The purpose of this study was to analyze the effect of service quality on the satisfaction of general patients hospitalized at Tendriawaru Bone Hospital in 2020. This study is an analytical study with a cross sectional study design. Data collection uses questionnaires, where the population is 1992 people and the sample of this study is 63 people by collecting samples using the Slovin's formula. Statistical tests on bivariate analysis using the chi-square test and multivariate analysis. The results showed that there was no relationship between service access, effectiveness, continuity of service with patient satisfaction, but there was a relationship between human relationships and comfort with patient satisfaction. Furthermore, the results show that the variables that have a significant effect are the comfort variables. With a significant value of 0,005, it means that hypothesis is accepted because the value of sig < p value 0,05. This study suggests that the hospital can follow up on problems in the room, non functioning AC in one of the patient care rooms and add human resources, especially cardiologists and children.

**Keywords:** Patient satisfaction, Service Quality.

## INTRODUCTION

Home is an internal part of the health service system. Hospitalized hospitals both public hospitals and private hospitals have a duty to conduct health efforts that are effective and successful by prioritizing the efforts of CURATUF and rehabilitative without waiving the preventive and promotive efforts and carrying out the referral efforts (Depkes RI, 1995). According to Law No. 44 year 2009 Article 32 about hospitals, patients have the right to obtain quality healthcare in accordance with professional standards and operational standards of procedures so that hospitals are always required to improve the quality of service.

As one of the health care facilities, the hospital has a very strategic role in the efforts to accelerate the increase in public health. The physical availability of hospitals should be endowed by excellent service in providing health services to the community. Quality of service is one factor to consider the people to have a health facility to be used. The quality of this service is also a factor in the competition of service providers, including hospitals (Muninjaya, 2018).

The hospital has a wide range of health services that can be surpassed to maintain patient loyalty. One of the types of health services in the hospital is the hospitalization service. This adult inpatient service is a major concern for hospital management, as the number of hospitalized

patients continues to increase. The inpatient service becomes a market share and can bring financial benefits to the hospital. Increasingly tight competition according to an institution of service providers to always pamper customers by providing the best service. The customer will search for products in the form of goods or services from the company that can provide the best service to him (Assauri, 2013)

In the pattern of social interaction, the patient's perception plays a role in describing patient satisfaction level in hospital service. Based on this perception will arise the impression of the patient to the hospital, which can then be called as the quality of hospital services. The impression gained is built on the perception of each related individual. In analyzing the problem, then the research tries to see from the side of the service receiver or customer in evaluating the gap between expectations and perception of the quality of service services provided by the installation of surgical care RSUD Tenriawaru Bone.

Gaps are the inconsistency between perceived service and expected service (expected service). Gaps are caused by ignorance of management of services expected by customers (Supartiningsih, 2016). Therefore, to measure the gap according to Brown, France, Rafeh, and Hatzell (1992), factors that affect the quality of health services include technical competence, access to services (access to service), effectiveness of services (effectiveness), human relations (interpersonal relations), efficiency in the service (efficient), service continuity (continuity), Safety Services (safety), and the convenience of services (amenities).

Every service provided by the hospital affects the level of customer satisfaction patient satisfaction is interpreted as the result of customer's assessment of what is expected by buying or consumption of a product (Rahmawati, 2018). Customer satisfaction in this case is the patient is influenced by the quality of health services which is a achievement of optimal results

for each patient, avoid patients from complications from the doctor and attention to the needs of the patient and his family with the effort to pay attention to the cost effectiveness and recorded in a reasonable documentation (A. Pertiwi, 2017; Susanto & Winfrom 2017).

The research conducted by Nesa, Umboh, and Doda (2017) Get the result that there is a significant link between general patient satisfaction with physical evidence ( $P = 0.000$ ), reliability ( $P = 0,000$ ), responsiveness ( $P = 0.000$ ), guarantee ( $P = 0,000$ ), attention ( $0.000$ ), inpatient installation of TNI AU Hospital Lanud Sam Ratuangi Manado. The Respondent in this study was 44 people (50%) Male and 44 people (50%) Women with a general group distribution ranged from 50-60 years of multivariate data by a method of Logistic regression indicating that the variable responsiveness is a variable that is most closely associated with the satisfaction of general participant patients. From the results of the study concluded that the responsiveness factor is the most dominant factor in influencing patient satisfaction. Number of patient general hospitalizations internal medicine RSUD Tendriawaru Bone 2017-2019.

Based on the above data can be seen an increase in the number of visits in general patients in the inpatient installation Internal each. The average number of patients visited in general patients in inpatient installations Internal medicine RSUD Tendriawaru Bone year 2017 as much as 766 people per month in 2018 as many as 1,006 monthly and in 2019 increased to as many as 1,992 people monthly. The high number of visits require the RSUD Tendriawaru Bone to continue to improve the quality of its health services (profile, RSUD Tendriawaru Bone 2019).

The increasing number of patient visits in the RSUD Tendriawaru Bone is the hospital which is a reference for several puskesmas and some from outside Bone district. Some information obtained by

researchers through the public relation of RSUD Tendriawaru Bone among others:

1. The facilities are lacking

Less functioning hospital facilities such as air conditioning and fans, as well as some good facilities Non-health facilities such as beds do not function in some treatment rooms, as well as health facilities such as the Tabun oxygen, which sometimes does not work which can reduce the patient's comfort. The complaint was felt (62%)

Healthcare professionals, especially the specialist doctors who are less.

2. Some patients complain of service responsibilities, especially certain specialists who are only one and two people so that at the time the doctor should follow other activities that can not be represented, the patient is only examined or handled by the general practitioner. The complaint is felt by female patients (52%) and man-aki (64%).

Lack of attention relates to interactions, health personnel response. In this case nurses to patients, doctors to patients, as well as health workers with clining service. The complaint was felt by male patients (55%), women (64%)

3. Service provided by healthcare personnel.

The health of service provided by healthcare professionals such as healthcare professionals and doctors who are responsible only for the general practitioner to check or handle. The complaint is felt by female patients (66%) And the man-aki (62%)

4. The bathroom and a waste place are lacking

The number of patient visits that continue to require the hospital to pay attention to the cleanliness of the bathroom and availability of bersi water. Water that sometimes does not flow can cause a smell in the room nurse patient complaints are felt patients (53%).

## RESEARCH METHODS

The authors of this research used quantitative reviewers with a cross-section

approach where researchers conducted variable measurements as one time and variable measurements were carried out at the time of the inspection (Sudigdo, 2010), data obtained both directly through observation and non participant observation and data from questionnaires, namely access to services, effectiveness, relationships between personal, service continuity and comfort. The raw questionnaire that Suda was used by previous researchers with the same variable, so that the questionnaire had proven validity and reliability.

As well as data obtained from the medical record data RSUD Tendriawaru Bone year 2019 is the data of patients who get inpatient care internal.

Each research variable indicator statement consists of five option answers after the accumulated questionnaire is then conducted data testing, and the next rare researchers perform a qualitative analysis assessment as a phenomenal description of the researcher's variable. As for the research criteria, the average response rate of the respondent was specified in the interval classes.

The Data that has been collected is then in the table according to the variables to be measured. Data analysis is done through the editing, coding, tabulation and test statistic stages. Test statistic using a computerized service that is a program statistical product and service Solution (SPSS) is a type of data include:

1). Univariate analysis is data analysis by distributing from each of the free variables.

2). Sufficient analysis is to look for influences between free variables and bound variables.

3). Multivariate or Path analysis is used to analyses the relationship pattern between variables with the intention of knowing the direct or indirect influence

## RESULTS AND DISCUSSION

### Research Site Overview

The founding hospital

Tenriawaru Hospital is a regency owned by the government of Bone district

which is located in Jalan DR. Wahidin Sudirohusodo Watampone, village Macanang, Tanete Riattang Barat District. The hospital was built in 1985 for the help of the world Bank and began to be operationalized on 1 July 1987. Tenriawaru Hospital was inaugurated by the Minister of Health of Indonesia on 18 October 1988 as a C-class hospitals. Tenriawaru RSUD is established on a land area of 40,000 m<sup>2</sup>.

The range of service of Tenriawaru RSUD not only covers Bone regency only, but to surrounding districts such as Sinjai Regency, Wajo Regency and Soppeng Regency. As an institution that provides services in the field of health, Tenriawaru HOSPITAL always try to improve the quality of health services. On 6 February 2008, Tenriawaru Hospital has gained recognition from KARS (Hospital Accreditation Committee) as a full-service, basic-accredited hospitals for 5 (five) types of services. These types of services include administrative and management services, medical services, emergency services, nursing services and medical record services.

Efforts to improve the quality of this service continues to be done sustainably marked by accredited of Tenriawaru HOSPITAL for twelve types of services on 31 December 2010. Twelve services in question include administrative and management services, medical record services, pharmaceutical services, medical services, emergency services, operating room service, radiology services, laboratory services, nursing services, high-risk perinatal services, HOSPITAL infection control, occupational safety, fire and disaster awareness.

Currently the RSUD Tendriawaru has services to the community; the types of services are as follows:

Administration Services  
Service  
Outpatient/Polyclinic  
Children Clinic  
Clinics in  
Eye Clinic

Dental Clinics  
General Clinic  
Obstetrics and gynecology clinics  
Inpatient Service  
Treatment class  
Class I: 7 rooms 14 beds  
Class II: 10 rooms 30 beds  
Class III: 6 rooms 38 beds  
First Class/VIP: 10 Rooms 10 beds

Insulation  
Support Services  
Radiology Unit  
Laboratory Unit  
Pharmaceutical Unit  
Facilities Unit

The following is an inpatient facility in RSUD Tendriawau:

VIP class  
1 Room 1 Patient bed  
Family Sofa, Air conditioning  
Private bathroom  
WC Sitting  
O<sub>2</sub>  
TV 20 ""  
Class I  
1 Room 2 BDD patients  
Peninggu chair, fan, curtain  
Bathroom  
Wc  
O<sub>2</sub>

Class II  
1 Room 4 Bad patients  
Waiting chair, Fan Ansin  
Curtain  
Ensuite bathroom, garbage  
Class III  
1 Room 6-8 sleeping patients  
Waiting chairs, fan  
Bathroom, Garbage

Class III  
1 Room 6-8 bed patients  
Waiting chair, Fan  
Bathroom, waste place  
At the RSUD Tendriawaru itself has a general practitioner of 14, 2 dentists and a specialist doctor of 17 who is the Doctor who has a schedule in the Polyclinic service of RSUD Tendriawaru Bone. In addition

RSUD Tendriawaru Bone has a nurse more or less 125 people.

## Vision and Mission

### Vision

Tenriawaru Hospital has a vision to become a qualified and self-reliant educational hospitals to realize the COMPLETE health service to the healthy Bone community.

### Mission

To carry out the above vision, Tenriawaru HOSPITAL has a mission:

1. Improving the quality and availability of facilities and infrastructure
- Improving quality and availability of professional medical personnel
- Improve quality of service management through improved settings and enforcement
- To improve the professionalism of effective and efficient financial and operational management
- Improve hospital function in promotive, preventive, curative and rehabilitative services.

## Research results

### Univariat Analysis

The analysis of univariate in this study includes a descriptive analysis of the characteristics of respondents such as age, educational sex and occupation.

#### Characteristics of respondents

Table 1. General characteristics of respondents RSUD Tendriawaru Bone year 2020

Characteristic respondents	N = 56	%
Age (years old)		
< 20	5	7,9
21-30	22	34,9
31-40	17	27,0
41-50	10	15,9
51-60	9	14,3
Work		
Employees	6	9,5
Governmental	7	11,1
Enterpreneurial	13	20,6
Farmers	11	17,5
Other	26	41,3
Gender		
Female	32	50,8
Male	31	49,2
Education		
Elementary School	10	15,9
School to first	6	9,5
School	25	39,7
Scholars	19	30,2
Graduate or Magister	1	1,6
No School	2	3,2

Source: Primary Data 2020

Characteristics of respondents in general patients in inpatient installations interna in RSUD Tendriawaru Bone year 2020.

According to table 1 shows that the distribution of respondents based on age characteristics in patients general inpatient installations Interna RSUD Tendriawaru Bone shows the highest age group, which is 21-30 years as many as 22 respondents (34.9%) and the lowest age group, which is < 20 years as many as 5 respondents (7.9%).

The distribution of respondents based on gender characteristics in patients in general inpatient interna RSUD Tendriawaru bone showed that the male genital junis of 31 respondents (49.2%), while female gender as many as 32 respondents (50.8%).

While the distribution of respondents based on educational characteristics in general patients inpatient installation Interna RSUD Tendriawaru Bone shows that the level of education at most, namely SMA as much as 25 respondents (39.7%), and not school as much as 2 people (3.2%). And the highest education as much as 1 respondent (1.6%). As well as distribution of respondents based on the characteristics of work in patients in general inpatient Interna RSUD Tendriawaru Bone showed that the patients who work the most, i.e. not working as much as 26 respondents (41.3%) And the lowest, the ASN employee of 6 respondents (9.5%).

According to table 2 shows that from 63 respondents for general characteristics with the most high satisfaction, namely the age of 21-30 years as many as 22 respondents and the lowest, the < 20 years as many as 5 respondents.

For the gender characteristics with the most high satisfaction, there are as many as 29 responden and low, males as many as 26 respondents. As for the satisfaction of the most, is shirts as many as 6 respondents and the lowest, which is a quartermoney as many as 2 respondents.



**Table 2. Distribution of characteristic respondents based on patient satisfaction General inpatient installation Interna at RSUD Tendriawaru Bone Year 2020**

Characteristic respondents	Patient satisfaction				Total	
	High		Less than			
Age (years old)	N	%	N	%	N	%
< 20	5	100	0	.0	5	100
21- 30	19	86.4	3	13.6	22	100
31- 40	13	81.2	3	18.8	16	100
41-50	10	100	0	.0	10	100
51-60	8	88.9	1	11.1	9	100
>60	-	-	-	-	-	-
<b>Gender</b>						
Female	26	81.2	6	18.8	32	100
Male	29	93.5	2	6.5	31	100
<b>Ecation</b>						
Elementar School	10	100	0	0	10	100
School to first	4	66.7	2	33.3	6	100
School	21	84.0	4	16.0	25	100
Scholars	17	89.5	2	10.5	19	100
Graduate or Magister	1	100	0	0	1	100
No School	2	100	0	0	2	100
<b>Work</b>						
Employees	6	100	0	.0	6	100
Governmental	7	100	0	.0	7	100
Enterpreneurial	12	92.3	1	7.7	13	100
Farmers	9	81.8	2	18.2	11	100
Other	21	80.8	5	19.2	26	100

Source: Primary Data, 2020.

For the characteristics of education with the most high satisfaction, namely the level of education of high school as much as 21 respondents and the lowest, namely the respondent S2 or S3 as many as 1 respondent.

As for the satisfaction of the most, the level of education of SMP and S1 respectively as many as 2 respondents. For the characteristics of the work with the most high satisfaction, the respondents who did not work as many as 21 respondents and the least, ASN as 6 respondents. As for the satisfaction of less than most k, which is a respondent who does not work as many as 5 respondents.

### Bivariate Analysis

Bivariate analysis is used to test the relationship between the independent variables and the dependent variable that is examined using the chi-square test. Through the test, the value of P-value in this study used a 5% confidence degree (0.05). Research between two variables Berhungan if the P-value is  $\leq 0.05$  and is not related to Statistik if it has a P-value value of  $> 0.05$ . The following research results related to the analysis of quality of service influence on the satisfaction of inpatient installation of RSUD Tendriawaru Bone. Connection Quality service parameters access services to patient satisfaction.

**Table 3. Relationship Quality services parameters Access Service to the satisfaction of general patients inpatient installation Interna RSUD Tendriawaru Bone year 2020**

Service access	Satisfaction						P Value ( $\alpha=0,05$ )
	Less than		high		Total		
	n	%	n	%	n	%	
Less good	3	4,8	8	12,7	11	17,5	0.137
good	5	7,9	47	74,6	52	82,5	
Total	8	12,7	55	87,3	63	100,0	

Source: Primary Data, 2020

Based on table 3 showed that from 52 response den (82.5%) With access to good service and has a high satisfaction of 47 respondents (74.6%) and satisfaction of less than 5 respondents (7.9%). As for 11 respondents (17.5%) With access to less good service and high satisfaction, as many as 8 respondents (12.7%) and satisfaction of less, which is 3 respondents (4.8%).

The results of statistic test by using chi-square is Diproleh value  $P = 0.137$  due to the probability value of  $\alpha > 0.05$  which means there is no access to service connection to the satisfaction of the general

patient installation Interna RSUD Tendriawaru Bone year 2020.

a. Relationship Service Quality The parameter effectiveness to patient satisfaction.

**Table 4. Relationship quality Service The Parameter of evektivty to the satisfaction of general patient installation inpatient Interna RSUD Tendriawaru Bone year 2020**

Effectiveness	Satisfaction						P Value ( $\alpha=0,05$ )
	Less than		High		Total		
	n	%	n	%	n	%	
Less good	1	1.6	7	11.1	8	12.7	0,734
Good	7	11.1	48	76.2	55	87.3	
Total	8	12.7	55	87.3	63	100.0	

Source: Primary Data, 2020

Based on table 4 shows that of 55 respondents (87.3%) With good electivity and has a high satisfaction of 48 respondents (76.2%) and low satisfaction of 7 respondents (11.1%). While from 8 respondents (12.7%) With a less than good effectiveness and has a high satisfaction of 7 respondents (11.1%) and satisfaction less, i.e. 1 respondent (1.6%).

Statistic test result by using Chi-square acquired value  $P = 0734$  due to the probability value of  $\alpha > 0.05$  and means there is no effectiveness relationship to the general patient satisfaction of inpatient installations Interna RSUD Tendriawaru Bone year 2020.

Relationship quality service Parameters The relationship between humans to patient satisfaction.

**Table 5. Relationship Quality services inter-human Relations parameters to the satisfaction of general patient inpatient installation Interna RSUD Tendriawaru Bone year 2020**

Relationship between humans	Satisfaction					P Value ( $\alpha=0,05$ )	
	Less than		Height		Total		
	n	%	n	%	n		%
Less good	4	6.3	0	.0	4	6.3	0,000
Good	4	6.3	55	87.3	59	93.7	
Total	8	12.7	55	87.3	63	100.0	

Source: Primary Data, 2020

Based on table 5 shows that of 59 respondents (93.7%) With a good human relationship and high satisfaction of 55 respondents (87.3%) And a low satisfaction of 4 respondents (6.3%). While from 4 respondents (6.3%) With a poor human relationship and less satisfaction of 4 respondents (6.3%)

The results of statistic test by using chi-square obtained the value  $P = 0.000$  due to the probability value of  $\alpha > 0.05$  which means there is a relationship between human relationship to the satisfaction of the general patient in the installation of Instay Interna RSUD Tendriawaru Bone year 2020.

a. Relationship Quality Services service continuity parameters to patient satisfaction.

**Table 6. Relationship quality service continuity parameters of service towards patient satisfaction General Inpatient installation Interna RSUD Tendriawaru Bone year 2020**

Service continuity	Satisfaction						P Value ( $\alpha=0,05$ )
	Less than		high		Total		
	n	%	n	%	n	%	
Less good	2	3.2	2	3.2	4	6.3	0,075
good	6	9.5	53	84.1	59	93.7	
Total	8	12.7	55	87.3	63	100.0	

Source: Primary Data, 2020

Based on table 6 shows that of 59 respondents (93.7%) With the continuity of good service and has a high satisfaction of 53 respondents (84.1%) And a low satisfaction of 6 respondents (9.5%). While from 4 respondents (6.3%) With a lack of good service and high satisfaction of 2 respondents (3.2%) and satisfaction of less than 2 respondents (3.2%).

The results of statistic test by using chi-square obtained the value  $P = 0075$  due to the probability value of  $\alpha > 0.05$  which means there is a continuity of service relation to general patient satisfaction in the installation of Interna RSUD Tendriawaru Bone year 2020.

a. Relationship Quality service parameter of comfort to patient satisfaction.

**Table 7. Relationship Service quality Parameter of comfort to patient satisfaction General Inpatient installation Interna RSUD Tendriawaru Bone year 2020**

Comfort	Contentment						P Value ( $\alpha=0,05$ )
	less than		High		Total		
	n	%	n	%	N	%	
less good	4	6.3	10	15.9	14	22.2	0,065
good	4	6.3	45	71.4	49	77.8	
Total	8	12.7	55	87.3	63	100.0	

Source: Primary Data, 2020

Based on table 7 shows that of 49 respondents (77.8%) With good comfort and high satisfaction of 45 respondents (71.4%) And a low satisfaction of 4 respondents (6.3%). As for 14 respondents (22.2%) With the lack of good service and high satisfaction of 10 respondents (15.9%) and satisfaction of less than 4 respondents (6.3%).

The results of statistic test by using chi-square obtained the value  $P = 0065$  due to the probability value of  $\alpha > 0.05$  which means there is a relationship between the comfort of the general patient satisfaction in

the installation of Internal medicine RSUD Tendriawaru Bone year 2020.

### **Multivariate analysis**

Based on the framework of the concept proposed in this study, hypothesis testing was conducted through multivariate analysis testing. Overall multivariate analysis results as follows.

The variable coefficient of access to the service is 0.223 and marked positively means that every increase in access to the service of one another will increase patient satisfaction of 0.223 units assuming other variables are considered bound The coefficient of variable effectiveness is 0.093 and marked positively means increased effectiveness of one unit will increase patient satisfaction by 0.093 one with other variables considered fixed.

Variable coefficient of relationship between humans is 0.081 and marked positively means increased effectiveness of one unit will increase patient satisfaction by 0.081 one with other variables considered fixed.

Variable service continuity coefficient is 0.117 and marked positively means increased effectiveness of one unit will increase patient satisfaction by 0.117 one with other variables considered fixed.

The comfort variable coefficient is 0.234 and marked positively means increased effectiveness of one unit will increase patient satisfaction by 0.234 one with other variables considered fixed.

### **DISCUSSION**

General patient satisfaction in Inshalasi hospitalization Interna RSUD Tendriawaru Bone

Patient satisfaction is one of the indicators used to assess the extent of service quality provided by a health facility. Patient satisfaction determines the success of the service because the patient is the consumer of the product services it generates. Patient satisfaction is a patient feeling level that arises as a result of the performance of the health services it

acquired after the patient compared it to what he hoped (Pohan, 2006).

Patient satisfaction broadly covers many related factors. According to Brown et al. (1998) Patient satisfaction is influenced by eight dimensions, including technical competence, access to service, effectiveness, human relations, efficiency, service, safety, and comfort. The entire dimension greatly determines the patient's perception of service quality assessment. So that the entire dimension should be considered because it affects the level of patient satisfaction.

Measurement of patient satisfaction is very important for a healthcare provider. This is due to the rare measurement of patient satisfaction can provide a timbalbalik and input for the needs of development and implementation of patient satisfaction enhancement strategies. The output of health care and a referral from the health care system that you want to do is not possible to target and succeed without doing patient satisfaction (Pohan, 2006)..

According to the results questioner research, most respondents felt the satisfaction of the officers who serve the patient with respect and be friendly, details given the health officer is easy to understand, and health officers provide services according to the schedule.

But there are respondents who feel that health officers are not aware of patient complaints and administrative processes to be complicated to fulfill. It is because the health worker is not in the place when the patient needs the ministry because while in the room of another patient. It is necessary to provide special care from the hospital to give briefing to the health officer in order not to let their place on duty vacant and if possible the hospital can add some energy in the room, and also add some doctors like cardiologist and children.

According to the results of the measurement of general patient satisfaction in inpatient installation at RSUD Tendriawaru Bone obtained the result that the majority of respondents get a good



satisfaction seen from some variable, namely access to services, efficiency, human relations, service continuity, and comfort.

#### 1. Influence of service access to patient satisfaction

Access or affordability to service means that health services are available not hindered by the geographical state of social, cultural, economic. Organization, or language barriers. Geographic access can be measured by the type of transportation, distance, and travel time to be taken. The access to language in service context means that customers can clearly and understand what the officer is saying to the customer (Luan et al., 2011).

Based on multivariate results it is said that access to the service has no significant effect on patients' satisfaction. Whereas based on the results of the analysis Bivariate obtained that there is no connection to the access to the service with patient satisfaction. This research is in accordance with the research conducted by Amelia (2018) that there is no link between the access of services with the satisfaction of BPJS patients outpatient Puskesmas Paccarakang Kota Makassar with a value of  $p$  value = 0.123. But not in line with the research that was affected by Fitri (2016) that the results showed the  $p$  value of  $< \alpha$  (0.05) = 0.002, which means that there is a connection between the access of health services with the satisfaction of patients in the Provincial swamp Mata special hospital of South Sumatera Province

Geographically, RSUD Tendriawaru Bone is located on the area of the city with decent street conditions and a lot of vehicles passed by. In line with this, all respondents advised that the access of geography to RSUD Tendriawaru Bone is quite easy.

Although there are respondents who say that the place of stop public transport is not right in front of the hospital. But it can be advised to the public transport driver to bring the patient into the hospital. It means that the geographical access to the RSUD Tendriawaru Bone can be said to satisfy all respondents. Likewise with the hospital

Parker area, all research respondents stated that the Parker area was not too enough to get out of the vehicle in the hospital.

In terms of service procedures as a whole is already savory with the procedure applied in the hospital, but there are 3 respondents who stated that the patient service procedures less quickly, the respondent was very long in the process of administration when he wanted to get and to the hospital room.

As for the availability of a specialist doctor, some Respondent states that the specialist doctor is not enough. This is due to the RSUD Tendriawaru Bone Masi lack of specialist cardiologist and children.

But in terms of economics, many respondents said that the hospital costs for general patients to be difficult to reach by all walks of life. Although the tariff of the hospital has been determined after being examined by competent institutions through the calculation of the unit cost with consideration of the ability to pay society.

While based on the research results of language access, it is found that all respondents stated that the language used by the officers is easy to understand so that information about service requirements can be obtained easily. Language is a very important aspect of the Ministry because the information related to promotive, preventive, or curative is conveyed by officers through spoken language and writing. Shukla et al (2010) states that communication between officers, especially doctors with patients, is very important but as neglected in the implementation of health services. Though good communication can affect many aspects, including one of them is patient satisfaction.

#### 2. Effect of service effectiveness on patient satisfaction

The quality of health services depends on the effectiveness involving health care norms and clinical instruction according to existing standards. Assessing service effectiveness means assessing

whether to deliver the desired results (Bustamin, 2011)

Based on the regulation of the Minister for the use of state apparatus and bureaucrat reform No. 16 of 2014 procedures is the Ordinance of Service applied to the giver and recipient of service. According to Warella (1997) in Arisman (2014:14) stated that the criteria of good service procedure, among others: simplicity is that the procedure or procedures of service is easily administered, fast, not convoluted, understandable, and implemented by the recipient of service, there is clarity and certainty about the procedure or procedures of service and the openness in the procedure of service.

With the ease of the existing procedures, will increase the effectiveness and efficiency of service in the hospital. But based on the results of the study shows that Masi there are some respondents who feel the procedures applied are quite difficult and not according to what they expect.

In addition to the procedures of service, there are other factors that can affect the effectiveness of the Ministry of Human Resources (SDM). Adequate human resources availability and quality determine service continuity.

Based on the results of the study, as large respondents stated that the number of availability officers was sufficient to serve all the patients who came. However, there are respondents that need to be added to the number of health workers, especially for cardiologist and paediatric specialists. It is complained by some patients who have to be examined by cardiologist and general in the case that the cardiologist and the child only have 1 person in total.

On the other hand most have been satisfied but there is a respondent stating that the doctor provides treatment is not in accordance with the complaints of patients and the treatment provided is not in accordance with the needs of the patient. This is because the patient's family feels that there are several days of hospitalization but

has not shown better conditions, so that families and patients have to be referred to.

As for the availability of the drug at the hospital, most have been satisfied but there are some respondents who stated that the drug required the patient is not available in the hospital pharmacy because the stock of the drug is empty so that the patient or the patient's family should buy the drug at other pharmacies outside the hospital.

The results are based on bivariate analysis that the effectiveness is not related to patient satisfaction. However, this was not in line with the research performed by Riswan (2013) which found that there was a link between effectiveness of the quality of hospitalization in Dr. Wahidin Sudirohusodo Makassar Hospital.

The results of multivariate analysis stated that effectiveness has no effect on patient satisfaction. It is not in line with the research of Amrollah (2014) that its effectiveness affects the satisfaction of an outpatient in Masohi HOSPITAL with a value of  $P = 0.004$ . But in line with the study of Tzki Yatun (2017) that of the value of effectiveness and efficiency of BPJS Group service obtained at 15.90 Lower general comparative IE 18.07 with ( $p = 0.38 < 0.05$ ) which means there is a significant difference between the effectiveness and efficiency of group services BPJS and general group significantly.

### 3. The Influence of human relationships to patient satisfaction

Based on multivariate results it is said that the relationship between humans has a significant influence on patient satisfaction and is the most influential variable.

It is in line with the research conducted by Riawan (2013) which get that there is a significant influence between human relations to the quality of hospitalisation service Dr. Wahidin Suirohusodo with the value of P-value 0.000. But not in line with the study of Wibawani (2013), which get the result that there is no significant influence between

human relation with inpatient satisfaction at Woodward hospital of Palu City with P-value value = 0.052..

While based on the results of bivariate analysis stated that there is a relationship between human relationship with the satisfaction of general patient inpatient installation RSUD Tendriawaru Bone. This is in line with the research of Lohafri (2013) which states that there is a relationship between human relations with the satisfaction of patients in the Health Center of Bara Permai town of Palopo with the value of p value = 0.000. But not in line with the research done Amelia (2018) stated that the variable of human relations is not related to the quality of service on the satisfaction of BPJS patient outpatient Puskesmas Paccerakang Kota Makassar..

In the perspective of the quality of service, the relationship between humans is related to the interaction between officers and officers and the officers with the patient/community. This form of human relationship among others can be appreciative, keep secret, respect, listen to complaints, be responsive, and give attention. A good human relationship between health officers and patients in health care services establishes a positive perception of the patient and will contribute to the improvement of the Community's service image (Bustamin, 2011).

The relationship between poor human beings in a ministry can reduce the dimension rate of effectiveness and dimension of technical competence of the healthcare service held. Experience suggests that poorly enforced patients are likely to ignore advice and will not re-visit (Pohan, 2007). Patients as a source of control in healthcare should get the necessary information about both the disease and the medication provided because the information will help the patient to participate in taking medical decisions and determine the success of patient recovery.

Based on the results of the study, almost all of the respondents said that they are satisfied with the dimension of relation

between human beings in the RSUD Tendriawaru Bone. The reason is because both the locker staff, nurses, doctors, pharmacists and other officers give a good response to the patient. In addition, at the time of the doctor's examination asked a patient's complaint which then gave a response by explaining how to even preventive curative efforts that must be done to cure the disease suffered by the patient. In the drug room The pharmacist also explained how the rules of taking the drug according to the dose of each drug given to the patient.

However, there are 4 respondents who say that there is a health worker who is not willing to listen to patient complaints. There are also respondents who assess that officers are less attentive and less friendly in serving patients. It shows that the review of the dimensions of the blasphemy between humans is not yet satisfied with the service rendered.

#### 4. Impact of service continuity on patient satisfaction

Based on the results of multivariate analysis, the results of service continuity have no significant influence on patient satisfaction. While the results of bivariate analysis obtained the results that the service is not related to patient satisfaction but the total score for patient satisfaction is based on good results/satisfied. This is in accordance with Ulfa Research (2015) which says that is satisfied with the continuity of service in Halmahera Puskesmas. Likewise, the research conducted by Amrollah (2014) which says that there is no connection to the continuity of service with the quality of service to the satisfaction of outpatient patients in Masohi HOSPITAL, obtained the value of P-value 0.435 (P-value > 0.05).

Based on the results of the study, all respondents said it is satisfied with the continuity of the service in the RSUD Tendriawaru Bone. Patients feel that the procedure in the hospital is not convoluted (young) to run the patient, so that the patient

is not confused when accessing health services in the RSUD Tendriawaru Bone and no repetition of procedures that can reduce the effectiveness and efficiency of services.

However, there is a resonation stating that the continuity of service in RSUD Tendriawaru Bone has not been satisfactory. This is because the health worker is less routine to check the condition of the patient, such as the of of the patient's vital signs, not quickly to be liquid. In addition to the service provided there are still respondents who stated that it is not complete enough to meet the needs of patients because there are patients who expect to remain treated in the hospital Tendriawaru Bone but because it requires a special examination and action so that the patient should be referred to the hospitals that have complete facilities.

#### 5. Influence of service comfort to patient satisfaction

Based on the results of multivariate analysis stated that the comfort of significant effect on the satisfaction of the general Asien inpatient installation of RSUD Tendriawaru Bone. These results are not in line with Riswal Research (2013) stating that comfort variables have no effect on the satisfaction of inpatient RSUP Dr. Wahidin Suirohusodo Makassar with P-value = 0.657. The results of the study showed the patient complaints related to the comfort of the service that has the lighting in the room is not good, the bathroom is not kept clean, baskets in the room is not available, treatment rooms are not neatly arranged, water that is hard to obtain, medical equipment and dinnerware less clean.

Based on the results of sufficient analysis stated that there is a connection between comfort and satisfaction of inpatient installation Interna Rsud Tendriawaru Bone. The research was in line with Pelitian that Fidelia (2017) stated that the variable comfort has a connection with BPJS patient satisfaction at Kapasa

Community Health Center in Makassar with the value of P-Value =  $0.023 < 0.05$ . It is also in line with the research of Adelina (2016), that the variable comfort has a relationship with the quality of service to the satisfaction of patients in the installation of outpatient in South Sumatra only Hospital eyes.

Comfort is a dimension of quality that is not directly related to clinical effectiveness, but can affect patient satisfaction and patient's decision to re-access health care. The dimensions of comfort are related to the physical appearance of the place of service, medical and non-medical equipment, hygiene, available facilities, and so on. Comfort is an important aspect that can reduce the patient's saturated taste while awaiting a turn (Bustami, 2011).

According to Gsperz (1997:2) in profile (2014:19) states that the dimension to be considered in the improvement of service quality is comfort in obtaining services related to the service room, then to keep you, the availability of information, as well as attributes of other services support related to the environment, cleanliness, waiting room, facilities and others. Facilities/Saranaprasarana needed in public services include safe and orderly room availability, a comfortable waiting room, a small room equipped with a good irrigation system (Moenir 2006).

Based on the results of research obtained that, expectations as large respondents are fulfilled or can be said to be satisfied with the comfort in the hospital. However, there are 4 respondents who do not agree to the room conditions that make the patient uncomfortable. The condition is caused by AC that does not work, causing room temperature to become hot.

In addition, there are patients who are less comfortable with the puddle of water on the terrace of the patient's room and complained of using the hospital facilities, such as where there is a in the patient rooms, non-functioning fan and the supply of less potty in the hospital.



And the most complaints about comfort are the cleanliness of the toilet, the room and the availability of cleanliness. Yan water has sometimes felt less and available. According to some toilet patients in the inpatient room is less clean and sometimes and sometimes clogged due to too many patients. Water availability is sufficient.

## CONCLUSION

Based on the results of the research and discussion by referring to the formulation of problems and research hypotheses, it can be concluded:

1) Access variables to the service does not directly affect the satisfaction of patients with inpatient installation Interna RSUD Tendriawaru Bone. This suggests that if good or less is an access to hospital service, it does not ensure the patient's satisfaction increases.

2) The variable effectiveness does not directly affect the patient satisfaction of your hospitalization interna RSUD Tendriawaru Bone. This shows if the good or the poor is the effectiveness of the hospital's services, not ensuring the patient's satisfaction increases.

3) Variable relations between human beings are significant to the satisfaction of patients in general hospitalization Inshalasi Interna in RSUD Tendriawaru Bone. This suggests that a good human relationship can increase patient satisfaction.

The variable of service continuity does not directly affect the satisfaction of patients with Inshalasi interna hospitalization in RSUD Tendriawaru Bone. This suggests that if good or less well a continuity of service in the hospital, do not ensure the satisfaction of the patient's care.

4) Comfort variables significantly affect the satisfaction of patients with Interna hospitalizations in RSUD Tendriawaru Bone. This suggests that the comfort of service in a good hospital can ensure the patient's satisfaction increases.

5) Based on multivariate results, the comfort variable is the most influential variable to the satisfaction of a common patient

inhalation of interna hospitalization at the RSUD Tendriawaru Bone.

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