Research Article

Public Service Quality in the Regional General Hospital in Pangkalpinang City

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Abstract.
Quality public services will give the impression of satisfaction and comfort to the people who receive them. This research focuses on patient satisfaction and comfort at Depati Hamzah Hospital, Pangkalpinang City, Sumatra, Indonesia. Patients and their families who received inpatient services became research respondents. In total, 105 participants participated in the survey as respondents to utilize the Windows SPSS 22 application for processing. Five significant service dimensions were the basis for measuring the service quality. The average level of patient satisfaction is 4.38 and the average level of service quality is 3.92 based on the results of importance-performance analysis calculations. This shows that $3.92 < 4.38$, the quality of service has provided satisfaction to customers and patients but has not yet reached its best ability. The results of the Cartesian diagram analysis of the influence of service quality on patient satisfaction in quadrant I. The findings show that the gap is caused by the average perception and average expectations of unfavorable factors, namely the tangible, dependability, responsiveness, assurance, and empathy factors. If the gap is negative, it indicates that fewer or dissatisfied customers are using the service. The results of the Cartesian diagram are more visible in quadrant I, which shows that the level of performance is below the level of expectations and additional performance improvements are needed to please customers.

Keywords: public service, public service quality

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1. Introduction

During the COVID-19 Pandemic, health services, especially hospitals as the sector most affected by this situation, are required to adapt to new habits that are intended as behavior changes in services for hospitals while continuing to carry out normal activities. Hospitals must implement the steps that will be taken to continue to treat COVID-19 patients but at the same time can also provide services to non-COVID-19 patients with minimal risk of transmission by implementing Infection Prevention and Control (PPI) [1].

The Depati Hamzah Regional General Hospital Pangkapinang City (Depati Hamzah Hospital), a referral hospital for the Bangka Belitung Islands Province of Sumatra, Indonesia, is owned by the Pangkalpinang City Government. Regional public hospitals are a

component of the current service sector, but regrettably, the public's perception of regional hospitals is not favorable when compared to the health care provided by private hospitals.

RSUD is identified as a hospital that does not pay attention to the efficiency and quality of services provided because most of the operational costs are financed by government costs. The quality of healthcare services must be improved in order for hospitals to continue to be competitive and lucrative under this budget [2]. Since this budget is undoubtedly less profitable for hospitals, efforts must be made in this direction.

The best service quality is considered an important factor that can be used to differentiate and improve organizational performance in an era of intense competition [3; 4]. In the past, hospitals relied on the opinions of their medical, administrative, and technical employees to evaluate the health services they offered to patients. Based on the opinions of service users, this viewpoint has changed in modern times. Hospitals thus put a greater emphasis on patient-related areas to raise the level of patient satisfaction [5].

The SERVQUAL model, which stands for service quality, is a well-known and frequently used reference in marketing research. This approach, which was first presented [6]. Has been empirically tested and developed into a measurement instrument for a quality perspective according to customers. It consists of five dimensions: tangible, reliable, responsive, assured, and empathic [7]. The tool used in this process has evolved into a benchmark for evaluating several aspects of service quality.

2. Methods

This research is a quantitative descriptive. This study distributed 105 questionnaires to inpatients at the Depati Hamzah Hospital, Pangkalpinang City. A total of 105 questionnaires were distributed, 102 questionnaires were returned. After being researched, there are several questionnaires that are not suitable for use. Therefore, there are only 100 questionnaires that are suitable for use, the number is very adequate for analysis.

To describe the relationship between service quality and patient satisfaction, it is done by using the average performance score and the existing gap. Then with the help of the SPSS program, a scatter diagram (scatter diagram) is generated into a Cartesian diagram and then the average value of the performance and expectation scores is entered as the point of intersection of the X and Y axes on the scatter diagram.

3. Results and Discussion

Evaluation of service quality at the Depati Hamzah Hospital Pangkalpinang City using the Servqual model which includes calculating the difference between the values given by inpatients as respondents for each statement related to expectations and perceptions. Service quality value (SERVQUAL) = Perceived Value – Expected Value. A negative gap indicates that consumer expectations are not being met. The bigger the gap, the wider the gap between what consumers want and what they actually get.If the quality (Q) 1 then the service quality is said to be good. Quality (Q) < 1 then the quality of service is said to be not good. The following is the calculation of the service obtained from the difference in the perception and expectation scores of each statement item:

TABLE 1: Service Quality Based On The Difference Between Perception and Expectation Scores.

No	Dimension	Average score		Average Gap	description	Quality score
		Expectation	Perception			
Tangibles						
1	Cleanliness, tidiness, and comfort of the treatment room	3,90	4,19	-0,29	Negatif	0,93
2	Arrangement on the outside and inside of the treatment room	3,87	4,19	-0,32	Negatif	0,92
3	Completeness, readiness and cleanliness of medical equipment used in the treatment room	3.91	4,21	-0,30	Negatif	0,93
4	The appearance of the employees of the Depati Hamzah Hospital is neat and clean	4.01	4,29	-0,28	Negatif	0,93
Reliability						
5	Fast and precise patient admission procedures at the Depati Hamzah Hospital	3,82	4,41	-0,59	Negatif	0,87
6	Services for examinations, administering drugs and patient care quickly and precisely at the Depati Hamzah Hospital	3.85	4,36	-0,51	Negatif	0,88
7	Patient care in the ward that prioritizes service speed	3.84	4,39	-0,55	Negatif	0,87

TABLE 1: Continued.

No	Dimension	Average score		Average Gap	description	Quality score
		Reliability				
8	Schedule doctor visits and nurse services to the treatment room on time	3,88	4,44	-0,56	Negatif	0,87
9	Uncomplicated patient care procedures	3,86	4,47	-0,61	Negatif	0,86
		Responsiveness				
10	The ability of doctors and nurses to respond quickly to patient complaints	3,68	4,39	-0,71	Negatif	0,84
11	Hospital staff provide clear and easy-to-understand information	3,84	4,47	-0,63	Negatif	0,86
12	Convincing appearance of doctors and nurses in the various patient services provided	3,88	4,46	-0,58	Negatif	0,87
13	Quick action when the patient needs help in the room	3,94	4,42	-0,48	Negatif	0,90
		Assurance				
14	Knowledge and ability of doctors to establish a disease diagnosis	3,81	4,46	-0,65	Negatif	0,85
15	Hospital staff skills in treating patients	3,93	4,40	-0,47	Negatif	0,89
16	Courteous and friendly hospital staff service	3,89	4.48	-0,59	Negatif	0,86
17	Hospital security guarantee	4,05	4,43	-0,38	Negatif	0,91
		Emphaty				
18	The staff's attention to each patient	4,06	4,37	-0,31	Negatif	0,93
19	The attention of officers to the complaints of patients and their families in the treatment room	4,07	4,32	-0,25	Negatif	0,94
20	Fair service to all patients	4,06	4,35	-0,29	Negatif	0,93
21	There is concern for nurses and doctors every time they visit the patient in the treatment room	4,11	4,40	-0,29	Negatif	0,93
		3,92	4,38			

Source: Primary Data Processed (2022)

The results of service quality scores are negative for various existing indicators, so it is necessary to improve service quality for each of the existing indicators. The highest gap score of -0.71 is found in the responsiveness dimension (responsiveness) on the indicator of the ability of doctors and nurses to quickly respond to patient complaints, meaning that inpatients are most disappointed with the health services provided by Depati Hamzah Hospital to the ability of doctors and nurses to Respond quickly to resolve patient complaints.

The second highest gap score is on the Assurance dimension with a gap score of -0.65 with indicators of the knowledge and ability of doctors to diagnose disease, meaning that inpatients are also disappointed with the health services provided by the Depati Hamzah Hospital with respect to the knowledge and ability of doctors to diagnose disease. The indicator of the officers' attention to the complaints of patients and their families in the treatment room on the Empathy dimension (empathy) has the lowest scope gap, namely -0.25. This means that the disappointment of inpatients is the lowest in all Servqual dimensions where the attention of officers to the complaints of patients and their families in the treatment room has a better assessment than all the attributes/indicators of the questionnaire.

Overall satisfaction of inpatients at the Depati Hamzah Hospital according to 21 indicators is negative (-). That the gap is what causes tension (unpleasant), which encourages someone to take action to reduce it. This of course applies to normal people, that human needs can never be absolutely satisfied. The narrowing gap in the need to be satisfied is never completely closed. Because once satisfied a state of harmony is achieved, people are in a relatively calm state. Therefore, the hospital should minimize the gap with the aim of achieving patient satisfaction.

To describe the relationship between service quality and patient satisfaction, it is done by using the average performance score and the existing gap. Then with the help of the SPSS program a scatter diagram is generated into a Cartesian diagram and then the average value of the performance and expectations scores is entered as the point of intersection of the X and Y axes on the scatter diagram. The average calculation of the average score in the level of performance ($\bar{\bar{X}}$) which is 3.917 and the average score in the level of importance ($\bar{\bar{Y}}$) is 4.376, where the X-axis is the perception of performance and the Y-axis is the expectation.

Figure 1 illustrates that Quadrant I has nine indicators, with the aspects of certainty, reliability, and responsiveness predominating. Assurance, responsiveness, empathy,
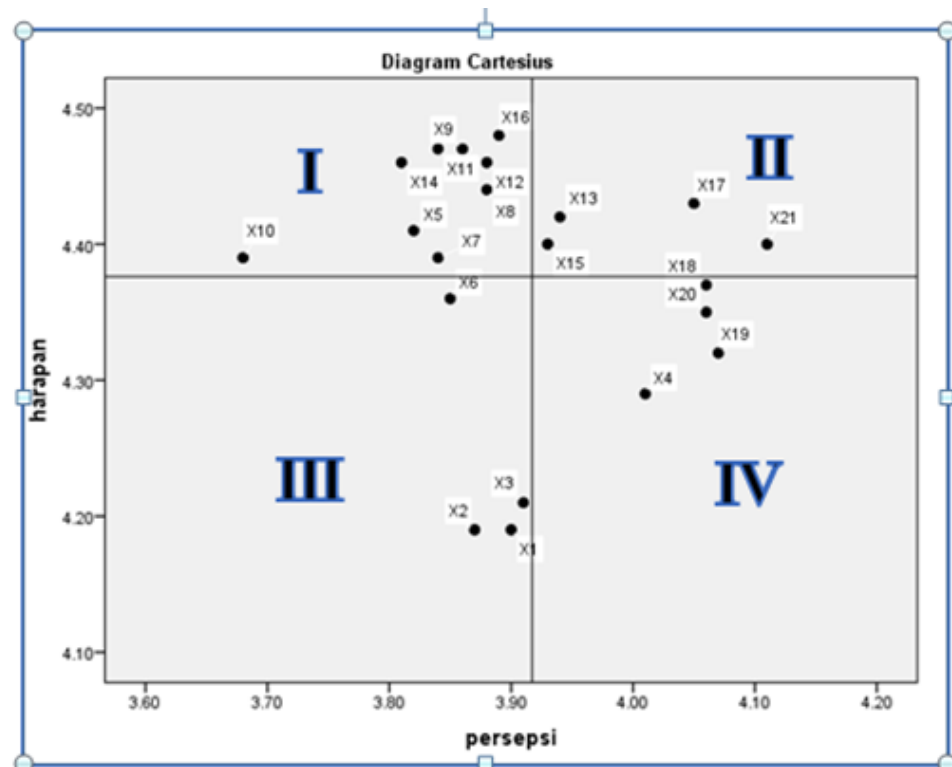
Figure 1: Cartesian Diagram Between Perceived Performance and Expectations. Source: Research Results, 2022 (Data Processed).

and quadrant II each have four signs, while quadrant III has four dominating indicators from the tangibles dimension. Four indications make up Quadrant IV, and the empathy component is the dominant one.

The magnitude of the difference is based on the average impression and average expectation across all dimensions, which are all negative and include tangible, reliable, responsiveness assurance, and empathy. If the gap is negative, it indicates that fewer or unsatisfied customers are using the service.

The customer is thought to be extremely satisfied with the business' services if the total gap is positive. In contrast, if the gap is negative, the consumer is less satisfied with the service and vice versa. the better, the smaller the gap

This research backs up Averill et al.'s description of hope as an emotion that is guided by cognition and impacted by external factors [8]. Expectations are what a client believes he or she should receive from a service provider, and that is the kind of service that should be delivered. In accordance [9], perception is what the service provider really provides. The inference is that customers get dissatisfied when service providers fall short of expectations. On the other hand, when client expectations are met, it promotes customer loyalty and retention.

Based on the analysis of the Caretsius diagram and the analysis of each dimension, the Depati Hamzah Hospital Pangkalpinang City is currently more dominant in the position in quadrant I. Quadrant I contains characteristics or assertions that visitors deem significant but which, in reality, do not meet customer expectations. These traits' and statements' performance levels fall short of what the customers' expectations are of them. To please clients, the assertions and traits in this quadrant need to be strengthened [10].

Therefore, the Depati Hamzah Hospital might embrace a number of understandings in its attempts to focus on the quality of services, including: 1). According to directives from the Ministry of Health of the Republic of Indonesia, the Hospital is required to follow stringent health protocols and follow hospital services during the ongoing COVID-19 pandemic in order to give the impression that it is not one of the clusters of infectious disease outbreaks. 2).Monitoring and evaluation. Monitoring and evaluation activities need to be improved. The characteristics of good monitoring are a). It is carried out on an ongoing basis by involving departments related to coordination and focusing on progress towards achieving goals. b). Seeing the development of the program and teamwork which has a very important function in making decisions and policies, learning and as evaluation material. c). Good monitoring depends on the quality of planning. d). Good monitoring requires regular visits supported by progress analysis and reports. 3). Improvement in the provision of education and training for service officers. Improvements in the provision of education and training for service officers are necessary and continuous. Training can be useful to increase employee satisfaction, reduce absenteeism and employee turnover, improve work methods and systems, reduce employee complaints, improve employee communication and lead to better cooperation. All training carried out by employees will provide output for patients, because the success of education and training will provide benefits for services to patients. 4).Quality orientation for new staff. Newly hired employees often do not understand properly how to do the job. The quality orientation in question is informal training carried out by the hospital service for new services. 5).Hospital development. The development of the hospital is intended as a whole, not only physically but in terms of hospital promotion and raises patient confidence in the quality of hospital services that the hospital has good quality. Improving information technology through computerization in order to speed up patient administration services in hospitals. 6).Reward for exemplary service officers. The compensation system is an important thing to do, the

compensation in question is to provide additional incentives and announcements for officers, nurses and doctors who excel every month. The implementation of this kind of compensation will increase the enthusiasm for all administrative, medical and other staff to work hard and improve performance which in turn will improve patient care.

4. Conclusion

The level of service is average, and there is a negative gap between patient perceptions and expectations in all aspects of the quality of services delivered, according to the findings of the study and conversations that have been conducted. The average level of patient satisfaction is 4.38, and the average level of service quality is 3.92, according to the results of the Importance-Performance Analysis calculation. This indicates that 3.92 4.38, which indicates that the quality of the service provided has given customers and patients satisfaction, but not to the best of their ability. The outcomes of the Cartesian diagram analysis of the impact of service quality on patient satisfaction in quadrant I. I demonstrates how the service (performance) in this quadrant falls far short of average or unsatisfactory patient expectations, despite the fact that patient expectations are very high and the perceived service is nevertheless regarded by patients as being so subpar that they feel disappointed or unhappy. To raise the level of service quality, this quadrant must receive high attention for improvement.

The indicators that get the main priority for improving inpatient services at the Depati Hamzah Hospital, Pangkalpinang City are: slow and inappropriate patient admission procedures. Patient care in the ward that is slow in service, Schedule of doctor visits and nurse services to the treatment room that is not on time, complicated patient service procedures, The ability of doctors and nurses who are slow to respond to patient complaints, Hospital staff provide less clear information and not easy to understand, The appearance of doctors and nurses who are less convincing in the patient care provided, Lack of knowledge and ability of doctors to establish a diagnosis of disease, Hospital staff services are less polite and friendly. 3) Depati Hamzah Hospital has implemented strict health protocols in handling and treating non-COVID-19 patients as well as COVID-19 patients according to the Hospital Service Guidelines during the COVID-19 Pandemic published by the Indonesian Ministry of Health.

Practical Suggestions 1) To the Management of the Depati Hamzah Hospital as a health service center: a). Improving service quality by conducting technical guidance

activities for hospital management as well as functional education and training for doctors, medical personnel and paramedics to be carried out continuously so as to provide excellent service to customers. b). Improving information technology through computerization in order to speed up patient administration services in hospitals. 2). To patients and hospital customers Provide input in the form of suggestions and criticisms through the suggestion box provided or through social media. The form of service provided by the hospital or the layout and arrangement of the hospital can be directly conveyed. Theoretical suggestions to researchers and practitioners in the field of public studies, this research can be used as a basic reference for future research, especially deepening the study of public services in the health sector.

References

[1] Kartikawati DR. Tanggung Jawab Rumah Sakit terhadap Pemenuhan Hak Pasien pada Masa Pandemi COVID-19. Indones Law Reform J. 2021;1(3):318–35.

[2] Widyaningsih W. Analisis harapan dan persepsi kualitas jasa pelayanan kesehatan terhadap kepuasan pasien di instalasi rawat jalan RSUD Ambarawa. Diakses tanggal. 2010;30.

[3] Farooq MS, Salam M, Fayolle A, Jaafar N, Ayupp K. Impact of service quality on customer satisfaction in Malaysia airlines: A PLS-SEM approach. J Air Transp Manage. 2018;67:169–80.

[4] Jamaluddin J, Ruswanti E. Impact of service quality and customer satisfaction on customer loyalty: a case study in a private hospital in Indonesia. IOSR J Bus Manag. 2017;19(5):23–33.

[5] Choi KS, Lee H, Kim C, Lee S. The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of service. J Serv Mark. 2005;19(3):140–9.

[6] Parasuraman A, Zeithaml VA, Berry LL. A conceptual model of service quality and its implications for future research. J Mark. 1985;49(4):41–50.

[7] Natasya N, Yusuf M. MUTU PELAYANAN KESEHATAN PADA PASIEN YANG PERNAH MENGGUNAKAN BPJS. J Ilm Mhs Fak Keperawatan. 2021;5(3).

[8] Wong PT. What is existential positive psychology (PP 2.0)? Why is it necessary for mental health during the pandemic. Int J Existent Posit Psychol. 2021;10(1):1–16.

[9] Parasuraman A, Zeithaml VA, Berry L. SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. 1988. 1988;64(1):12–40.

[10] Martilla JA, James JC. Importance-performance analysis. J Mark. 1977;41(1):77–9.