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The Influence Of Service Quality On Patient Satisfaction At Sukahaji Majalengka Health Center

[1]Maryani Thiolisda Simanjuntak, [2]Farida Yuliaty, [3]Rulia
[1,2,3]Universitas Sangga Buana YPKP

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ABSTRACT

Puskesmas, as a health service institution, aims to pay attention to the promotion and prevention of disease, as well as individual health services at the initial level, is a center for community health development which has the responsibility to care for public health in the area under its responsibility, and is important for ensuring patient satisfaction. can influence subsequent behavior in using these health services, while the quality of health services needs to be improved to meet standards by utilizing resources efficiently, effectively within the limits of the Government and community's capabilities, so as to create service user satisfaction which forms a harmonious relationship between service providers and customers. The lack of health facilities, including adequate medical equipment, as well as delays in services due to a shortage of medical personnel, have resulted in decreased patient satisfaction at the Sukahaji Community Health Center, Majalengka Regency. The aim of this research is to examine and analyze service quality and patient satisfaction as well as the influence of the relationship between these variables at the Sukahaji Community Health Center. The research method used is a quantitative method with multiple linear analysis. Service quality variables, including Tangible, Empathy, Reliability, Responsiveness, and Assurance, received high ratings, as did patient satisfaction. Tangible, Reliability, and Assurance have a positive and significant influence on patient satisfaction, while Empathy and Responsiveness have a positive but not significant influence. Overall, the high quality of service collectively contributes to patient satisfaction at the Sukahaji Community Health Center, Majalengka.

Corresponding Author:
Maryani Thiolisda Simanjuntak
Universitas Sangga Buana YPKP
ryani8586@gmail.com

INTRODUCTION

Puskesmas, or Community Health Center, is a health service institution that carries out duties in public health and individual health services at the initial level. Established based on the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019, Puskesmas aims to pay more attention to efforts to promote and prevent disease in its working area. Health services at Community Health Centers include various efforts to maintain and improve health, prevent disease, cure disease, and restore the health of individuals, families, groups and communities.

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Puskesmas functions as a functional health organization that is the center for community health development while providing comprehensive and integrated health services. As a technical implementation unit of the District/City Health Service, the Community Health Center is responsible for administering government affairs in the health sector in the local district or city (1) . Community Health Centers have the authority and responsibility to care for public health in the areas they are responsible for.

As a first level health service unit, the Community Health Center is an important indicator in health development and reflects community participation (2) . Patient assessments of Puskesmas are greatly influenced by the type of services provided. If the service meets expectations, the patient will feel satisfied. However, if not, this can cause patients to lose interest in using Puskesmas services, which ultimately creates a negative perception of Puskesmas (3) .

Puskesmas in providing health services are required to increase patient satisfaction. Patient satisfaction at the Community Health Center is the result of an assessment of the health services they receive, compared to their expectations. This satisfaction is a subjective phenomenon that can be measured by asking the patient's level of satisfaction with the services provided (4) . The level of customer satisfaction or dissatisfaction with the product will also influence subsequent behavior, such as interest in using the service again (5) .

Users of health services at Community Health Centers demand quality services, not only related to physical recovery but also the attitude, knowledge and skills of staff in providing services as well as the availability of adequate facilities and infrastructure. Problems that often occur at Community Health Centers, such as inadequate facilities, lack of medical personnel, or shortages of medicines and medical equipment, can cause patient dissatisfaction. Long waiting times, unclear communication, and low service quality are also factors causing dissatisfaction (6) , (7) .

The quality of health services needs to be improved to meet community needs in accordance with standards. Improving service quality is expected to create user satisfaction, harmonious relationships between service providers and customers, as well as customer loyalty (8) In Indonesia, the quality of Puskesmas services faces various problems such as limited resources, lack of training for medical personnel, lack of supervision and monitoring, and low community participation (9) . Lack of facilities and resources can affect the services provided and patient satisfaction (10) .

Sukahaji Community Health Center in Majalengka Regency is one of thirty-two Community Health Centers that serves various health programs. However, this Puskesmas faces several problems such as a lack of human resources, inadequate facilities, and untimely service times. Based on a preliminary survey, around 35% of patients felt dissatisfied with the services at the Sukahaji Community Health Center. This problem prompted the author to conduct further research on "The Influence of Service Quality on Patient Satisfaction at the Sukahaji Majalengka Community Health Center."

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METHODS

The research method used in this research is a quantitative method with a positivism approach. This approach is used to test theory objectively through the relationship between variables measured using instruments, so that the data obtained is numerical and can be analyzed statistically. This research assumes that quantitative methods are more appropriate than qualitative methods because they are supported by empirical data and rational considerations. Researchers test theories by formulating hypotheses and collecting data to support or reject those hypotheses (11) .

Quantitative research methods are research methods based on the philosophy of positivism, used to research certain populations or samples, sampling techniques are generally carried out randomly, data collection uses research instruments, statistical data analysis with the aim of testing predetermined hypotheses (12) .

This research population includes patients and their families, management, parking attendants, and medical staff at the Sukahaji Community Health Center services with similar characteristics that are relevant to the research objectives. The target population is outpatients from January to December 2022, with an average annual visit of 11,584 patients. Inclusion criteria included patients aged ≥ 17 years who were conscious and able to assess their environment, families who had direct contact with outpatient staff, and patients who were making their second or third visit. Exclusion criteria include new patients and patients outside the Sukahaji Community Health Center working area. The sample was selected using purposive sampling and accidental sampling techniques, resulting in 100 patients from the 2022 visiting population, with an additional 20 questionnaires to anticipate non-response, for a total of 120 respondents (13) .

The data analysis design in this research has been formatted from the beginning of the research process, including determining the type of data, data sources, and formulating hypotheses. This research uses a Likert scale to measure respondents' attitudes and opinions on a series of questions. Descriptive analysis was used to describe the tangible conditions, empathy, reliability, responsiveness, assurance and patient satisfaction at the Sukahaji Community Health Center. In addition, verification research is used to test hypotheses with statistical calculations, including multiple linear regression analysis, multiple correlation analysis, and coefficient of determination analysis. This method aims to understand the relationship between independent and dependent variables, as well as measuring the strength and direction of this relationship. Multiple linear regression analysis helps understand the relative influence of independent variables, multiple correlation analysis measures the linear relationship between variables, and coefficient of determination analysis describes how well the variability of the dependent variable can be explained by the independent variables.

Multiple linear regression analysis is used to determine the influence of service quality variables consisting of X1 (tangible), X2 (empathy), X3 (reliability), X4 (responsiveness), X5 (assurance) on Y (patient satisfaction). The multiple regression equation model used for the three variables is as follows:

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$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 \quad \text{..... (1)}$$

RESULTS AND DISCUSSION

The results of research using simple linear regression analysis show the influence of the independent variable (X) on the dependent variable (Y). The basic concept of regression aims to answer the question of how much influence all variables X have on variable Y. In this research, the independent and dependent variables have a functional relationship based on logic, theory or valid observation

Table 1. SPSS Output Coefficient
Model Summary [b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	,600 [a]	,360	,332	3.28860	1,910

a. Predictors: (Constant), X5, X4, X1, X3, X2

b. Dependent Variable: Y

The processed results of simple linear regression show an R value as a correlation coefficient symbol of 0.600, which indicates a fairly high correlation between the five research variables. Apart from that, the R Square value or coefficient of determination (KD) of 36.0% indicates that the independent variable X contributes an influence of 36.0% to variable Y.

Table 2. Multiple Linear Regression Coefficients
Coefficients [a]

Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	2,946	2,032		1,450	,150		
	X1	,219	,087	,282	2,529	.013	,450	2,224
	X2	,010	.104	.013	,100	,921	,309	3,240
	X3	.144	,072	,195	2,004	,047	,590	1,694
	X4	.041	,145	,027	,283	,778	,627	1,595
	X5	,251	.123	,241	2,037	,044	.401	2,495

a. Dependent Variable: Y

The resulting linear regression equation is as follows:

1. Constant value: 2.946, indicating that if the service quality value is 0, then the patient satisfaction value is 2.946.
2. Coefficient value
3. Coefficient X2 value: 0.010, indicating that if the empathy value increases by 1 unit, then Empathy increases by 0.010 units.

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4. Coefficient X3 value: 0.144, indicating that if the reliability value increases by 1 unit, then reliability increases by 0.144 units.
5. Coefficient X4 value: 0.041, indicating that if the responsiveness value increases by 1 unit, then responsiveness increases by 0.041 units.
6. Coefficient X5 value: 0.251, indicating that if the Assurance value increases by 1 unit, then Assurance increases by 0.251 units.

These results show a functional or causal relationship between the dependent variable (patient satisfaction) and the independent variable (service quality) in this study.

Hypothesis testing

Simultaneous Regression Coefficient Testing The main hypothesis of this research is Service Quality which consists of tangible, empathy, reliability, responsiveness , and Assurance of patient satisfaction (Y).

$$F = \frac{(n-k-1)\sum_{i=1}^{k}\beta_{yxi}r_{yxi}}{k(1-\sum_{i=1}^{k}\beta_{yxi}r_{yxi})} \quad \ldots\ldots\ldots\ldots\ldots\ldots (2)$$

Test criteria, Reject Ho if F count ≥ F table, accept Ho in other cases. Where the F table is obtained from the F distribution table with = 5% and degrees of freedom db1 = k, and db2 = nk-1.

Table 3. Simultaneous Testing

Alternative Hypothesis	F count	db	F table	Decision	Conclusion
X1 and X2 simultaneously influence Y	12,839	db $_1$ = 5 db $_2$ = 114	3,119	H $_0$ is rejected	Significant

In the table above we can see that the test results show the calculated F value (12.839) > F table (3.119), meaning that all dimensions of service quality, namely tangible, Emphaty, Reliability, Responsiveness and Assurance simultaneously have a significant influence on patient satisfaction (Y). Overall partial regression coefficient testing showed significant results, so partial testing was carried out to find out which independent variables had a real influence on patient satisfaction (Y).

Table 4. Partial Testing

Hypothesis	t count	db	t table	Decision	Conclusion
$\beta_1 = 0$	2,529	120	1,992	Ho was rejected	Significant
$\beta_2 = 0$	0.100	120	1,992	Ho accepted	Not significant
$\beta_3 = 0$	2,004	120	1,992	Ho was rejected	Significant
$\beta_4 = 0$	0.283	120	1,992	Ho accepted	Not significant
$\beta_5 = 0$	2,037	120	1,992	Ho was rejected	Significant

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From the table above we can see that the calculated t value for each variable tangible (X1), reliability (X3) and assurance (X5) is greater than the t table value, which means tangible (X1), reliability (X3) and assurance (X5) partially has a significant influence on patient satisfaction (Y). while empathy (X2) and Responsiveness (X4) have a calculated t value that is smaller than the t table value, which means that empathy (X2) and responsiveness (X4) partially have an insignificant influence on patient satisfaction (Y).

Discussion

Descriptive Analysis

From the descriptive results of managerial variables, the average score on tangible variables is 3.481 in the high category. The highest score was 3.992 from the statement of adequate health equipment, while the lowest score was 3.025 from the statement on the cleanliness of the Puskesmas building. The cleanliness of the building received the lowest rating, indicating that even though it was in the adequate category, there were still respondents who considered the cleanliness of the Sukahaji Majalengka Health Center building to be inadequate.

The average score for the empathy variable is 3.429 in the high category. The highest score was 3,900 from the statement recognizing the patient, while the lowest score was 3,100 from the statement recognizing the patient well. Even though recognizing the patient is not an obligation, this can increase the patient's sense of pleasure and happiness when seeking treatment.

The average score for the reliability variable is 3.518 in the high category. The highest score was 4.058 from the nurse's statement helping the doctor, while the lowest score was 3.075 from the doctor's diagnosis statement. Even though the doctor's diagnosis is accurate, differences in opinion between doctors regarding the most effective and efficient treatment methods influence the patient's perception. The average score for the responsiveness variable is 3.544 in the high category. The highest score was 3.933 from the statement of good information, while the lowest score was 3.150 from the statement about the length of the drug administration process. Long waiting times at pharmacies are a major concern.

The average score for the assurance variable is 3.525 in the high category. The highest score was 3.942 from the doctor's statement of patience, while the lowest score was 3.167 from the officer's statement of patience. All aspects of service at the Community Health Center need to support each other to provide the best service. The average score for the patient satisfaction variable is 3.417 in the high category. The highest score was 3.508 from a statement of being happy with the Puskesmas' services, while the lowest score was 3.308 from a statement of being proud of the Puskesmas. The patient's sense of pride in the Sukahaji Majalengka Community Health Center needs to be a concern for management.

Verification Analysis

Tangible has a direct influence of 21.9% on patient satisfaction at the Sukahaji Majalengka Community Health Center. The results of the hypothesis test show that this effect is significant, so that if Tangible increases by 1 unit, patient satisfaction increases by 21.9%. Tangible aspects such as clean, comfortable facilities and advanced medical

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technology increase patient confidence and comfort. Investing in tangible elements is a strategic step to increase patient satisfaction. This result is in line with research (14), (15) .

Empathy has a direct influence of 1% on patient satisfaction. However, hypothesis testing shows this effect is not significant and cannot be generalized to the population. Even though it is not an obligation, getting to know the patient well can increase the patient's sense of pleasure and happiness. This is in line with research conducted by (16). Reliability has a direct influence of 14.4% on patient satisfaction. The results of the hypothesis test show that this effect is significant, so that if Reliability increases by 1 unit, patient satisfaction increases by 14.4%. Reliability in services, such as timeliness and accuracy of diagnosis, plays an important role in increasing patient trust and satisfaction.

Responsiveness has a direct influence of 4.1% on patient satisfaction. However, hypothesis testing shows this effect is not significant and cannot be generalized to the population. The speed and accuracy of response in health services affects the patient experience. Assurance has a direct influence of 25.1% on patient satisfaction. Hypothesis test results show this effect is significant, so that if Assurance increases by 1 unit, patient satisfaction increases by 25.1%. Assurance in the competence and professionalism of health care providers is very important to increase patient confidence and comfort during treatment.

CONCLUSIONS

Based on the analysis of service quality variables, namely Tangible, Empathy, Reliability, Responsiveness, and Assurance, as well as patient satisfaction variables, it was concluded that all service quality variables had an average rating in the high category, and the patient satisfaction variable was also in the high category. /satisfied. Specifically, Tangible, Reliability, and Assurance have a positive and significant influence on patient satisfaction, which means that an increase in these variables will increase patient satisfaction. On the other hand, although Empathy and Responsiveness have a positive influence, they are not significant on patient satisfaction, so an increase in these variables will not necessarily increase patient satisfaction. Overall, Tangible, Empathy, Reliability, Responsiveness, and Assurance together have a significant effect on patient satisfaction, which shows that improving service quality collectively will increase patient satisfaction at Sukahaji Public Health Center, Majalengka.

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