Journal of Social Research

P-ISSN: 2827-9832
E-ISSN: 2828-335x
http://ijsr.internationaljournallabs.com/index.php/ijsr

THE RELATIONSHIP BETWEEN SERVICE QUALITY AND PATIENT SATISFACTION AT THE NEUROLOGY POLYCLINIC OF MOHAMMAD NATSIR HOSPITAL

Fitri Sari Susanty, Nur Afrainin Shah, Wihardi Triman
Faculty of Medicine, Universitas Andalas
fitrisarisusanty@gmail.com, med@unand.ac.id, wihardi_t@yahoo.com

ABSTRACT

Quality health services are the needs and desires of every patient. Patient satisfaction is related to the quality of service they receive. This study analyzed the relationship between service quality and patient satisfaction at the neurology polyclinic of the Mohammad Natsir Solok Regional General Hospital (RSUD). Service quality according to Zeithaml et al has five dimensions, namely: *Reliability*, *Assurance*, *Tangibles* (physical evidence), *Empathy* (empathy), and *Responsiveness* knew as *SERVQUAL*. The purpose of this study is to determine the relationship between each dimension of service quality and patient satisfaction and find out the dimensions that most affect patient satisfaction. This research is a quantitative study with a *cross-sectional study* approach with a total sample of 100 people. Data collection using questionnaires. Data analysis in the form of univariate analysis, bivariate analysis using *chi-square*, and multivariate analysis using multiple logistic regression. The univariate analysis found that general patient satisfaction with the quality of service was 86% satisfied with the service. Bivariate analysis showed a significant relationship between the dimensions of *reliability* (p = 0.001), *assurance* (p = 0.001), *tangibles* (p = 0.009), *empathy* (p = 0.001) and *responsiveness* (p = 0.001) with patient satisfaction. The multivariate analysis found that the dimension that most affected patient satisfaction at the neurology polyclinic of Mohammad Natsir Hospital was the responsiveness dimension (OR = 73,635).

Keywords: *Quality of service, patient satisfaction, SERVQUAL*

INTRODUCTION

According to WHO (*World Health Organization*), hospitals are an integral part of social and health organizations that provide plenary (comprehensive) services, curative diseases and disease prevention to the community. According to Permenkes No. 3 of 2020 concerning Hospital Classification and Licensing, it is stated that hospitals are plenary individual health service institutions that provide inpatient, outpatient, and emergency services (Permenkes, 2020). In 2021, the number of public hospitals in Indonesia is 2,514 units and special hospitals are 598 units. A large number of hospitals available will cause competition between these hospitals in providing the best quality of service for their consumers (RI, 2021).

Service quality is the result of interaction from various aspects, namely the service system, human resources of service providers, strategies, and customers (customers). According to Zeithaml et al, the quality of this service can be assessed from 5 dimensions, namely: Tangibles (related to physical condition), Reliability (reliability), Responsiveness (responsiveness), Assurance (certainty), and Emphaty (empathy). These dimensions became known as SERVQUAL dimensions (Mulyawan, 2016). Good service quality has an impact on patient satisfaction and people's intention to seek treatment. The main goal of quality hospital services is to understand the needs and desires of patients so that patients feel satisfied (Irbantoro, Dewanto, & Rachmi, 2015).

Patient satisfaction is an evaluative, affective or emotional response related to the quality of services provided by the hospital and patient expectations of the service. The most popular method for assessing service quality is SERVQUAL (Mumu, Kandou, & Doda, 2015). A health service is said to be of high quality if it is able to provide satisfaction for the patients it serves. Patient satisfaction is one of the indicators of the quality of services provided by hospitals and is capital to get more and more loyal patients.

Mohammad Natsir Regional General Hospital (RSUD) is a regional general hospital owned by the West Sumatra Provincial Government and is one of the type B hospitals located in the Solok City area. Mohammad Natsir Hospital in providing health services is supported by reliable specialist doctors and supported by adequate medical facilities. Mohammad Natsir Hospital has 14 outpatient clinics, each of which is served by doctors who are skilled in their fields. The outpatient polyclinic of Mohammad Natsir Hospital consists of: internal medicine, pediatric, obstetrics and gynecology, general surgery, bone surgery, neurology, eye, ENT, heart, lung, skin and genital, mental, dental and oral and geriatric poly.

According to data from the Ministry of Health, stroke is the number one cause of death in Indonesia. Stroke can lead to permanent disability or death. Stroke also has an impact on the economic sector due to the high burden of financing its treatment. According to data from the Social Security Administration Agency (BPJS), stroke is among the top four diseases that require high costs in treatment and have complications that can be life-threatening. Therefore, stroke sufferers should routinely control to a neurology specialist. One of the health services in Solok City that has the services of a neurology specialist is the Neurology Polyclinic of Mohammad Natsir Hospital.

Based on data from the Hospital Management Information System (SIMRS) of Mohammad Natsir Hospital, the neurology polyclinic occupies the first position as the polyclinic that has the highest number of patient visits in 2019 and 2020. The number of visits to the neurology polyclinic in 2019 was 18,614 people and in 2020 it was 10,441 people. The second position is occupied by the internal medicine polyclinic with number of patients in 2019 as many as 9,276 people and in 2020 as many as 8,081 people. The third position is occupied by the mental polyclinic with visit figures in 2019 and 2020 of 7,179 people and 7,684 people, respectively. Although the neurology polyclinic still ranks first as the polyclinic with the highest number of patient visits in 2020, the number of visits has decreased by 43.9% compared to 2019.

According to the report on the community satisfaction survey (SKM) of Mohammad Natsir Hospital in the neurological polyclinic section in 2020, the elements with the lowest value (< 80%) were obtained for the performance of the existence of cleaning services, registration waiting times, waiting times for doctor examinations and cleanliness of service supporting infrastructure (such as waiting rooms, toilets) (Ariany, Kusdarini, & Sitriwanti, 2020). The low value of service performance will have an impact on patient satisfaction. Decreased service performance will reduce the quality of service quality and result in a decrease in patient satisfaction.

Therefore, researchers want to know the relationship between service quality and patient satisfaction at the neurology polyclinic of Mohammad Natsir Hospital. The results of the research are expected to be used as consideration for planning in improving the service quality.

Definition of Healthcare

Health services according to the Ministry of Health of the Republic of Indonesia in 2009 (Depkes RI) are any efforts organized alone or jointly in an organization to maintain and improve health, prevent and cure diseases and restore health both to individuals, families and community groups. Plenary health service activities are regulated in Article 52 paragraph (2) of the Health Law as referred to in paragraph (1), namely:

a) Promotive, an activity and/or series of health service activities that prioritize activities that are health promotion in nature.
b) Preventive health service, a preventive activity against a health problem/disease.
c) Curative health services, activity, and/or a series of treatment activities aimed at curing diseases, reducing suffering due to disease, disease control, and controlling disability so that the quality of sufferers can be maintained as optimally as possible.
d) Rehabilitative health services, activities, and/or a series of activities to return former sufferers to the community so that they can function again as members of society that are useful for themselves and the community, as much as possible according to their abilities (Faith & Lena, 2017).

Forms of Health Services

Based on Article 52 paragraph (1) of the Health Law, health services generally consist of two forms of health services, namely:

1) *Individual health services (medical services*)
   This health service is organized by individuals independently (*self-care*), and family *(family care*) or community member groups that aim to cure diseases. This service is carried out in health service institutions. Such as: hospitals, maternity clinics, and independent practices.
2) *Public health service*
   This public health service is organized by a community group with objectives to maintain and improve health that refers to actions promotive and preventive. Community service efforts are carried out at the center. Certain community health centers such as puskesmas (Faith & Lena, 2017).

Basic Requirements for Health Services

A health service is said to be good if it has the following main requirements:

1. Available and Sustainable

The first basic requirement for good health services is that health services must be available in the community (*available*) and sustainable (*continuous*). This means that all types of health services needed by the community are not difficult to find and exist at all times.

2. Reasonably Acceptable

The second main requirement for good health services is *acceptable* to the community and appropriate. This means that the health service does not conflict with people's beliefs and beliefs. Health services that are contrary to the customs, culture, beliefs, and beliefs of the community and are not natural, are not good health services.

3. Easy to Achieve

The third basic requirement for good health services is that they are easily accessible by the community. That is, good health services have good distribution arrangements. Health services that are concentrated in urban areas and do not exist in rural areas are not good health services.

4. Easy to Reach

The fourth basic principle of good health services is that they are easily accessible (*affordable*) by the community, especially from a cost point of view. B the cost of health services must be in accordance with the economic capabilities of the community. Health services that are expensive and only enjoyed by a small part of the community, are not good health services.

5. Quality

The fifth basic requirement for good health services is *quality*. The Intention is one that points to the level of perfection of health services that are organized, can satisfy the users of services and procedures for their implementation in accordance with the code of ethics and standards that have been set (Faith & Lena, 2017).

Quality of Health Services

Quality is a level that indicates a series of characteristics that are inherent and meet a certain size. According to the *American Society for Quality Control*, quality is the totality of the form and characteristics of a good or service that demonstrates its ability to satisfy both obvious and hidden needs. Some quality experts define quality by a variety of interpretations. Juran defines quality simply as "suitability for use". This definition includes the specialty of a product that meets consumer needs and is free from deficiencies. Meanwhile, Deming argues quality is "bringing together the needs and expectations of consumers on an ongoing basis for the price they have paid". Deming's philosophy establishes quality as a system (Gaspersz, 2007).

Service is an activity that basically involves the fulfillment of a right inherent in everyone, whether personal or group or organization that is carried out universally. Moenir said that: "The right to service is universal, applicable to anyone with an interest in that right." To achieve maximum service quality, a leader must have the ability to measure the quality of service for district officials in providing services to the community. Measuring service quality through five standards: *tangible; reliability*, *responsiveness*, *assuranc*e, and *empathy* (Gaspersz, 2007).

Customers are people who bring what they want. Our goal is to deal with those desires in order to benefit him and ourselves. Another view says that service is not just a service, but emphasizes excellent service. It is stated by Barata that excellent service is a concern for customers by providing the best service to facilitate the ease of meeting needs and realizing customer satisfaction so that they are always loyal to the organization.

If applied to a public body, the form of excellent service provided depends on the type of public service assigned to that public body. A public body may mention that excellent service is a service program.

The best that can satisfy society. The best service or service, according to Triguno, is to serve at all times quickly and satisfactorily, be polite, friendly, and helpful, and professional

and capable. Similarly, according to Tjiptono, broadly speaking, there are four (4) main elements contained in *service excellence*, namely speed, accuracy, friendliness, and comfort.

Services include services and services, services are commodities, while government services to the community are related to a right and free from the issue of whether the rights holder can be burdened with an obligation or not. The quality of service is not viewed from the point of view of the organizer or service provider. It is the people who consume and feel the services provided, so they are the ones who are supposed to assess and determine the quality of services (Gaspersz, 2007).

According to the *Institute of Medicine* (IOM), the quality of health services is a step towards improving individual and population health services in accordance with the expected health outcomes for the latest professional knowledge. The delivery of health services must reflect the precision of the use of the latest knowledge scientifically, clinically, technically, interpersonally, manually, cognitively, organizationally, and elements of health service management (Wijono, 1999).

Dimensions of Service Quality

According to Barata, to measure the quality of service or excellent service, namely: (1) Ability; (2) Attitude; (3) Appearance; (4) Attention; (5) Action; and (6) *Accountability*. Several dimensions or attributes that must be considered in the quality of services are also stated by Gaspersz as follows: (1) Timeliness of service; (2) Service accuracy; (3) Courtesy and friendliness in providing services; (4) Responsibility; (5) Completeness; (6) Ease of service; (7) Variations in service models; (8) Personal service; (9) Convenience in obtaining services; (10) Other service support attributes (Gaspersz, 2007).

In the field of the service industry, service *quality* is also known. There are five categories of service quality referred to as "*servqual"*. The well-known dimensions for measuring service quality are the concepts of Zaithaml, Parasuraman, and Berry, namely: *Reliability* (reliability), *Assurance* (assurance), *Tangible* (physical evidence), *Empathy* (empathy), and *responsiveness* (ladder power). To make it easier to remember the five key elements in service quality, an acronym is used: "*RATER"*.

1. *Reliability*

Reliability is the ability of the service provider to deliver what is promised to the recipient of the service (customer) accurately. This attribute relates to the accuracy of error-free service (Gaspersz, 2007). The dimension of reliability is important because consumer satisfaction will decrease if the services provided are not as promised. Dimensi *reliability* is the company's ability to deliver services appropriately and charge costs appropriately (Lubis & Andayani, 2017).

Reliability can be measured by the following indicators: (Ramadan, Rahmiati, & Maulana, 2019)

1) Reliability of officers in providing service information
2) Reliability of officers in streamlining service procedures
3) Reliability of officers in facilitating technical service

2. *Assurance* = guarantee

Assurance relates to the knowledge, courtesy, and ability of the worker (service provider) to generate a sense of trust and confidence from the recipient of the service (customer) for the

services they have received (Gaspersz, 2007). This dimension is very important because it involves consumer perception of the risk of high uncertainty in the capabilities of service providers. The company builds consumer trust and loyalty through employees who are directly involved in dealing with consumers. So the components of this dimension consist of employee competencies which include skills, knowledge that employees have to perform services and company credibility related to consumer trust in the company such as, company reputation, achievements and others (Lubis & Andayani, 2017).

Assurance indicators as below: (Ramadan, Rahmiati, & Maulana, 2019)

1) Administrative capabilities of officers
2) Technical ability of service personnel
3) The social delights of the waitresses

3. *Tangibles* = physical evidence

Physical evidence relates to the physical facilities, equipment, and appearance of the service giver (Gaspersz, 2007). The appearance and ability of the company's physical facilities and infrastructure and the surrounding environment are tangible evidence of the services provided by the service provider which includes physical facilities for equipment, employees, and communication facilities. *Good tangible* affect customer perception (Lubis & Andayani, 2017).

Measurable Tangible Indicators: (Ramadan, Rahmiati, & Maulana, 2019)

1) Ministry room
2) Service counter
3) Appearance of service personnel

***4. Empathy* = empathy**

Empathy is closely related to the attention and concern from the service provider to the recipient of the service (customer) (Gaspersz, 2007). So the components of this dimension are a combination of access (*access*), namely the ease of utilizing the services offered by the company (Lubis & Andayani, 2017).

Empathy can be measured by the following indicators: (Ramadan, Rahmiati, & Maulana, 2019)

1) Attention of service personnel
2) Officer concerns
3) Officer's friendliness

5. *Responsiveness* = ladder power

Responsiveness is related to the responsibility and desire to provide excellent service and help service recipients (customers) in dealing with problems related to the services provided by the service provider (Gaspersz, 2007). Responsiveness can foster a positive perception of the quality of services provided. This includes if there is a failure or delays in the delivery of services, the service provider tries to correct or minimize consumer losses immediately. This dimension emphasizes the attention and speed with which employees respond to requests, questions and complaints from consumers. This dimension consists of the employee's agility in serving customers, the speed of employees in serving customers and handling customer complaints (Lubis & Andayani, 2017).

Responsiveness can be measured by the following indicators: (Ramadan, Rahmiati, & Maulana, 2019)

1) Officer's response to customer complaints
2) Officer's response to customer suggestions
3) Officers' response to customer criticism

Patient Satisfaction

A health service is said to be of high quality if it is able to cause satisfaction for the patients it serves. Satisfaction is one of the indicators of the quality of hospital services which is the capital in getting more patients and loyal. Loyal patients will reuse the same health care when they need it and will invite others to use the same facility (Sesrianty, Machmud, & Yeni, 2019).

Patient satisfaction occurs when what is his need, desire or expectation can be met. Therefore, patient satisfaction is the difference between the services received by the patient and the patient's expectations (Sesrianty, Machmud, & Yeni, 2019).

According to Sabarguna, patient satisfaction is a subjective value to the quality of services provided but still has an objective basis. That is, although the assessment is based on past experiences, education, psychic situations, and environmental influences at the time, it is still based on existing objective truths and realities (Ramadan, Rahmiati, & Maulana, 2019).

Patient Satisfaction Measurement Methods

According to Kotler, et al in Tjiptono and Gregorius there are several methods that can be used to measure and monitor customer satisfaction, namely: (Tjiptono & Gregory, 2016)

1. Complaints and Advice System

Every customer-oriented institution needs to provide easy and convenient opportunities and access for its customers to submit their suggestions, criticisms, opinions and complaints. The media used can be in the form of suggestion boxes placed in strategic locations, comment cards sent via post, toll-free telephone lines, *websites* and others.

2. *Ghost Shopping (Mystery Shopping)*

Companies use others as *ghost shoppers*, to play or pretend to act as potential customers and then report their findings about the strengths and weaknesses they experience while buying the company's products and competitors' products.

3. *Lost Customer Analysis*

Customers who stop buying or who have moved suppliers wherever possible are contacted by the company to learn and understand why it is happening and to be able to take policies for further improvements/improvements. Companies must also pay attention to and monitor the *customer loss rate* where the increase indicates the company's failure to satisfy its customers.

4. *Customer Satisfaction Surveys*

Most customer satisfaction research is carried out by survey methods either by post, telephone, *e-mail*, *websites*, or direct interviews. The company provides a list of questions whose content is an assessment of various aspects of the company's performance and the products produced. Through surveys, the company will get feedback directly from customers and also give a positive impression that the company pays attention to its customers.

Patient satisfaction Indicators

Satisfaction indicators according to Tjiptono consist of: (Ramadan, Rahmiati, & Maulana, 2019)

a. Conformity of expectations

Is the level of conformity between the product performance expected by the customer and the perceived by the customer including:

1) The products obtained are in accordance with or exceed the expected.
2) Service by employees obtained in accordance with or exceeding as expected.
3) Supporting facilities obtained in accordance with or exceeding the expected

b. Revisiting interest

Represents the customer's willingness to revisit or repurchase related products, including:

1) Interested in revisiting because the service provided by employees is satisfactory
2) Interested in revisiting because of the value and benefits obtained after consuming the product
3) Interested in visiting again because the supporting facilities provided are adequate

c. Willingness to recommend

It is the customer's willingness to recommend products he has tasted to friends or family, including:

1) Advise friends or relatives to buy products or services offered because of satisfactory service
2) Advise friends or relatives to buy the products offered because the supporting facilities provided are adequate
3) Advise friends or relatives to buy the products or services offered because of the value or benefits obtained after consuming a service product.

Benefits of Measuring Patient Satisfaction

The benefits of measuring patient satisfaction according to Dr. Sri Astuti Soeparmanto, namely:

a) knowing the shortcomings of each level of weakness in service delivery
b) knowing the performance of service delivery that has been carried out by the service unit
c) as material for determining policies that need to be taken and efforts that need to be made
d) knowing the public satisfaction index in public services within the scope of central and regional governments
e) spurring positive competition between service delivery units in an effort to improve service performance
f) For the public, they can find out an overview of the service performance of the unit concerned.

According to Permenkes No.129 of 2008 concerning Hospital Minimum Service Standards, the customer satisfaction value in outpatient services is ≥ 90%.

METHOD

This research is a quantitative study with *a cross-sectional study approach*, the total sample is 100 respondents. The sampling technique using *consecutive* sampling is a *sampling* determination technique where all subjects who come and meet the selection criteria are

included in the study until the required number of subjects is met. [8] This research was conducted at the Neurology Polyclinic of Mohammad Natsir Hospital in March – April 2022. The data analysis technique used is an inferential statistical technique. In the univariate analysis, an overview of the quality of service with patient satisfaction at the neurology polyclinic of Mohammad Natsir Hospital was obtained. Bivariate analysis was carried out using the *chi square* method and obtained a relationship between service quality and patient satisfaction at the neurology polyclinic of Mohammad Natsir Hospital. Multivariate analysis was carried out using multiple logistic regression methods and obtained the dimensions of service quality that most affected patient satisfaction at the neurology polyclinic of Mohammad Natsir Hospital.

RESULTS AND DISCUSSION

Univariate Analysis of Respondent Characteristics Overview

The description of the characteristics of respondents in this study was divided according to gender, age, occupation, education, type of payment, and number of visits. Based on the processing results of the respondents' questionnaire answers, the results are obtained as shown in the following table:

Table 1. Frequency Distribution Based on Respondent Characteristics

No.	Characteristics of Respondents	f	%
	Gender		
1.	Man	41	41
2.	Woman	59	59
	Age (Years)		
1.	≤ 53	52	52
2.	> 53	48	48
	Work		
1.	Work	41	41
2.	Not Working	59	59
	Education		
1.	Finished Elementary School	21	21
2.	Finished junior high school	14	14
3.	Finished High School	30	30
4.	Graduated from Higher Education (PT)	35	35
	Payment Type		
1.	BPJS	95	95
2.	Common	5	5

	Number of Visits		
1.	≤ 5 times	59	59
2.	> 5 times	41	41

Based on the table above, it is known that amount female respondents were 59% and men 41%. Based on age, the median value was 53 years old. Therefore, respondents were grouped into 2 age groups, namely the age of less or equal to 53 with a total of 52% and the age of more than 53 years with a total of 48%. According to the job distribution, 59% of respondents are not working and 41% of respondents are working. Based on the distribution of education levels, the most respondents were 35% of college graduates, 30% of high school graduates, 21% of elementary school graduates and 14% of 14% of junior high school graduates. Based on the type of payment, 95% of respondents use health insurance (BPJS). Based on the distribution of the number of visits, the median value is obtained 5 times. So based on the number of visits respondents are divided into 2 groups, namely respondents with a frequency of visits 1-5 times by 59% and respondents with a frequency of visits more than 5 times by 41%.

Univariate Analysis of Patient Satisfaction Overview

Analysis of the general picture of patient satisfaction at the neurology polyclinic of Mohammad Natsir Hospital as follows:

Table 2. Patient Satisfaction Overview

Patient Satisfaction	**f**	**%**
Unsatisfied	14	14
Satisfied	86	86
Total	100	100

Based on the table above, it is known that the percentage of patient satisfaction in general with the quality of service at the Neurology Polyclinic of Mohammad Natsir Hospital is 86%.

Bivariate Analysis of the Relationship of Service Quality to Patient Satisfaction

Analysis of the Relationship of Reliability Dimensions to Patient Satisfaction

Table 3. Percentage of Patient Satisfaction with *Reliability* Dimensions

No.	Question	%	Classification
1.	Outpatient waiting time ≤ 60 minutes (from registered patient to doctor-serviced)	61	Unsatisfied
2.	The nurse provides information about the examination to be performed to the patient	97	Satisfied
3.	Nurses skilled in performing services	98	Satisfied
4.	The doctor performs the examination well to the patient	97	Satisfied

5.	The doctor provides information regarding the patient's illness	94	Satisfied

From all the items of questions regarding the reliability dimension, it was found that outpatient wait time satisfaction was only 61%. This indicates that the patient is not satisfied with this dimension. The outpatient waiting time at the Neurology Polyclinic of Mohammad Natsir Hospital exceeds the standard set by the National System of Hospital Accreditation (SNARS) of 60 minutes. The length of the outpatient waiting time is due to the length of time the patient's status comes to the polyclinic and the length of time the specialist doctor comes to the polyclinic. The causes of the length of time the patient's status comes to the polyclinic include: the slow work of medical record officers in seeking status, the status of patients who are scattered because they are still in the treatment room, and the status of missing patients. Meanwhile, the cause of the length of time the specialist doctor comes to the polyclinic is caused by the delay in the doctor coming to the hospital, and the obligation of the specialist doctor to conduct an examination of the inpatient (visite).

Table 4. The Relationship of *Reliability* Dimensions to Patient Satisfaction

Category Reliability	Patient Satisfaction				Total		*p-value*
	Unsatisfied		Satisfied				
	f	%	*f*	%	*f*	%	
Not *Reliable*	49	98	1	2	50	100	
Reliable	8	16	42	84	50	100	0,001
Total	57	57	43	43	100	100	

From the table above, it is known that 42 (84%) respondents were satisfied with the service because it was reliable and 1 (2%) respondents who were satisfied with the service rated the service as unreliable. Statistically, it was found that there was a relationship between the reliability dimension and patient satisfaction with a p-value of 0.001.

The results of this study are the same as the research of Ayu Aulia Septiani (2015), it was found that there was a relationship between the dimensions of reliability of outpatient health services and patient satisfaction at the Poncol Semarang Health Center with a p-value of 0.017. The results of this study are also the same as the research of Maya Dewi Hanggraningrum (2017), there is a positive and significant relationship between the reliability variable and outpatient satisfaction at Dr. Soegiri Lamongan Hospital with a result of 5,888 and a p-value of 0.001. The results of this study are in line with the research of Ronal Riandi (2018), it was found that there is a relationship between the dimensions of reliability and outpatient satisfaction at the Wonorejo Samarinda Health Center with a p value of 0.015. The results of the study by Rita Juniarni Gultom et al (2021) also concluded that there is a significant relationship between the reliability dimension and outpatient satisfaction at Bhayangkara Hospital TK III Tebing Tinggi with a p-value of 0.001. However, the results of this study are

different from the research of Djeinne Thresye Pangerapan et al (2018), namely there is no relationship between reliability and patient satisfaction at the Internal Medicine Polyclinic of GMIM Pancaran Kasih Manado Hospital.

Analysis of the Relationship of Assurance Dimensions to Patient Satisfaction

Table 5. Percentage of Patient Satisfaction with *Assurance* Dimensions

No.	Question	%	Classification
1.	The ability of patient reception counter nurses in serving patient queues is good	93	Satisfied
2.	Nurses and doctors give patients the opportunity to ask questions	97	Satisfied
3.	The creation of a safe and peaceful atmosphere in the hospital environment	96	Satisfied
4.	Creation of a family atmosphere between patients, nurses and doctors	95	Satisfied
5.	Doctors are able to give the patient a sense of confidence to recover	97	Satisfied

All items of inquiry regarding the assurance dimension were found that the value was more than 90% which indicates that the patient is satisfied with this dimension. The highest value is seen in the question item, namely doctors and nurses give the patient the opportunity to ask questions and the doctor is able to give the patient confidence to recover.

Table 6. The Relationship of Assurance Dimensions to Patient Satisfaction

Category Assurance	Patient Satisfaction				Total		*p-value*
	Unsatisfied		Satisfied				
	f	%	*f*	%	*f*	%	
No *Assurance*	7	50	7	50	14	100	
Assurance	6	7	80	93	86	100	0,001
Total	13	13	87	87	100	100	

From the table, it is known that 80 respondents (93%) were satisfied because of assurance services and 7 respondents (50%) who were satisfied rated the service as not assurance. Statistically, it was found that there was a relationship between the assurance dimension and patient satisfaction with a p-value of 0.001.

The results of this study are in line with the research of Maya Dewi Hanggraningrum et al (2017), there is a positive and significant relationship between the assurance variable and outpatient satisfaction at Dr. Soegiri Lamongan Hospital with a t count result of 3,806 and a p-

value of 0.001. The results of this study are also the same as Ronal Riandi's research (2018), which found a relationship between patient satisfaction and quality assurance services with a p-value of 0.017. The results of the study of Rita Juniarni Gultom et al (2021) also found that there is a relationship between the dimensions of assurance and patient satisfaction with a p-value of 0.019. However, the results of this study are different from the research of Djeinne Thresye Pangerapan et al (2018), namely, there is no relationship between guarantees and patient satisfaction at the Internal Medicine Polyclinic of GMIM Pancaran Kasih Manado Hospital.

Analysis of the Relationship of Tangibles Dimensions to Patient Satisfaction

Table 7. Percentage of Patient Satisfaction with *Tangibles* Dimension

No	Question	%	Classification
1.	Poly neurology patient reception counter in a clean and comfortable state	93	Satisfied
2.	Clean neurological poly waiting room	96	Satisfied
3.	Seating in the poly neurology waiting room is sufficient	78	Unsatisfied
4.	Poly neurology examination room is clean and comfortable	96	Satisfied
5.	Nurses dressed neatly and cleanly	91	Satisfied
6.	Specialist doctor dressed neatly and cleanly	90	Satisfied

Of all the question items regarding the dimensions of tangibles, there is a low-value question item, namely the question about the number of seats in the waiting room of the neurological polyclinic. Patient satisfaction for this item is only 78%, meaning that patients feel that the number of seats in the neurology polyclinic is still lacking. This happens because of the accumulation of patients due to long queues.

Table 8. The Relationship of *Tangibles* Dimensions to Patient Satisfaction

Tangible Categories	Patient Satisfaction				Total		*p-value*
	Unsatisfied		Satisfied				
	f	%	*f*	%	*f*	%	
Not *Tangible*	6	100	0	0	6	100	
Tangible	41	43,6	53	56,4	94	100	0,009
Total	47	47	53	53	100	100	

From this, it was found that 41 respondents (43.6%) rated dissatisfied with tangible services and services. Meanwhile, 6 respondents (100%) rated the service as dissatisfied and

unsustainable. Statistically, it was found that there was a relationship between the tangible dimension and patient satisfaction with a p value of 0.009.

This is in line with the results of Ayu Aulia Septiani's research (2015), it was found that there is a relationship between the tangible dimensions of outpatient health services and patient satisfaction at the Poncol Semarang Health Center with a p-value of 0.043. The results of this study are the same as the research of Maya Dewi Hanggraningrum et al (2017), there is a positive and significant relationship between the assurance variable and outpatient satisfaction at Dr. Soegiri Lamongan Hospital with a calculated result of 2,257 and a p-value of 0.025. The results of this study are also in line with the research of Novagita Tangdilambi (2019), there is a relationship between physical evidence to outpatient satisfaction with a p-value of 0.001. The results of the study of Rita Juniarni Gultom (2021), also found that there was a significant relationship between the physical evidence dimension with patient satisfaction with a p-value of 0.004.

Analysis of the Relationship of Empathy Dimensions ***to Patient Satisfaction***

Table 9. Percentage of Patient Satisfaction with *Empathy* Dimension

No.	Question	%	Classification
1.	Health workers are always friendly and polite in serving patients	97	Satisfied
2.	Health workers pay attention to patients	95	Satisfied
3.	Health workers care for patients	95	Satisfied

From all question items regarding the empathy dimension, it was found that the patient satisfaction score was more than 90% with the highest score lying in the question, namely the officer was friendly and polite to the patient.

Table 10. The Relationship of the Empathy Dimension to Patient Satisfaction

Categories Empathy	Patient Satisfaction				Total		*p-value*
	Unsatisfied		Satisfied				
	f	%	*f*	%	*f*	%	
No *Empathy*	12	100	0	0	12	100	
Empathy	1	1,1	87	98,9	88	100	0,001
Total	13	13	87	87	100	100	

From the table above, it is known that 87 respondents (98.9%) were satisfied because the service was empathy and none of the respondents were satisfied to rate the service as not empathy. Statistically, there is a relationship between the empathy dimension and patient satisfaction with a p-value of 0.001.

The results of this study are in line with the research of Maya Dewi Hanggraningrum (2017), there is a positive and significant relationship between *the empathy* variable and outpatient satisfaction at Dr. Soegiri Lamongan Hospital with F count results of 123,480 and *p value* of 0.001. The results of Ronal Riandi's research (2018) found a relationship between patient satisfaction and empathy service quality with *a p-value* of 0.014. The results of the study by Rita Juniarni Gultom (2021), also found that there is a relationship between the dimension of empathy and patient satisfaction with a p-value of 0.036. However, neovagina Tangdilambi's research (2019) found that there was no relationship between friendly attitudes toward outpatient satisfaction with *a p-value* of 0.353.

Analysis of the Relationship of Responsiveness Dimensions to Patient Satisfaction

Table 11. Percentage of Patient Satisfaction with *The Responsiveness* Dimension

No.	Question	%	Classification
1.	Poly neurology patient reception counters serve quickly	96	Satisfied
2.	Poly neurology nurses skilled at work	99	Satisfied
3.	The doctor's skills in examining patients are good	96	Satisfied

From all the question items regarding the responsiveness dimension, it was found that the average patient satisfaction value was 97% which indicates that the patient is satisfied with this dimension. The highest score (99%) was found in the question item: poly neuro nurses skilled at work.

Table 12. The Relationship of *Responsiveness* Dimensions to Patient Satisfaction

Responsiveness Categories	Patient Satisfaction				Total		*p-value*
	Unsatisfied		Satisfied				
	f	%	*f*	%	*f*	%	
Not *Responsive*	9	100	0	0	9	100	0,001
Responsive	0	0	91	100	91	100	
Total	9	9	91	91	100	100	

From the table above, it is known that 91 respondents (100%) were satisfied because the service was responsive, and none of the respondents who were satisfied rated the service as not responsive.

Statistically, it was found that there was a relationship between the responsiveness dimension and patient satisfaction with a p-value of 0.001.

The results of this study are in line with the research of Ayu Aulia Septiani (2015), it was found that there is a relationship between the dimension of responsiveness of outpatient health services and patient satisfaction at the Poncol Semarang Health Center with a p-value of 0.024. The results of the research by Djeinne Thresye Pangerapan (2018) showed that there was a relationship between responsiveness and patient satisfaction at the Internal Medicine

Polyclinic of GMIM Pancaran Kasih Manado Hospital with a p-value of 0.047. In the Novagita Tangdilambi study (2019), it was also found that there was a relationship between responsiveness to outpatient satisfaction with a p-value of 0.00. In Hasbina Wildani's research (2020), there is a relationship between responsiveness and outpatient satisfaction with a p-value of 0.001.

Multivariate Analysis of the Relationship of Service Quality Dimensions to Patient Satisfaction

Table 13. Relationship of *Dimensions of Reliability, Assurance, Tangible, Empathy, and Responsiveness* with Patient Satisfaction

Dimension	BE	Wald	Sig.	Exp (B)
Reliability	4,056	5,045	0,025	57,714
Assurance	3,381	5,386	0,020	29,413
Tangibles	3,680	0,617	0,423	39,631
Empathy	3,231	4,009	0,045	25,294
Responsiveness	4,299	8,922	0,003	73,635
Constant	-23,634	12,973	0,001	0,001

Based on multiple logistic l regression tests conducted on the five dimensions of service quality and their relationship with patient satisfaction found that all dimensions had a p-value of < 0.05. That is, statistically, the five dimensions have a significant influence on patient satisfaction. Table 13 shows that the dimension of service quality most dominantly affects patient satisfaction is the responsiveness dimension (p-value = 0.003). Statistically, the responsiveness dimension has the greatest relationship with patient satisfaction. The responsiveness dimension has an Exp (B) or odds ratio of 73,635 meaning that the responsiveness dimension will increase patient satisfaction by 73,635 times. Patients highly value the speed and skill of officers in providing services so as to avoid mistakes in the services they receive.

CONCLUSION

Based on the results of research and discussion on the relationship between the dimensions of service quality and patient satisfaction at the Neurology Polyclinic of Mohammad Natsir Hospital, conclusions can be drawn, namely: there is a relationship between the dimensions of reliability (reliability) and patient satisfaction, there is a relationship between the dimensions of assurance (guarantee) and patient satisfaction, there is a relationship between the dimensions of tangibles (physical evidence) and patient satisfaction, there is a relationship between dimensions empathy (empathy) with patient satisfaction, there is a relationship between the dimension of responsiveness and patient satisfaction, and the dimension that most affects patient satisfaction at the Neurology Polyclinic of Mohammad Natsir Hospital is the dimension of responsiveness.

REFERENCES

Ariany, Rusdarini, & Sitriwanti, M. (2020). *Community Satisfaction Survey (SKM) Activity Report of Mohammad Natsir Hospital.* Solok.

Gaspersz, V. (2007). *TOPS-Team Oriented Problem Solving-A Creative Guide To Problem Solving To Success.* Jakarta: Gramedia Pustaka Utama.

Gultom, R. e. (2021). The Relationship between Health Service Quality and BPJS Patient Satisfaction at Bhayangkara Hospital TK III Tebing Tinggi. *Journal of Healthcare Technology and Medicine, 7(2),* 1281-1296.

Hanggraningrum, M., Hariyanti, T., & Rudijanto, A. (2017). The Effect of Service Quality on Outpatient Satisfaction of Dr. Soegiri General Hospital Lamongan. *Journal of Applied Management, 15 (4),* 643-648.

Faith, A., & Lena, D. (2017). *Health Information Quality Management I: Quality Assurance.* Jakarta: Ministry of Health of the Republic of Indonesia.

Imron. (2019). Analysis of the Effect of Product Quality on Consumer Satisfaction Using Quantitative Methods on CV. Furniture Blessings Tangerang. *Indonesian Journal on Software Engineering, 5(1),* 19-28.

Irbantoro, D., Dewanto, A., & Rachmi, A. (2015). The Effect of Service Quality on Inpatient Satisfaction at Batu City Hospital. *Journal of Management Applications,13(1),* 158-165.

Lubis, A., & Andayani, N. (2017). The Effect of Service Quality on PT. Sucofindo Batam. *Journal Of BUsiness Administration, 1(2),* 232-243.

Mulyawan, R. (2016). *Bureaucracy and Public Service.* Bandung: UNPAD Press.

Mumu, L., Kandou, G., & Doda, D. (2015). Analysis of Factors related to Patient Satisfaction at the Internal Medicine Polyclinic of RSUP Prof.Dr. R.D Kandou Manado. *UNSRAT Journal of Public Health Sciences,5(4).*

Pane, D., & Purba, T. (2020). Effect of Product Quality, Service Quality and Consumer Trust on Buying Interest on Bukalapak E-Commerce Site. *Scientific Journal of Cohesion, 4(3),* 156-167.

Pangerapan, D., Palandeng, O., & Rattu, A. (2018). The relationship between Service Quality and Patient Satisfaction at the Internal Medicine Polyclinic of GMIM Pancaran Kasih Manado General Hospital. *Journal of Clinical Medicine,2 (1),* 9-17.

Permenkes. (2020). *Permenkes number 3 on the classification and licensing of hospitals.* Picked april 2021, from http://www.hukor.kemkes.go.id

Ramadan, B., Rahmiati, & Maulana, A. (2019). The Effect of Service Quality on Inpatient Satisfaction at Semen Padang Hospital. *Journal of Management and Entrepreneurial Studies, 1(1),* 314-322.

RI, KEMENTERIAN KHEALTH. (2021). *Number of General Hospitals, Special Hospitals, Puskesmas, Primary Clinics and Posyandu by Province 2021*. Plucked 2022, from www.bps.go.id.

Riandi, R. (2018). *The Relationship between Health Service Quality and Outpatient Satisfaction at Puskemsmas Wonorejo Samarinda in 2018*. Picked April 2022, from http://www.umkt.ac.id

Sastroasmoro, S., & Ishmael, S. (2014). *Fundamentals of Clinical Research Methodology 5th Edition.* Jakarta: Sagung Seto.

Septiani, A. (2015). *Relationship between the Quality of Outpatient Health Services and the Status of General Patient Satisfaction at the Poncol Health Center Semarang.* Picked April 2022, from http://www.unnes.ac.id

Sesrianty, V., Machmud, R., & Yeni, F. (2019). Analysis of Patient Satisfaction with the Quality of Nursing Services. *Journal of Pioneer Health, 6(2),* 116-126.

Suratri, M., Suryati, T., & Edwin, V. (2018). Patient Satisfaction with the Quality of Hospital Outpatient Services in 7 Provinces in Indonesia. *Health Research Bulletin, 46 (4),* 239-246.

Tangdilambi, N., Badwi, A., & Alim, A. (2019). The Relationship between Health Service Quality and Outpatient Satisfaction at Makassar Hospital. *Journal of Health Management Dr. Soetomo Hospital, 5(2),* 165-181.

Tjiptono, F., & Gregory, C. (2016). *Service Quality and Satisfaction Edition 4.* Yogyakarta: Andi.

Wijono, D. (1999). *Health Service Quality Management.* Surabaya: Airlangga University Press.

Wildani, H., Badiran, M., & Hadi, A. (2020). The Relationship between the Quality of Outpatient Health Services and the Level of Patient Satisfaction of National Health Insurance Participants at Muhammadiyah Hospital, North Sumatra. *Journal of Public Health Communities, 1(2),* 7-18.