

Description Of The Level Of Patient Satisfaction With Health Services In The Inpatient Unit Of Mayjen H.A Thalib Hospital

Putri Suci Lorenza, Indah Mawarti, Yosi Oktarina

Departement of Nursing, Faculty of Medicine and Health Science, Universitas Jambi, Indonesia

Corresponding : putrisucilorenza@gmail.com

ABSTRACT

Low levels of patient satisfaction affect hospital development. When medical services are unsatisfactory, patients move to another hospital. At Mayjen H.A Talib Hospital, Kerinci Regency, several patients complained about the cleanliness of the room and the response of the nurses. Data shows a decrease in the number of visits every year due to dissatisfaction with health services. This study aims to find out the description of patient satisfaction with health services in the Internal Medicine, ENT and Surgery inpatient units at RSU Mayjen H.A Talib, Kerinci Regency. This research uses a quantitative descriptive research with univariate analysis, using a SERVQUAL questionnaire based on 5 dimensions. Non-probability sampling technique using purposive sampling, a sample of 87 patients in the Internal Medicine, ENT and Surgery wards at the Mayjen H.A Talib General Hospital, Kerinci Regency, in February-March 2022. The results obtained in this study show patient satisfaction indicators show: tangible 65.22% satisfactory, reliability 62.38% unsatisfactory, responsiveness 58.72% unsatisfactory, assurance 71.48% satisfactory, empathy 63.01% unsatisfactory. Of the 5 dimensions, 2 dimensions satisfy the patient, 1 dimension is not satisfactory. It is hoped that the five dimensions will be improved and optimized to achieve patient satisfaction.

Keywords: Patient satisfaction, Health services, Hospital service

INTRODUCTION

The existence of strong public demands for health services and the emergence of competition in various fields, forces nurses to compete in providing quality services, especially health services provided in inpatient rooms. Health services are the main thing that needs to be maintained, maintained and improved in accordance with current health service standards, so that people as consumers can experience satisfying health services. (Asmuji, 2011) (Oktaviani and Yuliana, 2020) (Susanti and Wijayanti, 2023) (Zarepour *et al.*, 2023)

Currently there are still many nursing services that do not meet hospital service standards and nursing standards as evidenced by cases involving nurses. The public wants to be served in a friendly, polite, competent, fast and honest manner by providing information. Nurses must maintain high quality nursing services in a professional manner by applying nursing knowledge and skills to the needs of their patients. (Siswati, 2015) (Antara *et al.*, 2023) (Dewi and Safitri, 2022) (Sumiati, Agustina and Jati, 2023)

The relationship between health services and patient satisfaction is very closely related because the way health services are provided will have a direct impact on the patient. The services provided must meet the needs and desires of the patient, if the services provided are in accordance with expectations then the patient will feel satisfied. Services that can increase patient confidence in BPJS services currently require a lot of hospital inpatient health services, so the demand for inpatient health services is quite large, this also improves health services for inpatients with BPJS. (Kuntoro, 2010) (Dewi and Safitri, 2022) (Biresaw *et al.*, 2021) (Kurniawan and Sari, 2020) (Pratama and Dewi, 2024)

Nursing services are an inseparable part because they are one of the main services in hospitals. According to the Indonesian Ministry of Health, nursing services are a form of professional service which is an integral part of health services which is based on nursing knowledge and tips, in the form of comprehensive bio-psycho-socio-spiritual services, aimed at

individuals, families and communities, both sick and healthy, including the entire process of human life. (Sumijatun, 2010) (Hartati and Kusuma, 2023) (Meng *et al.*, 2025) (Setiawan and Laila, 2023)

To find out the quality or service quality, there are several satisfaction indicators that can be used, such as the Reliability, Assurance, Tangibles, Empathy and Responsiveness (RATER) indicators. (Supriyanto & Wulandari, 2011) (Arifin and Lestari, 2022) (Yusnita and Herlina, 2021) Apart from that, there is the SERVQUAL model which produces a method of measuring service quality based on a comparison between perceptions or expectations. for the services they receive with the actual service expected which can also be an indicator of quality or quality of service. (Wiratno, 1988) (Pratama and Dewi, 2024) (Yusnita and Herlina, 2021) (Rachmawaty, Wahyudin and Bukhari, 2023)

In Kerinci Regency there is now a General Hospital (RSU) Major General H.A Talib Kerinci which is a health service that is a referral center in Kerinci. Currently, the Major General H.A Talib Hospital has received C accreditation. In this case, the hospital as a health service unit has an obligation to improve the quality of services, especially inpatient services, which must pay attention to patient care management because it is carried out by specialist doctors, nurses and other medical personnel. The Major General H.A Talib Kerinci Hospital currently has a capacity of 132 beds, of which it is known that 8 beds are damaged or no longer suitable for use in the internal medicine inpatient room and in the surgical inpatient room there are 2 beds that are no longer suitable for use. Mayjen H.A Talib Hospital provides services with 4 specialties in internal medicine, surgeons, pediatricians and ENT specialists.

Based on the results of observations and interviews conducted with 9 patients, 5 people said they were dissatisfied with hospital services and 4 patients said they were dissatisfied with the cleanliness of the room facilities and the response of nurses in serving patients, and in the data the number of visits at the Mayjen H.A Talib Kerinci Hospital decreases every year This can be seen from the phenomenon that is currently occurring, with several patients complaining of dissatisfaction with health services.

In hospital data in the internal medicine, ENT and surgical inpatient rooms, it is known that the number of patients in the last 3 years, 2,016 patients counted per year in 2020, was 672 people, if calculated monthly in December there were 56 patients, in the internal medicine room there were 17 patients, the number of patients in the ENT room has 11 patients, and the surgical inpatient room has 28 patients. The hospital refers to five aspects of service, including tangibility, responsiveness, reliability, assurance and empathy. These five aspects are the indicators that will be assessed.

METHODS

This research uses quantitative descriptive research. For researchers to describe a situation to be researched, the conditions that will be observed in the field are more specific, transparent and in-depth. The population in this study is Business Entities. The population in this study is the number of patients in the Internal Medicine, ENT and Surgery inpatient wards. Data taken by researchers for the last 3 years totaled 2,016 patients, calculated annually in 2020 totaling 672 patients. Consisting of 298 patients in the surgery room, 267 patients in the internal room, and 107 patients in the ENT room. The sample in this study consisted of 87 patients. According to Sugiyono, the basis for calculating the sample size in this study is in accordance with the inclusion and exclusion criteria.

Data collection in this study recorded a number of patients being treated in the inpatient room at Mayjen H.A Talib Hospital. By taking samples from all patients on the ward and matching the Inclusion and Exclusion criteria. Patients in the ward filled out the questionnaire which the researcher distributed directly before the patient filled in the questionnaire which had been distributed. The researcher provided an explanation regarding the questions on the questionnaire.

In this study, the characteristics of each variable studied are described, including respondent characteristics and patient satisfaction, for internal medicine, ENT and surgical inpatient services at the Mayjen HA Talib Hospital, Kerinci Regency. The collected data is then processed

by a computer and univariate analysis is carried out to interpret and describe the frequency and proportional distribution of the variables studied. The data obtained is processed by calculating the level of suitability to assess patient satisfaction. At the perception and expectation level, each attribute is scored and then totaled and averaged are the attributes that are considered important or expected by the respondent as indicated by an assessment of the average attribute score which is above the average score of the expectation level. and perception, after getting the average value of the attribute scores at the level of perception and expectations, the attribute suitability level and dimension suitability level are compared with the overall suitability level as a total average for assessing.

RESULTS

No.	Dimensions	Dimensional conformity degree (In %)	Overall fit rate (In %)	Conclusion
1.	Tangible	65.22	64.16	Satisfactory
2.	Reliability	62.38	64.16	Not yet satisfactory
3.	Responsiveness	58.72	64.16	Not yet satisfactory
4.	Assurance	71.48	64.16	Satisfactory
5.	Empathy	63.01	64.16	Not yet satisfactory

It is hoped that further research will increase knowledge and the need to consider adding other variables in order to obtain more consistent and maximum results regarding patient satisfaction regarding health services.

DISCUSSION

The Tangible dimension is represented by 8 representative attributes, namely the condition of supporting facilities (toilets) which are comfortable and clean (T1), medical personnel and employees who appear clean and neat (T2), the readiness of the bed before the patient enters the room (T3), the availability of supporting facilities (AC/fan) (T4), cleanliness, neatness, comfort of the room (T5), sufficient number of seats in the waiting room (T6), the view in the hospital looks clean and attractive (T7), and the availability of a clean place of worship (prayer room) (T8). The distribution of respondents' answers ranged from very dissatisfied to very satisfied.

In the tangible dimension, the attribute that received the highest score in the question, (T8) the availability of a clean place of worship (mushola) received the highest score of 84.20% and the attribute that received the lowest score (T1) was the condition of supporting facilities (toilets) that were comfortable and clean with a score of 35. 69.% and the satisfaction value for each dimension was obtained based on the dimensional suitability level of 65.22%, which means satisfying the patient. So it is hoped that health services in the tangible dimension will be maintained and improved so that patient satisfaction can increase.

The Reliability dimension is represented by 8 representative attributes, namely clarity of officers in providing information that is easy to understand (R1), service procedures that are not convoluted and confusing (R2), information on the use of certain drugs (R3), skilled and understanding health workers in providing services health (R4), the ability of nurses to answer patient questions (R5), provide timely service (R6), nurses listen to patient complaints and provide solutions (R7), and health workers tell how to treat the disease suffered by the patient (R8).

In the reliability dimension, the attribute that got the highest score in the question (R3) was information on the use of certain drugs with a score of 71.59% and the one that got the lowest score (R1) was the officer's clarity in providing information that was easy to understand with a score of 48.11%, and the satisfaction score was obtained based on the level of suitability dimension. 62.38% which means it is not satisfactory. So it is hoped that the reliability dimension of health services related to the reliability of health workers will be maximized and improved in order to achieve patient satisfaction.

The Responsiveness dimension is represented by 8 representative attributes, namely quick response when receiving complaints from patients (Rs1), nurses being nimble in serving patients

(Rs2), nurses providing approach and attention to patients (Rs3), nurses' speed in serving patients (Rs4), written information provided by nurses (Rs. 5), treatment solutions provided by nurses to patients (Rs. 6), staff skills in serving patients (Rs. 7), and smiles and greetings given by nurses in serving patients (Rs. 8).

In the responsiveness dimension, the attribute that got the highest score in the question (Rs. 5) was written information provided by nurses with a score of 72.36% and the lowest score (Rs. 1) was a quick response when receiving complaints from patients with a score of 38.62%. Data obtained from the assessment of each dimension. based on a suitability level of 58.72%, which means it is not satisfactory. So it is hoped that health services in the responsiveness dimension related to nurse response and nurse responsiveness can be further improved in order to obtain optimal and satisfying service

The Assurance dimension is represented by 8 representative attributes, namely health guarantees given to patients (A1), security guarantees for health care providers (A2), regular explanations of medication use (A3), nurses being able to instill trust in patients (A4), feeling safe when going making payment transactions (A5), clarity of information from medical personnel (A6), clarity regarding medical costs and actions to be carried out (A7), and clarity of actions and procedures to be carried out (A8).

In the Assurance dimension, the highest score was obtained for the attribute (A7), clarity regarding medical costs and actions to be carried out with a score of 75.07% and the attribute that got the lowest score (A7) was health insurance provided to patients with a score of 65.94%, data obtained from the assessment. dimensions based on a suitability level of 71.48%, which means it satisfies the patient. So it is hoped that health services in the assurance dimension can be maintained and optimized so that patient trust and satisfaction increases.

The Empathys dimension is represented by 8 representative attributes, namely nurses who give the best advice to patients (E1), health workers who receive patients with a smile and a friendly greeting (E2), the ability of nurses to treat patients attentively (E3), attention to criticism and suggestions. provided by the patient/family (E4), the seriousness of the nurse in prioritizing the patient's interests (E5), the staff not discriminating against patients (E6), the patience of the nurse in listening to the patient's complaints (E7), and the staff giving special attention to the patient in consultation services (E8).

In the Empathy dimension, the attribute that received the highest score was the nurse's seriousness in prioritizing the patient's interests with a score of 70.86% (E5), and the one that got the lowest score was a health worker who received the patient with a smile and friendly greeting with a score of 36.92% (E2), and the assessment obtained was satisfaction for each dimension is based on a suitability level of 63.01%, which means it is not satisfactory to the patient. So it is hoped that health services in the empathy dimension will be further improved and optimized so that patient satisfaction can be achieved and better.

CONCLUSIONS

In the tangible attribute dimension that received the highest score in the question, (T8) the availability of clean places of worship (prayers) received the highest score of 84.20% and the attribute that received the lowest score (T1) was the condition of supporting facilities (toilets) that were comfortable and clean with a score of 35.69. % and in the dimension assessment based on the level of conformity it received a score of 65.22% in the satisfactory category.

In the reliability dimension, the attribute that got the highest score in the question (R3) was information on the use of certain drugs with a score of 71.59% and the one that got the lowest score (R1) was the officer's clarity in providing information that was easy to understand with a score of 48.11.% and in the dimension assessment based on the level of conformity it got a score of 62.38% in the unsatisfactory category.

In the responsiveness dimension, the attribute that received the highest score in the question (Rs5) was written information provided by nurses with a score of 72.36%, and the lowest score (Rs1) was a quick response when receiving complaints from patients with a score of 38.62%, and in the dimension assessment based on the level of conformity got a score of 58.72% in the unsatisfactory category.

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REFERENCES

1. Antara, I.G.N.P.J., Syamsudin, A. & Kurniawati, D. (2023) 'The Relationship of Nurses Response Time to Patient's Satisfaction in Emergency Department', *BEDR*, 1(1), pp. 31–38. doi: 10.37363/bedr.2023.1110.
2. Arifin, M. et al. (2013) 'Tingkat Kepuasan Pasien Rawat Inap Terhadap Pelayanan Keperawatan', *Jurnal Ilmu Kesehatan*, 5(2), pp. 1–10.
3. Arifin, Z. & Lestari, M. (2022) 'Analysis of Inpatient Service Quality and Patient Satisfaction in Public Hospital', *International Journal of Health Science and Technology*, 4(2), pp. 87–96. Available at: <https://jurnal.unisayogya.ac.id/index.php/ijhst/article/view/1020>.
4. Asmuji (2011) *Manajemen Keperawatan: Konsep dan Aplikasi*. Yogyakarta: Ar Ruzz Media.
5. Ayuningtiyas, K.R. et al. (2015) 'Tingkat Kepuasan Pasien Pada Pelayanan Keperawatan di Rumah Sakit', *Jurnal Pendidikan Kesehatan*, 4(2), pp. 83–90.
6. Biresaw, H. et al. (2021) 'Patient Satisfaction Towards Health Care Services Provided in Ethiopian Health Institutions: A Systematic Review and Meta-Analysis', *Health Services Insights*, 14. doi: 10.1177/11786329211040689.
7. Dewi, L.K. & Safitri, E. (2022) 'Patient Perception on Inpatient Service Quality: An Indonesian Perspective', *International Journal of Nursing and Health Services*, 5(3), pp. 45–53. Available at: <https://ijnhs.net/index.php/ijnhs/article/view/200>.
8. Hartati, S. & Kusuma, A. (2023) 'Relationship between Health Service Quality and Patient Satisfaction in Hospitals', *Jurnal Kesehatan Prima*, 17(1), pp. 72–80. Available at: <https://jpk.fkkmk.ugm.ac.id/article/view/1056>.
9. Hijrah, N. (2019) 'Kepuasan Pasien Rawat Jalan Terhadap Kualitas Pelayanan', *Jurnal Pendidikan Kesehatan*, 7(3), pp. 1–8.
10. Irmawati & Kurniawati (2014) 'Pengaruh Kualitas Layanan Kesehatan Terhadap Keputusan Pasien Berobat di RSUD Moewardi Jebres', *Jurnal Manajemen dan Bisnis*, 15(1), pp. 22–30.
11. Kotler, P. (2003) *Manajemen Pemasaran: Analisis, Perencanaan, Implementasi, dan Kontrol*. Jakarta: PT Prenhallindo.
12. Kuntoro, A. (2010) *Buku Ajar Manajemen Keperawatan*. Yogyakarta: Nuha Media.
13. Kurniawan, A. & Sari, P. (2020) 'The Impact of Healthcare Staff Attitudes on Inpatient Satisfaction', *Jurnal Psikologi Kesehatan*, 9(2), pp. 88–94. Available at: <https://jpk.fk.unair.ac.id/article/view/288>.
14. Meng, L. et al. (2025) 'A Multi-Center Prospective Study on the Healing of Neuro-Ischemic Ulcers in Singapore: A Prospective Cohort Study', *Health Science Reports*, 8(1). doi: 10.1002/hsr2.70332.
15. Mustika, D. & Sari, K. (2019) 'Hubungan Dimensi Kualitas Layanan dengan Kepuasan Pasien', *Jurnal Ilmu Kesehatan*, 6(1), pp. 10–21.
16. Natsir, E. (2008) *Kinerja Perawat dalam Melaksanakan Asuhan Keperawatan di Rumah Sakit dan Faktor yang Mempengaruhinya*. Jakarta: EGC.

17. Oini, O. et al. (2017) 'Tingkat Kepuasan Pasien terhadap Pelayanan Keperawatan', *Jurnal Kesehatan*, 1(1), pp. 50–65.
18. Oktaviani, R. & Yuliana, T. (2020) 'Quality of Health Services and Patient Satisfaction in Hospital Settings', *Jurnal Kesehatan Masyarakat Nasional*, 15(4), pp. 176–183. Available at: <https://jurnalkesmas.ui.ac.id/kesmas/article/view/943>.
19. Pohan, S. (2003) *Dasar-Dasar Pengertian Jaminan Mutu Pelayanan Kesehatan*. Jakarta: Kesaint Blanc.
20. Pratama, H. & Dewi, F.R. (2024) 'Measuring Patient Satisfaction Using SERVQUAL in Inpatient Services', *Jurnal Administrasi Kesehatan Indonesia*, 12(1), pp. 50–59. Available at: <https://jak.ub.ac.id/index.php/jak/article/view/1305>.
21. Rachmawaty, R., Wahyudin, E. & Bukhari, A. (2023) 'Exploring Patient's Clinical Outcomes, Hospital Costs, and Satisfaction After the Implementation of Integrated Clinical Pathway-Based Nursing Practice Model'. doi: 10.21203/rs.3.rs-3455538/v1.
22. Setiawan, B. & Laila, R. (2023) 'Analysis of Factors Affecting Inpatient Satisfaction in Regional Hospitals', *Jurnal Ilmu Kesehatan*, 11(4), pp. 150–158. Available at: <https://jik.ub.ac.id/article/view/1091>.
23. Siswati, S. (2015) *Etika dan Hukum Kesehatan dalam Perspektif Undang-Undang Kesehatan*. Jakarta: PT Raja Grafindo Persada.
24. Supriyanto, S. & Wulandari, R. (2011) 'Manajemen Mutu Pelayanan Kesehatan', *Jurnal Health Advocacy*, 1(1), pp. 1–20.
25. Sumijatun (2010) *Konsep Dasar Menuju Keperawatan Profesional*. Jakarta: CV Trans Info Media.
26. Sumiati, S., Agustina, U. & Jati, W.P. (2023) 'The Influence of Class III Inpatient Sanitation on Patient Satisfaction at Bhayangkara Hospital Tk. III Nganjuk', *Journal of Health Management Services*, 5(2), pp. 38–42. doi: 10.30994/jhms.v5i2.54.
27. Susanti, R. & Wijayanti, D. (2023) 'Patient Satisfaction with Inpatient Services at Regional General Hospital', *Jurnal Keperawatan Indonesia*, 26(1), pp. 34–42. Available at: <https://jki.ui.ac.id/index.php/jki/article/view/1152>.
28. Wiratno, D.H. (1988) 'Pengukuran Tingkat Kepuasan Konsumen dengan Servqual', *Jurnal Wahana*, 1(1), pp. 1–10.
29. Yusnita, D. & Herlina, N. (2021) 'Service Quality Improvement to Enhance Inpatient Satisfaction', *Jurnal Pelayanan Publik*, 6(1), pp. 30–36. Available at: <https://jpp.um.ac.id/article/view/922>.
30. Zarepour, Z. et al. (2023) 'Social Health Insurance and Healthcare Seeking Behavior in Urban Ethiopia', *Annals of Global Health*, 89(1), p. 84. doi: 10.5334/aogh.4240.