



An Overview of Patient Satisfaction with Health Service Facilities at Kwaingga Hospital, Keerom Regency

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Abstract—The hospital is run by organized, professional medical personnel who provide services to the community so that it provides many results, such as patient satisfaction. This study aims to determine an overview and patient satisfaction with health service facilities at Kwaingga Hospital. The type of research used in this research is descriptive research. This research location is the inpatient room of Kwaingga Keerom Hospital. The study was conducted in June 2019. In this study, the population consisted of 221 inpatients. In this study, the sample of inpatients at Kwaingga Hospital Considered can represent the characteristics of the population. The measurement instrument for hospital facilities indicators is measured using a measurement indicator from the Likert scale. Data processing is done with the help of an electronic device in the form of a computer using the SPSS 20 program for Windows. The result of this research is an overall overview of patients who are the respondents who express satisfaction.

1. Introduction

A hospital is an organization run by professional medical personnel who are well organized, from permanent medical infrastructure, medical services, continuous nursing care, diagnosis and treatment of diseases suffered by patients. 1 The era of globalization is inevitable, so wise and wise. Even though the strategy of the World Trade Organization (WTO) in 2010, Indonesia would only allow foreign doctors to practice in Indonesia, the Association of Southeast Asian Nations (ASEAN) agreed in 2008 to open health workers so that all who work in the health sector must work separately. Proportional and always act for the benefit of the patient (<http://m.depkes.go.id/>)

The community service industry is also inseparable from competition between actors, namely hospitals. Various existing hospitals try to gain public trust by submitting efficient and quality service. The regional public hospital is one part of the existing service industry. Unfortunately, the image of the regional hospital in the eyes of the public is not good compared to private hospital health services an overview.

Hospitals have various health services that can be prioritized to maintain patient loyalty. One type of health service in the hospital is inpatient services.

Today's inpatient services are the main concern of hospital management because the number of inpatients

is more than other treatments. Inpatient services are a good market share that can generate profit financially for the hospital. Competition is getting tougher these days and requires a service provider institution always to pamper customers with the best service. Patient satisfaction is a reflection of the quality of health services they receive. The quality of health services refers to the perfection of health services in creating a sense of satisfaction for each patient. The more perfect the satisfaction, the better the quality of health services. However, relatively good service quality may not necessarily satisfy patients. Patients generally cannot judge technical competence, so they judge service quality from non-technical characteristics, interpersonal relationships, and service convenience. According to the results of the study, it was found that there are different dimensions, namely: 1) For users of health services, the quality of health services is more related to the dimensions of responsiveness of staff to meet patient needs, smooth communication between officers and patients, concern and friendliness of staff in serving patients and/or healing current illnesses. Suffered by the patient. 2) For health service providers, the quality of health services is more related to the dimensions of the suitability of services provided with the latest developments in science and technology and/or professional autonomy in providing health services



according to patient needs. 3) For health service funders, the quality of health services is more related to efficiency in the use of funding sources, the fairness of health financing and/or the ability of health services to reduce losses to health service funders.

The difference in dimensions often causes patient disappointment, even though the officers have implemented standard operating procedures properly. Therefore the aspect of customer satisfaction needs to get serious attention because even though it is subjective, it determines different preferences in choosing healthcare facilities.

The quality and performance of services need to be strived for to be improved on an ongoing basis, therefore feedback from the community and users of Public health center services (*Puskesmas*). Service quality health services always try to meet patient expectations so that patients will always feel indebted and very grateful. As a result, the patient will spread all these good things so that the patient or the public will play the role of public relations officer of each organization serving good quality health (Pohan, 2007).

Satisfaction is a customer response as a result and evaluation of performance discrepancies or actions felt due to not fulfilling expectations (Tjiptono, 2006). The level of satisfaction is a function of the difference between performance felt and hope. When performance is below expectations, the customer will be disappointed and dissatisfied. If performance matches expectations, the customer will be satisfied. While performance exceeds expectations, customers will feel very satisfied. Hope customers are informed by past experiences, heart to heart comments.

Meanwhile, at the Regional General Hospital (RSUD) of Majene Regency, West Sulawesi, 20% of inpatients complained about the treatment room facilities, which were considered to make it more difficult for patients to undergo healing because they did not feel comfortable with the room conditions.

Internal medicine patients treated in class I treatment rooms admit that the available facilities are inadequate, including very limited lighting, bathroom, cleanliness, and beds.

If the quality of health service facilities is only sometimes maintained and improved, the number of patients will likely decrease. Factors of patient satisfaction with healthcare facilities will affect the number of visits. If the patient is dissatisfied (e.g., using an uncomfortable bed, inadequate treatment room,

unfriendly "provider," lacking skills), the patient will be disappointed. Patient satisfaction factors can also create public perceptions of the image of the hospital (Purnomo, 2004).

Immediate, meaningful and objective feedback will be available by measuring patient satisfaction with services. If the reality of the experience while getting service at the hospital is better than expected, they will be satisfied; on the other hand, if the experience while getting service at the hospital is lower than what they expected, they will feel dissatisfied (Purnomo, 2004).

In order to achieve patient satisfaction, it is necessary to increase standards in maintaining the quality of hospital services, which refers to the quality of services and health facilities to meet patient or community satisfaction (Purnomo, 2004).

New patients will feel satisfied if the performance service, The health they gets, or the facilities offered follow their expectations. So it can be concluded that patient satisfaction is a level of patient feelings arising from comparing performance service and the health he received with what he expected (Sabarguna, 2009).

Kwaingga Regional General Hospital is a hospital that Pratama has accredited; the hospital has five service standards: administration and management, nursing, medical services, Emergency Unit (ER), and medical records. Medical is one of the referral hospitals from the puskesmas in Keerom Regency.

From an initial survey conducted by researchers in August 2020 at the Kwaingga District Hospital, Kab. Keerom, it was found that out of five inpatients, three people stated that they were dissatisfied with the nursing facilities and services provided by the hospital because the available hospital facilities were still not good, as well as the nursing services. To be able to provide satisfaction to consumers, the hospital must improve nursing facilities and services. Moreover, consumers are increasingly critical of the provision of facilities and services due to increased levels of education, the influence of the mass media, and the ability of patients to pay better with choices of hospitals is one of the main factors for consumers to choose a hospital.

This study aimed to determine patient satisfaction with healthcare facilities at Kwaingga Hospital.

This research can provide information about an overview of patient satisfaction with health service facilities at Kwaingga Hospital, thereby providing benefits to government policymakers to improve the quality of hospital services, for the community to get the



best health services from the hospital and for students can be used as a reference in study others are given by the hospital.

2. LITERATURE REVIEW

2.1 Overview of Patient Satisfaction

Oliver in Suprpto (2001) defines satisfaction as the level of one's feelings after comparing his performance or results with his expectations. The level of satisfaction is a function of the difference between perceived performance and expectations. If performance is below expectations, the customer will be satisfied. If the performance meets expectations, the customer will be satisfied, whereas if the performance exceeds expectations, the customer will be very satisfied. Past experiences can form customer expectations, comments from relatives and promises and information from various media. Satisfied customers will be loyal longer, less sensitive to price and give good comments about the company.

Satisfaction is a person's feeling of pleasure or disappointment that arises after comparing perceptions or impressions of the performance or results of a product and its expectations (Kotler, 2004, p. 42) in Nursalam (2012), while Kotler in Dwilaksono (2006), satisfaction is the level of satisfaction someone after comparing the performance or results that are felt compared to their expectations. So satisfaction or dissatisfaction is the conclusion of the interaction between expectations and experiences after using the provided services.

Efforts to achieve total customer satisfaction are not easy; Mudie and Cottom in Dwilaksono (2006) state that totals customer satisfaction is impossible to achieve, even temporarily. Based on the descriptions of some of the experts mentioned above, satisfaction is a feeling of pleasure, individual satisfaction because between expectations and reality in using and services provided are fulfilled.

The central figure in health care services is the patient. Patients who come to a hospital or healthcare facility with health problems also come as individuals, family members or community members. The patient's needs will vary depending on the problem, associated circumstances, and experience (Yayuk, 2008).

Patients, as service users, demand quality services from hospitals. In the past, patients used hospital services for their recovery only. Now patients are more critical, informed and demanding and pay more attention to

quality issues so that personal satisfaction becomes a kind of need that wants to be fulfilled besides their healing. The existence of patient satisfaction can provide several benefits, including (Tjiptono, 2004):

- a. The relationship between the hospital and its customers is harmonious.
- b. Provides a good basis for reuse.
- c. Can encourage the creation of customer/patient loyalty.
- d. Form a word-of-mouth recommendation (word of mouth) profitable for the hospital.
- e. The reputation of the hospital is good in the eyes of customers.
- f. Profits earned can be increased.

Hospitals as service producers and patients as users of hospital services expect a balanced reciprocal relationship between them. In addition, satisfaction is not solely obtained from the quality of services offered but also through the services provided by considering the desires and adjusting to the needs and expectations of consumers. Hospitals and nurses are required to provide the best possible service to patients by paying attention to their wishes, needs and expectations so that patients feel satisfied and use the same hospital in the future if the patient is required to be hospitalized. Patients who are satisfied with the services provided by nurses and hospitals will recommend them to other parties so that other parties can use the same hospital. In this case, the satisfaction felt by the patient is not solely obtained from the quality of services provided by the hospital but also from the services provided by nurses.

Patient satisfaction is a response or response given by the patient after comparing the patient's expectations with what is experienced or obtained by the patient for the quality of service provided by the nurse.

If the results felt by the patient follow their expectations, the patient will feel high satisfaction; otherwise, if the results felt by the patient are not following their expectations, the patient will feel disappointed and dissatisfied, so the patient will not use services at the same hospital when the patient is required to undergo medical treatment.

Patient satisfaction is a very important aspect of the continuity of a hospital. According to Utama (2003), the level of satisfaction between one patient and another varies because patient satisfaction results from a more subjective assessment of feelings. Junadi in Sabarguna (2004) suggests that patient satisfaction is a subjective value of service quality. This subjective assessment is



based on experience, education, the psychological situation, and environmental influences at that time. Tjiptono (2004) states that several aspects affect patient satisfaction, namely:

a. Aspects of comfort, including the location of the hospital, the cleanliness of the hospital, the comfort of the room that the patient will use, the food that the patient eats, and the equipment available in the room.

b. Aspects of the patient's relationship with hospital staff, including the friendliness of hospital staff, especially nurses, the information provided by hospital staff, communicative, responsive, supportive, and adept in serving patients.

c. Aspects of officer technical competence, including the courage to act, experience, title, and fame. Many factors influence patient satisfaction. Each expert expresses their opinion based on the research they have done. Patient satisfaction factors as disclosed by Irawan (2003), five factors influence patient satisfaction, namely:

a. product or service quality, patients will be satisfied if the results of their evaluation show that the product or service used is of high quality. Patient perceptions of product or service quality are influenced by two things, namely the fact of product or service quality and company communication; in this case, doctors advertise places of practice.

b. Quality of service, patients will feel satisfied if they get good service or as expected.

c. Emotional factors, patients will feel satisfied, proud and amazed by doctors seen as "expensive doctors."

Sabarguna (2004) suggests that the factors that influence patient satisfaction consist of the following:

a. Convenience of service, which includes: the location of the doctor's practice, the cleanliness of the doctor's practice, the comfort of the room, both the waiting room and examination room and the equipment used by the doctor.

b. Patient-doctor relationship includes friendliness, the information provided, communication, responsiveness, support, and agility.

c. a doctor's technical competence includes various actions and doctor's experience.

Patient satisfaction is related to the quality of hospital services. By knowing the level of patient satisfaction, hospital management can improve service quality. The percentage of patients who stated satisfaction with the

service was based on survey results with standard instruments.

Yazid (2004) in Nursalam (2012), 6 factors cause customer dissatisfaction with a product, namely:

1. Not according to expectations and reality
2. Service during the process of enjoying services is not satisfactory
3. The behavior of the personnel is unsatisfactory
4. The atmosphere and physical conditions of the environment are not supportive.
5. Cost too high, because the distance is too far, much wasted time, and the price inappropriate
6. Promotions/advertisements do not match the facts

Furthermore, in Kotler (2008) in Nursalam (2012), there are several ways to measure customer satisfaction: Complaint and suggestion system, Customer satisfaction survey, Shadow buyer and lost customer analysis.

Leonard L. Berry and Parasuraman "Marketing service competing through quality" (New York, FreePress, 1991), quoted by Kotler (2000) in Nursalam (2012), identified five groups of characteristics used by customers in evaluating service quality, including:

1. Tangible (reality), namely in the form of the appearance of physical facilities, material equipment, interesting communication, and others
2. Empathy, namely the willingness of employees and employers to give personal attention to consumers
3. Quick response, namely the willingness of employees and employers to help customers and provide services quickly and hear and resolve complaints from consumers
4. Reliability, namely the ability to provide services as promised, trusted and accurate and consistent
5. Assurance, namely, in the ability of employees to generate confidence and trust in the promises made to consumers.

2.2 An Overview of Facility

Some limitations from experts regarding facilities, namely Zakkah in Arianto (2008), are anything that can facilitate efforts and expedite work to achieve a goal. In contrast, according to Subroto in Arianto (2008), facilities are everything that can facilitate and facilitate the implementation of a business and can be in the form of goods or money. More broadly, Arikunto in Arianto (2008) argues that facilities can be interpreted as anything that facilitates and expedites the implementation of all business. What can facilitate and expedite this business can be in the form of objects or



money. So, in this case, the facilities can be equated with the existing facilities in the hospital.

Facilities are all physical objects that can be visualized by the eye or touched by the five senses. Patients can easily recognize them and (generally) are part of a building or the building itself (Permenkes RI, 2008). Meanwhile, according to Moenir (2006), facilities are all types of equipment that are the main tools/direct tools to achieve goals. For example, bed, toilet, trash can, and others. At the same time, infrastructure is a set of tools that function indirectly to achieve goals. For example, the state of the environment around the treatment room. The inpatient room is for patients who need nursing and medical care and services on an ongoing basis for more than 24 hours. Each hospital will have a treatment room with its name according to the level of service and facilities provided by the hospital to its patients (Depkes RI, 2006).

Technical requirements for inpatient installation building facilities, namely the location of the inpatient building, must be located in a quiet, safe and comfortable location but still have convenience, accessibility or achievement of inpatient support facilities. The inpatient building should be located away from places where sewage is disposed of and noise from engines/generators. The floor must be strong and flat, not hollow; the floor covering material can consist of flat vinyl or ceramic with an even grout so that ash from dirt does not accumulate, is easy to clean, non-flammable, and the meeting between the wall and the floor must be curved. Hospital plinth), to facilitate cleaning and not become a nest of ash and dirt. The ceiling must be tight and strong, not fall off and not produce dust or other debris (RI Ministry of Health, 2006).

The entrance to the inpatient ward consists of double doors, each with a width of 90 cm and 40 cm. On the side of the door with a wide 90 cm, mirrors installed, entrance to public bathrooms, at least 85 cm wide, entrance to patient bathrooms, for each class, there must be at least 1 bathroom 90 cm wide, designated for persons with disabilities. Patient bathroom doors must be open, come out bathrooms public toilet doors for people with disabilities must open to the outside (Depkes RI, 2006).

The patient's bathroom has a toilet, shower (shower) and sink (sink). Especially for bathrooms for people with disabilities, follow the guidelines or technical standards that apply.

The number of bathrooms for persons with disabilities is 1 (one) for each class. Public toilets, consisting of toilets and sinks. 1 () public toilets for people with disabilities are provided on the ground floor, with requirements according to applicable guidelines or standards. Furthermore, for windows in the inpatient room, it is preferable to use sliding glass windows, which are easy to maintain, and quite tight (Depkes RI, 2006).

The minimum requirement for room area in the inpatient building is VIP 18 m²/bed, class I 12 m²/ bed, class II 10 m²/ bed, and Class III 8 m²/bed with a bathroom/toilet area 25 m². Then for the type of inpatient room, it consists of (Depkes RI, 2006):

- a. Inpatient room 1 bed per room (VIP).
- b. Inpatient room 2 beds per room (Class 1)
- c. Inpatient room 4 beds per room (Class 2)
- d. Inpatient room with 6 or more beds per room (class 3)

When a service company has adequate facilities, it can facilitate consumers in using their services, and making consumers comfortable in using these services will affect consumers in making purchases of services.

Companies that provide a pleasant atmosphere with attractive facility designs will influence consumers to purchase. This means that one of the factors of consumer satisfaction is influenced by the facilities provided by the seller, which consumers use to make it easier for consumers in the buying process. If consumers feel comfortable and easily get the product or service the seller offers, the consumer will feel satisfied (Raharjani, 2005).

The main objectives of the facilities and infrastructure are as follows:

- a. Speed up the process of carrying out work to save time
- b. Increasing productivity, both goods and services
- c. Higher quality and guaranteed work
- d. Easier to work

It is. The accuracy of the arrangement of the stability of workers is more guaranteed

- f. Creating a sense of comfort for the people concerned
- Provision of adequate facilities will help increase empathy

Consumer for each condition is created when consumers make purchases so that psychologically they will state that they are satisfied in making the purchase.

The completeness of hospital facilities also determines the assessment of patient satisfaction, for example, health facilities, both facilities and infrastructure, parking lots, comfortable waiting rooms and inpatient rooms, so hospitals also need to pay attention to hospital



facilities in formulating strategies to attract consumers (Junaidi, 2009).

3. METHODS

3.1 Research Design

The type of research used in this research is descriptive research. The location of this research is the inpatient room of Kwaingga Keerom Hospital. This research was conducted in June 2019. In this study, the population was 221 inpatients. In this study, the sample of inpatients at Kwaingga Hospital Considered can represent the characteristics of the population. The number of samples taken is determined by the Lemeshow formula as follows:

$$n = \frac{Z^2 \cdot 1-\alpha/2 \cdot PQ}{d^2}$$

Description:

n : Minimum number of samples required

α : Significant level

$Z_{1-\alpha/2}$: The z value in the normal distribution table is at a certain significance level (for a 95% confidence level, $Z=1.96$ and for a 99% confidence level, $Z=2.575$).

P : Proportion of prevalence of class I and II inpatients at Kwaingga Keerom Hospital

Q : $1-P$

d : Absolute precision (5%).

If the significant level used is 5%, means = 0.05 or $1-\alpha/2 = 1.96$ or $Z_{1-\alpha/2} = 1.962$. The proportion of class I and II inpatients at Kwaingga Keerom Hospital (P) is 2.21% or $P = 0.0221$. Mark $Q = 0.9779$. If the absolute precision (d) desired is 5% or 0.05, then the minimum number of samples required in this study are:

$$n = \frac{Z^2 \cdot 1-\alpha/2 \cdot PQ}{d^2}$$

$$n = \frac{1,96^2 \cdot 0,0221 \cdot 0,9779}{(0,05)^2}$$

$$n = 3,8416 \cdot 0,0221 \cdot 0,9779$$

$$0,0025$$

$$n = 0,0830$$

$$0,0025$$

$$n = 0,0830$$

$$0,0025$$

$n = 33$ people (minimum number)

So the minimum number of samples needed in this study is 33 people, while to facilitate data processing, the researchers have a sufficient sample size of 40 people.

3.2 Definition operational

Satisfaction with the facility is the patient's feeling after comparing the performance or results he feels with his expectations of everything that makes it easier for the patient to obtain the services provided by the hospital to increase patient satisfaction by using a questionnaire about the facilities and infrastructure available at the hospital, especially in the ward. Hospitalization is assessed based on patient perception, with objective criteria:

a. Satisfied: if the total score of the respondent's answers ≥ 58

b. Dissatisfied: if the total score of the respondent's answers is < 58

3.3 Data collection

3.3.1 Technique Data collection

Method of collecting data, Instrument Hospital facility indicator measurements are measured using measurement indicators from the Likert scale, which can be assessed with 4 levels consisting of:

a) Scale 1 = Bad

b) Scale 2 = Less

c) Scale 3 = Good

d) Scale 4 = Very Good

From this scale, the criteria for the level of completeness of the facility can be classified into several indices that refer to the Likert scale (Sugiyono, 2010), where the item answers are classified into two categories, namely:

Objective Criteria:

a. Satisfied if the total score of the respondent's answers ≥ 58

b. Dissatisfied if the total score of the respondent's answers is < 58

Instrument This measurement of the level of nursing service is measured using measurement indicators from the Likert scale, which can be assessed with 4 levels consisting of:

a) Scale 1 = Very dissatisfied

b) Scale 2 = Not satisfied

c) Scale 3 = Satisfied

d) Scale 4 = Very Satisfied

From this scale, the criteria for the level of patient satisfaction can be classified into several indices that refer to the Likert scale (Sugiyono, 2010), where the item answers are classified into two categories, namely:

Objective Criteria:

a. Satisfied if the total score of the respondent's answers ≥ 63



b. Dissatisfied if the total score of respondents' answers <63

3.4 Data processing and analysis

3.4.1 Data processing

Data processing is done with the help of an electronic device in the form of a computer using the SPSS 20 program for Windows. The stages of data processing are as follows:

a. Editing

After the data is collected, it is done editing or the editor and the researcher checks the completeness of the questionnaire the respondent has filled in.

b. Coding

This is done to facilitate data processing by coding the list of questions filled out for each respondent's answer.

c. Tabulation

After coding, the data is entered into a table to facilitate data analysis.

After processing the data, it is analyzed using statistical tests, namely knowing the proportions, validation standards, and mean and median, then presented in tabular form. Distribution frequency and description of the research variables accompanied by an explanation.

3.5 Data analysis

After tabulating the data, it is then processed using statistical test methods analysis univariate, which was carried out to get an overview by describing each variable used in the study, namely by looking at the frequency distribution.

4. RESULTS

4.1 Owned Facilities and Infrastructure

1. Hospital management services: has 1 (one) office building as a place for implementing services administration, namely: management services in general, service administration employment, service administration finance, service administration medical and nursing services, program services and hospital planning, and meeting rooms for accreditation activities.

2. Emergency services (medical emergencies): Services emergency open 24 hours and generally function as the first door in every emergency visit, and patients who enter the hospital outside of office hours (07.30 to 14.00) equipped with examination rooms (triage), action rooms (surgical and non-surgical), rooms observation, radio medical, and ambulance services.

3. Administrative services (outpatient stations): has 1 registration and payment counter for outpatient services, with a manual system consisting of general and BPJS patients.

4. Outpatient services: Kwaingga Hospital has 8 polyclinics with a description of 6 specialist polyclinics and 2 non-specialist polyclinics (general polyclinic and dental polyclinic), open every day from 08.00 to 14.00 WITA, except Friday open from 08.00 to 11.00 WITA. Administrative services (inpatient stations): have 1 room to carry out outpatient administration services, stay and place operational and administrative services for ambulances.

5. Inpatient services: has 219 beds, spread over pavilion (Keerom VIP, Flamboyan VIP floor I and II floor), bougainvillea treatment room (class I), rose treatment room (class I, II, and III obstetrical and maternity care), Asoka treatment room (class I, II, and III), orchid treatment room (class I, II, and III internal medicine treatment), ICU treatment room.

6. Laboratory services: general laboratory examinations and clinical laboratories, including chemical, serological, and microbiological examinations. Pharmacy service: has 1 room as a place for pharmaceutical service activities starting from prescription services for all types of health service programs, administrative activities and drug storage and is open 24 hours.

7. Radiology services: has 1 building as a place for supporting radiology examination activities, namely: X-ray photos in general, dental photos, and ultrasonography (USG).

8. Nutrition services: has 1 building as a place for nutrition service activities in the hospital and is open 24 hours.

9. Medical rehabilitation services: has 1 building to carry out medical rehabilitation service activities and special equipment for performing several types of physiotherapy.

10. Medical record service: has 1 building to carry out medical record activities starting from data collection, processing, and reporting.

11. Medical waste processing: Medical waste processing is available (incinerator) to meet their own needs and to process medical waste from outside.

12. Laundry facility service: 1 room is available where hospital linen is available.



4.2 Owned Facilities

Medical Support Services

- a. Radiology installation
- b. Clinical laboratory installation
- c. Pharmacy installation
- d. Medical rehabilitation installation
- e. Nutrition
- f. Mortuary
- g. Ambulance service

4.3 Characteristics of Respondents

The characteristics in this study include; patient's age, gender, occupation, and education. To describe in detail these characteristics, described further:

a. Distribution of Respondents by Age

In this study, the ages of the respondents varied from 17 years old to 66 years old. The distribution of respondents by age can be seen in the following table:

Table 1. Distribution of Respondents by Age in the Inpatient Room of the Kwaingga Keerom Hospital in 2019

No	Age	Frequency	Percentage
1	17-26 year	13	32,5
2	27-36 year	15	37,5
3	37-46 year	6	15,0
4	47-56 year	2	5,0
5	57-66 year	4	10
	Total	40	100

Source: Primary Data, 2019

Table 4.1 shows that the age group with the most respondents was 27-36 years with 15 people (37.5%) and the smallest was the age group 47-56 years with 2 people (5.0%).

4.4 Distribution of Respondents by Gender

In this study the number of male and female respondents was not the same. The distribution of respondents by gender can be seen in the following table:

Table 2. Distribution of Respondents by Gender in Inpatient Rooms Kwaingga Hospital Keerom 2019

No	Gender	Frequency	Percentage
1	Male	17	42,5
2	Female	23	57,5
	Total	40	100

Source: Data Primer, 2019

Table 4.2 shows fewer male respondents than female respondents. Namely 17 male respondents (42.50%) while female respondents were 23 people (57.50%).

4.5 Distribution of Respondents by Occupation

In this study the work of the respondents varied. The distribution of respondents by occupation can be seen in table 4.3

Table 3. Distribution of Respondents Based on Occupation in Inpatient Rooms Kwaingga Hospital Keerom 2019

No	Occupation	Frequency	Percentage
1	civil servant	11	27,5
2	Private employees	5	12,5
3	Student / Student	9	22,5
4	Farm workers	2	5,0
5	Retired	4	10,0



6	Housewife	9	22,5
	Total	40	100

Source: Data Primer, 2019

Table 6.3 shows that 11 people (27.5%) are civil servants, while the few are laborers/farmers with 2 people (5.0%).

4.6 Distribution of Respondents by Education Level

In this study, the level of education of the respondents varied. The distribution of respondents by education level can be seen in the following table:

Table 4. Distribution of Respondents Based on Education in Inpatient Rooms Kwaingga Hospital Keerom 2019

No	Last education	Frequency	Percentage
1	Elementary School	4	10,0
2	Junior High School	2	5,0
3	Senior High School	16	40,0
4	DIII	2	5,0
5	S1	16	40,0
	Total	40	100

Source: Data Primer, 2019

Table 4.4 shows that the education of the majority of respondents is SMA and S1 respectively-as many as 16 people (40.0%) each and the smallest are respondents who have graduated from junior high school and DIII respectively by 2 people (5.0%).

4.7 Univariate analysis

4.7.1 Patient Satisfaction with Facilities

In this study, the facility in question is anything that makes it easier for patients to obtain the services provided by the hospital. The results of research on patient satisfaction based on facilities can be seen in the following table:

Table 5. Distribution of Respondents Based on Satisfaction with Facilities in the Inpatient Room of Kwaingga Keerom Hospital in 2019

No	Last education	Frequency	Percentage
1	Satisfied	34	85,0
2	Not satisfied	6	15,0
	Amount	40	100

Table 6.5 shows that more Many respondents stated that they were satisfied with the facilities, which amounted to 85.0% more than those who stated they were not satisfied.

5. Discussion

5.1 An overview of Patient Satisfaction with Facilities

From the results of the study, there were 34 respondents (85.0%) who expressed satisfaction with the facilities provided. In this case, the facilities in question are anything that makes it easier for patients to obtain services provided by the hospital, and based on research in general, respondents stated that they were satisfied with the availability of medicines at the hospital pharmacy, the completeness of medical equipment so

that they did not need to be referred to other hospitals. For the use of a tool, timeliness of serving food, the cleanliness of the food served, the cleanliness and tidiness of the building, the hospital corridors, the cleanliness and tidiness of the treatment rooms, and the comfort of the treatment rooms.

The completeness of facilities and infrastructure also determines patient satisfaction; for example, health facilities and infrastructure facilities, parking lots, comfortable waiting rooms and inpatient rooms, so



hospitals also need to pay attention to hospital facilities (Junaidi, 2009). Raharjani (2005) states that if a service company, namely a hospital, has adequate facilities that can make it easier for patients to use their services and make patients comfortable, they can influence purchasing services. Hospitals that provide a pleasant atmosphere with the design of facilities and infrastructure Interesting things will influence the patient's interest in making a purchase. This means that one of the patient satisfaction factors is influenced by the facilities provided by the hospital, which consumers use. Hence, it makes it easier for consumers in the process of purchasing services. If the patient feels comfortable and easy to get the services offered by the hospital, then the patient will feel satisfied.

According to Kotler (2003), satisfaction is a person's pleasure or disappointment that arises after comparing perceptions or impressions of the performance or results of a product and expectations. He hoped, and according to Azwar (1996), that patient and family satisfaction can be used as a benchmark for hospital services and is a reliable tool to be used as material for preparing hospital service development plans. If the patient is satisfied with the facilities provided, there is a possibility to return to use the services of the next hospital.

This happens because the facilities provided cannot be felt and operationalized by patients, so patients feel dissatisfied. This is in line with the theory put forward by Kotler in Pohan (2007) that good facilities will influence the attitudes and behavior of patients; the establishment of the right facilities will create feelings of health, safety and comfort. Every nursing and social service facility has views that may increase or decrease patient satisfaction and job performance. Meanwhile, according to Nursalam (2011), one that affects comfort is the infrastructure of treatment rooms, such as environmental conditions, namely a crowded, cold, hot, and humid environment which can increase patient discomfort and cause patient dissatisfaction.

This is supported by the theory put forward by Junaidi (2009), namely that the completeness of hospital infrastructure also determines the assessment of patient satisfaction, for example, health facilities, both facilities and infrastructure, parking lots, comfortable waiting rooms and inpatient rooms, so that hospitals also need to attract consumers.

Other factors can also be caused by patient characteristics based on patient age and education, with the highest frequency of 27-36 years old and most

respondents with high school and undergraduate education. It is possible that patients could better receive the full service provided by the hospital because the demands are too many, and they know various procedures for full service. This shows that patients who are hospitalized are of productive age or adulthood. This is in line with Hurlock's theory in Mardiah (2007) that middle adulthood is a productive age, so patient demands are usually too high, and according to Deep Purnomo St. Salwati (2009), someone with a high level of education will expect better and higher service.

All of this greatly affects a person's level of satisfaction because the patient concerned receives treatment services not only binding only to personal relationships but also related to environmental issues, such as the cleanliness of rooms, cleanliness of nurses, noise and lighting arrangements in hospitals. In addition, it is influenced by other factors such as cost, physical appearance, cleanliness and comfort of the room, and the reliability/skills of nurses (Muninjaya, 2004).

The results of this study are supported by the results of research conducted by Wahyuningrum in 2011 at the Ungaran Regional General Hospital (RSUD), which stated that facilities had a significant positive influence on patient satisfaction by 6.81% and the effect of service quality on patient satisfaction was 12.18 %. This shows a relationship between facilities and Ungaran Regional General Hospital (RSUD) patient satisfaction. Namely, the better or more adequate the facilities provided, the patient/client's perception of health services will be even better (Wahyuningrum, 2011).

According to Jeans (2003), providing adequate facilities will help increase consumer empathy for every condition created when purchasing. So psychologically, they will state that they are satisfied with making the purchase. So the researchers assume that the better the facilities provided by the hospital, the higher it will be

6. CONCLUSION

An overview of patient satisfaction with the facilities provided by the hospital is that more respondents stated they were satisfied than those who stated they were dissatisfied.

REFERENCES

1. A.Aziz. A. H . 2004. *Pengantar Konsep Dasar Keperawatan*. Edisi Pertama. Jakarta, Salemba Medika.



2. Arianto, Sam. 2008. *Kelengkapan Fasilitas Belajar*.
(http://repository.upi.edu/operator/upload/s_pts_045267_chapter2.pdf). Diakses 26 januari 2019.
3. Azwar, Azrul. 1996. *Pengantar Administrasi Kesehatan (Edisi Ketiga)*. Jakarta: Bina Rupa Aksara.
4. Bustami. 2011. *Penjaminan Mutu Pelayanan Kesehatan dan Akseptabilitasnya*. Jakarta: Erlangga.
5. Departemen Kesehatan RI - Sekretariat Jenderal. 2006. *Pedoman Teknis Sarana dan Prasarana Bangunan Instalasi Rawat Inap (Umum)*. Jakarta: Pusat Sarana, Prasarana, dan Peralatan Kesehatan.
6. Departemen Kesehatan RI - Sekretariat Jenderal. 2010. *Pedoman Teknis Sarana dan Prasarana Bangunan Instalasi Rawat Inap (Umum)*. Jakarta: Pusat Sarana, Prasarana, dan Peralatan Kesehatan.
7. Dwilaksono, Agung. 2006. *Analisis Pengaruh Fasilitas, Kualitas Pelayanan dan Kepuasan Pelanggan terhadap Minat Mereferensikan*. Jurnal Buletin
8. Penelitian Sistem Kesehatan. Volume 9. Nomor 4 (<http://isjd.pdii.lipi.go.id/admin/jurnal/9406190197.pdf>, diakses 26 januari 2019).
9. Firdaus, Zuhdi. 2009. *Ananlisis Faktor yang Berhubungan dengan Kepuasan Pasien Rawat Inap di RS Islam Surakarta*. Skripsi. Surakarta: Universitas Surakarta.
- Heriandi. 2006. *Hubungan Mutu Pelayanan Keperawatan dengan Kepuasan Pasien*. In <http://repository.usu.ac.id>. Diakses pada 20 Mei 2019.
10. Irawan, Handi. 2003. *Indonesian Customer Satisfaction*. Jakarta: PT. Alex Media Computindo.
11. Junaidi. 2009. *Indikator Pemanfaatan Fasilitas*. In <http://repository.ac.id>. Diakses 25 Mei 2019.
12. Kottler, Philips. 2001. *Manajemen Pemasaran (terjemahan)*. Jilid 1. Jakarta: PT. Indeks.
13. Kotler P. 2003. *Manajemen Pemasaran Jasa*. Jakarta: Prenhallindo.