The effect of Health service quality by using service quality dimension on the customer satisfaction at Balongsari Health Center

by Falih Suaedi

THE EFFECT OF HEALTH SERVICE QUALITY BY USING SERVICE QUALITY
DIMENSION ON THE CUSTOMER SATISFACTION AT BALONGSARI HEALTH CENTER

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ABSTRACT

One of the indicators to measure the quality of health service is by observing customer satisfaction. Besides that, it could be used as a standard for a health center. The result of satisfaction level measurement leads to the dimension, characteristics, and indicators which make the patient feel satisfied or not towards the service by the health center officer. Thus, the health center officer could know and progress or improve if there is a service that is not satisfying according to the patient's point of view and maintain the good service. This study aims to obtain an overview of customer satisfaction level by using five dimensions of service quality, which are tangible, reliability, responsiveness, assurance, and empathy. This study was explanatory research with quantitative approach. The data sample was 73 by using a random sampling method. The data analysis used univariate descriptive analysis. Importance-performance test and the Cartesian diagram were used to observe the level of conformity between the expectation and reality of service quality. The result of the descriptive analysis showed that the satisfaction level of the customer based on the average dimension was very satisfied. The result of the importance-performance test showed that the assurance dimension should be improved, which was the skill of the officer on doing the job and empathy dimension which was the doctor should know the patient who comes to get treatment.

KEY WORDS

Service quality, importance-performance analysis, health service quality, patient satisfaction, public service.

A good health service is one of the points which help in building health because the healthy society will lead to good human resource quality. Based on Constitution No.25 year 2000 about national development program year 2000-2004. It mentioned that the main aim of health means program is successful management of health service and affordable for everyone. The aim of that program is the availability of basic health service organized by Health Center "Puskesmas" and a reference (follow up at a hospital) for state or private hospital supported by the society. It is already regulated in Permenkes No. 75 year 2014
about performing health service so that all the officers could do the service based on the determined standards. There are some health center accreditation based on Permenkes No. 46 year 2015, which are unaccredited, basic accredited, middle accredited, good accredited, and excellent accredited. Surabaya city has 63 health centers in total, but not all of them has an accreditation.

From 35 health centers, there are only two health centers with excellent accreditation, which are Balongsari Health Center and Sememi Health Center. To increase their health service, The Health ministry gives awards to the health center that has more dedication to the health field each year. From several health centers in Surabaya city, Balongsari Health Center got the second rank as Achieving First Level Health Facility nationally in 2016 in the category of excellent accreditation. This achievement made Surabaya city proud, especially Balongsari Health Center. This achievement could encourage the other health centers in Surabaya city to improve their health service. By using the ServQual Method, it is expected to know the effect of health service quality towards the customer satisfaction in Balongsari Health Center to obtain a good achievement.

Table 1 – The List of Health Center Accreditation in Surabaya

No	Health Center Name	Accreditation Status
1	Sememi Health Center	EXCELLENT
2	Gayungan Health Center	BASIC
3	Tambak Rejo Health Center	MIDDLE
4	Balongsari Health Center	EXCELLENT
5	Simomulyo Health Center	GOOD
6	Sawahan Health Center	MIDDLE
7	Tanah Kali Kedinding Health Center	MIDDLE
8	Jagir Health Center	MIDDLE
9	Dupak Health Center	GOOD
10	Pucang Sewu Health Center	GOOD
11	Gunung Anyar Health Center	GOOD
12	Medokan Ayu Health Center	GOOD
13	Keputih Health Center	GOOD
14	Manukan Kulon Health Center	GOOD
15	Gading Health Center	MIDDLE
16	Ketabang Health Center	MIDDLE
17	Krembangan Selatan Health Center	GOOD
18	Kenjeran Health Center	MIDDLE
19	Klampis Ngasem Health Center	MIDDLE
20	Kalijudan Health Center	GOOD
21	Wiyung Health Center	MIDDLE
22	Benowo Health Center	MIDDLE
23	Bulak Banteng Health Center	MIDDLE
24	Kebonsari Health Center	MIDDLE
25	Pegirian Health Center	GOOD
26	Tambakrejo Health Center	MIDDLE
27	Jeruk Health Center	GOOD
28	Tenggilis Health Center	MIDDLE
29	Gayungan Health Center	BASIC
30	Tanjungsari Health Center	MIDDLE
31	Simomulyo Health Center	GOOD
32	Putat Jaya Health Center	MIDDLE
33	Tanah Kalikedinding Health Center	MIDDLE
34	Dupak Health Center	GOOD
35	Pegirian Health Center	GOOD

Source: website dinkes.surabaya.go.id Data, processed.

METHODS OF RESEARCH

This study used questionnaires distributed directly to the respondents. It used a simple random sampling, which was a technique that gives the same chance to each part of the population to be selected as a sample (Sugiyono, 2009:122). The sample in this study were 73 respondents and they were outpatient of Balongsari Health Center. The basic concepts used in this study were five dimensions of SERVQUAL from Parasuraman et al. in Tjiptono (2007), namely Tangible, Reliability, Responsiveness, Assurance, and Empathy. The data analysis techniques were Descriptive Analysis, Importance-Performance Analysis, and Cartesius Diagram.

RESULTS OF STUDY

A validity test was performed to observe the respondents' answer level so that the study instrument measurement could be done precisely. This study involved 73 respondents with an R table value of 0.227. The study data showed that each question on every variable stated as valid if the R calculate is bigger than the R table. The result was shown in Table 2. The reliability is an index that shows consistency and stability of result value from a measurement. A study instrument is stated as reliable if the instrument is consistent on giving the rating on what it is measured. The result of reliability test on every variable on the

service quality; tangible, reliability, responsiveness, assurance, dan empathy, was shown in Table 3.

Table 2 – Validity Test

No	R Table	R Calculate		Validity Test
		Expectation	Reality	
Tangible Variable (X1)				
1	0.227	0.851	0.886	Valid
2	0.227	0.914	0.952	Valid
3	0.227	0.888	0.932	Valid
4	0.227	0.817	0.944	Valid
5	0.227	0.764	0.912	Valid
Reliability Variable (X2)				
1	0.227	0.861	0.887	Valid
2	0.227	0.823	0.899	Valid
3	0.227	0890	0.893	Valid
4	0.227	0.765	0.842	Valid
5	0.227	0.868	0.894	Valid
6	0.227	0.747	0.869	Valid
Responsiveness Variable (X3)				
1	0.227	0.778	0.795	Valid
2	0.227	0.859	0.922	Valid
3	0.227	0.833	0.859	Valid
4	0.227	0.850	0.876	Valid
5	0.227	0.847	0.894	Valid
Assurance Variable (X4)				
1	0.227	0.835	0.884	Valid
2	0.227	0.789	0.856	Valid
3	0.227	0.876	0.854	Valid
4	0.227	0.916	0.901	Valid
5	0.227	0.799	0.848	Valid
Empathy Variable (X5)				
1	0.227	0.817	0.856	Valid
2	0.227	0.874	0.905	Valid
3	0.227	0.733	0.824	Valid
4	0.227	0.811	0.876	Valid
5	0.227	0.840	0.907	Valid
6	0.227	0.907	0.889	Valid
7	0.227	0.725	0.856	Valid

Table 3 – Reliability Test

Variable	Coefficient of Alpha Cronbach's		Result
	Expectation	Reality	
Tangible (X1)	0.904	0.957	Reliable
Reliability (X2)	0.903	0.941	Reliable
Responsiveness (X3)	0.888	0.918	Reliable
Assurance (X4)	0.897	0.918	Reliable
Empathy (X5)	0.915	0.948	Reliable

The reliability item was tested to observe the alpha coefficient value whether it is bigger or smaller than the R table by using reliability analysis. Table 3 showed that the Tangible variable (X1) was reliable with expectation and reality alpha coefficient of 0.904 and 0.957, respectively. The Reliability variable (X2) was reliable with expectation and reality alpha coefficient of 0.903 and 0.941, respectively. The Responsiveness variable (X3) was reliable with expectation and reality alpha coefficient of 0.888 and 0.918, respectively. The Assurance variable (X4) was reliable with expectation and reality alpha coefficient of 0.897 and 0.918, respectively. The Empathy variable (X5) was reliable with expectation and reality

alpha coefficient of 0.915 and 0.948, respectively. It is concluded that all the results were reliable.

The variable of service quality was measured in five dimensions, which are tangible, reliability, responsiveness, assurance, and empathy. The result of suitability average between expectation and reality of dimension of service quality altogether.

Table 4 – Suitability of Expectation and Reality

Item	Expectation	Reality	X	Y	Suitability (%)
Tangible	766	679	9,30	10,49	88,65
Reliability	959	857	11,73	13,13	89,33
Responsiveness	787	687	9,41	10,78	87,29
Assurance	794	708	9,69	10,87	89,14
Empathy	1172	1012	13,86	16,05	86,35
Item	y	x	( )	( )	( )
			10,79	14,36	75,13

The average of expectation value (y) and reality value (x) on Table 3 was used for determining the quadrant position on Cartesian diagram in Figure 1.
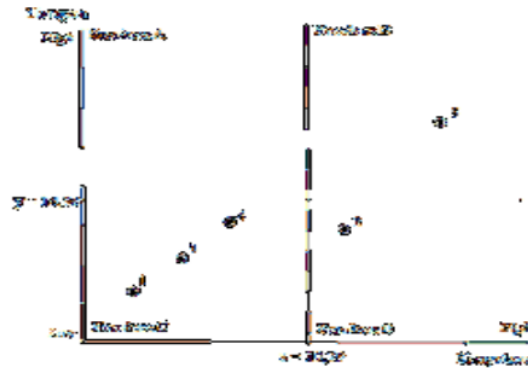

Figure 1 – Cartesian Diagram of Service Quality Variables

DISCUSSION OF RESULTS

Ovreveit in Sundari (2014) stated that quality in health service consists of consumer quality (related to whether the service fits the patient's desire or not), professional quality (related to whether the service could fulfill the patient's need as diagnosed by the professional), and management quality (related to the service that is given without waste and mistakes, affordable, and met the official and other regulations).

One of the main elements in measuring the service through customer satisfaction is customer feeling that is happy or disappointed originated from the ratio between the result (impression) from a product and their expectation (Kotler, 1997:36). To measure the ratio between expectation and reality, the service could be done by using importance-performance analysis or the analysis of customer satisfaction and the work of service officer to obtain suitability level between expectation and reality of service quality (Supranto, 2004 in Suhardi, 2009). The customer satisfaction was also determined by the service quality from five dimensions of the gap, which is the discrepancy of perceived service and expected service. If it is positive, then the service quality fits the expectation and on the contrary, if it is negative, the service quality does not fit the expectation.

Table 3 showed that the suitability between expectation and reality of service quality variable from five dimensions had high suitability above 80%. The highest percentage of suitability was 89.33%, reliability variable and the lowest percentage of suitability was

86.35%, empathy variable. The total suitability of service quality was in the middle category, which was 75.13%. It was obtained from the average of five dimensions of service quality variables.

Figure 1 showed the Cartesian diagram based on the placement of service quality variables and grouped based on the average of expectation and reality value. It was positioned in the diagram in one of four quadrants. There was no health service quality found at Quadrant A in this study. There was one variable found in Quadrat B, which was empathy variable and one in Quadrant D, which was reliability. Most of the variables were in Quadrant C, which were tangible, responsiveness, and assurance.

The result of importance-performance analysis showed that there was suitability between the expectation and reality of service quality variables altogether with an average percentage of 75.13, that belongs to middle suitability. Thus, the Balongsari Health Center was satisfying enough.

CONCLUSION

Based on the study conducted by using questionnaire with 73 respondents, it concluded that the suitability between the expectation and reality of health service quality in Balongsari Health Center in Surabaya were tangible (88.65%), reliability (89.33%), responsiveness(87.29%), Assurance (89.14%), and empathy (86.35%). There was no service quality variable found on Quadrant A. Empathy variable was on Quadrant B, Reliability variable was on Quadrant D, and the rest of the variables were on Quadrant C.

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