The Influence of Service Quality on Patient Satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh

Anisya Intan Nuria[1], Fa'uzobihi[2], Partimah[3]
Program Studi Manajemen, Universitas Pertiwi

Article Info	Abstract
	The main problem of Klinik Pratama Rawat Inap Siti Zachroh is the lack of service quality caused by human resources, facilities, and referrals that have not been optimal yet. The research aims to analyze the influence of service quality on patient satisfaction. The method of the research is the quantitative approach with associative method to analyze two variables, namely service quality and patient satisfaction. The results of the research indicate that the validity and reliability tests are valid and reliable with value of r table 0.349. The results of questionnaire data processing and the answers of respondents regarding service quality show the effective criteria 62,1%. The t test indicates that value of t > t table is obtained (6,770 > 2,048). It means that there is partially a significant influence of service quality on patient satisfaction, then Ho is rejected. The correlation analysis of R obtains 0.788, indicating that there is a strong relationship of service quality to patient satisfaction. The result of coefficient determination obtains R square score 0.621 or 62,1%, therefore the contribution percentage of service quality variable to patient satisfaction variable is 62,1%, included in the high effective criteria. The conclusion is that there is a strong influence of service quality on patient satisfaction in Klinik Pratama Rawat Inap Siti Zachroh.
Info Artikel	**Abstrak**
	Masalah utama Klinik Pratama Rawat Inap Siti Zachroh adalah kualitas layanan, yang disebabkan oleh sumber daya manusia, fasilitas, dan rujukan yang belum optimal. Penelitian ini bertujuan untuk menganalisis pengaruh kualitas pelayanan terhadap kepuasan pasien. Metode penelitian yang digunakan adalah kuantitatif dengan metode asosiatif untuk mengetahui hubungan antara variabel kualitas pelayanan dengan variabel kepuasan pasien. Dalam uji t, nilai t > t tabel diperoleh (6,770> 2,048). Terkait *dengan* analisis korelasi parsial terdapat pengaruh yang signifikan antara kualitas pelayanan terhadap kepuasan pasien, maka Ho ditolak. Dari hasil analisis diperoleh R sebesar 0,788, yang menunjukkan terdapat hubungan yang kuat antara kualitas layanan dan kepuasan pasien. Hasil koefisien determinasi menunjukkan angka R kuadrat sebesar 0,621 atau 62,1%, dengan demikian persentase kontribusi variabel kualitas pelayanan terhadap kepuasan pasien sebesar 62,1% termasuk dalam kriteria efektif tinggi. Dapat disimpulkan bahwa terdapat pengaruh yang kuat dari kualitas layanan terhadap kepuasan pasien di Klinik Pratama Rawat Inap Siti Zachroh.

Corresponding Author:
Anisya Intan Nuria
Program Studi Manajemen, Universitas Pertiwi
Email : aintannuria@gmail.com

1. INTRODUCTION

The large number of health facilities in Bekasi means that the people of Bekasi have many choices to determine which health facility they will choose. People will choose health facilities that they monitor can provide good satisfaction for them. Therefore, every health facility should prioritize patient satisfaction to be able to compete with other clinics. Likewise with the health facility, namely the Klinik Pratama Rawat Inap Siti Zachroh in Bekasi Regency. This clinic must pay attention to maximum service quality that prioritizes patient satisfaction so that it can compete with other clinics. Klinik Pratama Rawat Inap Siti

Zachroh has a vision, namely "To become a superior clinic that provides optimal service and prioritizes quality and patient safety". The mission of the Klinik Pratama Rawat Inap Siti Zachroh is: (1) Providing fast, precise, quality and affordable health services, (2) Providing "One Stop Service" health services, (3) Establishing partnerships with the surrounding community. This clinic has the ambition to become a health service for the people of Grand Residence City Housing and its surroundings who need health services.

Apart from being a means of healing a disease, clinics must also pay attention to excellence in service and provision of facilities to create patient satisfaction. As a health service institution, the clinic currently has many competitors. For example, health centers and hospitals, both government and private. As a health service facility for the general public, clinics need to know whether the services provided meet patient expectations or not. Clinics need to provide services in accordance with patient expectations. Service that meets and even exceeds patient expectations can lead to patient satisfaction.

Clinics need to know how to serve patients well, quickly, effectively and efficiently. If the service provided is in accordance with what the patient expects, the service can be said to be good. Therefore, clinics are required to always maintain patient trust by improving the quality of service so that patient satisfaction increases. Clinics need to carefully determine patient needs in an effort to fulfill desires and increase satisfaction with the services provided. Apart from service quality, clinic facilities will also determine patient satisfaction.

Facilities are physical resources that must exist before a service is offered to consumers (Tjiptono, 2012). The facilities provided by the clinic are a means to complement and support the smooth activities of patients in enjoying the services provided. Improvements to clinical facilities need to be made to minimize obstacles in providing quality health services. It is hoped that this improvement in facilities can anticipate various obstacles faced by patients in obtaining quality services.

Satisfaction is important from several aspects for health service organizations. Satisfied patients are more likely to adhere to the treatment program, maintain an ongoing relationship with the doctor, and therefore enjoy better treatment). Therefore, through continuity of service and compliance, patient satisfaction has the potential to improve health care outcomes. High satisfaction is associated with increased market share, better financial results, and reduced malpractice claims; additionally, patient satisfaction scores are now used to determine provider compensation. Therefore, patient satisfaction with health services is not only a measure of performance but also helps identify areas that require improvement to provide better services.

Service quality plays a major role in achieving patient satisfaction. Traditionally, quality of care is assessed based on specific measures, such as morbidity or mortality. However, in recent decades, patient perceptions of their care have also become a consideration. Thus, patient perceptions of service quality make an important contribution to achieving satisfaction. In some studies, a positive assessment of service quality is considered satisfaction, and these terms are used interchangeably; however, patient satisfaction is only one of several measures of service quality. Quality assessments are quite specific, while satisfaction assessments are more general. Patient satisfaction is a positive or negative attitude that reflects the patient's feelings about the services received.

2. REVIEWREFERENCES
The Nature of Patient Satisfaction

Patients are sick people who are treated by doctors and other health workers in practice (Yuwono, 2003). Meanwhile, satisfaction is a person's feeling of pleasure that comes from a comparison between their enjoyment of an activity and a product and their expectations (Nursalam, 2011).

Understanding patient needs and desires is an important thing that influences patient satisfaction. Satisfied patients are a very valuable asset because if patients are satisfied they will continue to use the service of their choice, but if patients are dissatisfied they will tell other people twice as much about their bad experience.

According to Imbalo S. Pohan (2015: 156), patient satisfaction is a level of patient feelings that arise as a result of the health service performance they receive after the patient compares it with what they expected. To measure patient satisfaction according to Imbalo S. Pohan (2015: 152) there are four dimensions as follows:

1. Access to health services, namely services
2. which must be achieved by society, not hindered by geographical, social, economic, organizational and linguistic conditions.
3. Quality of health services, namely health services that can satisfy every user of health services in accordance with the average level of satisfaction.
4. Health service processes, namely various activities in health services that can produce satisfaction as expected by patients.
5. The health service system is an important part of improving health status. Through this system, health development goals can be achieved.

Service quality

Goetsh and Davis in Fandy Tjiptono formulated a definition of quality, namely that quality is a dynamic condition related to the product; services, people, processes and environment that meet or exceed expectations. According to the American Society for Quality Control, quality is the overall characteristics and characteristics of a product or service in its ability to meet predetermined or latent needs.

Service quality can be expressed as a comparison between the service that consumers expect and the service they receive. According to Kotler and Keller (2016: 155) service is any action or activity that can be offered by one party to another party, basically it is intangible and does not result in any ownership. According to Kotler (2000, p. 438) Service Quality is a comparison of the quality received by the customer (perceived quality), namely after the customer receives service with the expected quality. This means that if the service received has a lower value than the expected service, then customer desire (interest) will decrease. Customer perceptions of quality service are formed because of the difference between the service received and the expected service.

Service quality is the customer's perception of the difference between the services received compared to the expected service. According to Flora Han (2000, p. 88) Service quality is customer expectations for services influenced, externally, by word of mouth communication and internally by customer personal needs and past experiences. Customer perceptions of service quality depend on perceptions of actual service performance compared with expectations of what service performance should be. In forming a service quality assessment, which is based on a comparison between expected and perceived services, five dimensions of service quality can be used, namely:

1. Reliability, namely the company's ability to provide services as promised accurately and reliably. Performance must be in accordance with customer expectations, which means punctuality, equal service to all customers without errors, a sympathetic attitude and high accuracy.
2. Responsiveness, namely a policy to help and provide fast and accurate service to customers by conveying clear information. Letting consumers wait for negative perceptions in service quality.

3. Confidence (assurance), namely the knowledge, politeness and ability of company employees to foster customers' trust in the company. These include communication, credibility, security, competence and courtesy.
4. Empathy, namely sincere and individual or personal attention given to customers by understanding consumer desires. Where a company is expected to have understanding and knowledge about customers, understand specific customer needs, and have operating times that are comfortable for customers.
5. Tangibles are the ability to demonstrate their existence to external parties. The reliable appearance and capability of the company's physical facilities and infrastructure in the surrounding environment is clear evidence of the services provided by the service providers. This includes physical facilities, for example buildings, warehouses, etc., equipment and tools used (technology) and the appearance of employees.

3. RESEARCH METHODS

This research is also used as a basis for decision making and also to recognize the distribution and behavior of the data held (Lind, et al., 2007:6; Kuncoro 2009:12).This research uses a quantitative approach, namely a writing approach where data analysis is carried out using statistical methods. The quantitative paradigm emphasizes theory testing through measuring writing variables using numeric/numbers and these measurements are controlled and prominent (Lind, et al. 2007:9; Sugiyono 2008:3-4). Questionnaire surveys consist of questions, which are developed for research purposes. Questionnaires were distributed to patients at the Klinik Pratama Rawat Inap Siti Zachroh and all respondents answered it.

Samples and Sampling Techniques

A sample is part of a population that represents the characteristics of the population to be studied (Lind, et al. 2007:7; Sugiyono 2008:6). Sampling was carried out using a non-probability method, namely using the Accidental Sampling technique. In this case, the criteria used by the authorized the writer met the patient who received treatment at the Klinik Pratama Rawat Inap Siti Zachroh on December 20 2023.

Research Instrument

The main tool in this research was a questionnaire given to patients at the Klinik Pratama Rawat Inap Siti Zachroh who were selected as research samples. The data measurement technique was carried out using Likert scale measurements. According to Sugiyono (2011:107), the Likert scale is used to measure attitudes, opinions, and perceptions of a person or group about social phenomena. In the questionnaire there are a number of questions that respondents must answer according to what they know. Researchers used multiple linear regression analysis. In it, validity and reliability will be tested. Validity and reliability tests are carried out to find out whether the measuring instruments used are appropriate and can be trusted to be true. Next, after the assumptions are met, a feasibility model proposal is carried out. The Likert scale is used in filling out the questionnaire. The data that has been collected through a questionnaire is then processed by the author into quantitative form, namely by determining the answer score from the statements that have been answered by the respondent, where the scoring is based on the provisions on the number of answers (Table 2).

Table 2. Alternative Answers and Value Weights

Alternative Answers	Value Weight (+)
Strongly agree	5
Agree	4
Doubtful	3
Don't agree	2

Strongly Disagree	1

In testing research instruments, researchers used Validity Test and Reliability Test. Data analysis techniques use Simple Linear Regression Analysis and Coefficient Analysis of Determination. To test the hypothesis, researchers used the partial Regression Coefficient Test (t test) and Correlation Coefficient.

4. RESULTS AND DISCUSSION

Validity test

The validity test shows a measure of the level of validity or determination of an instrument. An instrumentWhichvalid has high validity. Conversely, an instrument that is less valid means it has low validity. Valid means that the instrument can be used to measure what it is supposed to measure. Validity testing was carried out by conducting a two-sided test with a significance level of 0.05.

Test criteria are as follows:

1. If r count > r table (two-sided test with sig. 0.05) then the instrument or statement items are significantly correlated with the total score (declared valid).
2. If r count < r table (two-sided test with sig 0.05) then the instrument or statement items do not correlate significantly with the total score (declared invalid).

   Based on the results of the analysis obtained correlation values between item scores and the total score. This value is then compared with the r table value, the r table is looked for at a significance of 0.05 with a two-sided test and the amount of data is n=30, then the r table is obtained at 0.349.

   Below you can see the results of the validity calculations for all statement items (Table 3).

Table 3. Validity Calculation Results

Variable	Items	r Count	r Table	Information
	1	0.663	0.349	Valid
	2	0.572	0.349	Valid
	3	0.706	0.349	Valid
	4	0.750	0.349	Valid
	5	0.742	0.349	Valid
	6	0.522	0.349	Valid
	7	0.499	0.349	Valid
	8	0.354	0.349	Valid
	9	0.742	0.349	Valid
	10	0.810	0.349	Valid
Service	11	0.742	0.349	Valid
Quality (X)	12	0.810	0.349	Valid
	13	0.572	0.349	Valid
	14	0.691	0.349	Valid
	15	0.424	0.349	Valid
	1	0.834	0.349	Valid
	2	0.735	0.349	Valid
	3	0.623	0.349	Valid
Satisfaction	4	0.691	0.349	Valid
Patient (Y)	5	0.601	0.349	Valid
	6	0.427	0.349	Valid
	7	0.490	0.349	Valid
	8	0.744	0.349	Valid
	9	0.560	0.349	Valid
	10	0.849	0.349	Valid
	11	0.609	0.349	Valid
	12	0.911	0.349	Valid
	13	0.911	0.349	Valid
	14	0.868	0.349	Valid
	15	0.928	0.349	Valid

Based on the results of the analysis, the correlation value of the items was found to be more than 0.349, so it was concluded that the research instrument items for Service Quality (X) and Patient Satisfaction (Y) were declared valid.

Reliability Test

Test of Reliability is to test whether the results of the questionnaire can be trusted or not. Instrument reliability testing can be done externally or internally. Externally, it can be done with test retest (stability), equivalent, and a combination of both. Reliability testing is a continuation of validity testing, where the items tested are only valid items.

Test of Reliability is carried out at a significant level of 0.05, meaning that the instrument can be reliable if the alpha value is large (>) than the critical product moment r. So the questionnaire items used are reliable or consistent. Based on the result of data processing using SPSS, reliability results were obtained as shown in Table 4.

Table 4. Reliability Test Results

Reliability Statistics	
Cronbach's Alpha	N of Items
0.919	15

From SPSS processing results, an alpha value of 0.919 was obtained. Because of the Cronbach alpha value is more greater than ($0.919 > 0.70$), it can be concluded that the Service Quality variables and Satisfaction of the patient can be said to be reliable and can be used for further testing.

Simple Linear Regression Analysis

Simple linear regression analysis is one of the analytical tools used to determine the direction of the relationship between the independent variable (X), namely service quality, and the dependent variable (Y), namely patient satisfaction, whether positive or negative, and to predict the value of the dependent variable if the value of the independent variable experiencing an increase or decrease. Based on the results of data processing with the help of SPSS, the results obtained are as shown in Table 5.

Table 5. Results of Simple Linear Regression Analysis

Coefficients[a]				Standardized Coefficients	t	Sig.
Model				Beta		
1	(Constant)	10,177	9,009		1,130	0,268
	PELAYANAN	0,857	0,127	0,788	6,770	0,000

a. Dependent Variable: PATIENT SATISFACTION

Based on the results of the simple regression analysis that has been carried out, this research has obtained a model of regression function as follows:

Y1 = a + bx

= 10.177 + 0.857

Information:

Y1 = Patient Satisfaction

X = Service Quality

In the regression equation, it can be seen that the regression coefficient has a positive sign, which means that the better the quality of service, the patient satisfaction increases, and vice versa, if the quality of service is not good, patient satisfaction will decrease.

Based on the table above, information is obtained:

1. The constant (a) is 10.177, meaning that if the service quality is 0, then patient satisfaction is 10.177.
2. The regression coefficient for intensification of service quality (b) is positive, namely 0.857, meaning that every time service quality is implemented with a value of 1, patient satisfaction will increase by 0.857.

Analysis of the Coefficient of Determination

Analysis of the coefficient of determination is to show how big the influence of quality is in percentage of Service on Patient Satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh. The coefficient of determination was processed using SPSS (Table 6).

Table 6. Analysis of Determination Coefficient

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,788ª	0,621	0,607	3,326
a. Predictors: (Constant), PELAYANAN				

Based on the table above, the numbers are obtainedR2 (R Square) is 0.621 or (62.1%). This shows that the percentage contribution of the influence of the service quality variable on the patient satisfaction variable is 62.1%. Meanwhile, the remaining 37.9% was influenced or explained by other variables that were not carefully studied by researchers.

Based on the table above, it can be seen that the coefficient value (R) is 0.788.

$Kd = R^2 \times 100\%$

$Kd = (0.788)^2 \times 100\% = 62.1\%$

Table 7. Interpretation of Determination Coefficient

0%≤KD≤100%	Relationship Level
81% - 100%	Very high
49% - 80%	Tall
17% - 48%	High enough
5% - 16%	Low but sure
0% - 4%	Low or very weak

Source: Sugiyono (2013:183)

FromThe table above clearly shows that the coefficient of determination value that has been calculated is 62.1%, so it is included in the high influence criteria. So it can be concluded that there is a high influence of service quality on patient satisfaction at Klinik Pratama Rawat Inap Siti Zachroh.

Partial Regression Coefficient Test

The partial test or what is usually called the t test is a test carried out to find out whether service quality has a significant effect on the level of patient satisfaction or not. This test uses a significance level of 0.05 and is 2-sided.

In this research, there are the following hypotheses:

Ho = There is no influence of service quality on patient satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh.

Ha = There is an influence of service quality on patient satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh.

Table 8. T test U results

Coefficients^a				Standardized Coefficients	t	Sig.
Model				Beta		
1	(Constant)	10,177	9,009		1,130	0,268
	PELAYANAN	0,857	0,127	0,788	6,770	0,000

Based on the calculation results using the SPSS 22 program above, it can be seen that the calculated t value is 6.770 and the significance value is 0.000. Next, you can see the statistical t table at a significance of $0.05/2 = 0.025$, with degrees of freedom df (n-2) / (30-2 = 28), then the t table for the t table is 2.048. Because the calculated t value > t table (6.770 > 2.048), Ho is rejected. It can be concluded that partially, there is a significant influence between Service Quality and Patient Satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh.

Correlation Analysis

Correlation analysis is used to determine the relationship between two or more variables. The independent variable in this research is service quality, while the dependent variable is patient satisfaction. Based on the results of data processing using Pearson Product Moment correlation with the help of SPSS software, the results obtained are as shown in Table 9.

Table 9. Correlation Test Results

Correlations		PELAYANAN	KEPUASAN
PELAYANAN	Pearson Correlation	1	,763**
	Sig. (2-tailed)		0,000
	N	30	30
KEPUASAN	Pearson Correlation	,763**	1
	Sig. (2-tailed)	0,000	
	N	30	30
**. Correlation is significant at the 0.01 level (2-tailed).			

Table 10. Guidelines for Interpreting Correlation Coefficients

Interval Koefisien	Tingkatan Hubungan
0,00 - 0,19	Sangat Rendah
0,20 - 0,39	Rendah
0,40 - 0,59	Sedang
0,60 - 0,79	Kuat
0,80 - 1,00	Sangat Kuat

Based on Table 10 above, it can be seen that the correlation coefficient value of service quality with patient satisfaction is 0.788. This shows that there is a very strong relationship

between service quality and patient satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh.

5. CONCLUSION

The results of the research prove that there is a strong influence on patient satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh, namely with a positive service quality regression coefficient of 0.857, meaning that for every service quality value of 1, patient satisfaction is 0.456. In the t test, the calculated t value > t table was obtained (6.770 > 2.048), meaning that partially there is a significant influence between service quality on patient satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh. Based on the results of the correlation analysis, an R of 0.788 was obtained, which shows that there is a strong relationship between service quality and patient satisfaction. Based on the coefficient of determination, an R square figure of 0.621 or (62.1%) is obtained, which shows that the percentage contribution of the influence of service quality variables on patient satisfaction is 62.1%, which is included in the high influence criteria.

6. SUGGESTION

The researcher suggests to future researchers to conduct in-depth research with a wider range of services regarding service quality and patient satisfaction, based on existing phenomena in order to produce new research with better results and more useful for the community and related agencies.

In connection with the results of research on service quality on patient satisfaction at the Klinik Pratama Rawat Inap Siti Zachroh, researchers suggest the following:
1) Improving the facilities of the Klinik Pratama Rawat Inap Siti Zachroh for the comfort of visiting patients, by adding a cooling machine/AC in the waiting room on the 1st floor of the Klinik Pratama Rawat Inap Siti Zachroh
2) Increasing patient satisfaction, because patient satisfaction is the main goal and service. Therefore, to increase patient satisfaction, the Klinik Pratama Rawat Inap Siti Zachroh can make optimal and comprehensive improvements to all aspects related to service quality by providing direction and control to all employees and improving performance in order to achieve more satisfying services for patients who treatment.
3) Presenting security officers on standby at the Klinik Pratama Rawat Inap Siti Zachroh.

7. THANK-YOU NOTE

8. BIBLIOGRAPHY

Pohan, Imbalo S. 2015. *Jaminan Mutu Layanan Kesehatan.* Jakarta: Penerbit Buku Kedokteran EGC.

Kotler, Phillip dan Kevin Lane *Keller.*(2016). Manajemen Pemasaran edisi 12 Jilid 1. & 2.Jakarta: PT. Indeks

Yuwono, dkk. 2003. *Petunjuk Praktis Penyusunan Balanced Scorecard : Menuju. Organisasi Yang Berfokus Pada Strategi*. PT. Gramedia Pustaka Utama : Jakarta.

Nursalam. 2011. *Proses dan Dokumentasi Keperawatan Konsep dan Praktik*. Jakarta: Salemba Medika.

Kotler, Philip, 2000. *Manajemen Pemasaran*, Edisi Milinieum, Edisi Kesepuluh, Edisi Bahasa Indonesia, PT. Prenhallindo, Jakarta.

Flora han and Debbie leong.2000. *Produktivity and service Quality*, Singapore : Prentice Hall.

Sugiyono. 2008. *Metode Penelitian Bisnis*. Alfabeta : Bandung.

Sugiyono. (2011). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung: Alfabeta.

Sugiyono (2013). Statistika Untuk Penelitian. Bandung : Alfabeta.

Kuncoro, Mudrajad. 2009. *Metode Riset untuk Bisnis dan Ekonomi*. Edisi Ketiga. Jakarta: Erlangga.