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# Effect of Service Quality on Satisfaction Among Toddler Mothers in Ben Mari Kendalpayak Hospital

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Abstract: Service quality is an indicator of hospital visitor satisfaction. A sick toddler's new visit for the past three years in the Mari Kendalpayak Hospital shows a positive trend. This study aims to determine the effect of service quality including responsiveness, reliability, assurance, empathy and tangible of visitor satisfaction. Method: The survey of 62 respondents from 148 mothers of children under five who visited Ben Mari Kendalpayak Hospital since December in 2017 until March in 2018 Independent variables were service quality including responsiveness, reliability, assurance, empathy and tangible. While the dependent variable is satisfaction. This study uses an instrument in the form of a questionnaire. This study uses multiple linear regression methods for data analysis. Results: Most respondents rated the quality of hospital services as good as capturing, reliability, assurance, empathy and tangible. Meanwhile, hospital service satisfaction was also considered good by most respondents. The five determinants of hospital service quality have been shown to influence visitor satisfaction. But the responsiveness variable has a dominant influence on visitor satisfaction. Conclusion: This study was successful in finding that responsiveness, reliability, assurance, empathy and tangible influence visitor satisfaction. Ben Mari Kendalpayak Hospital Management needs to pay more attention to the problem of catching visitors because good responsiveness can give comfort for visitors.

Keywords: Service Quality, Visitor Satisfaction, Mothers of Children Under Five

# 1. Introduction

The program approach for the care of sick infants in developing countries including Indonesia has been intervening separately for each disease. The intervention program was carried out vertically, including eradication of acute respiratory tract diseases, eradication programs for diarrhea, eradication of malaria and prevention of malnutrition. Separate treatment such as this will cause problems of loss of opportunity and discontinuation of treatment in patients suffering from other diseases other than the diseases that are complained of with the same symptoms.

One way to improve the quality of health services is by providing quality health services. The key is to meet or exceed patient expectations about the service it receives. After receiving health services, patients will compare the services received with the expected services. If the service received is under the expected service, the patient is no longer interested in utilizing the health service. Conversely, if the service meets or exceeds expectations, they will use the health service again.

The approach to the quality of health services in general is through two approaches, namely: a public health approach and an institutional or individual approach. The public health approach concerns the entire health care system from the grass root to the highest level. Here health quality is not associated with individual satisfaction, but is seen from indicators of public health such as infant mortality, maternal mortality rates, etc. Institutional approaches relate to the quality of health services for individuals by an institution or health facility such as a hospital.

Table 1 Comparison of new sick toddler visits in the Ben Mari Kendalpayak Hospital

Year	Number of Toddlers Sick	Toddler Total	Percentage
2014	435	455	92,96
2015	473	500	90,40
2016	545	575	94,37

Source: Annual report from Ben Mari Kendalpayak Hospital

Table 1 presents an increase in the percentage of new visits of sick children in the last three years. The increase in the number of new visits for toddlers sick in hospitals indicates that patients are satisfied with hospital services or there are factors such as the impact of the economic crisis. The community cannot compare the health care facilities that they use with other health services, so they will reuse the health care facilities.

The background described earlier becomes the basis of this research is important to do. This study aims to determine the effect of service quality including responsiveness, reliability, assurance, empathy and tangible of patient satisfaction in the Mari Kendalpayak Hospital. From this research, it is expected that there are recommendations, especially strategies to improve the quality of visitor services.

#### 2. Method

The survey of 62 respondents from 148 mothers of children under five who visited Ben Mari Kendalpayak Hospital since December in 2017 until March in 2018 The independent variable is the quality of services including responsiveness, reliability, assurance, empathy and tangible. While the dependent variable is satisfaction. This study uses an instrument in the form of a questionnaire containing questions related to research variables. Before the questionnaire was used, researchers used a questionnaire trial through measuring validation and reliability to assess the sensitivity and accuracy of respondents' answers. This study uses multiple linear regression methods for data analysis.

# 3. Results Assessment of service quality by visitors

Table 2 The Frequency distribution of responsiveness variable (X1)

Item	Very disagree		Disagree		Doubtful		A	gree	Very agree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
X1.1	3	4,8	3	4,8	5	8,1	34	54,8	17	27,4	62	100
X1.2	2	3,2	4	6,5	6	9,7	35	56,5	15	24,2	62	100
X1.3	6	9,7	5	8,1	1	1,6	34	54,8	16	25,8	62	100
X1.4	5	8,1	1	1,6	1	1,6	32	51,6	23	37,1	62	100
X1.5	6	9,7	3	4,8	1	1,6	30	48,4	22	35,5	62	100
X1.6	3	4,8	5	8,1	1	1,6	40	64,5	13	21,0	62	100
X1.7	6	9,7	5	8,1	1	1,6	30	48,4	20	32,3	62	100
X1.8	-	-	4	6,5	13	21,0	28	45,2	17	27,4	62	100

Table 2 shows the frequency distribution of responsiveness variable (X1). In items X1.1 to X1.8. Most respondents answered "agree", while a small number of respondents answered "doubtful". These achievements indicate that the responsiveness variable gets a good assessment from the respondents.

Table 3 The Frequency distribution of reliability variable (X2)

Item	Very disagree		Disagree		Doubtful		A	gree Ve		agree	Total	
	F	%	F	%	F	%	F	%	F	%	F	%
X2.1	-	-	4	6,5	15	24,2	17	27,4	26	41,9	62	100
X2.2	-	-	6	9,7	23	37,1	15	24,2	18	29,0	62	100
X2.3	2	3,2	5	8,1	15	24,2	17	27,4	23	37,1	62	100
X2.4	2	3,2	3	4,8	19	30,6	17	27,4	21	33,9	62	100
X2.5	ı	1	5	8,1	16	25,8	18	29,0	23	37,1	62	100
X2.6	2	3,2	4	6,5	18	29,0	18	29,0	20	32,3	62	100
X2.7	-	-	5	8,1	17	27,4	19	30,6	21	33,9	62	100
X2.8	2	3,2	6	9,7	16	25,8	16	25,8	22	35,5	62	100

Table 3 shows the frequency distribution of reliability variable (X2). In items X2.1 to X2.8. Most respondents answered "very agree", while a small number of respondents answered "very disagree". Although the assessment of the reliability variable is different from the resposiveness variable, the achievement indicates that the reliability variable still gets good assessment from the respondents.

Table 4 The Frequency distribution of assurance variable (X3)

Item	Very disagree		Disagree		Doubtful		A	gree Ver		agree	Total	
	F	%	F	%	F	%	F	%	F	%	F	%
X3.1	-	-	2	3,2	7	11,3	40	64,5	13	21,0	62	100
X3.2	ı	1	-	-	17	27,4	31	50,0	14	22,6	62	100
X3.3	ı	1	1	1,6	15	24,2	32	51,6	14	22,4	62	100
X3.4	ı	1	2	3,2	13	21,0	29	46,8	18	29,0	62	100
X3.5	ı	ı	1	1,6	13	21,0	28	45,2	20	32,3	62	100
X3.6	ı	1	-	-	9	14,5	39	62,9	14	22,6	62	100
X3.7	1	-	2	3,2	9	14,5	32	51,6	19	30.6	62	100

Table 4 shows the frequency distribution of assurance variable (X3). In items X3.1 to X3.8. Most respondents answered "agree", while a small number of respondents answered "very disagree". These achievements indicate that the assurance variable gets a good assessment from the respondents.

Table 5 The Frequency distribution of empathy variable (X3)

Item	Very disagree		Disagree		Doubtful		Agree		Very agree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
X4.1	1	1,6	3	4,8	1	1,6	33	53,2	24	38,7	62	100
X4.2	1	1,6	3	4,8	1	1,6	28	45,2	29	46,8	62	100
X4.3	1	1,6	3	4,8	1	1,6	30	48,4	27	43,5	62	100
X4.4	1	1,6	3	4,8	1	1,6	27	43,5	30	48,4	62	100
X4.5	1	1,6	3	4,8	2	3,2	25	40,3	31	50,0	62	100
X4.6	1	1,6	3	4,8	1	1,6	22	35,5	35	56,5	62	100
X4.7	1	1,6	3	4,8	1	1,6	30	48,4	27	43,5	60	100
X4.8	1	1,6	3	4,8	1	1,6	30	48,4	27	43,5	62	100

Table 5 shows the frequency distribution of empathy variables (X4). In items X4.1 to X4.8. Most respondent answers distributed on "agree" and "very agree", while a small respondents answered "very disagree". This achievement also indicates that the empathy variable gets a good assessment from the respondents.

Table 6 The Frequency distribution of tangible variable (X4)

Item	Very disagree		Disagree		Doubtful		Agree		Very agree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
X5.1	-	-	3	4,8	11	17,7	23	37,1	25	40,3	62	100
X5.2	-	-	6	9,7	7	11,3	24	38,7	25	40,3	62	100
X5.3	-	-	5	8,1	11	17,7	23	37,1	23	37,1	62	100
X5.4	-	-	6	9,7	5	8,1	27	43,5	24	38,7	62	100
X5.5	-	-	4	6,5	4	6,5	27	43,5	27	43,5	62	100
X5.6	-	-	7	11,3	8	12,9	26	41,9	21	33,9	62	100

Table 6 shows the frequency distribution of tangible variable (X5). In items X5.1 to X5.8. Most of respondents answers distributed "agree" and "very disagree", while a small respondents answered "very disagree". The achievement also indicates that the tangible variable gets a good assessment from the respondents.

# Assessment of service satisfaction by visitors

Table 7 The frequency distribution of visitor service satisfaction variable (Y)

Item	Very disagree		Disagree		Doubtful		Agree		Very agree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Y1	1	1,6	2	3,2	3	4,8	29	46,8	27	43,5	62	100
Y2	-	-	2	3,2	5	8,1	33	53,2	22	35,5	62	100
Y3	1	1,6	2	3,2	1	1,6	41	66,1	17	27,4	62	100
Y4	2	3,2	1	1,6	1	1,6	41	66,1	17	27,4	62	100
Y5	2	3,2	1	1,6	2	3,2	28	45,2	29	46,8	62	100
Y6	1	1,6	3	4,8	4	6,5	36	58,1	18	29	62	100
Y7	1	1,6	2	3,2	4	6,5	30	48,4	25	40,3	62	100

Table 7 shows the frequency distribution of service satisfaction variable (XY). In items Y1 to Y7. Most respondent answered "agree", while a small respondents answered "very disagree". The achievement also indicates that the service satisfaction variable gets a good assessment from the respondents.

### 4. Discussion

# a. The effect of responsiveness on visitor satisfaction

Responsiveness is proven to have an effect on visitor satisfaction. The readiness of officers in providing services and handling patient problems gives satisfaction to patients. Some hospitals, especially local government, have not been able to serve patients well so that patient satisfaction is reduced. Complaints make patients don't come back to the hospital. Good image from Ben Mari Kendalpayak Hospital from good complaints management. Parasuraman said if complaints are responded quickly, there is a possibility that the customer will be satisfied. This study also has similar findings with previous studies such as Kahfi (2008), Rosandy (2010), and Natalina (2010) which concluded that responsiveness has a positive correlation with visitor satisfaction.

# b. The effect of reliability on visitor satisfaction

Reliability is proven to have an effect on visitor satisfaction. The high level of education and skills of employees in the Ben Mari Kendalpayak Hospital can be seen from conducting a thorough and accurate examination; provide services quickly and on time; and fulfill services that satisfy patients. The condition is different if the level of education and skills of employees is not good, then all jobs cannot be completed optimally. Employee reliability is built through education and training. Therefore this study assesses the importance of knowledge and skills so that patients are not bored to come again when sick. This study also has similar findings with previous studies such as Sari's research (2008) and Kahfi (2008) which concluded that reliability is related to visitor satisfaction.

### c.Effect of assurance on visitor satisfaction

Assurance proved to have an effect on visitor satisfaction. There is a assurance about the quality of hospital services so that the patient is encouraged to go back to the hospital again when he is sick. If affordable service rates and excellent service quality are guaranteed visitors to seek treatment again. Most hospitals in Malang region tend to use expensive tariffs and minimal service facilities that make patients reluctant to come back. Hospital management must always improve the quality of care so that patients become satisfied, the quality and quantity of doctors to ensure that the disease suffered by patients can be cured. This study also has similar findings with previous studies such as the Kumoro (2008) and Natalina (2010) studies which concluded that the assurance was related to visitor

satisfaction.

# d. The effect of empathy on visitor satisfaction

Empathy is proven to influence visitor satisfaction. The attention of hospital staff to patients can provide comfort for patients. So as to encourage patients to return to hospital treatment when sick. Empathy in the form of attention and affection for patients, serving politely without differentiating between patients. Health experts call empathy from doctors and employees including drugs that can cure patients. Hospital management must always empathize so that patients feel satisfied with the service received. Parasuraman said that convenience in dealing with a place of service (easy to contact, short waiting time, unlimited working hours, easily accessible location) and the ability to understand the needs and desires of consumers can make patient satisfaction. This study also has similar findings with previous studies such as research from Kahfi (2008) and Rusandy (2009) which concluded that empathy was related to visitor satisfaction.

# e.The effect of tangible on visitor satisfaction

Tangible proved to have an effect on visitor satisfaction. The physical condition in the hospital is in the form of a nice, beautiful building, a large parking lot, there is a place to queue for a good window which can motivate patients to come back to the hospital when they are sick. The condition of the hospital building that is good from the aspect of the building and the color of the paint gives a comfortable view for the patient. On the other hand, the location of a strategic hospital makes this hospital easy to reach. If the parking lot is large and safe, making the hospital the main destination for patients when sick. Hospital management must always pay attention to the cleanliness and beauty of the environment so that patients are satisfied. Parasuraman said that the appearance of the product includes physical quality, equipment quality and neat appearance of the officer giving an assessment for patients to come for treatment. This study also has similar findings with previous studies such as Rosandy (2009) and Natalina (2010) who concluded that the evidence is directly related to visitor satisfaction.

### 5. Conclusion

This study found that responsiveness, reliability, assurance, empathy and tangible influence visitor satisfaction. Reliability variable have a dominant influence on visitor satisfaction. Ben Mari Kendalpayak Hospital Management needs to give more attention in the problem of get visitors because good responsiveness can give comfort for visitors.

# 6. References

Abramson, J.H., (1991). Survey Methods in Community Medicine, Introduction to Epidemiological Statistics and Evaluatie, Third Edition, Gajah Mada University Press, Yogyakarta.

Anonim, (1998). Integrated Management Of the Childhood Illness, WHO, UNICEF, Geneva.

Anonim, (1994). Report on the Results of Program Activities to Eradicate Acute Respiratory Infections in the Implementation of 5<sup>th</sup> PELITA. Ministry of Health, Jakarta.

Anonim, (1997). Integrated Management of Sick Toodlers. Ministry of Health, Jakarta.

Azwar, A., (1996). Introduction to Health Administration, Third Edition, Binarupa Aksara, Jakarta.

Bennet, F.J., (1987). Community Diagnosis and Health Program, Esentia Media Foundation Translator Andi Harsono.

Ministry of Health, (2004). Integrated Management Book for Sick Toodlers, Jakarta, 2004.

Ministry of Health, (1989). Workshop on Health Economics Formulation and Implications in Indonesia, Cimacan.

Donebedian, A., (1980). The Definition of Quality and Approach to Assessment Exploration in Quality Assurance and Monitoring vol 1, Health Administration Press, Ann Arbor, Michigan.

Engel, J.F., Blackwell, RD and Miriard PW, (1994). Consumer Behavior, Volume 1, Binarupa Aksara, Jakarta.

Gifari, A.B., (1996). Hospital Management, Hospital Management, Surabaya.

Harianto, K. and Supardi S., Patient Satisfaction with Prescription Services at the Kopkar Asih Hospital Jakarta Pharmacy, Pharmaceutical Science Magazine, Vol II, No.1, April 2005.

Howard, (1997). Customer Behavior Application of Theory, Mc Graw Hill Book Company.

Hurlock, Elisabeth, (2002). Psychology of Development of an Approach Along the Life Range, Issue 5, Erlangga Publisher, Jakarta.

Kotler, P., (1994). Marketing Management; Analysis, Planning, Implementation and Control, Prentice Hall International Edition: Eight Edition.

Kotler, P. and Anderson, (1995). Social Pemasan Strategy for Nonprofits, Gajah Mada University Press, Yogyakarta.

Kotler, P. and Anderson, (1997). Social Marketing Strategies for Nonprofits, Gajah Mada University Press, Yogyakarta.

Machfoed, M.E., Margono and Wahyuningsih, H.P., (2005). Research Methodologies in the Field of Nursing and Midwifery Health, Fitramaya Publishers, Yogyakarta.

Moelong, A., (2004). Qualitative Research Methodology, PT Remaja Rosdakarya, Bandung.

Notoadmojo, S., (1998). Introduction to Health Education and Health Behavior Science, Andi Publishers, Yogyakarta.

Nursalam, (2003). Concept and Application of Research Methodology in Nursing, Salemba Medika, Jakarta.

Parkin, B.A., et al., (1997). Evaluation of An Algorithm for Integrated Management of Childhood in the Area of Kenya with High Malaria Transmission, Bulletin of WHO.

Pohan, I.S., (1997). Quality Assurance of Health Services, EGC, Jakarta.

F. Transport, (2003). Measuring Techniques and Strategies to Increase Customer Satisfaction, Publisher PT Gramedia Pustaka Media, Jakarta.

Santosa, S., (2000). SPSS for Windows Release, PT Elexmedia Komputindo Gramedia Group, Jakarta.

Siagian, (1999). Motivation Theory and its application, Bina Aksara, Jakarta.

Sugiyono, (2000). Administrative Research Methods, CV Alfabeta, Bandung.

Supranto, J., (2001). Measurement of Customer Satisfaction Level to Raise Market Share, Rineka Cipta, Jakarta.

Tjiptono, F., (1996). Service Management, Andi, Yogyakarta.

Tjiptono, F., Diana, (1997). Total Quality Service, Andi, Yogyakarta.

Walgito, Ben, (2004). Introduction to General Psychology, Andi Publishers, Yogyakarta.

WHO and UNICEF, (1995). Integrated Management of the Sick Toodlers, Geneva.

Wijono, D., (1999). Quality Management of Health Services, Airlangga University Press, Surabaya.

Young, D., (1999). Basics of Nursing Research, EGC, Jakarta.

Zuhri, H., (1999). Relationship of Characteristics of Patients Hospitalized with Level of Patient Satisfaction with Medical Services in Solok General Hospital, Thesis. Graduate Program in Hospital Administration, Indonesia University, Jakarta.