

ANALYSIS OF THE INFLUENCE OF EXCELLENT SERVICE TRAINING ON INPATIENT SATISFACTION IN RSIA PURI BUNDA MALANG

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Abstract : Increasing the number of patients and hospital performance improvement should be accompanied by improved quality of service. With good quality care, the patient satisfaction will increase and will come back to use the service. Preliminary studies indicate that a decline in the level of patient satisfaction in inpatient units RSIA Puri Bunda. The purpose of this study was to determine differences in patient satisfaction before and after giving excellent service training as well as explore factors that influence service quality of patient satisfaction. This research method is the pre-post quasi-experimental design. Respondents are patients in inpatient units RSIA Puri Bunda who underwent treatment at least 2 days. Total respondents 181 people. The results showed that there was a difference in the satisfaction averages 3.86 P0, P1 and P2 4.29 4.06. Through Mann Whitney test found significant differences in the groups P1 and P2 in the variable product quality with sig 0,010 and emotional factors with sig 0.005. Advice to the management of the hospital is to conduct continuous training in order to reach the expected results.

Keywords : Training, Patient satisfaction, Quality of Service



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The implementation of health care in hospital is essentially a fulfillment and demand of patients to resolve their health problems, which is expected to provide medical service which is qualified, fast response to a complaint and provides comfortable health service (Ristrini, 2005). The provision of health service which is in accordance with the expectation or even beyond the expectation can lead to

patient satisfaction. Patient satisfaction is one of the terms that must be fulfilled in order to get patient and maintain patient to keep using the health care service. The possibility to re-use the same service would be greater if the patient is satisfied with the service, but if patient is not satisfied with the service patient is likely to move to other health care provider and highly likely will tell his/ her experience to others, so that it can cause bad image of the health care provider in the eyes of customers. The important thing that needs to be considered in patient satisfaction-oriented health service is determining the patient's perception of quality, including facility, the role of doctor, medical personnel and nurse (Supriyanto and Soesanto, 2012).

RSIA Puri Bunda is a hospital which runs health care, especially for maternal and child health, which experience the development of service. Along with the addition of service provided in RSIA Puri Bunda, the number of the patient visit is also increased. The increase in the number of patients and performance of hospital also should be followed by improving the quality of service, but from the survey of patient satisfaction in the last 3 months shows that there is a decrease in patient satisfaction. One of them is in doctor service, stating that dissatisfaction increased from 0.7% to 2.3%. The service speed of medical personnel who are less satisfied with the service also increased from 3% to 5,8%. The attention of medical personnel is also still not good, with the increase in dissatisfaction from 1.5% to 15.29%. Staffs also become less friendly from 0% to 5.8%.

The behavior of medical personnel which is not good in giving treatment and less helping patient in health service can be caused by understanding or knowledge about the importance of the role of medical personnel for patients is still less, and the skill of medical personnel is inadequate or lack of labor.

One of the solutions offered is providing training on excellent service. According to Dessler (2009) training is an activity to educate and train a particular skill to employees, both new employees and old employees, so employees can work properly.

With the background above, the authors will conduct a study on the analysis of the influence of training about excellent service on the patient satisfaction in RSIA Puri Bunda Malang.

METHOD

The design used in this research was pre-post quasi experimental. This research was conducted in May to June 2015. This study was conducted in hospitalization unit in RSIA Puri Bunda. The sampling was done 2 weeks before the training, first 2 weeks after training and second 2 weeks after training. The respondents have hospitalized patients undergoing treatment for at least 2 days. The populations in this study were 181 people, with the total

number of respondents on P0 was 61 people, P1 was 60 and p2 was 60.

The instrument used in data collection in this study was a questionnaire, filled by respondents. Validity test which was used in this study was Pearson correlation test, while the consistency of instrument was tested by using alpha test. Then, descriptive analysis was performed to make a conclusion in general. The analysis technique used in non-normal distributed data was non-parametric. To know the difference in each treatment group, Mann Whitney test was used. While the test instrument used to know the variable of service quality which is the most influential in patient satisfaction is a logistic regression test.

RESULTS

Respondent Characteristics

There were 61 respondents filling the questionnaire in group P0, 65 respondents filling the questionnaire in group P1, and 63 respondents filling the questionnaire in group P2, but because the questionnaire was not fully completed, there were 60 respondents collected in group P1 and 60 respondents collected group P2. From the table, illustration obtained is that in group P0, there were more female respondents of 50.8% than in treatment in group P1 and there were more male respondents in P1 and P2, amounted to 71.7% in P1 and 76.7% in P2. This was because the most respondents filing questionnaire in group P0 were patient and patient's mother, while the most respondents filing questionnaire in group P1 and P2 were patient's husband. Most of the respondents in all treatment groups are in productive age; it is appropriate for most of the cases are the childbirth case. The education level of most respondents in group P0, P1 and P2 is the senior high school (43.3% to 55%); 37.7% to 51.7% of them work as private employees. The highest income of respondents in all treatment groups is less than 2.500.000 rupiahs, with an average of 52.5% to 55%. Most respondents (above 90%) in all treatment groups are the recipient of the service of delivery care service. Most respondents (average of 65% to 76.7%) pay their billing by using BPJS facility.

Table 1 Frequency Distribution of Variable Indicator in Group P0, P1, and P2

Variable Indicator	Average		
	P1	P2	P3
X1. Product Quality	3.70	4.35	4.00
X2. Service Quality	4.00	4.33	4.0
X2.1 Reliability	3.91	4.23	6
X2.2 Assurance	4.04	4.36	4.0
X2.3 Tangible	3.81	4.28	8
X2.4 Emphaty	3.91	4.28	4.1
X2.5 Responsivness			5
X3. Emotional Factor	3.90	4.41	4.03
X4. Price	3.68	4.15	3.95
Total	3.86	4.29	4.06

Source: Processed data in 2015

Table 1 illustrates that overall the value of patient satisfaction before the intervention was already high, with an average of 3.86. From the factors that affect patient satisfaction, the lowest factor in group P0 is the price.

It was obtained the illustration of improvement in patient satisfaction for 2 weeks after intervention was given. There was the increase in the average of patient satisfaction in group P0 from 3.86 to 4.29. There was the decrease in the average of the patient in group P2. It can be seen that the average of patient satisfaction of group P1 from 4.29 to 4.06

Table 2 Results of Mann Whitney test in treatment group P0-P1

Variable Indicator	Asymp. Sig. (2-tailed)
X1. Product Quality	.000
X2. Service Quality	
X2.1 Reliability	.003
X2.2 Assurance	.002
X2.3 Tangible	.004
X2.4 Empathy	.000
X2.5 Responsiveness	.001
X3. Emotional Factor	.000
X4. Price	.000

Source: Processed data in 2015

in group P2. However, the average of patient satisfaction in group P2 was still higher than group P0, which was 3.86.

From the illustration in Table 2, it can be concluded that all variables have significance value <0.05 which means that Ho is rejected. This means that every variable in group P0 and P1 has a real difference or has a significant difference.

From the illustration in Table 3, it can be concluded that variable of product quality and emotional factor have significance value > 0.05; therefore, Ho in this variable is accepted. It means that the variables in group P1 and P2 that have a real difference or have significant difference are only variable of product quality and emotional factor.

Table 3 Results of Mann Whitney test in treatment group P1-P2

Variable Indicator	Asymp. Sig. (2-tailed)
X1. Product Quality	.010
X2. Service Quality	
X2.1 Reliability	.061
X2.2 Assurance	.306
X2.3 Tangible	.068
X2.4 Empathy	.195
X2.5 Responsiveness	.111
X3. Emotional Factor	.005
X4. Price	.171

Source: Processed data in 2015

The illustration in Table 4 shows that the significance level of reliability by 0.047 is smaller than 0.05 and much smaller than 0.1 (significance level of 10%). This means that there is significant effect between the variable of reliability and patient satisfaction in the variable of product quality (H0 is rejected). The regression coefficient value amounted to 1.253 shows that there is a one-direction influence of reliability and patient satisfaction variable on product quality variable, meaning that the increase of reliability can improve patient satisfaction in the variable of product quality.

Table 4 Significance and Regression Coefficient of *Product Quality*

Variable Indicator	B	Sig.
<i>Reliability</i>	1.253	.047
<i>Responsiveness</i>	1.615	.006

Source: Processed data in 2015

The significance level amounted to 0.006 is far below the significance level of 5%. So variable of responsiveness has a very significant influence on patient satisfaction in the variable of product quality value. Regression coefficient value amounted to 1.615 shows that there is a one-direction influence of variable of responsiveness with patient satisfaction in the variable of product quality. It means that the increase of responsiveness can improve patient satisfaction in the variable of product quality.

Table 5 Significance and Regression Coefficient of *Emotional Factor*

Variable Indicator	B	Sig.
<i>Assurance</i>	2.461	.001
<i>Empathy</i>	1.925	.003

Source: Processed data in 2015

Table 5 illustrates significance level of assurance amounted to 0.001, which is far below significance level of 5%. Therefore, variable of assurance significantly affects patient satisfaction in the variable of emotional factor. The value of regression coefficient amounted to 2.461 shows that there is one-direction between the variable of assurance and patient satisfaction in the variable of emotional factor. It means that the increase of assurance can improve patient satisfaction in the variable of emotional factor.

The illustration of a significance level of empathy amounted to 0.003 is far below the significance level of 5%. Therefore, the variable of empathy is significantly influential in patient satisfaction in the variable of emotional factor. The value

of regression coefficient amounted to 1.925 shows that there is one-direction influence between the variable of empathy and patient satisfaction in the variable of emotional factor. It means that the improvement of empathy can improve patient satisfaction in the variable of emotional factor.

DISCUSSIONS

Respondent characteristics

In this study, most of the respondents are young adults, amounted to 93.5% in group P0, amounted to 93.2% in group P1, and amounted to 88.1% in group P2. In this life stage, most of them are new parents, who are at the top of income and outcome level. The respondents in this age range emphasize the importance of health, sport, and education. As for gender, it has no relationship with patient satisfaction; both male and female will be relatively similar in feeling satisfaction.

The education has no effect on the level of patient satisfaction, but the one which has an effect on the level of patient satisfaction is knowledge. The knowledge will affect the decision about a product of service. While work is closely related to income. The higher the income of patients or patient's family, then the higher the demand of patient on the ability of health workers. The number of respondents in this study whose income less than 2.500.0000 rupiahs is 52.5% in group P1, 63.3% in group P2 and 66.7% in group P3. Based on the research above, high level of patient satisfaction is already appropriate.

The most financing in group treatment P0, P1 and P2 is financing by using BPJS insurance, amounted to 70.5% in P0, amounted to 76.7% in P1, and amounted to 65% in P2. Dewi (2010) states that the perception of the patient on the quality of health service by using insurance is lower than the quality of health service by using independent financing.

Illustration of patient satisfaction in pre intervention stage

Answers stating that respondents are very satisfied (value of 5) are in the variable of responsiveness, amounted to 21.3%, while the lowest average

of satisfaction is related to price, with the value of 3.68. Based on the research conducted by Lubis (2010), it can be proven that the variable of price has a significant effect on customer satisfaction. Even based on that study, the variable of price is more dominant than the variable of service quality. In general, the value of patient satisfaction in this group is already good, with the average value of 3.86.

Illustration of patient satisfaction in post intervention stage

There is a difference in the average in group P0 and P1. The respondents in group P1 are respondents measured for 2 weeks after training was conducted. There is a shift in the value of the respondents with answers stating that they are neutral, satisfied and very satisfied, into satisfied and very satisfied. Satisfaction with an initial average of 3.86 increased to 4.29. The highest value of answer stating that respondents are very satisfied is in emotional factor, while the lowest average is in price.

Respondents in group P2 are respondents who were measured in the second 2 weeks after training was conducted, in which there is a decrease in the average of satisfaction than group P1, with the decrease of 0.23. There is a shift good assessment from very satisfied and satisfied to satisfied and neutral. The greatest decreases are in product quality and emotional factor.

It can be seen in the average of the group that the values of patient satisfaction in those three groups are already good, and there is an increase in the average of patient satisfaction after the intervention was given, which was in the form of training. The provision of education and training is significantly influential to improve the performance of employees and a research conducted by Kaihatu (2012) stating that the quality of service positively influences patient satisfaction.

Results of Mann-Whitney Test

From the results of Mann-Whitney test in group P0 and P1, it is obtained a value of <0.05 in all the variables tested. This shows that there is a signifi-

cant difference in all variables in group P0 and P1, which means that giving intervention in the form of training can provide a positive influence on patient satisfaction. From the results of the test in group P1 and P2, it was found that the significance value of <0.05 is only in the variable of product quality and emotional factor, while in the other variables, significance value > 0.05 . From the descriptive analysis, it was found that the difference in group P0 and P1 is an increase in patient satisfaction after the training was conducted, by looking at the increase in the total average. While in group P1 and P2, the difference happened was a decrease in patient satisfaction by looking at the decrease in the total average of patient satisfaction.

This study describes that training gives positive impact to improve patient satisfaction. This indicates that nurses who have participated in the training on excellent service can improve the quality of health service, so they can improve the quality of their health service, which can improve patient satisfaction. The training gives positive and significant influence on productivity. There is a positive correlation of performance between before and after training.

There are some things that can be evaluated which may be the cause of the decrease in the number of patient satisfaction in group 2. Training evaluation should be done to ensure the success of training in improving the potential of employees. According to Kirkpatrick, there are 4 levels in evaluating a training, namely evaluating the reaction of trainees, evaluating the learning, evaluating behavior change, and evaluating the results.

Level 1 is evaluating the reaction of the participant. At this stage, the ones being assessed are the teacher, material, the method of delivering material, and means that is used during the training. Sudarman (2008) states that collaborative learning method can help trainees actively involved in building knowledge, thus deep learning is achieved.

Evaluation of level 2 is learning evaluation. This level measures how well trainees understand the concept, theory, policy, ideas, and facts presented. Evaluation of level 3 is behavior evalua-

tion, which is by measuring the work behavior change of trainees in accordance with the target of training materials.

Evaluation of level 4 is result evaluation. This evaluation assesses the benefits obtained by the hospital after holding training, including, improvement in patient satisfaction, an increase in patient visits and others. Training is expected to change the behavior, which can improve the performance. The performance change needs the awareness and motivation of participants to change, and in a few things, it needs the support of boss and the work environment. The motivation has a very strong effect on performance.

One of the functions of organization or leadership related to post training is supervision. The previous research conducted by Nur, Q.M. et al (2013) and Mulyono, M.H. et al (2013) conclude that there is significant and dominant influence between supervision on the performance of nurse. According to Suarli and Bachtiar (2009,) in carrying out good supervision, there are 2 things which need to be noted that direct observation in educational and supportively is not to show power or authority, rather build cooperation with the subordinates to create good communication.

Results of Logistic Regression Test

From the results of logistic regression test on the variable of product quality, it was found that the ones which give significant influence on patient satisfaction are reliability and responsiveness. The test results also show that there is one-direction influence which means that increase in the reliability and responsiveness will improve patient satisfaction. While in the results of logistic regression test on the variable of the emotional factor, the variables that provide significant results are variable of assurance and empathy. Both of them also have one-direction effect, which means that the increase in assurance and empathy can improve patient satisfaction in terms of emotional factor. Test results above show that actually there is a strong relationship between one variable with others. Patients will be happy if the quality of service provided is good.

CONCLUSIONS AND SUGGESTIONS

Training has a positive impact on the change of patient satisfaction. Expected results of training cannot be long lasting; in the first 2 weeks after training, there is a significant positive influence. However, in the second 2 weeks, patient satisfaction starts to decrease. It can be caused by many other factors that affect the performance of nurse, which finally will affect patient satisfaction.

Training should be done continuously to maintain and improve the performance of nurse. Training activity also requires evaluation and mentoring continuously by the management to optimize the impact of training itself.

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