Effect of Quality of Health Care on Outpatients' Satisfaction (A Study from Laboratory of Ba'a General Hospital, Rote Ndao, East Nusa Tenggara, Indonesia, Year 2022)

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ABSTRACT

Background: Quality of service is one of the elements that can affect patient satisfaction in the laboratory. Ba'a Rote District hospital, is the only hospital in Rote Ndao District which has a laboratory unit to support efforts to diagnose disease and restore health. Measurement of patient satisfaction can be used as a tool for evaluating the quality of health services. This study aims to determine the effect of the quality of health services on the level of satisfaction of outpatients in the Ba'a Rote Hospital laboratory in 2022.
Subjects and Method: A cross-sectional study was conducted at the Rote Ndao Hospital Laboratory, East Nusa Tenggara, Indonesia, from February to September 2022. A total of 85 subjects were selected for this study. The dependent variable is satisfaction. The independent variable is the tangible dimension, the empathy dimension, the reliability dimension, responsiveness and assurance. The data were collected using a questionnaire, and analyzed using a logistic regression test.
Results: Reliability dimension (aOR= 5.30; 95% CI= 1.90 to 13.30; p= 0.001), responsiveness dimension (aOR= 6.49; 95% CI=2.37 to 17.77; p<0.001), assurance dimension (aOR= 33.58; 95% CI = 8.70 to 129.57; p< 0.001), empathy dimension (aOR= 12.53; 95% CI=4.37 to 35.94; p<0.001), and tangibles dimension (aOR= 9.25; 95% CI=3.31 to 25.84; p<0.001) significantly influence patient satisfaction.
Conclusion: The tangible dimension, the empathy dimension, the reliability dimension, the responsiveness dimension, the assurance dimension influence patient satisfaction.

Keywords: service quality, patient satisfaction, hospital, laboratory

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BACKGROUND

Patient satisfaction is one indicator of the success of health services. Maintaining and improving quality, equitable and affordable health services implies that one of the responsibilities of the health sector is to ensure the availability of quality, equitable and affordable health services to the community.

According to Tjiptono (2011) in Putranto (2016) identified five dimensions of the quality of health services which are a measure of patient satisfaction, namely: direct evidence (tangible), namely the physical facilities of health providers, equipment, health workers, communication facilities, reliability, namely the ability to provide promised services pro-

mptly, accurately and satisfactorily, responsiveness, namely the desire of health workers to help patients and provide responsive services, assurance, namely the knowledge, ability, courtesy, and characteristics of health workers who can trusted, free from danger, risk, or doubt, and empathy, namely ease in making relationships, good communication, personal attention, and understanding the needs of patients.

Health is a dynamic condition that includes physical, spiritual, social health and not only freedom from disease, disability and weakness. A person said to be physically healthy is a person who does not have any disturbances clinically. Or it is said that the function of the organs of the body is functioning properly, and it is not sick. Health efforts made to improve health status in the community are promotive and preventive efforts.

RSUD Ba'a Rote Ndao Regency is the only Class D Hospital. Operational Permits for Class D Hospitals and Class D Hospitals are granted by the regent/mayor after receiving a notification from the head of the agency in charge of health at the Regency/City Regional Government . Based on the Decree of the Head of the Rote Ndao Health Office, the Ba'a Hospital was founded in 1980, is the only hospital in Rote Ndao Regency and was established or started operating on June 14, 1984. It is the only hospital in Rote Ndao Regency.

The number of specialist health workers is only two people and the number of general practitioners is 7 people, the number of dentists is 3 people, and midwives are 35 people and nurses are 95 people, dental nurses are 5 people, pharmacy is 11 people, nutritionists are 5 people, health analysts are 7 people and in the radiographer section 3 people (Profile of Ba'a Hospital, 2019), so that patients are often referred to health facilities in Kupang City.

Clinical Laboratory is a health laboratory that performs clinical specimen examination services to obtain information about individual health, especially to support efforts to diagnose disease and restore health. Permenkes RI No. 411/Menkes/Per/III/-2010 Menkes RI (2010). Laboratory results are one of the supports for the diagnosis given by doctors if the results issued are not appropriate or the services provided are not good, it will affect patient satisfaction with the quality of service at the Ba'a Hospital Laboratory, Rote Ndao Regency.

From the examination data for patient visits to the Ba'a Hospital Laboratory in 2020, there were 2,979. In 2021 there will be 1,700 consisting of 675 complete blood tests with details, 275 HIV tests, 225 syphilis tests, 125 drug tests, 150 pregnancy tests, 150 sputum tests and 100 peripheral blood morphology tests (RSUD Ba'a, 2021.) .

Patient satisfaction with services in the laboratory is not solely determined by the availability of sufficient health personnel, but must also be supported by a strong will and determination from health workers to provide professional services combined with adequate health facilities and equipment. The influence of administration on public health, administration or management in the world of health is needed so that the implementation of health programs can run efficiently and effectively.

Administration is basically a particular effort to achieve a goal Maidin Alimin (2004) in Vionalita (2019) The quality of service to the level of patient satisfaction shows that there is a relationship between comfort, timeliness and human relations with patient satisfaction, by increasing comfort in the room condition section the waiting area is still a bit cramped, the cleanliness and completeness of the equipment, and the condition of the toilets is still not good, the puskesmas must improve timeliness because there are still

patients who complain about the timeliness of health workers and services that are still slow and convoluted and the puskesmas must further improve relations healthcare workers with patients.

Based on initial observations seen at the Laboratory of Ba'a Hospital, there are still a number of things that cause patient/ customer dissatisfaction with the services received, namely, the delay in receiving laboratory results so that patients have to wait long, the waiting room is not very good because the building is being repaired and the lack of administrative staff that should exist in type D hospitals in their own laboratories, at least two people and one nursing staff, in managing patient data, there are still several administrative processes that still use a manual system, one of which is in administrative services at the Ba'a Hospital Laboratory. namely recording patient data in a ledger so that it is considered less effective in serving patients, especially in the process of searching for patient data it takes a long time so that it will hamper the workflow of officers. If the reagent is not available, the examination cannot be carried out either.

Mekurious et al. (2012) & Hinaoli (2019) stated that measuring patient satisfaction can be used as a tool for evaluating the quality of health services, evaluating intervention consultations and the relationship between healthy and sick behavior creating administrative needs, evaluating the effects of changes in service organization, administration, marketing functions and medical ethics formation.

Based on the background above, the purpose of this study was to determine the effect of the quality of health services on the satisfaction level of outpatients in the Ba'a Rote Hospital laboratory in 2022.

SUBJECTS AND METHOD

1. Study Design
A cross-sectional study was conducted at the Rote Ndao Hospital Laboratory, NTT from February to September 2022.

2. Population and Sample
The population in this study were all outpatient patients who received services at the Laboratory of Ba'a Hospital, Rote Ndao Regency, on average from January to June 2022 was 720, the sampling technique used random sampling using simple random sampling, 85 patients were taken outpatient.

3. Study Variables
Dependent variable Health service satisfaction independent variables tangible dimensions, empathy dimensions, reliability dimensions, responsiveness and assurance.

4. Operational Definition of Variables
The level of satisfaction is the level of one's feelings (patients/customers). After comparing the performance or perceived results (services received and perceived) with those expected.

Dimensions of Shape/ appearance (Tangible) are external indicators in the hospital, for example the physical facilities of the building, cleanliness, tidiness and comfort of the room, and the appearance of IRN officers.

The Empathy dimension is the giving of sincere and individual or personal attention given to patients

The Reliability dimension is the ability of IRN paramedics to provide services as promised accurately and reliably.

The responsiveness dimension is IRN's paramedic policy to help and provide fast and appropriate services, by conveying clear information.

Assurance is the knowledge, courtesy and ability of IRN paramedics to foster a sense of

trust in patients.

5. Instrument

The research instrument used in this study was to use a questionnaire containing a list of statements about reality and expectations with calculations using a Likert scale, from patients to services received while at the Ba'a Regional General Hospital Laboratory, Rote Ndao Regency as a response and input to the parties. service provider. This reality and hope questionnaire was given to respondents, namely outpatient service users at the Ba'a Regional General Hospital Laboratory, Rote Ndao Regency. The questionnaire data taken included elements of the patient satisfaction index on service quality which included tangibles, empathy, reliability, responsiveness, and assurance. The questionnaire used in this study was purely adopted from research that has been validated (Wawansari, 2019).

6. Data Analysis

Data were analyzed using the Importance-Performance Analysis (IPA) method to measure the suitability between the level of importance and performance. The relationship between the dependent and independent variables were tested using a logistic regression.

1. Sample Characteristics

Table 1 shows the variable categories, the number of samples, and the percentages of each variable.

2. Methods of Analysis of Expectation Levels and Reality Levels of Quality of Health Services

The data that has been collected is then tabulated and given a score to be processed using a computer program. The results of measurements and observations are calculated by the IPA method or Hospital Performance and Importance Level Analysis, especially in the laboratory.

Based on the results of the analysis of the level of importance, a calculation regarding the level of correspondence between the level of reality and expectations is then made in Cartesian salts.

Table 1. Characteristics of respondents according to service quality at the Ba'a Hospital Laboratory in Rote Ndao Regency in 2022

Variables	Categories	Frequency (n)	Percentage (%)
Dimensions of Reliability	Less reliable	46	54
	reliable	39	46
Responsiveness Dimension	Less responsive	46	54
	Respond	39	46
Warranty Dimensions	Not good	43	50.6
	Good	42	49.4
Attention dimension	Lack of attention	39	45.9
	Attention	46	54.1.
Dimensions of existence	Not good	42	49.4
	Good	43	506

Table 2. Characteristics of respondents according to the level of satisfaction at the Ba'a Hospital Laboratory in Rote Ndao Regency in 2022

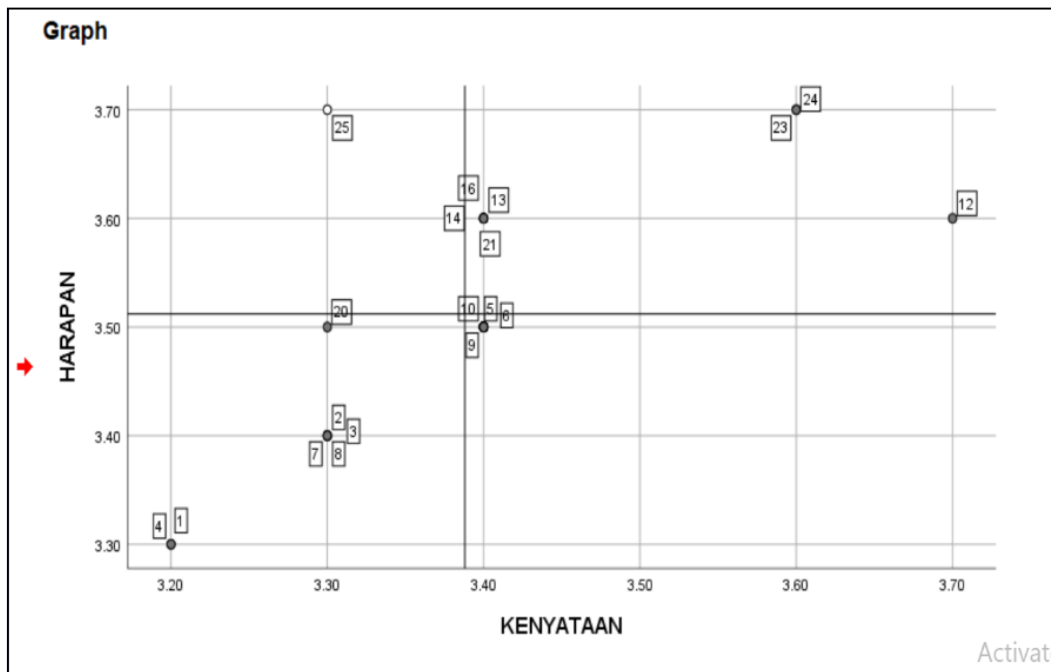| Variables	Categories	Frequency (n)	Percentage (%)
Dimensions of Satisfaction	Less satisfied	34	40
	Satisfied	51	60

Figure 1. Cartesian diagram

3. Figure 1. Cartesian diagram

Variable	Attitudes on Reproductive Health of Young Women				OR	95% CI		p
	Positive		Negative					
	n	%	n	%		Lower Limit	Upper Limit	
Dimensi Realibility								
Less reliable	26	30	8	9	5.03	1.90	13.30	0.001
reliable	26	30	8	9				
Responsiveness Dimension								
Less responsive	27	33	7	8	6.49	2.37	17.77	<0.001
Respond	19	22	32	38				
Warranty Dimensions								
Not good	31	37	3	8	33.58	8.70	129.57	<0.001
Good	12	14	39	38				
Empathy Dimension								
Lack of attention	27	33	7	8	12.53	4.37	35.94	<0.001
Attention	12	14	39	46				
Dimensions of Being								
Not good	27	33	7	8	9.25	3.31	25.84	<0.001
Well	15	18	36	43				

Based on table 3, the results of the multivariate analysis using the logistic regression test showed that the realibility dimension (aOR= 5.30; 95% CI= 1.90 to 13.30; p= 0.001), responsiveness dimension (aOR= 6.49; 95% CI= 2.37 to 17.77; p< 0.001), assurance dimension (aOR= 33.58; 95% CI= 8.70 to 129.57; p< 0.001), empathy dimension (aOR= 12.53; 95% CI= 4.37 to 35.94; p< 0.001), and tangible dimension (aOR= 9.25 ;

95% CI = 3.31 to 25.84; p < 0.001) significantly related to patient satisfaction.

DISCUSSION

1. The Effect of Reliability Dimensions on Patient Satisfaction Levels

The dimension of reliability is the ability to provide the promised service promptly and accurately and satisfactorily in Tjiptono 2011 in (Putranto, 2016). The purpose of this study is that medical personnel or health workers provide services according to procedures, provide timely services, clear administration, performance must be in line with patient expectations and medical staff provide information to patients before carrying out examinations regarding waiting times and so on relating to the inspection to be performed. Based on the distribution according to the Cartesian diagram, the suitability between performance and interests related to the reliability dimension is in the form of several elements.

Elements of health workers providing services with timeliness of service, timeliness of registration at the counter and accuracy in the service process in the laboratory are in quadrant III. This means that this factor is considered less important by patients but its implementation is sufficient to meet patient expectations (Supranto, 2010).

Reliability dimension is one element of service quality that can affect patient satisfaction. Factors that need attention are the elements in quadrant III so that they can be further improved so that they can fulfill the patient's hopes and wishes (Manengal, 2021).

The results of the analysis using a simple logistic regression test obtained a p value of 0.001 (<0.05), which means that there is a significant influence between the dimensions of reliability (reliability) on patient satisfaction. Of the 85 respondents who stated that they were unreliable and unsatisfied, 26

(30%) stated that the service was unreliable and satisfied, as many as 8 people (9%).

The table also shows that there are 20 patients (24%) who feel the service is reliable but are not satisfied, while there are 31 patients (37%) who say they are reliable and satisfied. This is because the dimensions of reliability are not suitable because it is still found that there are patients who state that they are not reliable and are not satisfied. From the results of patient interviews they still do not provide timely services so patients must still wait as well as the timeliness of registration at the counter.

The results of this study are supported by previous research which showed that all variables from the dimensions of service quality (reliability, responsiveness, confidence, tangibles and empathy) positively have a significant effect on patient satisfaction (Asshifa et al., 2020).

2. The Effect of Responsiveness Dimensions on Patient Satisfaction Levels

Responsiveness dimension, namely the desire of health workers to help patients and provide responsive services Tjiptono 2011 in (Putranto, 2016), what is meant in this study is health workers or medical staff fast and responsive in handling patient complaints, health workers provide information that is clear and easy to understand and carry out inspections according to procedures.

Based on the distribution according to the Cartesian diagram, the fit between performance and interests related to the dimensions of responsiveness can be explained that from the element of the laboratory staff providing clear and easy-to-understand information, the laboratory staff is quick to respond in serving me. These two factors are in quadrant III, which means this factor is considered lacking. important by the patient and the perceived implementation is quite satisfactory (Supranto, 2010). Next is the

patient's element in waiting to be examined after registering quickly, the laboratory staff is responsive to handling my complaints, these two factors are in quadrant IV, this means that these factors are considered less important by patients in their implementation considered excessive (Supranto, 2010).

The responsiveness dimension is one of the elements of service quality that can affect patient satisfaction. The factors that need to be maintained are in quadrants III and quadrant IV so that the quality of service can meet patient expectations (Manengal, 2021). The results of the analysis using the simple logistic regression test obtained p<0.001, which means that there is a significant influence between the dimensions of responsiveness on patient satisfaction. Of the 85 respondents or patients who said the service was less responsive and satisfied, 7 people (8%). The table also shows that 19 patients (22%) felt the service was responsive but lacked fasting, while 32 patients (38%) said the service was responsive and satisfied.

This is because patients are still not satisfied with the services provided by health workers who are not fast enough so that officers have to wait a long time. The results of this study are supported by previous research which showed that all variables from the dimensions of service quality (reliability, responsiveness, confidence, tangibles and empathy) positively have a significant effect on patient satisfaction (Asshifa et al., 2020).

3. The influence of the elements of the guarantee dimension on the level of patient satisfaction

Dimensions of assurance (assurance), namely knowledge, ability, courtesy and the nature of health workers who can be trusted, free from danger, the risk of doubt (Tjiptono 2011 in (Putranto, 2016), what is meant in this study in the dimension of assurance (assurance), namely health workers have the ability to serve patients politely and courteously,

answer all questions clearly, and use personal protective equipment and also provide reassuring attitudes to patients so that patients feel safe.

Based on the division according to the Cartesian diagram, the suitability between performance and interests related to the dimensions of assurance can be seen from the elements of Laboratory Staff using personal protective equipment masks, gloves, etc. Laboratory staff are careful in carrying out every action, Laboratory staff give a sense of it's safe for me, when this factor is in quadrant II. This means that this factor has almost met the patient's expectations but the service needs to be improved and maintained so that it is even better and the Elements of the laboratory staff serve me politely and kindly.

I get clear information about tariffs and services, these two factors are in quadrant IV. This means that this factor is considered less important by patients in its implementation, it is already excessive. The assurance dimension is the last of the five dimensions of service quality elements that can affect patient satisfaction. The factor that needs to be improved and maintained is quadrant II in order to meet patient expectations.

The results of the analysis using a simple logistic regression test obtained p<0.001, which means that there is a significant influence between the dimensions of assurance (assurance) on the level of patient satisfaction. Of the 85 patient respondents who said the service was not good and not satisfied, 31 people (37%) said that the service was not good and satisfied, 3 people (4%). The table also shows that 12 patients (14%) feel good service but are not satisfied, while 39 patients (47%) say good service and are satisfied. This is because the service received by the patient when the service is still not satisfied, this is because there is no explanation from the health worker about how long the patient has to wait for the results when he wants to do an

examination, so the patient has to keep asking.

The results of this study are supported by previous research which showed that all variables from the dimensions of service quality (reliability, responsiveness, confidence, tangibles and empathy) positively have a significant effect on patient satisfaction (Asshifa et al., 2020).

4. The Effect of Empathy/Concern (Empathy) Dimension Elements on the Level of Satisfaction.

The dimensions of empathy/attention (Empathy) include understanding giving individual attention to patients, ease of good communication and understanding patient needs, Pasuraman 1990 in (Wawansari, 2019). This research is meant by the dimension of empathy, namely doctors or health workers provide sufficient service time for patients, health workers provide services according to the wishes and understand the needs of patients, health workers pay good attention to patients, doctors or health workers listen to complaints about the illness they are suffering from. or examination that you want to do and can provide consultation, health workers in serving are polite and friendly.

Based on the division with the Cartesian diagram, the compatibility between performance and interests related to the dimensions of empathy can be described in various elements. The first is the element of the laboratory staff being willing to listen to my complaints with full attention is in quadrant II. This means that this factor is considered important by the patient and has succeeded in accordance with the patient's expectations so that it is mandatory to be maintained by the Ba'a Hospital Laboratory, Rote Ndao Regency. The dimension of empathy is one of the elements that can affect patient satisfaction, the thing that must be considered is in

quadrant II to be maintained and done better.

The results of the analysis using a simple logistic regression test obtained p<0.001, meaning that there is a significant effect between the dimensions of empathy (empathy) on patient satisfaction. Of the 85 patients or respondents who rated the officers as inattentive, 27 people (33%), while the patients who rated the officers as inattentive and satisfied were 7 people (8%), while patients who rated the officers as attentive but unsatisfied were 12 people (14%), while 39 patients (46%) rated the officers as attentive and satisfied. This is supported by the results of interviews that at the time of examination the health workers only asked complaints from patients so that it needed to be improved or maintained. The results of this study are supported by previous research which showed that all variables from the dimensions of service quality (reliability, responsiveness, confidence, tangibles and empathy) positively have a significant effect on patient satisfaction (Asshifa et al., 2020).

5. The effect of the dimensions of direct evidence/direct evidence on the satisfaction level of outpatients in the laboratory

Dimensions of direct evidence (tangible) in the form of physical facilities, completeness of hospital facilities, health facilities both facilities and infrastructure such as parking lots, sufficient waiting rooms, toilets and water, medical personnel, and employees who look neat and laboratory service procedures have been clearly defined regardless of patient status (Nooria, 2008).

Based on the division according to the Cartesian diagram, the suitability between performance and interests with the dimensions of direct evidence can be described in terms of the laboratory room element at Ba'a Hospital, Rote Ndao Regency, which has

cleanliness, beauty, and neatness of the laboratory space and this element is in square I, which means This factor is considered important by the patient, but the Laboratory of Ba'a Hospital, Rote Ndao Regency, has not prepared it according to the patient's hopes and wishes. Another element, namely the element of the laboratory room at Ba'a Hospital, Rote Ndao Regency, has clearly defined laboratory service procedures, regardless of patient status, neatness of medical staff and comfort in the waiting room and sampling room is in square II. This means that the three factors that are considered very important by the patient have been successfully carried out in accordance with the expectations or wishes of the patient and the patient is satisfied so that it must be maintained by the Laboratory of Ba'a Hospital, Rote Ndao Regency, Elements of the Laboratory Room of Ba'a Hospital, Rote Ndao Regency have Moderation of facilities and equipment is in quadratic III. This means that this factor is considered less important by patients, but the performance of health services is inadequate because it is still below the average, so it needs improvement.

The direct/tangible evidence dimension is one of the elements that needs to be considered, especially in the quadratic factor I where in this quadrant it has not met the patient's expectations, and in the second quadrant factor it points to factors that are considered very important which have been successfully carried out according to expectations and the desire of the patient so that it is mandatory to be maintained and in the third quadrant factor so that there is an increase in quality but the priority is still carried out by the quadrant I service factor.

Based on the results of the analysis using the simple logistic regression test, it was found that p<0.001 means that there is a significant effect between the dimensions of

direct (tangible) evidence on patient satisfaction. Of the 85 respondents who rated it as unfavorable and unsatisfied, 27 people (33%), while patients who rated it unfavorably and felt satisfied were 7 people (8%). The data also showed that 15 patients (18%) rated it as good and unsatisfied, while 36 patients (43%) rated it well and were satisfied. The dimension is direct/tangible evidence because in its implementation, the facilities obtained are still incomplete in the waiting room such as cleanliness, tidiness, clearly defined service procedures regardless of patient status, neatness of medical staff, modern facilities and equipment. For example, a hot waiting room so that waiting patients or the patient's family are uncomfortable. The results of this study are supported by previous research which showed that all variables from the dimensions of service quality (reliability, responsiveness, trust, tangibles and empathy) positively have a significant effect on patient satisfaction (Asshifa et al.., 2020), meaning that there is an influence between the Tangible dimension on patient satisfaction.

Based on the results of the study, it was concluded that there was a significant influence between the tangible dimensions, the empathy dimensions, the reliability dimensions, the responsiveness dimensions and the assurance dimensions for outpatients in the laboratory of RSUD Ba' a Rote Ndao Regency in 2022. Suggestions that can be given to Related Agencies are as information and input for the Ba'a Hospital of Rote Ndao Regency as well as for the laboratory department in providing services in meeting the needs, desires and expectations of their patients so that the level of patient satisfaction increases.

For Academic Institutions, it is hoped that the results of this study will be able to add to the literature on factor analysis of pa-

tient satisfaction on the quality of health services at the Ba'a Hospital Laboratory in Rote Ndao Regency in 2022, and additional information for the public about the quality of hospital services, especially in the Ba'a Hospital laboratory. Rote Ndao Regency in 2022 Provide additional information for the public about the quality of hospital services, especially in the laboratories of Ba'a Hospital, Rote Ndao Regency in 2022.

AUTHOR CONTRIBUTION
Melinda Tamonob as the head of the researcher. Yoseph Kenjam, Rina Waty Sirait as supervisors in compiling publication manuscripts.

CONFLICT OF INTEREST
There is no conflict of interest in this study.

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