Patient Perceptions about the Quality of Hospital Services in Klaten Regency during the Covid-19 Pandemic

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Abstract
This study aims to test service satisfaction at three public hospital health institutions in Klaten Regency during the Covid-19 pandemic, through testing the gap in the level of serv-qual achievement and patient perceptions in relation to the quality of services provided. The research method was carried out through a quantitative test of the sample as respondents as many as 110 patients through purposive sampling technique. Quantitative tests carried out in this study include validity test, questionnaire item reliability test and servqual confirmation test. The results of the research explain that all dimensions in Servqual including physical evidence, reliability, assurance, responsiveness and empathy, all of which still have a gap value with an average value of -77.27 points, which means that the patient is not satisfied. The responsiveness dimension of the quantitative test has the largest gap value of – 115.50 points so it must be a priority for three hospital institutions in improving servqual.

Keywords: Servqual, the quality of health services, the Covid-19 pandemic

Introduction
Fundamental keywords on business institutions, cannot be separated from customers and quality. Trust and loyalty are built because of the excellent ser-qual. Business institution and non-profit organizations are required to always and continuously improve the fulfillment of customer expectation and needs througt quality service improvemens. Organizations must continue to strive so that customer expectations can be meet or even exceeded (Al-Jazzazi & Sultan, 2017).

To build quality that leads to the formation of customer loyalty, organization must be able to understand who their customers are and a the stake-holders who play a role in them. And in principle the actor of interest in the hospital cosict of internal actor (doctors, nurses, midwives, physiotherapists, pharmacists, medical record technicians and hospital non-operational employees, and other customers, as well as external actor, namely patient's, (Butt & de Run, 2009), so that the attitudes and asseements can be used as indicators for long-term hospital sustainability.

Patient's satisfaction is a condition where the wishes, expectations and needs of customers can be met by the organizing institution. A service has satisfactory results if the patient's expectation

can be fulfilled his wants and needs. There are several factors that can be considered by patient's in assessing the quality of a service, including: time-liness, reliability, technical ability, and a price commensurate with the services provided. Assessment of the level of patient's satisfication for what the receive an effort to buil trust in service providers is based on the capacity and ability of the service provider's organization.

Some research: that purchase motivation is significantly influenced by the serv-qual variable, with the loyalty dimension as the most significant variable in serv-qual, (Kaushik, 2013); also on the relationship between perception of the quality of health services on patient satisfaction, and will further increase patient loyalty, (Pratama, 2020); it shows the level of professionalism of service providers to patiens, (Al-Jabri, 2021); influenced by several tangible dimensions, behavior attitude, competence, and well-being, (Ennew, Binks, & Chiplin, 2015); and will affect the interst in visiting the hospital, (Rosa, 2019).

Measurement of patienrt satisfaction is needed to determine of quality-health services. When the Covid-19 pandemic condition hit Indonesia, there was a public perception that the quality of health services at major hospitals in Indonesia had decreased, including the length of time queuing for patients requiring completion of health services, physical and psychological fatigue of doctors and nurses, payment technology often experienced disruption, queues, and additional service fees. From the description above, the main problem formulation is drawn: *"Do the health services from the three major hospitals not satisfying the patient, during the Covid-19 pandemic?"*

Literature review

Service Concept

Many expert have provide a definition related to service quality. Giving the definition of Serv-qual cannot be separated from 2 dimensions: quality and service . Quality is basically a dynamic form of unity with regard to product, services, resources, processes and environment in order to fulfill expectation or even exceed what consumers expect, (Tjiptono, 2012)

Services are various actions or performances offered by one party to another which are basically invisible and do not result in property rights. The product may or may not be associated with a physical product. Services is basically a form of finding solution to problems faced by customers, wich is a form pf balancing the fulfillment pf cutomer expectations and desires, (Tjiptono, 2012)

Hospitals as servives institution must pay attention to services as an effort to fulfill patien expectation. Services must be able to be carried out base on established the effectiveness and efficiency of service, and must even be able to provide service quality services, because it will increase; (Ahnad, 2022) increase loyalty, (Pratama, 2020); and attact interest to visit againt, (Rosa, 2019).

Servqual Model

The magnitude of the gab between the perception and reality by patien is a stydy of the concept of serv-qual, (Ahmad, 2022); whose measurements can be perceived as dimension of serv-qual: tangibility, realiability, responsiveness, asurance and empathy, (Parasuraman, in Nursalam, 2014); developed the servqual dimension in five dimensions, when done at a bank service office, in the form of: *Tangibles*, emphasis on the quality of physical appearance such as hospital buildings, health laboratories, service room layouts, hospital air conditioning facilities, computers and speed of medical software systems and building colors. which characterizes the hospital; *Reliability,* is a description of the ability to provide services for the promises given, such as a fast, cheap and accurate patient medical treatment process whether it is appropriate in the promotion of hospital brochures; *Responsivenes*, the desire of doctors, paramedics to be responsive in helping patients and providing services as good as possible; *Assurance*, is basically influenced by the assurance, knowledge and attitude of hospital stakeholders; and *Empathy*, genuine care given to patients. Hospital employees have a sense of empathy if they are able to understand the feeling of being a patient who needs medical help or immediate service.

In building quality management practices, hospital managers need to know patient perceptions of the quality of healt services, with the aim of being able to build the intensity of patiens expectation and loyalty, (Shabbir, et al., 2016). Severeal research show that: patient satisfaction is poivelly and significantly influenced by perception of servqual, (Pratama, et al., 2020; Soumokil, Y., et al., 2021); even during Covid-19 pandemic, (Sisdiyantoro, K, 2021); because with a high level of service quality, it show competent healt care professionals and patien satisfaction, (Al-Jabri, et al., 2021); will determinate the potential for interest in repeat visits, (Rosa, Y.D., et al., 2019).

Patien perceptions of service quality will not decrease if the hospital continues to implement the Covid-19 protocol, (Ahmad, et al., 2022).

Method

Data used

Primary data is used as data obtained directly from patients from three major hospitals in Klaten Regency where they have sufficient understanding of the service quality of the object under study. Secondary data is also needed in research in the form of data from library sources, records or archives of institutions and other sources related to research.

Data collection technique

Interviews with patient customers of three hospitals are step to get an overview of the hospital, doctors and hospital staff regarding the strategic planning that has been carried out. The distribution of questionnaires to respondent was carryou randomly to patient who had received the services of three major hospital health facilities in Klaten regency, to obtain customer informatin. Literature study was conducted to obtain relevant supporting data needed in research.

Data Retrieval Method

The survey method is carried out directly to the main respondents, to find the main research data. The survey was conduted using a structured questionnaire on a part of the research population and a the research sample. Not all individuals in this study due to time constraints, access including cost, so it was decides to collect data using purposive sampling technique.

Population

The population is the total number of units of analysis whose characteristics can be predicted. The population in this study was all patients of three major hospitals in Klaten.

Sampling technique

The technique used for sampling is purposive random sampling, with a total sampling of 110 responden. In order for the sample used to meet the sample criteria in the study., adult respondents were determined, taking into account that respondents had adwquate knowledge in assessing the quality of service provided by three major hospitals in Klaten Regency.

Testing the Validity and Reliability of Research Attributes

Validity testing is entended to check the accuracy and precision of the attributes, the questionnaire can function as a measuring instrument. If the measuring instrument used is able to measure what it wants to measure, it means that the measuring declared valid. In this research, the measurement results obtained were accurate. This test was carried out using the Pearson Product Moment method and correction is carried out using the Part whole correlation method (Sekaran & Bougie, 2013).

Furthermore, reliability testing is aimed at a measuring the consistency of the tools used. If the measurement results provide on the same/consitencent data as repeated on different objects and different times, it is stated that the measuring instrument is reliable. The reliability test was carried out using the Hoyt method and using the SPSS 21 program computer aids.

Service Quality Confirmation Test

According Cronin & Taylor, (1992), 5th gap Serv-qual through the Weighted Serv-qual method, is used as technique to measure the serv-qual gap, ia a confirmatory test of patient's service quality in three major hospitals in Klaten, with the equation:

$$I\_kj = \sum (P\_ij - E\_ij)$$

Remarks:

I_kj = confirmation of object j

P_ij = performance of attribute i of object j

E_ij = expectation of attribute i of object j

I_ kj < 0   = The patients is dissatisfied

I _kj ≥ 0   = Patients is satisfied

Result and Discussion

Pre-test Questionnaire Reliability Survey
In order for the result of this study to be optimal, preliminary research was carried out, continue literature reviews and consultations with stake-holder, on the description of attributes to be measured on dimensions of health serv-qual, as the main objective of this research. Base on the results of preliminary research, the attributes the research where determined on 15 serv-qual question, including the dimension of: physical evidence (5 items); reliability (3 items); responsiveness (2 items); assurance (2 items); and empathy dimensions (3 items). In order for patient at three hospitals in Klaten to be able to respond well to the questioner posed, we compiled simple and easy-to-understood questions based on these dimensions.
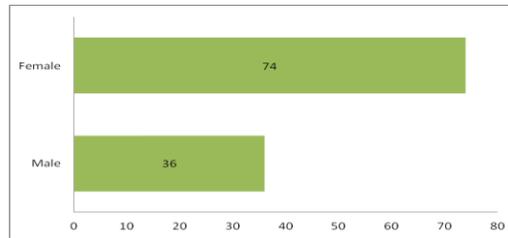
Characteristics of Respondents

Fig. 1: Gender Distribution of Respondents

Characteristics of respondents are used to view the profile of respondents in the study, the result obtained: the majority of respondents based on gender are women, so that active hospital patients found when researching are female patients. This possible because during the Covid-19 pandemic, women are relatively more susceptible to disease, so the number of respondents who are the research sample is also larger.
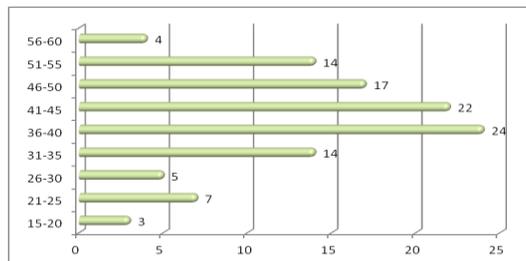

Fig. 2: Age's Distribution of Respondents

Viewed from the research respondents category based on age, it is found that the age of the customers is young and productive adult age, so it can be concluded that for patients, improving the quality of service for those who are productive adults who are aware of the value of health should be considered as the main factor.
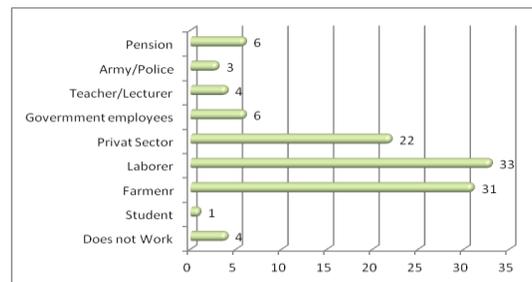

Fig. 3: Distribution of Jobs Respondents

From the composition of respondents based on occupation, the majority of patients work as laborers, farmers and the private sector, it is concluded that these professions dominate the Klaten Regency area. The lower middle class economy society gets the health impacts easily due to the Covid-19 pandemic.

Quantitative Model Testing

The earnestness and seriousness of the respondents in answering the questions is the essence of the survey method because the validity of a research result is basic requirement for validity in the data collection process. If the data obtained is invalid or in-accurate, the research results will not be able to describe the actual situation. So it is necessary to test the validity and reliability.

Validity test

The validity test was conducted in order to check the validity the questionnaire. Validity means that e questionnaire used in the study is able to measure what it is supposed to measure. The questionnaire is declared valid if the respondents aswer the questions contained in the questionnaire are stable from time to time. In this validity test, it is done by comparing the result of the r - $_{count}$ vlue wit the r - $_{table}$. The r - $_{count}$ value is obtained from output of data processing using SPSS Croanbach Alpha. While the r - $_{table}$ obtained is calculated using the formula df = n – 2, (Ghozali, 2006). Whith df = 110 – 2 = 108; then the value of r - $_{table}$ is 0.374. The following are the complete result of testing the validity of each question item:

Table 1: Validity Test Result

Element	R-xy	R-table	Status
E1	.525	.374	Valid
E2	.445	.374	Valid
E4	.598	.374	Valid
E4	.557	.374	Valid
E5	.342	.374	Valid
E6	.698	.374	Valid
E7	.672	.374	Valid
E8	.629	.374	Valid
E9	.528	.374	Valid
E10	.487	.374	Valid
E11	.335	.374.	Valid
E12	.597	.374	Valid
E13	.411	.374	Valid
E14	.721	.374	Valid
E15	.695	.374	Valid
P1	.443	.374	Valid
P2	.667	.374	Valid
P3	.495	.374	Valid
P4	.588	.374	Valid
P5	.685	.374	Valid
P6	.767	.374	Valid
P7	.795	.374	Valid
P8	.839	.374	Valid
P9	.711	.374	Valid
P10	.677	.374	Valid
P11	.756	.374	Valid
P12	.665	.374	Valid
P13	.525	.374	Valid
P14	.554	.374	Valid
P15	.692	.374	Valid

Source: Primary-data, processed, (2022)

The results of primary data processing show that all items can be stated valid.

Reliability Test

The reliability test was carried oot with the aim of checking how far the tools in this study can be trusted. Cronchbach's Alpha formula is used in the measuring the reliability of all questions item in this study. The measuring instruments is declared reliable if the value of Cronchbach's Alpha ≥ 0.60. The complete description of reliability testing in this study are presente:

Table 2: Reliability Test Result

Variable	Cronbach Alpha	R^2	Status
Expectations	.871	.800	Reliable
Services	.815	.800	Reliable

Source: Primary-data, processed, (2022)

The results of the study in the Table 2, it shows that both dimensions are declared reliable (Expectatios = 0.871 and Ser-qual = 0.913 ; greather than 0.60) and suitable for use at the next test stage, (Field & Meile, 2008).

Serv-Qual Model Test

To test the confirmation rate of patients at three major Klaten hospitals, the Weighted Serv-qual formula is used (Cronin & Taylor, 1992). From the quantitative results of the research, the total value of patient confirmation of the quality of hospital services in Klaten is – 77.27.

From the result of data prosessing, the result obtained are: the maximum value (I_kj max = 440) and the minimum confirmatory (I_kj min = -440)

The maximum confirmation value will be achieved by the customer with the assumption that the patients get the maximal actual performance on service performance compared to the patient's minimimum expectation. Whole the minimum confirmation value if the quality of service is received is a minimal sense of performance compared to the minimal sense to the maximum expectations.

In the quantitative calculation of primary data, patients confirmation scores from three major hospitals in Klaten with an interval of 880; divided into 4 level scales: very dissatisfied (minus 221 – minus 440); dissatisfied (minus 220); neutral (=0), satisfied (0 - 220); and very satisfied (220 - 440), according to patients preferences so that a range division is obtained and gets the value of 220 points.

From Figure 1, patients confirmation data on the serv-qual of three major hospitals in Klaten is obtained in the following intervals:
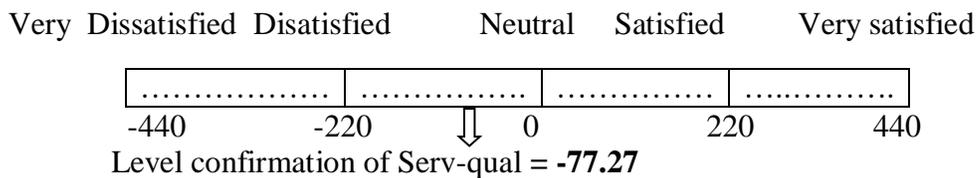
Very Dissatisfied Disatisfied   Neutral   Satisfied   Very satisfied

………………	……………..	…………….	…..………..

-440   -220   0   220   440

Level confirmation of Serv-qual = **-77.27**

Fig.4: Patients Confirmations of Serv-qual
(Source: research primary, processed, (2022)

The figure above concludes that the patient's confirmation value of the serv-qual of the three major hospitals is -77. 27 (in the range 0 – minus 220 = dissatisfied category). The level of patient's service satisfaction will be achieved at level with a minimum standar = zero and or greater than zero. So the conclusion this study is: the level of patients satisfaction with the quality of health services has not been achieved in the three major hospitals in Klaten Regency.

Overall confirmation test result, illustrating that there are gaps in each dimension of serv-qual examined: includes dimensions of physical evidence, dimensions reliability, dimensions responsiveness, dimension assurance and dimension empathy. The biggest gab obtained in the responsiveness dimension (minus 115.50); then the dimension of reliability (minus 85.12); the dimension of empathy (minus 58.36); the dimension of physical evidence (minus 47.00) and the last dimension of assurance (minus 32.50).

The responsiveness dimension relates to the provision of services having a sense of responsiveness in solving patient problems. Thisi is in line with the result of Hussami, et al, (2017), wich state the average level of perception is still relatively low (a statifaction level of 3.8), and consistent with the result of Yuniarti et al., (2021) on patient perception's of the Quality of "Harapan and Doa" Hospitals in Bengkulu Province, Indonesia.

So as to improve the quality of hospitals services in order to provide a sense of satisfaction to patients, they must immediately improve the serv-qual tha the biggest gap, namely the responsiveness dimension as its main priority, the followed by other dimensions. In other words, to increase patient satisfaction, the three major hospitals in Klaten Regency must prioritize improving service quality on the dimension of the highest gap value.

The responsiveness dimension has the largest gap value. The magnitude of this figure can be analyzed, currently with the emergence of the Covid-19 pandemic in Indonesia, major hospitals throughout Indonesia are burdened with a large number of patients who must receive immediate and emergency treatment. The increasing number of patients is not ballanced with the increase in the quantity and quality of medical professionals, so that doctors and nurses experience physical and psychological fatigue. The rapid increase in the number of patients and various health service programs carried out by hospitals through the assignment of the BPJS program are currently not followed by an increase in service quality programs. This phenomenon is in line with the research of (Yanuarti, Febriawati, Anggraini, Pratiwi, & Wati, 2021) who examined the main hospital in Bengkulu, Indonesia, where the increasing quality of service on the Servqual dimension was left behind with the increasing volume of patients in Bengkulu Province due to the Covid-19 pandemic.

Negative patients satisfaction confirmation values indicate hospital management has not been able to provide serv-qual according to patients expectations. The reason is because the patient's domicile in the city of Klaten is in the middle between the two big cities of Yogyakarta and Surakarta. Patients in the Klaten Regency have easier acces to services in two big cities (Yogyakarta and Surakarta), due to their close proximity and better serv-qual. The more people's economic welfare increases, they will be more technology literate, more aware of the importance

of health so that they have high demands on service automation, technology advances and the quality of health services after the Covid-19 pandemic is more and more prime.

Research Conclusions

The final conclusions of the research result:

1. To provide minimal satisfaction to patiens, every hospitals must be at a minimal level of zero or even higher than it (positive).

2. Achievement of patiens confirmatory rates in three major hospitals in Kalten Regency with a score of minus 77.27 / minus 18% from minimum standart (at minimum level; minus 440 and maximus level on 440).

3. So that the gaps the must be immediately repaired at the three major hospitals in Katen Regency is 18% to provide a minimum standart of satisfaction.

4. The three major hospitals in Klaten Regency have not been able to provide satisfaction expected by patients for the serv-qual provided.

5. The hospital management must be able to immediately close the biggest gaps the largest negative value (responsiveness dimension; other dimension have just followed).

Suggestions

From the conclusion, suggestions can be given:

1. The management of the three major hospitals must continue to focus on effort to improve the quality of service to patients, by providing a reward and punishment system to hospital stake-holder to pursue the high demands of the quality of excellent service for health institutions.

2. The management of three hospitals in Klaten needs to expect the quality of health services by conducting periodic surveys, because patient expectations are dynamic as the environment, time and competitive conditions.

3. With the current Covid-19 pandemic, in the era of new normalcy in the future, people are increasingly demanding changes in modern health services through e-medicine, tele-medicine, automating primary health devices and increasing the network of non-physical hospitals. In the future, after the COVID-19 pandemic, there will be less physical contact between individuals with other parties and the automation of devices supported by reliable technology in the health sector.

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