Influence Analysis of the Service Quality Key Dimensions Toward Patient Satisfaction (Study at Mojowarno Christian Hospital Jombang)

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Abstract: *Service represent important part in life or can be said that service represent important thing in various activity. According to Kotler(2013:62) "satisfaction is feeling like or disappointed come from certain product or services". It is proven that many people have given attention to the servicefield, including service at hospital. Research results prove that the key dimension of service quality consist of Tangibles, Reliability, Responsiveness, Assurance and of Empathy, having positive effect forpatient satisfaction in MCH Jombang. Research result showed that the key dimensions given by hospital influence the hospital patient satisfaction. Fundamental dimension of service quality consist of Tangibles, Reliability, Responsiveness, Assurance and of Empathy, have significant effect to patient satisfaction in MCH Jombang equal to 70,5% while the other 29,5% patient satisfaction influenced by something else which do not included in this research. Key dimensions are service qualities which consist of Tangibles, Reliability, Responsiveness, Assurance and Empathy have simultaneous and partial influence to patient satisfaction in MCH Jombang,then research hypothesis prove that Empathy have dominant effect to patient satisfaction in MCH Jombang.*
Keywords: Service Quality, Consumer Satisfaction, Patient Satisfaction
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I.   Introduction

Health development aims to provide the widest possible opportunity for citizens to obtain optimal health with the effort that one of them is organizing quality health services. Health care is any effort to maintain and improve the health of individuals, families, groups and communities that can be held alone or jointly in organization (Lavey and Loomba, 1973). As public services, health services should be accessible for every community of all kinds of existing layers (Azrul, 2007). This has important role in health development which includes increasing the scope and quality of services in order to realize healthy, intelligent and productive society. In Indonesia, one of the health service providers is the Mojowarno Christian Hospital (MCH).

The hospital is private health institution managed by foundation belonging to the East Java Christian Church. MCH in running its services has teamed up with the Social Security Organizing Agency (SSOA) since its founding in the beginning of 2014 until now. In addition, MCH has also worked with several private insurance companies in Indonesia. This cooperation is an opportunity and a challenge for MCH because of the presence of cooperation, the MCH should be subject to the rules and policies set by the government ministry and the provisions of the cooperation agreement with the insurance. The regulations and policies are intended to bind MCH in terms of maintaining the quality and quality of services for the community, especially insurance participants and SSOA. This must be considered by the MCH to maintain public trust and partners in the existence and quality of services provided.

Based on data from the MCH Medical Record Unit, MCH visits in 2016 decreased either the visit of in-patients and outpatients, in addition MCH face problems because there were few complaints or complaints of inpatients associated with SSOA services. Even though MCH has tried to provide services as well as can be given and try to reduce complaints. There are several customer / patient complaints submitted through the suggestion box received by the MCH public relations department (Humas, 2017). This needs attention from MCH to minimize complaints and wrong perceptions of patients. According to Sudra (2009), from the medical aspect of the longer length of stay, it can indicate the quality of medical performance is not good for the patient to be treated as long or longer time to heal. Conversely, if the length of stay is getting shorter then the quality of medical performance is good. This is in contrast to the perception of patients to services in MCH, because the patient thinks otherwise include the patient complained about the limitations days of treatment for SSOA patients, the waiting time for doctor visits for hospitalizations and physician examination are very long, the waiting time at the registration patients, drug waiting times and so on. These complaints greatly influenced the

visit and the patient's trust in the quality of MCH services. What is interesting to observe is whether this is related to differences in perceptions between patients and the hospital or related to the quality of services in hospitals.

According to Kotler (2013), the quality of services is centered on efforts to meet customer needs and desires as well as the accuracy of delivery to offset customer expectations.Because it is related to service to patients, if the slightest complaint is left can reduce patient satisfaction and loyalty or the desire to use services again. Decrease in patient satisfaction can result in inpatient and outpatient visits will tend to continue to decline which subsequently has a negative impact on the progress and development of the hospital, so that the hospital needs to be able to minimize complaints and misperceptions according to patients.

Patient complaints about MCH services should get attention from MCH management, so that this hospital can provide services that meet the expectations of the community. Management of MCH can improve the quality of services through improvements in infrastructure, facilities, improve discipline of professionals both doctors, pharmaceutical care, and so forth. MCH must also try to improve effective communication with patients to provide information about each action so that it can be understood by patients. MCH achievement in making these improvements, will increasing public trust in overall services in MCH, both general and SSOA patients. If MCH is able to make such efforts to the maximum, the public perception of services in MCH will be well developed as signaled by Azrul (20 07) that people's perceptions can turn into positive perceptions and lead to satisfaction with the services they receive. In connection with improving service quality, MCH must pay attention to the key dimensions of service quality indicators that are the basis for improving the quality of services provided to the community.

About the quality of this service, there are basic dimensions that need to be considered, namely tangibles, reliability, responsiveness, assurance and empathy (Tjiptono, 2012). These things need to be considered by MCH management. Therefore, researchers are interested in examining patient satisfaction in terms of these five basic dimensions in MCH. There are several studies that have been conducted including by Cahyani (2018) which concluded that the overall quality of service influence on patient satisfaction, but partially there are no results significantly more dominant among the five key dimensions of the service quality. Kadek Indri N (2012) in his research stated that service quality affects satisfaction and assurance is the most influential variable in among the other five basic dimensions of service quality.

In order to get a clearer picture of customer satisfaction, researchers wanted to examine the effect of service quality on customer satisfaction that the study researchers at MCH.This study also want to know which key dimensions that dominantly influence patient satisfaction. This research is expected to contribute to the proof and development of the theory of hospital services, and input for hospital management in improving the service function to the community.

II. Literature Review

Service is important for companies or community service institutions. The meaning must be well understood by executors. According Tjiptono (2012), services are activities, benefits or satisfaction offered for sale. For Kotler (2013) this service includes services which are actions or activities that can be offered by a party to other parties which are basically intangible, and do not produce any ownership. More specifically related to patients, Qazi (2017) mentions:

The quality of service in any industry has innumerable implications for its future growth and success. The interaction between the patient and provider gives the opportunity to assess and evaluate service quality plus the provider gets a chance to evaluate the patients' perceptions. In a health care setting, service quality is subjective to both patient and provider perspective and ideally patient satisfaction is the key to success. Although service quality is multidimensional but in health care quality has basically two dimensions technical and functional.

Services are activities, benefit or satisfaction offered for sale, or services are activities that can be individually identified which is essentially intangibles, which is the fulfillment of needs and does not have to be tied to the sale of other products or services, to produce services may or may not be necessary to use tangibles. However, even if the use of the object is necessary, there is no transfer of ownership of the object (Lamb, 2008). How important this service is, Zeithaml (2006) argues that professional services need to be provided with the best form of service in accordance with the needs and tastes of consumers or customers and encourage them to always carry out repeat purchases after feeling the company's products or services.

Service has important role in the development of the company. In addition, by making a good impression on consumers, it will indirectly increase revenue for the company, in this case, according to Tjiptono (2012), not only old customers can be maintained, but also new customers who have never purchased company products and services. Services are also seen as appropriate, in accordance with terms, free of irregularities and other negative things (Buchari, 2013). In connection with the basic dimensions of service in this study, Tjiptono (2012) summarizes the five key dimensions of service, which include tangibles, consisting of; physical facilities,

equipment, employees, and means of communication. Reliability, has indicators; the ability to provide promised services promptly, accurately and satisfactorily. Responsiveness, includes the confidence of staff to help customers and provide responsive services. Assurance covers knowledge, ability, politeness, and trustworthiness of the staff; free from danger, risk or hesitation. Empathy, including ease of relationship, good communication, personal attention, and understanding the needs of its customers.

If the service felt is not in line with what is expected, then there is lack of customer satisfaction, sense of customer trust in the service provider becomes reduced or lost, the company's income declined and ultimately jeopardized the survival of its business. On the contrary, if the service is perceived to be equal to or greater than expected, then the customer will feel satisfied, as Dewi (2011) said that:

Quality of care from the patients' perspectives and patient satisfaction are two major multidimensional concepts that are used several times interchangeably. Quality of care has a subjective profile, as it involves cognitive evaluation process or a structural measure. On the other hand, patient satisfaction tends to have an objective profile and determinant, which is patients' subjection.

This is related to the quality of service, according to Suprapto (2012), that quality as the overall shape and characteristics of the product or service that supports the ability to meet the promised needs. In the perspective of total quality management, according to Tjiptono (2012), quality is seen as a unit which includes processes, environment, people and results achieved. According to Lupiyoadi (2010: 62), the company should be able to summon services consistently high-quality services to its competitors so the customers would choose services that provide satisfactory service as expected (expected services).

According to Tjiptono (2012), customer satisfaction is cognitive situation of the buyer with regard to equivalence or incompatibility between the results obtained compared to the sacrifice made as well as the overall attitude towards an item or service after acquisition and use. So customer satisfaction is a form of implication of the suitability of expectations (expectation) of customers with services received or reality experienced. To find out this, the measurement of customer satisfaction is very important and must be considered by management, so that services can be provided as well as possible and continuously improved.

III. Research Hypothesis
Several studies on the key dimensions of service quality have been carried out by previous researchers, among others, Tores (2015) in his research about the Effect of Service Quality on Outpatient Patient Satisfaction in Community Health Centers in Musi Banyuasin Regency. This study found that the quality of services provided by the Community Health Center had effect on overall patient satisfaction, while not partially carried out by the study. Urwatul Research (2014) on the Effect of Service Quality on Service User Satisfaction at Bangil Regional General Hospital, Pasuruan Regency. This study found that there was an effect of service quality on patient satisfaction at the hospital, and partially the justice factor became the biggest influence among the 5 dimensions of service quality.

Based on the background, theoretical investigation and the results of earlier research, it can be hypothesized from this study include:

Hypothesis 1:
It is hypothesized that there is a significant influence on the Key Dimensions of Service Quality (Tangibles, Reliability, Responsiveness, Assurance and Empathy) on patient satisfaction at MojowarnoChristian Hospital in Jombang

Hypothesis 2:
It is hypothesizedone of the Key Dimensions of Service Quality (Tangibles, Reliability, Responsiveness, Assurance and Empathy) has dominant influence on patient satisfaction at Mojowarno Christian Hospital in Jombang

IV. Research Methods
This study uses explanatory research types.According to Sugiono (2011: 97),the research to explain the causal relationship between variables through hypothesis testing. The concepts and variables in this study can be seen in the following table. The items in the variable are used to construct the questionnaire.

Concepts	Variable	Items	
Service quality	Tangible (X1)	1.	Environment
		2.	Room
		3.	Employee
	Reliability (X2)	1.	Service in counter
		2.	Examination
		3.	Administration

	Responsiveness (X3)	1.	Information
		2.	Response
		3.	Complaint
	Assurance (X4)	1.	Equipment readiness
		2.	Medical readiness
		3.	Employee
	Empathy (X5)	1.	Control time
		2.	Patient condition
		3.	Patient complaint
Patient satisfaction	Satisfaction felt by consumers from the hospital services	1.	Good services
		2.	Complete equipment
		3.	If get illness back to MCH
		4.	Give suggestion to other to MCH

Source: Data Processed From Theory and Previous Theory and Research (2018)

In this study, the population is all people who use MCH services that use SSOA facilities or those that do not or general patients.researchers are guided by opinions expressed by Roscoe in Sekaran (2006: 160) which proposes taking a sample size of more than 30 and less than 200 is appropriate for most studies. In addition, for multivariate studies (including multiple regression analysis) the sample size should be several times (preferably 10 times or more) greater than the number of variables in the study of P eneliti take a sample of 60 samples where the number is considered to meet for 10 times or more of the variables. And according to the data of visits obtained from hospitals during research activities with patients approximately 60 patients. Samples were taken by using Non Probability Sampling or Non-Random Sampling. Widayat&Amirullah (2002), states that the selection of samples using this technique allows researchers to consciously decide whether elements enter into the sample. This means that the possibility or opportunity for someone to be chosen as a member of the sample is unknown. The method used is Purposive Sampling or Judgment Sampling who obeys Widayat&Amirullah (2002: 55) that in this technique the sample is chosen based on the judgment or view of the researcher based on the purpose and purpose of the study. Primary data was collected using a questionnaire, and supported by secondary data by using documentation. Analysis of research data using multiple linear regression.

V. Research Result

The research object is MCH which was originally named "Zendings Ziekenhuiste Mojowarno".Founded on June 6, 1894. During the independence war in 1948 the Hospital building was destroyed on the grounds of the scorched earth strategy, because this Hospital was used as the South Surabaya Defense Hospital. In 1949 it was rebuilt by the Christian community in the Mojowarno area and was named "Mojowarno Christian Hospital" until now. MCH always holds values: Friendly, Faithful, Kristiani and Mulia, which are the main basis in providing the best service. Beautiful and natural environmental heritage offers a calm atmosphere and speeds up the healing process for patients.
From the results of data analysis results obtained related to the influence between variables as follows.
Analysis results of multiple regression

Variable	Unstandardized Coefficient (B)	Unstandardized Coefficient (Std. Error)	Sig.
Tangible (X1)	1.055	0.174	0.000
Reliability (X2)	0.624	0.181	0.002
Responsiveness (X3)	1.062	0.138	0.000
Assurance (X4)	0.563	0.205	0.023
Empathy (X5)	1.109	0.232	0.00
Constant : 16.154 R Square: 0.705			

Source: Processed Primary Data, 2018

The regression model used is unstandardized regression, because the data used in this study is ordinal data whose measurement uses a Likert scale. From the table above can be made a regression equation to assess the level of influence of each indicator of the variable under study, based on the table presented, the equation can be made as follows:

$Y = 16{,}154 + 1{,}055X_1 + 0{,}624X_2 + 1{,}062X_3 + 0{,}563X_4 + 1{,}109X_5 + e.$

The equation illustrates that the quality of services has high impact on patient satisfaction and must be considered by the hospital. Besides these equations show that increasing tangibles, reliability, responsiveness, assurance and empathy the service of this hospital, will increase patient satisfaction at the hospital.

The results of this study prove that the value for the coefficient of determination (R square) is 0.705 where this number indicates that there is strong enough influence from the quality of services consisting

of;(Tangibles, Reliability, Responsiveness, Assurance and Empathy) towards patient satisfaction which is equal to 70.5%. Thus the remaining 29.5% of patient satisfaction at the hospital was caused or influenced by other variables not included in this study variable.

Hypotheses Testing

Variable	$F_{calculation}$	F_{table}	Sig	Explanation
Tangible (X1) Reliability (X2) Responsiveness (X3) Assurance (X4) Empathy (X5)	13.534	3.250	0.000	Influence significantly simultaneously

Source: Processed Primary Data 2018

Hypothesis testing uses SPSS 20.00 statistical analysis. It can be explained that the calculated F value is 13,534> F table 3,250 with significant 0,000 <$\Box$ (0,05), so the hypothesis is accepted means that there is a significant effect of service quality consisting of Tangibles, Reliability, Responsiveness, Assurance and Empathy on patient satisfaction patient in MCH.

Hypotheses Testing Partially

Variable	$F_{calculation}$	F_{table}	Sig	Explanation
Tangible (X1)	6.063		0.000	Hypotheses are accepted, there are partial influences
Reliability (X2)	3.448		0.002	
Responsiveness (X3)	7.330	2.350	0.000	
Assurance (X4)	2.746		0.023	
Empathy (X5)	8.402		0.000	

Source: Processed Primary Data 2018

Based on the above table,the hypotheses test results is can be explained that Tangibles has value of t calculation of 6.063> t table 2.350 with a significant 0.000, it is evident that there is a significant effect of this variable on patient satisfaction. For Reliability, with value of 3.448 t calculation> t table 2,350 and the significant value of 0.002, it can be concluded that there is a significant effect of reliability on patient satisfaction. Next in a row, Responsiveness has a value of t calculation of 7.330> t table 2.350 with a significant 0.000, it can be collected there is a significant effect of responsiveness on patient satisfaction, Assurance has a t value of 2.746> t table 2.350 with a significant 0.023, it is evident that there is a significant effect of insurance on patient satisfaction, and Empathy with a value of 8.402 t calculation> t table 2,350 and 0,000 of the significant value can be concluded that there is significant influence empathy to patient satisfaction in MCH. The value of t calculation and Beta value for Empathy is greater than the others, so it can be said that Empathy (X 5) has a dominant influence on patient satisfaction in RSK M.

VI. Conclusion

The study concluded that the key dimensions of service quality that consist of Tangibles, Reliability, Responsiveness, Assurance and Empathy, significant positive effect on patient satisfaction in MCH. The results confirm that if the better key dimensionsthe better services quality provided by the hospital, the more large impact on patient hospital satisfaction. The key dimensions of service quality consisting of Tangibles, Reliability, Responsiveness, Assurance and Empathy, had significant effect on patient satisfaction in MCH at 70.5%, so the study found there was a strong influence of service quality on patient satisfaction and the remaining 29.5% patient satisfaction is influenced by other things not included in this study. Key dimensions of service quality consist of Tangibles, Reliability, Responsiveness, Assurance and Empathy, simultaneous and partial effect on patient satisfaction in MCH, then the research hypothesis proves that Empathy dominant influence on patient satisfaction in MCH.

Based on the results of the study, for service aspect, it is recommended that the hospital should continue to strive to improve services, especially in terms of empathy. This can be done while maintaining the hospital environment to keep it clean, neat, keep the room comfortable, the infrastructure and facilities that available are also well maintained. Later in the handling of investigation or action by doctors and nurses should be done quickly and deftly and watched empathy to patients by being willing to hear the complaints of patients and can explain well to any action to be taken. This effort will further improve the implementation of excellent service which can ultimately provide a change in the quality of services that are better from time to time.

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