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Influence of Public Service Quality in Citizen Satisfaction (Study in Private Hospital Y in Padang, West Sumatra Province)

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ABSTRACT

The main problem in public service particularly health care service is the public's increasing demand for better quality of service. Therefore, hospitals as one of the means of health care providers should be able to increase public satisfaction. This is important to win the trust of patients and/or families of patients who come for treatment. The lack of patients' satisfaction in the quality of service in hospitals in Indonesia contributes to the Indonesians' choice of medical treatment abroad. Therefore, the study aims to determine the influence of quality of services provided by the hospital toward patients' satisfaction. This quantitative research surveyed patients in Hospital Y in Padang city using questionnaire as a research instrument. The population is all the patients and/or families of patients who are served in the hospital during the data collection in the month of May to August 2014. A sample of 100 people was selected using accidental sampling. The collected data were analyzed using frequencies, percentages and averages using SPSS (Statistic Product Service Solution) version 16 for windows. Simple linear regression analysis technique was used for data analysis. Location of the study was a private hospital located in the city of Padang, West Sumatra Province, which in this research is referred as private hospital Y. The results of this study indicates that there is a significant relation between the quality of service to the citizen satisfaction with the regression equation $Y = 44.967 + 2.612 X$ with value of correlation (r) = 0.760, and the influence of quality of service to the public satisfaction in 57.8%. Then the results Achievement Level Respondents (TCR) in the

quality of public services obtained a value of 74.8% with quite good category and to the satisfaction of the public to the TCR value of 75.3% with quite good category. It shows the quality of care in hospitals Y must be improved in order to obtain an increase in user satisfaction of the people who became his services. Based on the research findings, researchers suggest the hospital's policy makers to prioritize the presence of doctors, particularly their punctuality during scheduled appointment as listed in the announcement board. Moreover, the patients expect the doctors to provide sufficient time to explain the diagnosis of the patients based on their examination.

KEYWORDS: Quality of Public Services, Public Satisfaction, Private Hospital Y

INTRODUCTION

There are no human being in any societies in this world wants illnesses. Every one obviously wants to be healthy to be able to perform daily activities excellently. However, almost all people have suffered from illnesses that requires medical treatment, some of them even have to be hospitalized. Most countries worldwide have hospitals run by the government as well as private parties. Hospitals are one of the means of health care facilities where public health is maintained by certain approaches; health improvement (promotive), disease prevention (preventive), healing (curative), and the restoration of health (rehabilitation), which are implemented comprehensively, integratedly, and sustainably.

When an ailing person seeks for treatment, a skilled and trained professional health workers has to be ready for him. Many people choose private hospitals assuming they

will get better service there. One indicator of the low quality of public service is the fact that many patients express dissatisfaction of the service that makes them turn to private sector, particularly in the field of health care, despite the government always emphasize the importance of providing qualified public services (Filmer, et al, 2000; Sharon Friel, et al (2011). Bandara's research (2005) explains that of all people from different economic background, almost 60% of visits to health facilities in 2004 are to private hospitals. The services provided by the private hospitals are often better than the ones provided by the state for public service.

Since the implementation of state-run health care called BPJS in Indonesia, many private hospitals cooperate in this program, therefore they serve patients insured by the program. The program is not only conducted by the hospitals run by central and local government, but also by certain private hospitals. So it is not surprising that many people who are insured by the BPJS program, mostly from the lower income group, choose to be treated in the private hospitals. However, health service is often far from the assumptions and expectations of the public, whether it is too highly priced or the quality is disappointing at not only the private hospitals, but also the government run hospitals, local administration run hospitals. It is common to find Indonesian upper middle class go abroad for health treatment. Researches found that the choice for medical treatment abroad is not because of the medical incompetency, but because they feel being listened more, get clearer information and feel more valued as a human being (Aldri and Dede, 2014; Aldri 2014).

This makes the image of hospitals in Indonesia

lagging behind the ones overseas. This is consistent with the result of research by Achmad Hardiman (2003) that health care system in Indonesia is not entirely satisfactory. Hospitals have not been able to guarantee the quality of health services, which can be seen when doctors often come late, patients should wait for a long time for services, uncomfortable waiting room, the lack of continuity of service, no certainty of the delivery of the drug and not been able to make computerized online prescription.

In an effort to develop patient-centered health care in Indonesia, as well as increase public confidence in the qualities of hospitals in Indonesia, particularly in the province of West Sumatra, this research is important to study public service in the field of health care. This research focuses on a private hospital, which in this article is initialed Y, located in the city of Padang, West Sumatra province.

THEORETICAL FRAMEWORK

Effective public services will increase public satisfaction with the services provided by an institution or company (Muhamad Ali and Rita, 2013). According to Act No. 25 of 2009 on Public Service, public service means an activity or series of activities based on laws and regulations aimed to meet the needs of every citizens and residences of goods, services, and/or administrative services provided by public servants. Lijan (2010); Aldri and Muhamad Ali (2012) explains that public service refers to service provided for a number of men who have every beneficial activities in a group or entity, and offers satisfaction although the results are not necessarily related to a physical product.

According to Moenir (2008), there are four

basic criteria in order to provide better quality of service, they are polite behavior in delivering service, the way of informing that comforts the person concerned, choosing the right time of delivery, and hospitality. Gibson, Ivancevich and Donnelly in Ratminto and Atik (2006) states that the factors influencing the quality of public service are satisfaction, efficiency, production, adaptation, and development. The quality of service, according to Zethami (1990; and in Aldri and Muhammad Ali Embi, 2011a; 2011b), could be measured using a comparison between the expected and the actual service provided. Furthermore, he argues that the quality of such services consist of responsiveness, location, assurance, phisical documents, empathy, reliability, and punctuality of service.

In the other hand, Fandy (2004; 2007); Aldri and Muhamad Ali (2012) suggests that satisfaction or dissatisfaction of consumers or clients can be measured by their positive or negative response about the services they receive. The comparison between their experience when recieving the service in reality and their prior expectation will create responses of satisfaction or dissatisfaction. Fandy also explains the main characteristics of the service as follows: (1) Intangibility, which means the service is essentially the performance and results of the experience rather than object. Most services can not be counted, measured, felt, or tested before it is delivered to ensure the quality, in contrast to goods produced by a production unit whose quality can be tested before it is delivered to the customer (2) Heterogeinity, meaning service recipients or customers have various needs. Customers seeking for the same service may have different priorities. Similarly, the performance often varies from one procedure to another as well

as from time to time (3) Inseparability means the production and consumption of a service are integrated. This means the quality of the service are not engineered in the production sector and then delivered to the customer. The quality occurred during the interaction between clients and service providers.

According Ryzin (2005), satisfaction is a reflection of the public's assessment about the overall services based on the public perception on services received. Another opinion expressed by Dasman Lanin (2014; 6) that public satisfaction on the services provided by the service provider can be measured using positive disconfirmation satisfaction and negative disconfirmation satisfaction with the formula $K > H$ = Satisfied and $K < H$ = dissatisfied, and if $K = H$ means neutral. Vigoda and Gadot (in Dasman Lanin, 2014; 24) explains that satisfaction is a variable associated with detailed information about public perception of the various forms of public service. He explained further that the professionalism is the key to the public satisfaction, and satisfaction is the key to the public's trust in the service provider. He also cites Thomson and Mori (2004) whose research concluded that professionalism as an independent variable affects satisfaction as the dependent variable. The findings include; (1) competent officers, and; (2) fair officers, which will be professional attributes who supports positively the public satisfaction significantly.

From those opinions of experts opinion, it can be concluded that if the public satisfaction is low, then the quality of service is also considered low and vice versa. Moreover, Kottler (2005; and in Muhamad Ali, 2013a) defines satisfaction as the stage of one's feeling after comparing between the

performance of service and expectation. Therefore, satisfaction can be seen from someone's visible attitude as well as actions as a result of positive and negative emotional reactions, for example a happy feeling when getting what they want, or upset when something unexpected happens. This attitude and action affects the perception of a person or a group about a work that has been done or the work of others in providing service to them.

Some services from health care includes treatment for outpatient, or ambulatory service where the medical care is provided to the patients who do not reside in the hospital (hospitalization). Another kind of treatment is inpatient, meaning personal health service including observation, medication, nursing, medical rehabilitation where the patient have to reside in a state or private hospital due to their illnesses (Muninjaya, 2005). Then Irene Diana (2010) suggests health care as any activity or benefit offered by one party to another that is essentially invisible. Park K. Park in Joshi, et al (2013) suggests that health services should be comprehensive, accessible, acceptable, provide scope for community participation and available at the cost the community and country can afford. It can be concluded that satisfactory customer service will help health care organizations achieve their targets beside efforts to improve service excellence in health service. Joshi et al also states the importance of patients' satisfaction to determine the success of health care, therefore the quality of health care should be improved based on the patients' satisfaction. Aldri and Dede (2014) explains that in health care, there are several important components beside human resources that are necessary in public and private hospitals; medical

equipment that follows the latest technological developments instead of outdated ones, comfortable environment (including air proper circulation inside and outside the rooms), organizational culture, adequate and secure parking, clean toilets for visitors, comfortable waiting room, adequate and affordable medicines available in the pharmacy, public internet facilities, places of worship, clean cafeteria, as well as proper announcement of information (including procedures imposed by the hospital, doctors' schedules, directions or map of the hospital, price list of treatment, care and medication).

Furthermore Aldri (2014) explained that the quality of services can be assessed from the accuracy, fairness, initiative, wisdom, enthusiasm and ability to control feelings, which is always influenced by attitudes that show active role, a sense of awareness, attitude toward duties, loyalty, discipline and responsibility of duty. Levels of performance can also be based on: determination/accuracy, fairness, initiative, wisdom, work enthusiasm/passion, and control of feelings (emotions). The aspects of public's satisfaction can be assessed from the feelings described such as pleasure, happiness, and affection when satisfied, on the other hand they will look upset, sullen and swearing or act in the manner of dissatisfied.

If the public satisfaction has not reached optimum results, any public organization and institution should make efforts to improve the service. Improving public satisfaction, as Dasman Lanin explains (2010; 225), is determined by internal political variables internal of the organization in the form of clique competition - clandestine, influence of political pressure, unfair treatment of the organization that only benefits certain people,

and deviate behavior from the organization. In his research he found that indicators clique competition - clandestine influence negatively on satisfaction, meaning the higher the clique competition - clandestine, the lower the public satisfaction and vice versa; the higher the influence of political pressure, the lower the public satisfaction and vice versa; the more the unfair treatment of the organization which only benefits certain people, the lower the public satisfaction and vice versa; and the more deviate behavior from the organization, the lower the public satisfaction and vice versa.

RESEARCH METHODS

This study uses quantitative methods, which according to Sugiyono (2011) means a research method that is based on the philosophy of positivism, which is used to examine the population or a particular sample, where data is collected using research instruments, and data is analysed statistically in order to test the hypothesis.

The survey is conducted using questionnaire to find out perception of by respondents about the quality of public service and public satisfaction. A survey is a type of research that uses questionnaires as a research instrument (Masri, 1989). This study used SERVQUAL model from Zeithaml, et al (1990; and in Aldri and Dede, 2014) to measure the quality of services performed by health officers at private hospital Y for patients including services as follows: 1) Tangibles, meaning physical appearance, equipment, employees, and communication skills; 2) Access, meaning location, the number of hours of service and service procedures; 3) Reliability, the ability to provide the promised service immediately, accurately, and satisfactorily; 4) Responsiveness, the willingness of health care

workers to provide fast response in delivering service; 5) Assurance, including knowledge, ability, good manner, and trustworthiness that is free from danger, risk, or doubt; 6). Empathy, including the ease of having a friendly relation, personal attention, and understanding the needs of customers; 7) Delivery, meaning discipline and sincerity of the health service personnel; 8) Timeliness, meaning the speed of service delivery using TCR that in this study has a relatively good category.

Respondents of 100 people represent patients and/or families of patients who came to the outpatient department in the private hospital Y, the location of this research. The sample is selected using accidental sampling technique. This approach is used to simplify the collection of data because the customers (patients and families) were present at the time they were receiving and experiencing the service process firsthand that they can respond to the questionnaires objectively. The location of the study is a private hospital financed by an Islamic foundation in Padang, West Sumatra. The researchers are prohibited to mention the name of the hospital, therefore it will be called hospital Y for the purposes of this article. The data was then analysed using simple regression.

RESULT AND ANALYSIS

The data was analyzed using inferential statistical techniques which were processed using the Pearson Product Moment in SPSS applications. The result of the Test of Variable Relations between Public Service Quality and Public Satisfaction are presented in the table.

The data contained in Table 4.1 and 4.2 shows the number of sample circulated, all of them have completed and returned the questionnaire (N =

TABEL 4.1. DESCRIPTIVE STATISTICS

	Mean	Std. Deviation	N
Quality of Service	180.66	16.727	100
IKM	51.94	4.868	100

TABEL 4.2. CORRELATIONS

		Quality of Service	Citizen satisfaction
Pearson Correlation	Quality of Service	1.000	.760
	Citizen satisfaction	.760	1.000
Sig. (1-tailed)	Quality of Service	.	.000
	Citizen satisfaction	.000	.
N	Quality of Service	100	100
	Citizen satisfaction	100	100

TABLE 4.3. CORRELATION COEFFICIENT TEST OF VARIABLES QUALITY OF SERVICE

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.760 ^a	.578	.574	10.921

a. Predictors: (Constant), IKM

b. Dependent Variable: Quality of Service

100). The results of data analysis using Pearson Product Moment with SPSS applications version 16 shows large correlation between the variables the quality of service to the public satisfaction with the correlation coefficient is 0.760. This shows a very close relation (close to 1) between service quality and satisfaction of the public. The direction of positive relation (no negative sign in figure 0.760) shows the higher the quality of service the more the public is satisfied. Likewise, the lower the quality of service, the less the public is satisfied. Furthermore, the level of significance of the correlation coefficient of the output (measured by probability) gives the figure of 0,000 or practically

0. Because the probability is far below 0,005, the correlation between the quality of service and the public satisfaction is very real.

The number of R-square is 0.578 (which is resulted from squaring the correlation coefficient; $0.760 \times 0.760 = 0.578$). R square can be called the coefficient of determination, which in this case means that 57.8% of the variation of Service Quality can be explained by the Public Satisfaction. Meanwhile, the rest ($100\% - 57.8\% = 42.2\%$) could be because of other reasons that have not been revealed in this study. The results of the research hypothesis tested using regression test are:

TABLE 4.4. ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	16009.231	1	16009.231	134.218	.000 ^a
	Residual	11689.209	98	119.278		
	Total	27698.440	99			

a. Predictors: (Constant), IKM

b. Dependent Variable: Service Quality

TABEL 4.5. COEFFICIENTS

Model		Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1	(Constant)	44.967	11.763	3.823	.000
	IKM	2.612	.226	11.585	.000

a. Dependent Variable: Service Quality

From table 4.4. and 4.5, the results of ANOVA or F test, the F is measured 134.218 with 0,000 level of significance. Because the probability (0.000) is much smaller than 0.05, the regression model can be used. The regression equation obtained above will then be tested for its validity to predict the dependent variable. In other words, it will be tested whether service quality could actually predict and influence the Public Satisfaction as used in the following hypothesis:

Ho = No effect between the Quality of Service of the Public Satisfaction

Hi = There is the influence of Quality of Service to the Citizen Satisfaction.

Tests were carried out based on probability. If the probability > 0.025 then Ho is accepted. If probability < 0.025 then Ho is rejected. The results shown in the column that Sig / significance is 0,000 or probability is far below 0,025, meaning Ho is rejected or the significant regression coefficient or Quality of Service really influence significantly the level of public satisfaction.

The model used in analyzing the influence of service quality on the level of public satisfaction is a simple linear regression model using SPSS version 16.0 and tested at a significance level of 5%. The results obtained is $Y = 44.967 + 2.612 X$, that can be concluded that in the absence of attention to quality of service, the level of satisfaction is an average of 44.967, while the increase of the quality of service (X) per one unit will be followed by the increase of the level of satisfaction (Y) to 2.612 average. Thus, it can be stated that the level of service quality influence the level of satisfaction.

The result of simple correlation analysis R is used to determine the high-low and the direction of the relation between variables X (quality of service) and Y (the level of satisfaction).

TABLE 4.6. RESPONDENTS' ACHIEVEMENT LEVEL FOR THE QUALITY OF PUBLIC SERVICES

NO	INDIKATOR	NO ITEM	N	SKOR	MEAN	TCR	KATEGORI
1	Tangible (physical appearance, equipment, employees, and communication skills)	1	100	368	3,68	73,6	QUITE GOOD
		2	100	358	3,58	71,6	QUITE GOOD
		3	100	399	3,99	79,8	GOOD
		4	100	403	4,03	80,6	GOOD
		5	100	368	3,68	73,6	QUITE GOOD
		6	100	368	3,68	73,6	QUITE GOOD
		7	100	369	3,69	73,8	QUITE GOOD
		8	100	386	3,86	77,2	GOOD
2	RERATA		100	377,4	3,77	75,5	QUITE GOOD
		9	100	365	3,65	73,0	QUITE GOOD
		10	100	347	3,47	69,4	QUITE GOOD
		11	100	381	3,81	76,2	GOOD
		12	100	383	3,83	76,6	GOOD
3	MEAN		100	369	3,69	73,8	QUITE GOOD
		13	100	374	3,74	74,8	QUITE GOOD
		14	100	380	3,80	76,0	GOOD
		15	100	394	3,94	78,8	GOOD
		16	100	361	3,61	72,2	QUITE GOOD
4	Reliability (the ability to provide promised services immediately, accurately, and satisfactorily)	17	100	378	3,78	75,6	QUITE GOOD
			100	377,4	3,77	75,5	QUITE GOOD
		18	100	378	3,78	75,6	QUITE GOOD
		19	100	387	3,87	77,4	GOOD
		20	100	365	3,65	73,0	QUITE GOOD
		21	100	374	3,74	74,8	QUITE GOOD
		22	100	366	3,66	73,2	QUITE GOOD
		23	100	355	3,55	71,0	QUITE GOOD
5	MEAN	24	100	387	3,87	77,4	GOOD
			100	373,1	3,73	74,6	QUITE GOOD
		25	100	370	3,70	74,0	QUITE GOOD
		26	100	382	3,82	76,4	GOOD
		27	100	387	3,87	77,4	GOOD
		28	100	346	3,46	69,2	QUITE GOOD
		29	100	366	3,66	73,2	QUITE GOOD
		30	100	377	3,77	75,4	QUITE GOOD
		31	100	365	3,65	73,0	QUITE GOOD
		32	100	388	3,88	77,6	GOOD
		33	100	366	3,66	73,2	QUITE GOOD
6	Assurance including knowledge, ability, good manner, trustworthiness to be free from danger, risk, or doubt.	34	100	384	3,84	76,8	BAIK
			100	373,1	3,73	74,6	QUITE GOOD
		35	100	390	3,90	78,0	GOOD
		36	100	362	3,62	72,4	QUITE GOOD
		37	100	385	3,85	77,0	GOOD
		38	100	373	3,73	74,6	QUITE GOOD
		39	100	397	3,97	79,4	GOOD
7	MEAN		100	381,4	3,81	76,3	GOOD
		40	100	380	3,80	76,0	GOOD
		41	100	374	3,74	74,8	QUITE GOOD
		42	100	376	3,76	75,2	QUITE GOOD
		43	100	380	3,80	76,0	GOOD
8	Delivery (discipline and the sincerity of the health officers)	44	100	400	4,00	80,0	GOOD
			100	382	3,82	76,4	GOOD
		45	100	391	3,91	78,2	GOOD
		46	100	371	3,71	74,2	QUITE GOOD
		47	100	371	3,71	74,2	QUITE GOOD
8	Timeliness (the speed of service)	48	100	395	3,95	79	GOOD
			100	382	3,82	76,4	GOOD
			100	376,4	3,76	75,3	QUITE GOOD

Source: processed from primary data, 2014

The amount of correlation coefficient can be determined from the value of $R = 0.760$. Because the value of $R = 0.760$ is positive, then the relation is a positive one or unidirectional. Based on the criteria of the level of the relation, according Sugiono (2010), the correlation coefficient (R) of 0.359 lies between 0.4 to 0.8, which means moderate correlation. It can be concluded that there is a positive correlation between the quality of service (X) and the level of satisfaction (Y) in the Private Hospital Y in Padang City, West Sumatra. Significance test with t test calculation shows the result of the t -test is 11.585, which is greater than t table (3.823), so H_0 is accepted. This means that in the error margin of 5 percent, the quality of service significantly influence the level of satisfaction of the people on Private Hospital Y in the city of Padang, West Sumatra.

Further data analysis of the questionnaire about

public services and the public satisfaction was conducted using Respondents' Achievement Level which is presented Table 4.6.

The result of the above table on Tangible aspects of the quality of service is an average 75.5% TCR with quite good category. Access by average TCR is 73.8% with quite good category, Reliability 75.5% with category pretty good, Responsiveness 74.6% with quite good category, Assurance 74.6% with quite good category, Empathy 76.3% with good category, Delivery 76.4% in both categories, and Timeliness 76.4% with both categories. The overall service quality in average has a pretty good category with TCR 75.3%.

Meanwhile the public satisfaction in the quality of public services is analyzed using TCR analysis with the result as follows:

Based on the table below, it is clear that the public satisfaction in the services provided by

TABLE 4.7. PUBLIC SATISFACTION QUALITY OF PUBLIC SERVICES

NO	INDICATOR	QUETION	N	SKOR	MEAN	TCR	CATEGORY
1	Public satisfaction	Service Procedure	100	376	3,76	75,2	QUITE GOOD
		Service requirements	100	344	3,44	68,8	QUITE GOOD
		Clarity	100	369	3,69	73,8	QUITE GOOD
		Officers' discipline	100	371	3,71	74,2	QUITE GOOD
		Officers' responsibility	100	385	3,85	77	GOOD
		Officer's ability	100	360	3,6	72	QUITE GOOD
		Speed of service	100	357	3,57	71,4	QUITE GOOD
		Fairness in obtaining service	100	364	3,64	72,8	QUITE GOOD
		Officers' hospitality and good manner	100	396	3,96	79,2	GOOD
		Genuineness of Services' cost	100	339	3,39	67,8	QUITE GOOD
		Certainty of services' costs	100	357	3,57	71,4	QUITE GOOD
		Certainty of services' schedule (punctuality)	100	376	3,76	75,2	QUITE GOOD
		Comfort ability of the surroundings	100	392	3,92	78,4	GOOD
		Services' safety	100	408	4,08	81,6	GOOD
		VARIABLES' MEAN	100	371	3,71	74,2	QUITE GOOD

Source: processed from primary data, 2014

private hospital Y for service procedures amount to 75.2% TCR with quite good category, requirements of services 68.8% TCR with quite good category, officers' clarity 73.8 % TCR with quite good category, officers' discipline 74.2% TCR with quite good category, officers' responsibility earns 77% TCR with good category, officers' ability 72% TCR with quite good category, speed of service gained 71.4% TCR with quite good category, fairness in service gained 72.8% TCR with quite good category, officers good manner and hospitality 79.2% TCR with good category, the genuineness of the cost of service earned 67.8% TCR with quite good category, the certainty of service 71.4% TCR with quite good category, the certainty of the service schedule 75.2% TCR with category pretty good, comfortable environment obtained 78.4% TCR in both categories, and security of services obtained 81.6% TCR with either category. In average, public's satisfaction in the services of private hospital Y has a TCR of 74.2% and categorized quite good.

Based on the data in Table 4.6 above, in average, the eight indicators of the quality of public services resulted in quite good category. Tangible aspects including physical appearance, equipment, employees, and communication skills are categorized as pretty good quality. Access, that is indicated by location, number of hours of service and service procedures, has the category of pretty good quality. Reliability, the ability to deliver promised services immediately, accurately, and satisfactorily, categorized as good. Responsiveness, the willingness of health officers (including doctors) to establish and provide fast service response, has pretty good quality. Assurance, including knowledge, ability, courtesy, and trustworthiness to be free from

danger, risk, or doubt, has quite good quality.

Empathy, including the ease of having a friendly relationship, personal attention, and understanding the customers' needs, is in good category.

Delivery, the discipline and sincerity of the health officers, is in good quality category. Timeliness or the speed of service is categorized as good quality.

Looking at the relation of quality of service in Table 4.7, we can see that of 14 questions about satisfaction of outpatients, only four are categorized as good, they are the officers' responsibility, courtesy and hospitality, comfortable surroundings and safety.

Besides using questionnaires, the researcher also interviewed several patients who were seeking for treatment regarding the number of hours of service that are included in Tangible indicators. The questions are asked to several patients who had just finished consulting with doctors. Some of the interviewees stated that they feel the doctors didn't explain enough the information they think should be elaborated more. They think that they are only allowed minimal time for consultation before given prescription, which was estimated to last only 3 minutes. The patients said that they expect consultation to last for about 10 minutes. We then interviewed one of the doctors about the consultation time. He (the informant is not willing to be named in this research report) argued that he had given enough explanation for the patient, and the length of time needed for explanation depends on the patient's illness. The patient asked about the illness or symptoms suffered and then he delivered an adequate explanation of the diagnosis. After the diagnosis was explained, he would write prescription or decided the medical treatment needed in order to cure the patients.

Looking back at the research conducted by Aldri and Dede, (2014) which studied health service in private hospital X in the center of Padang city, and research by Aldri (2014) on public hospital in the city of P, West Sumatra, it can be concluded that the quality of health service has been improved in terms of doctors are willing to give more time for consultation for patients and their families in order them to be satisfied with the information about the illnesses. Moenir (2008) suggests that qualified health service can be achieved by better way of communicating and hospitality. The result of this study that indicates decent quality of service in order to meet public expectation is resonated in the research of Dasman Lanin (2014) who suggests that the relation between public's satisfaction and the quality of service can be measured using formula $K > H =$ Satisfied, $K < H =$ dissatisfied, and if $K = H$ means neutral.

However, most problems in the consultation schedule is centered in the doctors' availability, because most doctors also have duties and consultation schedules at other hospitals or clinics or even at home. This means the doctors usually try to achieve certain target hours so they don't work full time in the hospitals. Limitation of doctors and specialists' consultation schedules has been considered so they will have sufficient time for patients in hospitals. However this might lead to protests from doctors because they are restricted to gain more money from their services, as they feel that their salaries are considered insufficients.

Regarding the sufficient time for consultation, health service providers argue that the quality of service in terms of communication depends on the needs of information of the patients. The time of

consultation should be varied depending on the needs and expectations of the patients and their families. Even patients receiving the same services might have different priorities. As also stated by Fandy (2004), it should be noted that health care customers have heterogeneous needs. Therefore, the customers' perceptions are the effect of interaction between the customers and the service provider.

Basically there is a basis for understanding the assessment of patients who receive the same service but suited the different needs and perception about the reputation of certain hospitals. Most patients and/or relatives will seek for treatment in hospitals with good reputation, particularly for illnesses that needs high risk medication (special treatment and latest technological equipment) or the need for first class service because they can afford it (Aldri, 2014).

The failure to meet these expectations becomes one of the causes that the patients' level of satisfaction is only "quite good". These findings are consistent with the view expressed by Aldri (2014) that one of the reasons many people from West Sumatra province go abroad for medical treatment is not because the health care abroad is more competent, but because they feel they are being listened to, get clearer information and feel more appreciated because the consultation is considered long enough. Ryzin (2005), and Dasman Lanin (2010) supports this finding, saying the patients' satisfaction is the result of public assessment about the service they have received. Therefore Lijan (2010) and Borisch (2014) argue that building public trust in the health care system needs not only fiscal consolidation in an attempt to overcome the financial problems of a hospital, but also

building awareness of the hospitals to improve service quality, access, and equality in order to increase customer loyalty and trust, which in the long term will assure hospitals' financial stability. Moreover, Thomson and Mori (in Dasman Lanin, 2014) suggests a hospital to increase the quality of competent officers who are able to serve fairly in order to support public satisfaction significantly.

Therefore a private hospital with good reputation can increase the loyalty of its customers and can also increase the number of patients who come for treatment. Thus, change of the number of patients coming to a private hospital is also influenced by the perception of the public. A private hospital that has good reputation will easily keep or increase the number of patients who come for treatment and at the same time be able to attract customers to choose the hospital for treatment.

Based on the results, this study finds that a hospital should prioritize the improvement of the competency of health officers particularly doctors and nurses in communication skills. This will contribute to the improvement of public trust and loyalty as well as increase the number of patients coming for treatment.

CONCLUSION

The quality of service delivered by private hospital Y in Padang, West Sumatra in several indicators including Tangibles, Access, Reliability, Responsiveness, and Assurance still have room for improvement because it is perceived as quite good. Meanwhile the indicators Empathy, Delivery, and Timeliness are said to be good.

The overall quality of service should still be improved because the level of public satisfaction is categorized as quite good. So, we can see the

influential relation between the quality of services performed by health officers and the satisfaction of patients as the recipient of service.

In the future, it is important that private hospital Y improve its quality of service in order to achieve public satisfaction. The number of patients or customers seeking for treatment in private hospitals is also influenced by the public perception. This research suggests this hospital to prioritize the improvement of the communication skills of health officers, particularly doctors and nurses. The improving ability of communicating will improve public trust in service and loyalty as well as increasing the number of the hospital's customers.

REFERENCES

- Achmad Hardiman. 2003. Rumah Sakit Indonesia Belum Siap Bersaing. <http://www.kompas.com/kompas-cetak/0412/22/humaniora1455383.html>
- Ade Rosita Lakmi. 2014. Pengaruh Kualitas Pelayanan Terhadap Tingkat Kepuasan Masyarakat Pada Rumah Sakit Umum Daerah Badung. *Prosiding Seminar Administrasi Negara Universitas Udayana*. Hal 112-130
- Aldri Frinaldi and Muhamad Ali Embi. 2012. The Impact of Ethnic Work Culture on Civil Servant Work Culture (a Case Study of Work Culture Punctuality and Transparency of Public Service in Pasaman Barat). *Proceeding Public Services and Utilities*. Published by: UB Press and Faculty of Administrative Science University of Brawijaya. Copyright@May, 2013. pp 22-39. <http://fia.ub.ac.id/publik/kegiatan/aspa-indonesia-international-seminar-and-iapa-annual-conference-2012.html>
- Aldri Frinaldi dan Dede Prandana Putra. 2014.

- Hubungan Kualitas Pelayanan Publik di Bidang Kesehatan dengan Kepuasan Masyarakat (Studi Kasus Rumah Sakit Swasta X di Kota Padang, Sumatera Barat). *Prosiding Seminar Nasional Administrasi Negara Universitas Negeri Padang. Ilmu Administrasi Negara FIS UNP*. Hal 107-119.
- Aldri Frinaldi dan Muhamad Ali Embi. 2011a. Pengaruh Budaya Kerja Etnik Terhadap Budaya Kerja Keberanian dan Kearifan PNS dalam Pelayanan Publik yang Prima (Studi Pada Pemerintah Kabupaten Pasaman Barat). *Prosiding Simposium Nasional Otonomi Daerah 2011. LAB-ANE FISIP Untirta*. Hal 62-68.
- Aldri Frinaldi, Muhamad Ali Embi, dan Norapiyah A. Rahman. 2011b. Hubungan Budaya Kerja Pegawai Negeri Sipil Pada Fakultas Teknik Universitas Negeri Padang Terhadap Kualitas Pelayanan Bagi Mahasiswa. *Prosiding International Seminar of Vocational and Technical Education. Fakultas Teknik UNP Colaboration with University Kebangsaan Malaysia and University Pendidikan Sultan Idris Malaysia*. Hal.291-317
- Aldri Frinaldi. 2014. Hubungan Kualitas Pelayanan Publik Berintegritas Dengan Kepuasan Masyarakat: Studi Pelayanan Kesehatan Berintegritas Di Rumah Sakit Umum Daerah Di Kota P, Sumatera Barat. *Prosiding Seminar Nasional Jurusan Ilmu Administrasi Negara, FIS, UNY "Mewujudkan Administrator Publik Yang Berintegritas Di Era Pemerintahan Baru"*. 28 November 2014 s.d. Sabtu, 29 November 2014. FIS UNY. Yogyakarta. Hal 57-72.
- Bandara, Amarakoon. Emerging Health Issues In Asia And The Pacific: Implications For Public Health Policy. *Asia-Pacific Development Journal* (2005) 12 (2). <http://www.unescap.org/sites/default/files/apdj12-2-3-bandara.pdf>
- Borisch, Bettina . Public health in times of austerity. *Journal of Public Health Policy* (2014) 35, 249-257. <http://www.palgrave-journals.com/jphp/journal/v35/n2/full/jphp20147a.html>
- Dasman Lanin. 2014. *Politik Internal Birokrasi, Profesionalisme, Kepuasan dan Pengaruhnya Terhadap Kepuasan dan Pengaruhnya Terhadap Kepercayaan Warga Dengan Pelayanan Kota*. Laporan Hasil Penelitian Dosen Profesor. Program Studi Ilmu Administrasi Negara. Fakultas Ilmu Sosial. Universitas Negeri Padang.
- Dasman Lanin. The Effect of Bureaucracy-Internal Politic Toward Citizen Satisfaction. *Journal of Administrative Sciences & Organization. Bisnis & Birokrasi. Jurnal Ilmu Administrasi dan Organisasi*. November 2010. 17(3), pp; 222-230. FISIP-UI. Depok, Indonesia.
- Diana Irine. 2010. *Manajemen Pemasaran Usaha Kesehatan*. Yogyakarta: Nuha Medika.
- Erevelles, S and Leavitte, Clark. A Comparison of Current Models of Cunsumer Satisfaction/ Dissatisfaction. *Journal of Cunsumer Satisfaction and Complaining Behaviour*. 1992 (5),pp; 104-114.
- Filmer, Deon, Jeffrey S. Hammer, Lant H. Pritchett. Weak Links in the Chain: A Diagnosis of Health Policy in Poor Countries. *The World Bank Research Observer*, vol. 15, no. 2 (August 2000), pp. 199-224. <http://www1.worldbank.org/publicsector/learningprogram/PEAM/Hammer1.pdf>
- Harbani Pasolong. 2008. *Teori Administrasi Publik*. Bandung:Alfabeta
- Joshi KJ, Sochaliya K, Purani S, Kartha G. Patient Satisfaction about Health Care Services: A Cross Sectional Study of Patients Who Visit the Outpatient Department of a Civil Hospital at Surendranagar, Gujarat. *International Journal of*

- Medicinal Science and Public Health*. 2013; 2:659-663. www.scopemed.org/?mno=33825 [Accessed: January 29, 2015]
- Lakshminarayanan, Subitha. Role Of Government In Public Health: Current Scenario In India And Future Scope. *Journal Family Community Med*. 2011 Jan-Apr; 18(1): 26-30. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3114612/>
- Lembaga Administrasi Negara. *Strategi Peningkatan Kualitas Pelayanan Publik*. Jakarta: LAN 2006
- Lijan Poltak Sinambela, dkk. 2010. *Reformasi Pelayanan Publik: Teori, Kebijakan, dan Implementasi*. Jakarta: Bumi Aksara.
- Masri Singarimbun. 1989. *Metode Penelitian Survey*. Jakarta: LP3ES
- Moenir. 2010. *Manajemen Pelayanan Umum di Indonesia*. Jakarta: Bumi Aksara.
- Ratminto dan Atik Septi Winarsih. 2006. *Manajemen Pelayanan*. Yogyakarta: Pustaka Pelajar.
- Ryzin, G.G, V. Testing The Expectancy Disconfirmation Model of Citizen Satisfaction with Local Government. *Journal of Public Administration Research and Theory*. 2005 (16).
- Sharon Friel, Tung-liang Chiang, Youngtae Cho, Yan Guo, Hideki Hashimoto, Saroj Jayasinghe, Belinda Loring, Don Matheson, Huong Thanh Nguyen and Mala Rao. Freedom to Lead a Life We Have Reason to Value? A Spotlight on Health Inequity in the Asia Pacific Region. *Asia-Pacific Journal of Public Health*. 23(2); 246-263 <http://publichealth.massey.ac.nz/assets/Uploads/Don-2011-1-Freedom-to-Lead-a-Life.pdf>
- Sugiarto. 2002. *Pelayanan Kesehatan di Rumah Sakit*. Jakarta: Raja Grafindo
- Sugiyono. 2011. *Metode Penelitian Administrasi dan Metode R&D*. Bandung: Alfabeta
- Sujarwoto. Political decentralization and local public services performance in Indonesia. *Journal of Public Administration and Governance*. 2012. (2) 3; pp 55-84. <http://www.macrothink.org/journal/index.php/jpag/article/view/2156/2102>
- Undang-undang Nomor 25 tahun 2009 tentang Pelayanan Publik.
- Undang-undang Republik Indonesia Nomor 44 Tahun 2009 tentang Rumah Sakit.
- Wu, Xun and M. Ramesh. Health Care Reforms in Developing Asia: Propositions and Realities. *Journal Development and Change* 40(3): 531-549 (2009). C Institute of Social Studies 2009. Published by Blackwell Publishing, 9600 Garsington Road, Oxford OX4 2DQ, UK and 350 Main St., Malden, MA 02148, USA. http://lkyspp.nus.edu.sg/wp-content/uploads/2013/03/dech_Wu_Ramesh.pdf
- Zethami, V.A., A. Parasuraman, and L.L. Berry. 1990. *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. New York: Free Press.