Analysis of Doctor Service Relationship in the Disease Specialist with Patient Satisfaction in Regional General Hospitals Aceh Tamiang in 2018

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Abstract

Good service quality is now important to improve service quality and patient satisfaction. So that satisfied customers will share satisfaction with producers or service providers. Even satisfied customers will share their taste and experience with other customers. This study aims to analyze the relationship between internal medicine specialist services with patient satisfaction in the Aceh Tamiang Regional General Hospital in 2018 to determine the relationship between the quality of service to the professional behavior of doctors in providing health services in accordance with what is expected by patients or families. Indications of the quality of health services that have been received. services ranging from reliability, responsiveness, assurance, empathy and direct evidence to patient satisfaction. The number of popillations in the Aceh Taming Regional General Hospital was 423, this research design used a cross sectional study approach. The population is all inpatients in Aceh Tamiang Hospital. The sample in this study were as many as 80 patients using the acciedental sampling technique. Collection of research instruments in the form of questionnaires. Data analysis was tested by chi-square. The conclusion of this study is that there is a significant relationship of tangibles with inpatient satisfaction in Aceh Tamiang Hospital with a value of $p = 0.024$, There is a significant relationship of reliability with patient satisfaction with $p = 0.042$, there is a relationship significant responsiveness with patient satisfaction with $p = 0.013$, there is a significant relationship of assurance (assurance) with patient satisfaction, with a value of $p =. 0.024$, There is a significant relationship (empathy) with patient satisfaction with a value of $p = 0.024$.

Keywords: Service Quality, Patient Satisfaction, Relationship, Inpatient Patients

Introduction

Today's health problems have become a staple for the community. With the increasing standard of living of the people, the increasing demands of the community for the quality of health also increase. This requires health care providers such as hospitals to improve better service quality, not only services that are healing disease but also include preventive services to improve quality of life and provide satisfaction for consumers as users of health services.

The hospital has a very strategic role in efforts to accelerate the improvement of public health degrees. The new paradigm of health services requires hospitals to provide quality services according to the needs and desires of patients while still referring to the professional and medical codes of ethics. In the rapid development of technology and increasingly fierce competition, the hospital is required to improve the quality of its services. Quality is the core of the survival of an institution. The quality revolution movement through an integrated quality management approach becomes a demand that must not be ignored if an institution wants to live and develop

Good service quality is now important to improve service quality and patient satisfaction. So that satisfied customers will share satisfaction with producers or service providers. Even satisfied customers will share their taste and experience with other customers (Supranto, 2006). According to the data of the researcher there is a relationship between the quality of service and patient satisfaction because the quality of service is one of the duties and responsibilities of the nurse as a component that carries out the service. provisions and policies that are set for all health institutions, because the level of satisfaction is a benchmark of the good service of an institution. Every health care worker must have a sense of empathy and responsiveness that is fast in providing health services in order to achieve a high level of satisfaction with patients. That is why health institutions pay close attention to the quality of service. So that there is a relationship between service quality and patient satisfaction.

Based on the results of the pendaghuluan survey by conducting interviews with 10 (ten) patients who were hospitalized in Aceh Tamiang Hospital in March, 6 (six) patients stated that doctors were not on time to provide services, 5 (five) the patient said the doctor was unclear about conveying the information about the medication that was given, 6 (six) people were dissatisfied about the information on the side effects of the medication given, 7 (six) people stated that it was difficult to contact the doctor.

Methods

This research is an analytic research using cross sectional design that is to find out a descriptive problem, conduct a child study and study the correlation dynamics between risk factors and effects, by means of approach, observation or data collection at the same time (point time approach), but that does not mean that all research subjects are observed at the same time. The population can be obtained from January - July in the number of samples as many as 432 people, then after the inclusion of the results of the calculation of the number of samples of 80 patients, the sampling technique by simple random sampling is by lottery, where patients are given numbers 1 - 80. then each number in the roll then the number roll is put into the bottle, shaken evenly and released one by one until it reaches the desired number of samples with the note that the person meets the criteria of the research sample.

Inclusion criteria for sample selection are as follows:

a. General patients with minimal internal medicine hospitalization
   hospitalization for 3 days.

b. Patients can communicate well

c. Patients are not employees or their families from doctors and researchers.

Data in this study were collected using the following data collection techniques: That is data collection techniques that are carried out by giving a set of questions or written statements to the respondent to obtain information about factors that are related to patient satisfaction. Measurement methods in a measurement can be done by various methods to reduce the value of uncertainty results from measurements. Therefore eating methods must be adjusted to the objectives with the variables to be measured so that the results obtained are accurate. To measure the services of specialist doctors, the questionnaires will be given 5 questions for the questions of Reliability, Response, Guarantee, Attention, and Appearance, each question given a score of 1, disagree given a score of 2, agree to be given a score of 3 and strongly agree given score 4, the highest score is 20 with good categories, and the lowest score is 5 with less categories. To measure the satisfaction of eating food patients will be given a questionnaire each of 7 questions, each question given a score of 1, disagree given a score of 2, agree to be given a score of 3 and strongly agree to be given a score of 4, then the highest score is 28 with the category satisfied , and the lowest score is t with the category of dissatisfaction. Data analysis is the process of simplifying data into a form that is easier to read and present (Kriyantono, 2010: 167). The data obtained from the research results will be analyzed in several stages including: The analysis is done to get an overview of the frequency distribution of respondents. This analysis is used to obtain an overview of each independent

variable which includes factors related to customer satisfaction including physical evidence (tangiable), reliability (responsiveness), responsiveness, assurance, empathy in RSUD Gayo Lues. Data analysis was performed on the results of obtaining answers to questionnaires from all respondents. The statistical instrument used is a difference test with Chi Square (categorical data) to see the level of service satisfaction.

Results

Aceh Tamiang District Regional General Hospital is a type C hospital owned by the Aceh Tamiang District Government which receives Four Star (Main) Accreditation having its address at Jl. Karang Baru District Health. and this was realized through the Decree of the Minister of Health of the Republic of Indonesia No. 930 / MENKES SK / VI / 2003 the service status of the Aceh Tamiang District General Hospital became a hospital with Class C classification and was reaffirmed on 2 August 2003 with the signing of the inscription by Mr. Ahmad Sujudi as Minister of Health of the Republic of Indonesia. The main task of the Aceh Tamiang District Regional General Hospital is the Regional General Hospital has the task of carrying out medical services, recovery, health improvement and prevention of diseases carried out through inpatient services, outpatient care, emergency and medical action.To carry out this task, Aceh Tamiang District Hospital has functions including:

1. Implementation of administrative affairs of RSUD

2.Preparation of annual, medium and long-term work plans for RSUD

3.Organizing medical services and medical and non medical support

4. Organizing nursing services and care

5.Implementation of medical rehabilitation, prevention and improvement of health status

6. Organizing research and development of medical technology

7. Organizing education, education of specialist doctors and training in medicine

8. Organizing referral efforts

9. Medical support

10. Implementation of general and financial administration

11. Implementation of other official duties given by the Regent in accordance with their duties and functions

Table 1. Frequency Distribution Based on Respondent Characteristics in Aceh Tamiang Hospital in 2018 (n = 80)

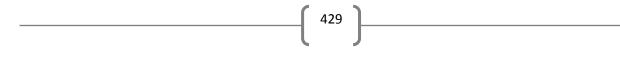| No	Characteristics of Respondents	Frekuensi	
		n	%
1	Age		
	≤ 25 Years	18	22,4
	26 – 35 Years	47	58,8
	> 35 Years	15	18,8
2	Gendet		
	Man	38	47.5
	Woman	42	52.5
3	Education		
	finished elementary	10	12,5
	finished junior high school	48	60,0
	Tamat Senior high School	1	1,3
	Graduated from college	21	26,2
	Total	80	100

It can be seen that respondents with the highest age are respondents with ages between 26-35 years, which are 47 people (58.8%). The majority of respondents were women with a total of 42 people (52.5%) and the majority of respondents were middle school (junior high school) educated as many as 48 people (60.0%).

Table 2. Frequency Distribution Based on Respondents' Perceptions of *Tangibles* in Aceh Tamiang Hospital

No	perception	Frekuensi	%
1	Satisfied	36	34.1
2	Not Satisfied	44	65.9
	Total	80	100

Table 3 Frequency Distribution Based on Respondents' Perceptions of *Reliability* in Aceh Tamiang Hospital

No	perception	Frekuensi	%
1	Satisfied	36	34.1
2	Not Satisfied	44	65.9
	Total	80	100

Table 4. Frequency Distribution Based on Respondents' Perceptions of *Responsiveness* in Aceh Tamiang Hospital

No	perception	Frekuensi	%
1	Satisfied	38	47.5
2	Not Satisfied	42	52.5
	Total	80	100

Table 5. Frequency Distribution Based on Respondents' Perceptions of *Assurance* in Aceh Tamiang Hospital

No	perception	Frekuensi	%
1	Satisfied	37	46.3
2	Not Satisfied	43	53.7
	Total	80	100

Table 6. Frequency Distribution Based on Respondents' Perceptions of *Empathy* in Aceh Tamiang Hospital

No	perception	Frekuensi	%
1	Satisfied	33	43
2	Not Satisfied	47	57
	Total	80	100

Table 7. Tangibles Relationship with the Satisfaction of Inpatients in Aceh Tamiang Hospital in 2018

Appearance	Kepuasan						P-Value
	Less		Good		Total		
	n	%	N	%	n	%	
Not satisfied	30	66.7	15	33.3	45	100	0.024
Statisfied	14	40	21	60	35	100	

Table 8. Reliability Relationship with the Satisfaction of Inpatients in Aceh Tamiang Hospital in 2018

Appearance	Kepuasan						P-Value
	Less		Good		Total		
	n	%	N	%	n	%	
Not satisfied	29	65.9	15	34.1	44	100	0.42
Statisfied	15	41.7	21	58.3	36	100	

Table 9. Responsivenes Relationship with the Satisfaction of Inpatients in Aceh Tamiang Hospital in 2018

Appearance	Kepuasan						P-Value
	Less		Good		Total		
	n	%	N	%	n	%	
Not satisfied	29	69	13	31	42	100	0.013
Statisfied	15	39.5	23	60.5	38	100	

Table 10. Assurance Relationship with the Satisfaction of Inpatients in Aceh Tamiang Hospital in 2018

Appearance	Kepuasan						P-Value
	Less		Good		Total		
	n	%	N	%	n	%	
Not satisfied	29	67.4	14	32.6	43	100	0.024
Statisfied	15	40.5	22	59.5	37	100	

Table 11. Emphaty Relationship with the Satisfaction of Inpatients in Aceh Tamiang Hospital in 2018

Appearance	Kepuasan						P-Value
	Less		Good		Total		
	n	%	N	%	n	%	
Not satisfied	31	66	16	34	47	100	0.024
Statisfied	13	39.4	20	60.6	33	100	

Discussion

Direct Evidence Relations (Tangibles) with Satisfaction of Inpatients in Aceh Taming Hospital

The results showed that the dimensions of health appearance that were given by specialist doctors were univariate in the Unsatisfactory category of 66.7% and in bivariate analysis the patients were more dissatisfied with the appearance of specialist doctors. This shows that the services received by general patients in internal medicine inpatient facilities by specialist doctors have not been maximally felt by patients / families or still need to be improved.

From the results of the study also showed that there were patients who expressed less responsiveness to the services of internal medicine specialists, namely less doctors to provide comfort in providing information and also provide direct services to patients

Reliability with satisfaction of care patients Stay in the Aceh Tamiang Hospital

The results showed that there were more univariate reliability dimensions in the Unsatisfactory category of 65.9% and in the univariate analysis patients were less likely to rely on the reliability of specialist doctors. This shows that the services received by patients in internal medicine inpatient facilities by specialist doctors have not been maximally felt by patients / families or still need to be improved.

From the results of the study also showed that there were patients who stated Dissatisfied with the reliability of the services of an internal medicine specialist, that is, doctors were less able to be contacted by patients when needed, and also the doctors were less in providing information before the service was provided.

Relationship between Responsiveness and Satisfaction of Inpatients in Aceh Tamiang Hospital

The results showed that univariate dimensions of specialist doctors were more in the Unsatisfied category, namely (69%) and in bivariate analysis, patients were more dissatisfied with the responsiveness of specialist doctors. This shows that the services received by patients

in internal medicine inpatient installations by specialists have not been maximally felt by patients / families or still need to be improved.

From the results of the study also showed that there were patients who expressed dissatisfaction with the responsiveness of the services of internal medicine specialists, that is, doctors were less to explore complaints of patients, and doctors were also lacking in information about giving therapy to patients.

Assurance relationship with the satisfaction of inpatients in Aceh Tamiang Hospital

The results showed that the dimensions of health insurance given by specialist doctors were more univariate in the Unsatisfactory category of 67.4% and in the bivariate analysis more patients were dissatisfied with the responsiveness of specialist doctors. This shows that the services received by general patients in internal medicine inpatient facilities by specialist doctors have not been maximally felt by patients / families or still need to be improved. In this dimension, even though it is good, specialist doctors need to be given refresher training exercises to recall the material learned during the training.

From the results of the study also showed that there were patients who expressed dissatisfaction with the responsiveness of the services of internal medicine specialists, namely doctors are less to explain the calm side effects of drugs that have been given by doctors and doctors also lack of good information from patients.

Attention Relationship (Emphaty) with Satisfaction of Hospitalized Patients in Gayo Lues Hospital

The results showed that the dimensions of attention given by specialist doctors were univariate in the Unsatisfactory category of 66% and in the bivariate analysis the patients were more unfavorable towards the responsiveness of the specialist doctor. This shows that the variable of attention received by general patients in the installation of internal medicine by specialist doctors has not been maximally felt by the patient / family or still needs to be improved.

From the results of the study also showed that there were patients who stated less with the responsiveness of the services of a specialist in internal medicine, which is less doctors for doctors to interact with patients in providing an explanation of the patient's disease.

Conclusion

Based on the results of the study it was found that there was a significant relationship to the professional services of specialist doctors which included the competence and services of specialist doctors with the satisfaction of general patients in the internal medicine inpatients of Aceh Tamiang Hospital. Based on this, it can be concluded from this study, namely

1) There is a significant relationship between reliability and satisfaction, it is significant that it can be concluded that inpatients in Aceh Tamiang Hospital feel less satisfied with Internal Medicine Specialist Services.

2) There is a significant relationship between responsiveness and satisfaction, it is significant that it can be concluded that inpatients in Aceh Tamiang Hospital feel less satisfied with the Internal Medicine Specialist Service.

3) There is a significant relationship between assurance (assurance) and satisfaction, it is significant that it can be concluded that inpatients in Aceh Tamiang Hospital feel less satisfied with the Internal Medicine Specialist Services.

4) There is a significant relationship (empathy) with satisfaction, it is significant that it can be concluded that inpatients in Aceh Tamiang Hospital feel less satisfied with the Internal Medicine Specialist Services.

5) There is a significant correlation between direct evidence (tangibles) and significant that can be concluded that inpatients in Aceh Tamiang Hospital feel less satisfied with Internal Medicine Specialist Services.

Suggestion

Based on this research, I provide the following suggestions:

1.) For Aceh Tamiang Hospital

a. Aceh Tamiang Regional Hospital must make SOPs or Rules regarding Internal Medicine Specialist Services

b. Aceh Tamiang District Hospital must also be able to provide an evaluation of the performance of internal medicine specialist services according to the SOP or rules that have been established.

2.) For Internal Medicine Specialists

1. For the speed of service of an Internal Medicine Specialist physician should improve and maintain the ability factor of the Internal Medicine Specialist to conduct an examination and take action quickly.

2. For service skills specialist doctors should prioritize the ability of the Internal Medicine Specialist to correctly diagnose and provide drugs that do not have many side effects.

3. For the attention of specialist doctors services should maintain and enhance the ability of the Internal Medicine Specialist to provide information about disease diagnosis, therapy / treatment to patients. In addition, doctors also need to increase their care for each patient and family's complaints

3.) For Patients in Aceh Tamiang Hospital

a. Patients must be more active in providing criticism and advice to the management of Aceh Taming Regional Hospital

b. Patients must understand the rights and obligations of patients

3.) For Further Researchers.

It is expected to be able to do an analysis with the hospital's condition that will come and both from the data that you want to collect so that the researcher can get more maximum and accurate results.

References

1. Adunair, H, 2007,manajemen Kualitas Pelayanan.Http://wwwDamandiri.or.id, diakses 2 Maret 2018

2. Al-Doghaither, A. H. (2004). Inpatient 1satisfaction with physician services at King Khalid University Hospital, Riyadh, Saudi Arabia. *Eastern Mediterranean Health Journal*, *10*(3), 358–364.

3. Baequny, A. (2009). Sosial Pt . Askes Terhadap Pelayanan Dokter Tesis. *Universitas Stuttgart*.

4. Irawan, 2008. 10 Prinsip kepuasan Pelanggan, PT.Alex Komputindo. Jakarta .

5. Jacobalis, S, 2000. Rumas Sakit IndonesiaDalam Dinamika Sejarah Transformasi, Globalisasi dan Krisis Nasional, Edisi Pertama, Jilid I, Penerbit Selemba Empat , Jakarta. Kemenkes RI. 2016. Profil Kesehatan Indonesia Tahun 2016. Jakarta.

6. Kerlinger FN. 2006. Asas–asas penelitian behavioral. Yogyakarta: Gadjah Mada University Press

7. Kotler , P, Susanto,A.B,2001. Manajemen Pemasaran di Indonesia, Analisis, Perencanaan, Implementasi dan Pengendalian, Edisi Pertama, Jilid I, Penerbit Selemba Empat.

8. Lupiyoadi, R.. 2001. Manajemen Pemasaran Jasa Teori dan Praktik. Edisi pertama, Jakarta: Salemba Empat.Sarbaguna, boy S. H. 2008. *Quality Assurance* Pelayanan Rumah Sakit, Seri Manajemen Pelayanan Rumah Sakit. Jakarta: Sagung Seto.

9. Nova, R. F. (2013). Kepuasan pelanggan di RS Surakarta. *Journal of Chemical Information and Modeling*, *53*, 1689–1699. https://doi.org/10.1017/CBO9781107415324.004

10. Parasuraman, a, Zeithaml, V. a, & Berry, L. L. (1988). SERQUAL: A Multiple-Item scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*. https://doi.org/10.1016/S0148-2963(99)00084-3

11. Potter, Patricia A... Buku Ajar Fundamental Keperawatan ; Konsep Dan Praktik; Alih Bahasa, Retna Komasari…[et al] ; editor edisi bahasa Indonesia, Monic a Ester,Devi Yuianti, Intan Parulian,Ed.4. EGC.Jakarta

12. Rachmadi. . Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Inap Kelas III di RSUD Kabupaten Karimun. Tugas Akhir Program Magister Universitas Terbuka. Jakarta.

13. Suryawati. (2004). KEPUASAN PASIEN RUMAH SAKIT, *7*(4).

14. Tjandra Yoga Aditama, *Manajemen Administrasi Rumah Sakit*, Edisi 2 Jakarta Penerbit UI (UI-Press), 2003

15. Undang-undang Republik Indonesia No. 29 Tahun 2004. Undang-undang tentang Praktik Kedokteran. Jakarta: Departemen Kesehatan Republik Indonesia.

16. Wasisto, B. 2000. Peningkatan Mutu Pelayanan Rumah Sakit. Cermin Dunia Kedokteran, Edisi Khusus. Jakarta.

17. Yamit, Zulian. 2013. Manajemen Kualitas Produk dan Jasa, Ed. 1 Cet. 6. Yogyakarta: Ekonisia Kampus Fakultas Ekonomi UII Yogyakarta.

18. Yohana, A. (2009). Analisis Harapan dan Kepuasan Pasien Rawat Inap Pelyakit Dalam terhadap Mutu Pelayanan Dokter Spesialis. *Universitas Diponegoro Semarang*. Retrieved from http://eprints.undip.ac.id/16495.