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by Tineke Wolok

Model Design of Influence of Service Quality on Customer Satisfaction in Regional General Hospitals in Gorontalo Province

Rizan Machmud[1], Tineke Wolok[2]
Universitas Negeri Gorontalo[1,2]
Jl. Jend. Sudirman No.6, Dulalowo Tim., Kota Tengah, Kota Gorontalo, Gorontalo 96128
Correspondence Email: rizan@ung.ac.id

ABSTRACT

This study aims to determine the model design of influence of service quality on customer satisfaction at Regional General Hospitals (RSUD) in Gorontalo Province. This research believes that the quality of service remains the biggest problem demanding a pattern of services to increase customer satisfaction hindering the government-owned hospital to compete with other private hospitals. This study uses AHP analysis to formulate the interest weights of various factors as the basis for the formulation of the design model, and SWOT analysis to formulate strategies by considering the importance of those factors grouped into strength (S), weakness (W), opportunities (O), and threats (T). While, the results of AHP analysis were used as the basis for each factor weighting. This study findings conclude that model design of the influence of service quality on patient satisfaction at Regional General Hospitals (RSUD) in Gorontalo Province indicating higher weight, sequentially, on assurance, tangibility, empathy, reliability, and responsiveness. Those all, undoubtedly, are essential aspects to cover as the hospitals deliberately attempt to gain patient's satisfaction. The SWOT analysis highlights that, in addition to its affordable costs and cleanliness, the hospitals were excellent as the doctors and nurses were outwardly appealing, quick-responding, kind-hearted, and communicative. The hospital weakness lies on its lack of cutlery's cleanliness standards, unkempt inpatient rooms, nurse-doctor's sluggish coordination, ignorance, specialist unavailability, and doctors' and nurses' incompetence. Externally, the hospital could highly grasp ample opportunities. The hospitals are referral hospitals for small communities. Their good reputation leads the public to put their trust as the population remains exponentially growing. In addition to pharmacy, the hospitals are formally accredited allowing their quality service enhancement. However, the hospitals should consider other private hospitals, customer dissatisfaction, and science and technology development as threats to their sustainable excellent service.

Keywords: Service, Satisfaction, Regional General Hospital

INTRODUCTION

Health becomes the most recent international issue as Intrahealth International annually release a list of global health issues demanding our careful attention due to newly emerging diseases and continual waves of our health systems. This common issue has also dogged Indonesia Government as seen from the inadequate health infrastructures. In Indonesia, hospital industry as one of the health-care providers continues to grow along with the impressive population growth and unrestricted public access to health

facilities. This has been fostering hospitals to continually live up their positive brand image among the people. Currently, there are a total of 2.270 hospitals in Indonesia, 849 of which are state-owned hospitals, 723 units are non-profit private hospitals, 631 units are private hospitals, and 67 units are state-owned enterprises' hospitals. Their 7% growth in 2010-2015 implied the intense competition among those hospitals (Ministry of Health).

A hospital is a large health provider for public. Along with their development, as an institution engaged in public health services, it evolves. At the beginning of its evolution, it is a social institution. However, since private hospitals multiplies in number, it refers more to an industry providing service with a business-entity-like management. This could make tough competition among those hospitals to call public attention unavoidable.

Gorontalo Province, in 2014, had 12 hospitals, comprising 9 Regional General Hospital (RSDU), 3 private hospitals, 2 public hospitals and 1 maternity hospital. Five hospitals of Local Community Service Agencies (BLUD) are (1) BLUD Prof. DR. Aloe Saboe Gorontalo Hospital; (2) BLDU MM Dunda Limboto Hospital; (3) BLDU Boalemo Farmers and Fishermen Hospital; (4) BLDU Pohuwato Hospital; and (5) BLDU Toto Kabila Hospital. Four Regional General Hospitals (RSUD) are Hasri Ainun Habibie Gorontalo Province Hospitals, Otanaha Hospital, Tombulilato Hospital, and Zainal Umar Hospital. Four private hospitals are Bunda Hospital, Multazam Hospital, Gorontalo Islamic Hospital, and Siti Khadija Hospital.

The indicators used to assess hospital development are infrastructures and facilities measured by counting hospital beds against total population ratio. The ratio of government hospital beds based on the 2014's Medium-Term Development Plan targets (RPJMD) of Gorontalo Province is one bed per 750 inhabitants, with a total population of 1.144.586 people. This means that 1 (one) bed could meet the target to occupy 750 people per year. The higher the ratio, the higher the hospital ability to provide patients with its facilities. This implies that the service quality of hospitals remains low and could not possibly satisfy consumer's need, thus requiring hospitals to constantly improve their quality service. Other indicators of poor-quality service customers bitterly complain are the lack of available facilities, limited number of doctors, unfriendly nurses, inadequate medicine, dirty and insufficient impatient rooms.

Regional General Hospitals should rise the challenge of improving the quality service. Belonging to Local Governments focusing not only on how to serve but also to gain profit, they need to be well prepared since private hospitals with better service commitment come onto the market. Excellent service may lead customers to once more use the service when they need. This indicates their satisfaction.

A comprehensive research is beneficial to investigate this service inadequacy. This paper seeks to propose a model design of service quality influence on customer satisfaction in Regional General Hospitals (RSUD) in Gorontalo Province, and determine leading factors as well as efforts as frame references of that model design.

Service Quality
Quality is filled with various definition as it encompasses universal (common sense), cultural (depending on cultural value), social (created by socio-economic, ethnic, family

and colleague status), and personal (individual preference) condition. Simply, quality refers to defect-free products. In other words, products should meet some predetermined standards (definable, observable, and measurable targets, and goals or prerequisites) (Tjiptono, et al., 2008). However, this manufacturing-based definition is less relevant for service sector. Therefore, the definition of quality is then expanded into fitness for use and conformance to requirements. Quality reflects all product offering dimensions that yield benefits to customers. Value is frequently used to define the relative quality of a product in relation to its price.

In marketing service, the dimensions of quality most regularly referred to are reliability, responsiveness, assurance, empathy, and tangibles. Reliability is the ability to provide promised service immediately, accurately and satisfactorily. Responsiveness is employees' desire and willingness to help customers and provide responsive services. Assurance includes knowledge, competence, courtesy and trustworthiness of employees, free from physical harms, risks and doubts. Empathy comprises ease of establishing relationships, effective communication, personal attention, and understanding of customer's individual needs. Tangibles includes material facilities, equipment, employees, and means of communication.

Service Quality Measurement Challenges
Compared to the quality of goods, service quality is much harder to define and measure. As quality measures and control have been developed and applied to physical goods, the same efforts for service aspects are still intensified. Heretofore, there is no universal consensus on the best way to measure service quality, as yet, three consensuses that have been reached are:
1. Service quality is a total attitude or assessment of service superiority;
2. Service quality is unlike customer satisfaction; and
3. The dimensions of offline and online service quality are different.

Nisjar (1997) mentioned various service characteristics which service provider companies must have. They are:
1. Service procedures must be easy to understand and simple to implement. This is to avoid complex, excessive, and convoluted bureaucratic procedures;
2. Services should be clear and certain to provide consumers with clarity or certainty in receiving these services;
3. Efforts are consistently made to effectively and efficiently provide services;
4. Providing services means providing speed;
5. Consumers can easily and openly obtain various information at their convenience;
6. In various activities, either technical or administrative, consumers are still treated with the adage "Customer is a king and customer is always right".

Goeth and Davis defined quality as a dynamic condition of products, services, people, processes and the environment satisfying and exceeding the expectations (Tjiptono, 2000: 251). According to Parasuraman, Zeithaml, and Berry, (1994) service quality is a form of consumers' assessment they receive (perceived service) as they expect (expected service).

Customer Satisfaction

Consumer satisfaction is a central concept in business and management discourse. A number of countries have even designed and implemented national consumer satisfaction indexes, including Sweden (since 1989), America (1994), Norway (1996) and Indonesia (1999). Other countries adopting the indexes are Austria, Germany, South Korea, Hong Kong, New Zealand, and Taiwan. Indonesia has even declared a Consumer Satisfaction Day.

Customer satisfaction is crucial for business, government, and consumers. For businesses, satisfaction is perceived as a dimension of market performance. It could lead to long-term and short-term sales growth. It highly will help companies identify their products or services weaknesses impeding them to maintain consumer and government standards. Modifications are suggested to improve the performance, while customer dissatisfaction could help companies strengthen their product competitive through segmentation.

Customer Satisfaction Strategy

Tjiptono & Chandra (2004) proposed at least eight strategies to satisfy customers, including customer expectation management, relationship marketing and management, after-marketing, customer retention, superior customer, technology infusion, complaint handling, and service recovery. Customer expectation management refers to educating customers to truly understand their roles, rights, and to products and or services. Relationship marketing and management focuses on building long-term, mutually beneficial, positive relationships with the company's main stakeholders. After-marketing emphasizes the importance of orientation to current customers as a more cost-effective way to build a profitable business. Customer retention is akin to after-marketing. This strategy seeks to increase customer retention by figuring out why customers move to other service providers. Superior customer is a strategy by offering better service than competitors. The implementation may vary, including internal and external guarantees. Technology infusion strategy seeks to take advantage of technological sophistication to improve and satisfy customer service experiences, in customization and flexibility, improved service recovery, and providers of spontaneous delight. Complaint handling relies on four important aspects, namely empathy for angry customers, speed in handling each complaint, fairness or justice in solving problems, and convenience with which consumers get in touch the company. Service recovery is a strategy to deal with problems and learn from product/service failures, as well as to make improvements of organizational services. The implementation could be in the form of unconditional service guarantee, employee empowerment, quick service failure resolution, and zero defection management strategy.

Challenges of Satisfying Customers

As a form of a customer-focused defensive strategy, Tjiptono & Chandra (2008) suggested efforts to satisfy customers to respond a number of strategic challenges. Customer expectations are dynamic and shaped by many factors, including previous shopping experiences, friend and relative opinions, as well as information and promotion of the companies and competitors. Not all customers share equal value, thus requiring a segmentation strategy to facilitate the selection of specific segments for long-term relationship marketing purposes. However, mind that the relationship is two-way. Simply put, companies are partial to be close friends with customers, however they certainly

choose which companies to make friends with. Strategies to win customer loyalty could bring some harms for companies, particularly if their target is switchable customers. They love to switch companies to find the best deal (the cheapest price, providing the most prizes or the most attractive facilities). Technology to replace, complement and / or add to company services encounters issues of privacy, confidentiality, technology literacy, access and access costs.

RESEARCH METHOD

This research main objective is to design a model of the influence of service quality on customer satisfaction in Regional General Hospitals (RSUD) in Gorontalo Province, as a reference for providing services to their customers. To achieve the objectives, this study was designed by an explanatory descriptive approach. This study was carried out in Regional General Hospitals in five districts and one city in Gorontalo Province.

Types of data examined in this study were primary and secondary data. Primary data sources were obtained from direct observations, questionnaires, and interviews with related parties (community and local government). Secondary data were obtained from government agencies and other official agencies.

This study used AHP Analysis and SWOT Analysis for its methodology. AHP Analysis is basically a functional hierarchy with human perceptions and preferences as its main inputs. Complex and unstructured problems are described into groups or criteria. Variables and components for each criterion and decision alternatives were determined by subjectively assigning numerical values about their relative importance to other variables at their level. This method is to formulate the importance of various factors as the basis for the formulation of model design.

SWOT analysis is used to formulate a strategy by considering importance level of various factors grouped into strength (S), weakness (W), opportunity (O), and threat (T). Meanwhile, the weighting of each factor is based on the results of AHP analysis.

RESULTS AND DISCUSSION

Analytical Hierarchy Process
Interest Weight of Patient Satisfaction
There are five major aspects affecting patient satisfaction as illustrated in the following figure.

Figure 3.1 shows that the most important aspect bringing patient satisfaction is assurance by 0.268. This is definitely relevant to the assurance or certainty manifested in hospitals' knowledge, manners and courtesy, as well as their staffs' ability to foster patient trust. Thus, they need to give more attention to several components, such as internal communication, credibility, security, competence of medical personnel (doctors, nurses and administrative staff), and courtesy or friendliness of the employees.

Model Name: Satisfaction on Regional General Hospitals

Priorities with respect to:
Goal: Service Quality Model of Regional General Hospitals in Gorontalo

Assurance	.268
Tangibility	.190
Empathy	.189
Reliability	.182
Responsiveness	.171

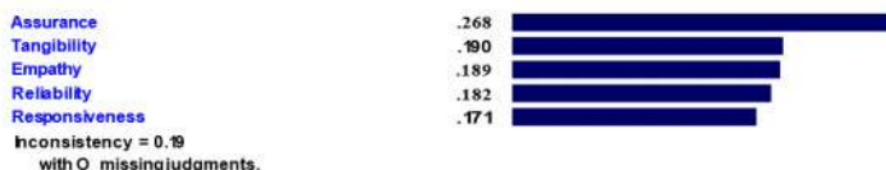Inconsistency = 0.19
  with O missing judgments.

Figure 3.1. AHP Analysis Results of Interest Weight of Patient Satisfaction

At the second place is tangibility (0.190). Tangibility is a physical appearance comprising of hospital infrastructure, employee personal appearance, qualified equipment and technology (Fibrianto, 2011). The physical infrastructure, such as buildings, service rooms, parking lots and clean sanitation, if properly maintained, will certainly increase patient satisfaction. Employee appearance gives a sense of respect and creates comfort. Furthermore, good technology and equipment could increase satisfaction.

The next aspect is empathy (0.189). Hospitals need to carefully respond to patient's physical complaints as the symptoms display. In addition to that, they need to give patients personal attention allowing them to feel loved. To deal with patient's emotions and anger, both nurses and doctors should be cool-minded and empathetic. Therefore, hospitals need to encourage the enthusiasm of medical personnel to spend time listening to patient physical complaints to seek for optimal solution jointly pursued.

Reliability are at the fourth place (0.182). It is the ability to instantly provide the promised service, accurately and satisfactorily. This relates to hospital's ability to provide accurate services and deliver services according to the predetermined time.

The last is responsiveness (0.171). It is employees' willingness to help customers and provide them with responsive services. Health presents its own challenges. Patient satisfaction is closely related to the interaction of hospital employees with patients. The employee's attitude and behavior are easy predictable. When they positively respond, customers will be certainly satisfied and highly recommend to others. The interaction of patients and staff affect the perception of service quality and patient loyalty.

Interest Weight of Tangibility
This aspect comprises seven indicators to asses. They are inpatient room tidiness, doctor's good appearance, comfortable inpatient room, wheelchair/trolley availability, nurse's good appearance, cleanly prepared beds, and clean and good cutleries. Figures 3.2 shows the priorities in order (highest to lowest).

Model Name: Satisfaction on Regional General Hospitals

Priorities with respect to:
Goal: Service Quality Model of Regional General Hospitals in Gorontalo
>Tangibility

Doctor's Good Appearance	.245
Nurse's Good Appearance	.212
Comfortable Inpatient Room	.121
Wheelchair/Trolley Availability	.117
Cleanly Prepared Beds	.108
Clean and Good Cutleries	.108
Inpatient Room Tidiness	.089

Inconsistency = 0.02
with 0 missing judgments.

Figure 3.2. AHP Analysis Results of Interest Weight of Tangibility

Among those seven indicators, doctor's good appearance is the most important indicator by 0.245. This is definitely to which patients pay most attention. Therefore, doctors must continually maintain their clean and tidy appearance when examining patients. The second is nurse's good appearance (0.212). Apart from doctors, nurses almost all the time interact with patients. This makes their physical appearance is important and could provide an optimal satisfaction effect.

The third is comfortable inpatient rooms (0.121). For patients, comfortable inpatient rooms form their own impression. Especially when recovering their illness, room cleanliness and latrine sanitation should be continuously maintained. Wheelchair and trolley availability is the fourth (0.117). This suggests that wheelchairs should be multiplied to meet the needs of increasing patients. It will certainly be an indicator of customer satisfaction. The next indicator is cleanly prepared beds by 0.108. After receiving treatment in the emergency room, patients need a room for the recovery. Therefore, the readiness of beds is a separate assessment for their satisfaction. The next indicator is clean and good cutleries (0.108). Hospitalized patients are provided with food and drink, so that its cutlery cleanliness and hygiene should be maintained. The last indicator is inpatient room tidiness (0.089).

Interest Weight of Reliability

Reliability refers to the ability to provide the promised service. This contains of eight key indicators affecting patient satisfaction. They are doctor's readiness, nurse's proper consultation with doctors on patient's medication and food, doctor's punctuality, doctor's quick respond, nurse's detailed reports on patient's condition, nurse's prescribed medication provision, simple and quick service, and nurse's readiness. Figure 3.3 shows the weight of interest of the eight indicators.

Model Name: Satisfaction on Regional General Hospitals

Priorities with respect to:
Goal: Service Quality Model of Regional General Hospitals in Gorontalo
>Reliability

Doctor's Quick Respond	.202
Nurse's Readiness	.163
Simple and Quick Service	.140
Doctor's Punctuality	.126
Doctor's Readiness	.123
Nurse's Detailed Reports on Patient's Condition	.096
Nurse's Prescribed Medication Provision	.077
Nurse's Proper Consultation with Doctors on Patient's Medication and Food	.072

Inconsistency = 0.05
with 0 missing judgments.

Figure 3.3. AHP Analysis Results of Interest Weight of Reliability

The analysis shows the highest priority is doctor's quick respond by 0.202. Patients certainly feel satisfied when doctors could quickly and precisely respond their complaints as it could alleviate their pain and not aggravate patient's recent condition. The second priority is nurse's readiness (0.163). It reflects its crucial role on patient satisfaction, and its value to preserve. Simple and quick service is the next indicator by 0.140. Patients certainly need to be served quickly without complicated administration burden since their health problems are urgent. Hospital management should encourage their employees to be responsive, especially to patients with serious physical condition and requiring immediate treatment. If they do, patient satisfaction could immediately increase. Doctor's punctuality weighs 0.126. Patients happiness could be brought by doctor's punctuality despite their unpredictable schedule depending on their patient's condition. The next priority is doctor's readiness (0.123). Doctor's readiness to handle patients any time is a big advantage for patients and their family. As it is hard to predict patient's relapse, it will not be a major obstacle if doctors are ready anytime. This contributes to patient satisfaction. Nurse's detailed reports on patient's condition weighs 0.096. Patient's inability to recognize their detailed condition as it is reported to doctors creates their relatively low weight value yet prioritized. The next indicator is nurse's prescribed medication provision (0.077). Not all patients come to hospitals with adequate knowledge about medication. They tend to thoughtlessly believe and accept whatever medication nurses give them; this makes the weight is small. The lowest priority is nurse's proper consultation with doctor on patient's medicine and food (0.072). This is highly logical since this does not actually need to be reported in detail to doctors. It is nurse's duty to treat patients so that they heal up sooner.

Interest Weight of Responsiveness
Responsiveness means the desire and willingness of hospital to help patients and provide responsive services. This covers six indicators, including nurse's attention to patient's physical complaints, nurse's attention to patient family's complaints, nurse's

hospitality, doctors allowing patients to ask, doctor' verbal queries, and doctor's medical explanation. Figure 3.4 shows the weight of interest of each indicator.

Model Name: Satisfaction on Regional General Hospitals

Priorities with respect to:
Goal: Service Quality Model of Regional General Hospitals in Gorontalo
>Responsiveness

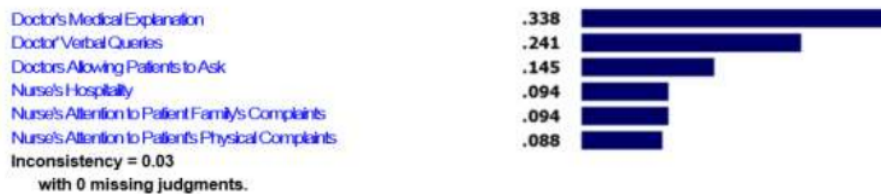|	
Doctor's Medical Explanation	.338
Doctor' Verbal Queries	.241
Doctors Allowing Patients to Ask	.145
Nurse's Hospitality	.094
Nurse's Attention to Patient Family's Complaints	.094
Nurse's Attention to Patient's Physical Complaints	.088

Inconsistency = 0.03
with 0 missing judgments.

Figure 3.4. AHP Analysis Results of Interest Weight of Responsiveness

Figure 3.4 indicates that the most important indicator is doctor's medical explanation weighing 0.338. This is closely related to patient's curiosity about their medical condition progress. Thus, doctors need to fully explain patient's latest condition. The second of priority is doctor' verbal queries (0.241). While examining patients, doctors need to verbally ask about their physical complaints. This makes patients feel cared for and eases their pain. The third priority is doctors allowing patients to ask (0.145). Patients will feel appreciated when doctors are willing to interact with them. Doctors, without exception, are required to let patients ask about whatever information they need to know. The fourth priority is nurse's hospitality (0.094). Being friendly and polite is a must. This is to make patients feel comfortable and more or less relieve their pain. The fifth priority is nurse's attention to patient family's complaints (0.094). In addition to patients, their families require attention to what they complain. Nurses could request further information about patient's medical history from their family to make them feel cared for. However, this is not a priority in providing satisfaction to patients. The last priority is nurse's attention to patient's physical complaints (0.088). It is nurse's duty and responsibility to look after patients and pay more attention on their needs and physical complaints. Nurses would definitely have done this in such convenient way that this weighs small.

Interest Weight of Assurance
Assurance includes medic's knowledge, competence, politeness, trustworthiness, free from physical harm, risks and doubts on duty. Figure 3.5 shows six indicators of this aspect.

Model Name: Satisfaction on Regional General Hospitals

Priorities with respect to:
Goal: Service Quality Model of Regional General Hospitals in Gorontalo
>Assurance

Affordable Cost	.376
Maintaining Patient Confidentiality	.162
Guaranteed Cure	.145
Doctor's Behavior in Providing Reassurance	.144
Specialist Availability	.088
Competent Nurses	.086

Inconsistency = 0.07
  with 0 missing judgments.

Figure 3.5 AHP Analysis Results of Interest Weight of Assurance

Out of the six indicators of assurance, the highest priority is affordable cost weighing 0.376. This indicates that this becomes an issue that Regional General Hospitals in Gorontalo should devote most attention to. Many patients complain about the unaffordable costs uncovered by Health Care and Social Security (BPJS) or other insurances. Therefore, hospitals need to consider patient's financial ability as this indicator is the most important to pay attention to.

The next indicator is maintaining patient confidentiality when they are in inpatient rooms (0.162). Patient confidentiality is urgent since they will feel highly safe when nurses and doctors maintain their illness confidentiality. The next indicator is guaranteed cure (0.145). Patient's recovery is in a grey place if doctors and nurses are not transparent in providing them with clear information. It is necessary to properly handle patients so that the certainty of patient recovery will be more possible to achieve. The next indicator is doctor's behavior in providing reassurance (0.144). Doctors shall not give bad service as this could affect reassurance. Doctors must be patient's good partners and friends to provide such reassurance for patients struggling with their disease. The next indicator is specialist availability (0.088). Hospitals need to increase the number of specialist doctors to prevent patients go to other hospitals with fairly large numbers of specialists. This requires local government's clear commitment overseeing hospitals in each area. The indicator with the smallest weight is competent nurses (0.086). This indicates that patients will tend to trust highly competent nurses who serve them. The number of certified nurses is common sense for the recruitment standards for medical personnel, both nurses and pharmacists.

Interest Weight of Empathy
Empathy posits patients as special individuals, implying that hospitals need to understand their physical complaints, minister and give them personal attention. Every regional general hospital oriented towards patient's recovery needs to open up opportunities as well as easy and comfortable access for patients to convey suggestions, criticisms, opinions and complaints they fell when hospitalized.

Figure 3.6 shows the priority order of empathy.

Model Name: Satisfaction on Regional General Hospitals

Priorities with respect to:
Goal: Service Quality Model of Regional General Hospitals in Gorontalo
>Empathy

Nurse's Ability to Spend Some Time to Communicate with Patients	.271
Doctor's Ability to Reduce Patient's Anxiety	.259
Time Availability to Consult The Patient's Family	.229
Comforting and Encouraging Patients	.152
Nurse's Ability to Remind Patients to Secure Patient's Valuables	.090

Inconsistency = 0.03
with 0 missing judgments.

Figure 3.6 AHP Analysis Results of Interest Weight of Empathy

Figure 3.6 shows that among the five indicators, the most important aspect of empathy with the greatest weight is nurse's ability to spend some time to communicate with patients (0.271). This is beneficial for patients as nurses simply interact with them during routine checks. There are hardly to find any nurses devoting time to communicate with patients except in certain circumstances. This should be of interest to nurses and managers, since nurses have not been able to provide a special time due their busy schedule out of proportion to the number of patients they must care for. The second indicator is doctor's ability to reduce patient's anxiety (0.259). The limited number of doctors available makes them unable to treat patients all alone. Physical complaints such as patient anxiety frequently go unnoticed, thus doctors should calm them by providing special therapy, medication and others. Patients sometimes are oblivious of this matter.

The next indicator is time availability to consult patient's family (0.229). The patient's family needs time to consult with doctors. Therefore, hospitals need to facilitate them though this is difficult to implement due to the limited number of doctors and nurses, especially those in regional general hospitals. The fourth priority is comforting and encouraging patients to quickly recover (0.152). This will not have a significant effect on patient satisfaction since it is indubitably that nurses and doctors, while checking patient condition, will more or less give motivation and encourage patients to stay enthusiastic so that they could quickly recover. This is usually conducted at the end of the examination. The smallest priority, is nurse's ability to remind patients to secure their valuables (0.090).

Interest Weight of All Indicators

Figure 3.6 shows priority order of all indicators.

Model Name: Satisfaction on Regional General Hospitals

Synthesis: Summary

Synthesis with respect to: Goal: Service Quality Model of Regional General Hospitals in Gorontalo

Overall Inconsistency = .11

Indicator	Weight
Affordable Cost	.075
Doctor's Good Appearance	.053
Nurse's Ability to Spend Some Time to Communicate with Patients	.053
Doctor's Quick Respond	.051
Doctor's Ability to Reduce Patient's Anxiety	.050
Doctor's Medical Explanation	.048
Nurse's Good Appearance	.046
Time Availability to Consult The Patient's Family	.045
Nurse's Readiness	.041
Simple and Quick Service	.035
Doctor' Verbal Queries	.034
Doctor's Punctuality	.032
Maintaining Patient Confidentiality	.032
Doctor's Readiness	.031
Doctor's Behavior in Providing Reassurance	.029
Guaranteed Cure	.029
Comforting and Encouraging Patients	.029
Comfortable Inpatient Rooms	.026
Wheelchair/Trolley Availability	.025
Nurse's Detailed Reports on Patient's Condition	.024
Cleanly Prepared Beds	.023
Clean and Good Cutleries	.023
Doctor's Allowing Patients to Ask	.020
Inpatient Room Tidiness	.019
Nurse's Prescribed Medication Provision	.019
Nurse's Proper Consultation with Doctors on Patient's Medication and Food	.018
Specialist Availability	.017
Competent Nurses	.017
Nurse's Ability to Remind Patients to Secure Patient's Valuables	.017
Nurse's Hospitality	.013
Nurse's Attention to Patient's Physical Complaints	.013
Nurse's Attention to Patient Family's Complaints	.012

Figure 4.6. AHP Analysis Results on Weight of Interest for All Indicators

The weighted output of all indicators indicates that affordable costs is crucial as it weighs of 0.075 followed by doctor's good appearance by 0.053. The third priority is that nurses could take special time to communicate with patients (0.053), followed by doctor's quick respond (0.051). The fifth order is doctor's ability to reduce patient's anxiety (0.050). The sixth priority is doctor's medical explanation (0.048). The seventh priority is nurse's good appearance (0.046). The eight priority is time availability to consult the patient's family

(0.045). The ninth priority is nurse's readiness (0.041). The tenth priority is that the patient is served quickly and simply (0.035). The eleventh priority is doctor's verbal queries on patient complaints (0.034). The twelfth priority is doctor's punctuality (0.032). The thirteenth priority is maintaining patient confidentiality (0.032). The fourteenth priority is doctor's readiness (0.031), followed by doctor's behavior in providing reassurance (0.029). The sixteenth priority is guaranteed cure (0.029).

The seventeenth priority is comforting and encouraging patients to recover quickly (0.029). The eighteenth priority is comfortable inpatient rooms (0.026). The nineteenth is wheelchair/trolley availability (0.025). The twentieth priority is nurse's detailed reports on patient conditions (0.024). The twenty-first priority is cleanly prepared beds (0.023). Furthermore, the twenty-second priority is clean and good cutleries (0.023). The twenty-third is doctors allowing patients to ask (0.020). The twenty-fourth priority is inpatient room tidiness (0.019). The twenty-fifth priority is that nurses always give medication to patients as doctors prescribe (0.019). The twenty-sixth priority is nurse's proper consultation with doctors on patient's medication and food (0.018). The twenty-seventh priority is specialist doctor availability (0.017). The twenty-eight priority is well-educated nurses (0.017). The twenty-ninth priority is that nurses always remind patients to secure their valuables (0.017). The thirtieth priority is nurse's hospitality (0.013). The thirty-first priority is that nurses pay attention to patient family's complaints (0.013). The last priority is that nurses pay attention to patient needs and complaints (0.012). Overall, the inconsistency value of all these indicators is 0.11.

SWOT Analysis

In addition to AHP Analysis, this study uses SWOT analysis as its methodology. It is a systematic identification of various factors to formulate strategies. This analysis is based on logic to maximize strength (S) and opportunities (O), yet simultaneously minimize weaknesses (W) and threats (T) (Rangkuti, 2001). This analysis produces several alternative strategies in making good decisions to uphold, enabling the regional general hospitals to decide their development strategies. Table 4.1 below shows the SWOT matrix in this study.

Internal / External	Strength (S)	Weakness (W)
	- Clean and presentable doctors and nurse's appearance	- The hospital's cutlery cleanliness is not highly maintained
	- Doctors quickly responds and nurses are ready	- The inpatient room is not well organized
	- Doctors provide enough medical explanation and asks patient's complaints	- Nurses do not quickly coordinate with doctors
	- Affordable hospital expenses	- Nurses do not pay attention to patients and their families' needs, and complaints
	- Hospitals always keeps patients clean	- Specialists are unavailable.

	- Nurses give empathy and doctors calm patients' anxiety	- There are nurses unable to properly serve patients
Opportunity (O)	**Strength - Opportunity (SO) Strategy**	**Weakness - Opportunity (WO) Strategy**
- They are referral Government Hospitals for small communities	- Increasing doctor's and nurse's competence to faster respond and be more prepared	- Equipping proper facilities and infrastructure
- Public trust in government general hospitals remains great	- Keeping hospital costs affordable by the community	- Strengthening communication and coordination among doctors, nurses and hospital management
- Potential population growth requires reputable hospitals	- Improving the quality of services at regional general hospitals	- Increasing the number of specialist doctors in regional hospitals by collaborating with universities that have medical faculties
- The accreditation of regional hospitals is getting better and with higher quality	- The quality of hospital accreditation should be maintained	- Hospitals must motivate nurses and doctors to continually serve patients properly
- There are pharmacies and pharmacists in the hospital		
Threats (T)	**Strength - Threats (ST) Strategy**	**Weakness - Threats (WT) Strategy**
- Increase in quality private hospitals in Gorontalo	- Improving the quality of services at regional general hospitals	- Hospitals need to keep their cutleries clean
- The existence of other pharmacies around the hospitals	- Increasing cooperation with pharmacies and insurances to support hospital needs	- Specialist doctors must continue to be prioritized to maintain the quality of hospital services
- Patient dissatisfaction	- The quality of hospital services must continue to be a priority	
- Development of science and technology		

The SWOT matrix above clearly indicates that regional general hospitals have properly derive patient satisfaction by continuing to make improvements in their health care. Additionally, it suggests that patient satisfaction in regional general hospitals has a great weight in the internal environment with a good position of strength and weight. Externally, it concludes that SWOT diagram for the SO strategy is able to seize the opportunities. In

this situation, the strategy should focus on SO (Strengths-Opportunity) growth to match competitors, private hospitals.

This results in the absence of respondents' indicator assessments falling into the category of disappointed patients. This implies that medics and employees in the regional general hospitals have served their purpose in accordance with patient's expectations and desires. They serve deftly thus satisfying patients and receiving no low performance ratings.

CONCLUSIONS

Taken together, the results of the study and the discussion would suggest that model design of the influence of service quality on patient satisfaction at Regional General Hospitals (RSUD) in Gorontalo Province indicates higher weight on assurance, tangibility, empathy, reliability, and responsiveness. Those all are essential aspects to cover as the hospitals deliberately attempt to gain patient's satisfaction. The well-defined ordering of benchmark indicators for designing a model of the influence of service quality on consumer satisfaction, out of the five aspects, ranked in the top ten, are affordable hospital costs, doctor's good appearance, nurse's ability to spend some time communicating with patients, doctor's act quick respond, doctor's ability to to reduce patient's anxiety, doctor' medical explanation, nurse's good appearance, time availability to consult the patient's family, nurse's readiness, and simple quick service.

The results of SWOT analysis show that, internally, the regional general hospitals in Gorontalo Province have strengths that (1) Doctors and nurses are clean and tidy; (2) Doctors quickly respond and nurses are ready; (3) Doctors provide explanations and ask patient complaints; (4) Affordable hospital costs; (5) Hospitals keep patients clean; (6) Nurses empathize with patients and doctors calm their anxiety. However, their weaknesses to point out are (1) Cutlery's cleanliness is not properly maintained; (2) Inpatient rooms are not well organized; (3) Nurse's slow coordination with doctors; (4) Nurses do not pay attention to patients' and their families' needs, and complaints; (5) Specialists are not available; (6) Some nurses have not been able to serve patients well. Externally, the hospitals get plenty opportunities that: (1) They are referral government hospitals for small communities; (2) Public trust in government general hospitals remains large; (3) Population growth potentially requires reputable hospitals; (4) Regional hospitals have better accreditation and quality; and (5) There are pharmacies and pharmacists in the hospital. Nevertheless, some threats the Regional General Hospitals should reduce are: (1) Better quality private hospitals; (2) The existence of other pharmacies around the hospital; (3) Patient dissatisfaction; and (4) The development of science and technology.

Considering those all, strategies that Regional Government managing regional general hospitals should develop are:
1. Strength-Opportunity Strategy
   This strategy could be developed by increasing doctor's and nurse's competence, keeping hospital costs affordable by the community, improving service quality, and maintaining good accreditation.

2. Weakness-Opportunity Strategy

   This strategy comprises of equipping complete hospital facilities and infrastructure, strengthening communication and coordination among doctors, nurses and hospital management, increasing the number of specialist doctors by collaborating with universities, and motivating nurses and doctors to consistently serve patients properly.

3. Strength-Threat Strategy

   This strategy could be formulated by improving the quality of Regional General Hospitals, increasing cooperation with pharmacies and insurances, and prioritizing hospital service quality.

4. Weakness-Threats Strategy

   This strategy underlines hospital's cleanliness, cutlery's cleanliness, and specialist doctors. These three must continually be prioritized to maintain the quality of hospital services.

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PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8

PAGE 9

PAGE 10

PAGE 11

PAGE 12

PAGE 13

PAGE 14

PAGE 15

PAGE 16