PATIENT SERVICE AND SATISFACTION SYSTEMS

Abdul Haeba Ramli
Universitas Indonesia Timur, Makasar
E-mail: ramli.haeba@yahoo.com

ABSTRACT

The objective of the research is to analyze the influence of service delivery system to patient satisfaction. This analysis data used Structural Equation Modeling (SEM) to observe about interrelatedness between some variable. The population in this study is 225 persons of hospital medical patient in type C hospital in Makassar and spread to 75 hospital patients in Stella Maris hospital, 75 hospital patients in Akademis Jaury Yusuf Putra hospital, and 75 hospital patients in Grestelina hospital. The research result shows that service delivery system composed of physical support and contact personal are significant and positive influence on patient satisfaction.

Keywords: Service Delivery System, Physical Support, Contact Personal, Patient Satisfaction
INTRODUCTION

According to Lovelock and Wright (2002), the service business is seen as a system consisting of a service operation system and a service delivery system. The service operation system is a component contained in the whole service business system, where inputs are processed and service product elements are created through the components of human resources and physical component.

In service delivery system, it relates to when, where, and how services are delivered to customers, including system elements in service operations and other things that are presented to consumers. Cooper, (1994: 106) concluded that users of health care services including hospitals always pay attention to the quality of medical staff, emergency services, nursing care, the availability of complete services, doctor’s recommendations, modern equipment, polite employees, a good environment, previous hospital use, maintenance costs, family recommendations, close to home, private rooms and friends’ recommendations. Even Ramli (2012) argues that the work passion of doctors who are in the Stela Maris hospital will feel at home if the work environment supports and therefore medical facilities that can support the actualization needs of doctors must be provided.

In a research conducted by Ramli (2013), the existence of two significant components of services was managed as integrative under one hospital management which had the consequence of dualism of patients’ perceptions of the image of a hospital. Namely Contact Personal and Physical Support, the implication is that hospital management (private) needs to look at or reevaluate the strategic planning of hospital management so that it can be a reference in setting goals and objectives of organizations or companies, which in this case are private hospitals.

A good perception of the services performed by the Hospital has an impact on patient satisfaction. So that by satisfying his patients, the service of the Hospital will be trusted by the patient to cure his illness, and of course it will have an impact on the success of his Hospital. This is accordance with the findings of Ramli & Sjaruddin, (2015), that satisfied patients can increase high trust in health services.

Satisfaction is a feeling of pleasure that comes from a comparison between the impression of goods or services and their expectations. If reality is the same as
expectations, then the service is called satisfactory. Conversely, if reality is lower than expectations, the service is called unsatisfactory (Kim, et al., 2008, Kotler, 2009). Providing high-quality services can increase profits through customer satisfaction, because empirically there is a relationship between customer satisfaction and profit. Customers who feel satisfied and make repeat purchases, will increase profits, so that a good image of the hospital will be formed (Francken, et al., 1981, Anderson, 1994, Cronin, et al., 2000, Kang, et al., 2004, Alrubaiee, 2011).

According to Kotler & Keller (2012) Patient satisfaction encompasses the company's internal and external environment which influences the formulation of business strategies in order to improve business performance. The patient's power of satisfaction presents "uncontrollable factors" that must be monitored and responded to by the company. In other addition, Kotler (1994) asserts that customer satisfaction is the level of one's feelings after comparing the performance (or results) that feels with they expectations. According to AzrulAzwar (1996) quality health services refer to the application of good standards and professional codes of ethics, which basically include an assessment of patient satisfaction regarding: doctor and patient relationship, comfort services (amenities), freedom of choice, scientific knowledge and technical skills, service effectiveness, and safety measures.

There are similarities between the above definitions, namely concerning the component of customer satisfaction (expectations and performance/perceived results). Generally, customer expectations are estimates or customer beliefs about what they will receive if they buys or consumes a product (goods or services). While the perceived performance is the customer's perception of what they receives after consuming product or service that has been felt.

Pascoe (in Krowinsky and Steiber: 1996) defines patient satisfaction from two different sides (contrast model). Patients enter the hospital with hopes and desires. If the experience of getting hospital services is better than expected, they will be satisfied, whereas if the experience of getting services at the hospital is lower (worse) than they expected, they will feel dissatisfied.
Linder Pelz (in Krowinsky and Steiber: 1996) states that patient satisfaction is a positive evaluation of diverse services. Services that are evaluated can be a small part of the service, for example outpatient or inpatient services, all types of services provided to cure patients up to the overall service system in the hospital. He also mentioned that the study of patient satisfaction must be understood as something that has very many dimensions or variables that influence it.

**LITERATURE REVIEW**

**Hospital Personnel Contact Effect on Patient Satisfaction**

Contact personnel are all human elements involved in the delivery of services and have direct contact with buyers. According to Nguyen and Leblanc (2002: 245) contact personnel is composed of all employees who are at the front line of the organization and have direct contact with customers. According to Snook (1992: 65) hospital medical staff are doctors, dentists, podiatrists, and health professional staff who care for patients. Lim et al (2000: 290) found that the most important element in services at hospitals was doctors and nurses. Doctors and nurses play an important role in creating service quality in a hospital, while Fox et al (2003: 234) found that doctors and nurses played a role in promoting patient recovery, especially their friendliness and special attention to patients.

As a high contact service, hospital personnel is central to service delivery. In accordance with the opinion of Lovelock and Wright (2002: 197) that, "in high-contact services, service personnel are central to service delivery." Lovelock and Wright (2002: 324) further state that, "in the eyes of their customers, service personnel may also be seen as an integral part of the service experience.

According to Nguyen and Leblanc, (2002: 250) contact personnel was measured by 3 items, namely, appearance, competence and professionalism. According to Nguyen and Leblanc (2002: 245) the appearance of personnel is a combination of clothing, hairstyle, make up, and cleanliness. Employee competencies are supported by expertise and experience. Zeithaml and Bitner (2000: 19) explain that all attitudes and actions of employees, even the way employees dress and the appearance of employees have an influence on consumer perceptions or the success of real-time services.
Shamdasani and Balakrishnan (2000: 402) contact personnel indicators, namely, expertise, similarity, knowledge, hospitality and mutual disclosure. The speed of personnel in completing their work will make them happy. According to Best, from the customer side, the speed of access to obtain services is important in the service delivery system (Best, 2000: 230). This is supported by Aschner (1999: 453) stating that in the service sector, almost all service attributes are determined by the customer's assessment of the speed and accuracy of the officers in responding to their complaints.

Furthermore Kouzes (1993: 32) states that the commitment of high human resources is able to produce good business. This opinion is also supported by Gudmundson and Cristine (2002: 6), they stated that personnel functioning as service providers in service organizations should realize that they are actually marketers and their behavior will influence the success of an organization in the long run.

Previous research provides evidence, as suggested by Anggono (1996), which states that inpatient services, the presence of doctors and nurses is very dominant. Research conducted by JB. states that patient satisfaction with nurse services is influenced by nurses' skills and behaviors, as well as facilities available at St. Elizabeth Hospital Semarang.

For doctor's services in hospitals, S. Mansoer (1997) found that physician visits, patient examinations, responsiveness, informality, and doctor's seniority had an influence on the satisfaction of inpatients at the Pelni Hospital in Jakarta.

Based on the empirical evidence above, the following hypothesis is proposed:

H1: Contact Personnel Hospital’s has a positive and significant effect on patient satisfaction.

Effect of Physical Support Hospital on Patient Satisfaction

According to Nguyen and Leblanc (2002: 245, 1996: 33) the physical environment is measured by ambient conditions, atmosphere, exterior design, interior design, decoration, parking facilities, appearance of buildings and parks and locations. Ambient conditions consist of various elements such as color, lighting, temperature, noise, smell and music. Shamdasani and Balakrishnan (2000: 407) physical environment measured by ambient, symbols and objects. In hospitals the physical environment includes locations, equipment and facilities, which are considered important by hospital patients (Hutton and Richardson,
1995: 52). Strategic location of the hospital both connected with public facilities and facilities to achieve it. This is in accordance with the opinion of Hesket et al. (1997: 154) that one of the elements in the service delivery system is location.

Boy S. (2004: 12) states that location is used to reach the intended customers and requires relatively fast time. Physical facilities are immovable objects, real and can be felt by patients such as representative equipment, beautiful interior of buildings, exterior of buildings, parking facilities, canteens, banks, and security guarantees. Hospital equipment is equipment owned by the hospital that is directly related to the needs of the patient, whereas according to Hutton and Richardson (1995: 52) the food provided can also be made as part of the physical evidence at the hospital. Facilities that are seen by consumers are part of an important tangible manifestation of the overall services offered (Lamb et al, 2002: 483). The comfort level in the hospital also needs to be considered in addition to facilities and equipment. This is in accordance with the opinion of Boy S. (2004: 12) also states that hospitals need to maintain comfort in addition to adequate equipment, while the results of the study of Joseph and Cindy (1999: 104) in the banking services industry that the comfort level affects the quality of service delivery systems.

In others addition, the room layout and service procedures provided by officers are important elements in service delivery. According to Heskett (1996: 9) states that the service delivery system is important and relates to spatial planning, layout and work procedures.

Previous research provides evidence, as stated by Ramli&Sirajuddin, 2015; Jani& Han, 2011; Kantsperger& Kunz, 2010; Norizen&Asiah, 2010; Chung & Shin, 2010, stated that patient / customer satisfaction has a positive and significant effect on patient / customer trust. Based on these empirical evidence, the hypothesis is proposed as follows:

H₂: Physical Support of Hospital has a positive and significant effect on patient satisfaction.

**METHODS**

This research uses explanatory research approach with data collection done simultaneously in one stage (one shot study) or in a cross-section through questionnaires. The underlying reason is to use explanatory research because the purpose of the study is to
prove and explain empirically the effect of service delivery systems consisting of Contact Personnel and Physical Support Hospital to patient satisfaction at hospitals in the city of Makassar, then draw conclusions or reject research theories or results beforehand.

The location of the research is Hospital services in the city of Makassar with the object of research being patients and families of patients. So that the analysis in this research is inpatients in the period June to December 2014, amounting to 225 people who have used health services in the city of Makassar. The sampling technique used purposive sampling, namely respondents determined by researchers using certain criteria (Sekaran, 2006), so the criteria are with the conditions (1) inpatients in health services in Makassar, at least being inpatients for 3 days, (2) patients sampled in this research are patients who can provide information or can communicate well so that they can fill out questionnaires, whereas if patients cannot provide information about this research, they can be replaced by family or partners, (3) samples are adult patients who can provide data representative and understand the filling out of the questionnaire after being explained by the researcher. The analysis method starts from looking at the characteristics of the data through descriptive statistics and then the analysis of the multivariate data analysis model includes factor analysis and Partial Least Square (PLS).

RESULT AND DISCUSSION

Testing of four hypotheses was proposed using Structural Equation Modeling (SEM) with the help of PLS software. Hypothesis test decision making is to look at the results of t-value, where if the value is positive it means that the variable has a positive effect, while to see its significance is to refer to the t-statistic value between variables, if the t value obtained is greater than t-table amounting to 1.96, meaning that the effect is significant. The results of this research, can be seen in the table below:

| Variables                        | T Statistics (|t|/STERR|) |
|----------------------------------|--------------|
| Contact Personnel ->PatientSatisfaction | 2.35115      |
| Physical Support  ->Patient Satisfaction | 2.19326      |

Sourc: PLS Results Data Processing, 2015
In the table shows that all the influence between one variable to another variable shows positive values, including:

1. The influence of patient satisfaction and trust in hospital personnel is positive and significant because the t-value is 2.35115 which means positive and significant because it is greater than the t-table of 1.96.

2. The effect of patient satisfaction on the hospital image is positive and significant because the t-value is 2.19326 which means positive and significant because it is greater than the t-table of 1.96.

**CONCLUSION**

The conclusions of this research are formulated based on the hypothesis testing, namely:

1. Contact Personnel has a positive and significant effect on patient satisfaction. So that hospitals that want to provide satisfactory services for their patients, must pay attention to the ability of their employees to deal directly with patients, such as: Doctors, Midwives, Nurses, Pharmacy Officers, Laboratory Officers, Radiology Officers, and other Officers.

2. Physical Support has a positive and significant effect on patient satisfaction. With this result, it shows that the effect of Physical support, even though it has less effect than the influence of Contact Personnel on patient satisfaction, but the company still has to pay attention to the physical facilities supporting the patient’s care, because the effect on patient satisfaction is positive and significant.

**REFERENCES**

Achrol. 1991. Evolution of the Marketing Organization : New Forms for Turbulent Environments. Journal of Marketing. vol.55 (4), pp.77–93.

Alrubaisce, L. 2011. The Mediating Effect of Patient Satisfaction in the Patients’ Perceptions of Healthcare Quality – Patient Trust Relationship. International Journal of Marketing Studies. Vol.3. No.1. Published by Canadian Center of Science and Education.
Amin, et al., 2013. Contrasting the Drivers of Customer Satisfaction on Image, Trust, and Loyalty of Muslim and Non-Muslim Customers in Malaysia. International Journal of Bank Marketing. Vol. 31. No. 2. pp. 79–97.

Andaleeb, S.S. 1998. Determinants of Customer Satisfaction with Hospitals: a Managerial Model. International Journal of Health Care Quality Assurance. Vol. 11. Iss. 6. pp. 181–187. © MCB University Press.

Anggono, J. B. (1996) Faktor-Faktor Penentu Tingkat Kepuasan Pasien Atas Layanan Keperawatan di Ruang Rawat Inap RS St. Elizabet Semarang. Thesis. Magister Administrasi Rumah Sakit. Pasca Sarjana Universitas Indonesia, Jakarta

Arnett, M. J., Orpe, R. J., Gaskin, D. J., Bowie, J. V., & LaVeist, T. A. (2016). Race, medical mistrust, and segregation in primary care as usual source of care: Findings from the Exploring Health Disparities in Integrated Communities Study. Journal of Urban Health, 93(3), 456–467.

Anderson, et al. 1994. Customer Satisfaction, Market Share, and Profitability: Findings from Sweden. Journal of Marketing. Vol. 58 (July 1994). pp. 53–66.

Belanger, France, Janine Hiller, and Wanda Smith (2002). Trustworthiness in electronic commerce: The role of privacy, security, and site attributes. Journal of Strategic Information Systems 11, 245-270.

Barnes, J. G. (2003). Establishing meaningful customer relationships, why some companies and brands mean more to their customers Managing Service Quality An International Journal, 13(3), 178-186 http lldxdoi org/10.1108/09604520310476445.

Boy, P. Mardeen, Brenda, Stevenson, Marshall, Rajshekhar, G, Javagi, (1996). Happy employees lead to loyal patients, survey of nurse and patients shows a strong link between employee satisfaction and patient loyalty. Journal of health care marketing. 16-23.

Chriswardani, S. (1998). Pengembangan Indikator kepuasan Pasien Rumah Sakit di jawa tengah, Riset Pembinaan Kesehatan (Risbinkes). Balitbangkes Departemen Kesehatan RI.

Cooper, Philip, D. (1994). Health care marketing: A foundation for managed quality. Gaithersburg. Maryland: aspen publisher, inc 1-331

Boland, P. (2013, February). How a large hospital system protected by putting patients rst. Managed Care. Retrieved from http://www.managed-caremag.com/archives/1302/1302.bookreview.html

Campos-Castillo, C., Woodson, B. W., eiss-Morse, E., Sacks, T., Fleig-Palmer, M. M., & Peek, M. E. (2016). Examining the relationship between interpersonal and institutional trust in political and health care contexts. In E. Shockley, T. M. S. Neal, L. M. PytlikZillig, & B. H. Bornstein (Eds.), Interdisciplinary perspectives on trust: Towards theoretical and method-ological integration (pp. 99–115). New York, NY: Springer International Publishing. Concept System Global MAX (Build 2017.023.15) [Web-based platform]. Ithaca, NY: Concept Systems Inc.

Chung, & Shin, I (2010) The antecedents and consequents of relationship quality in internet shopping Asia Pacific Journal of Marketing Logistics 22(4) 473-491 http lldxdolorgl 10 110813555851011090510

Cronin, J.J. Jr., and Taylor, S.A. 1992. Measuring Service Quality: a Reexamination and Extension. Journal of Marketing, Vol. 56 No. 3, pp. 55–68.

D, Marzaweny & Hadiwidjojo (2012). Analisis Kepuasan Pasien sebagai Mediasi Pengaruh Kualitas Pelayanan Kesehatan terhadap Citra Rumah Sakit Umum Daerah (RSUD) Arifin Achmad Pekanbaru. Jurnal Aplikasi Manajemen, Vol. 10 Nomor 3, 2012.
Doney, M.P., Cannon, P. 1997. An Examination of the Nature of Trust in Buyer-Seller Relationships, Journal of Marketing, Volume 61. (April 1997):35–51.

Francken, D.A., Van Raaij W.F., 1981. Satisfaction with Leisure Time Activities. Journal of Leisure Research. Vol. 13. No. 4. pp. 337–352.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). Multivariate data analysis. (7th Ed.). Pearson Education.

Hutton, James, D., Lynne, Richardson. (1995). Healthscapes: the role of facility and physical environment on consumer attitudes, satisfaction. Quality assessments, and behaviors. Health care management review. 20 : 48-60

Jani, Han, (2011) Investigating the key factors affecting behavioral intentions Evidence from a full service restaurant setting International Journal of Contemporary Hospitality Management, 23(7) 1000-1018 http://dx.doi.org/10.1108/09596111111167579

Kang, G.D., James, J. 2004. Service Quality Dimensions: an Examination of Gronroos’s Service Quality Model. Managing Service Quality, Vol. 12 No. 4, pp. 266–77.

Kantsperger, R. & Kunz W H (2010) Consumer trust in service companies a multiple mediating analysis Managing Service Quality An International Journal 20 (1) 4-25 http lldx.doi.org/10.1108/09604521011011603

Kim, K.H., et.al. 2008. Brand Equity in Hospital Marketing, © 2007 Elsevier Inc. All rights reserved, Journal of Business Research, 61,(2008):75–82.

Kinlock, B. L., Parker, L. J., Bowie, J. V., Howard, D. L., LaVeist, T. A.,&orpe, R. J., Jr. (2017). High levels of medical mistrust are associated with low quality of life among black and white men with prostate cancer. Cancer Control, 24(1), 72–77.

Kotler P., Keller, K.L. 2009. Manajemen Pemasaran, Edisi 13, Jilid 1. Jakarta: Penerbit Erlangga. Kotler, Philip & Kevin Lane Keller. 2012. Marketing Management, 14e, Global Edition, Pearson Educational Limited, England

LaVeist, T. A. (2009). Measuring trust in health care: Medical Mistrust Index 2.1. Hopkins Center for Health Disparities Solutions Projects. Retrieved from http://www.jhsph.edu/research/centers- and-institutes/johns-hopkins-center-for-health-disparities-solutions/Projects/MMT.html

LaVeist, T. A., Isaac, L. A., & Williams, K. P. (2009). Mistrust of health care organizations is associated with under utilization of health services. Health Services Research, 44(6), 2093–2105.

Lovelock, Christopher., Lauren, Wright. (2002). Principles of service marketing and management. USA: Prentice Hall Internasional, Inc. 50-325

Minkiewicz, J., et al. 2011. Corporate Image in the Leisure Services Sector, Journal of Services Marketing 25 (3):190–201.

Muchlis, M &Dewanto, A (2013). Pengaruh Kepercayaan, Kepuasan Pelanggan dan Komitmen Hubungan terhadap Citra Rumah Sakit di Kota Blitar. Jurnal Aplikasi Manajemen, Vol. 11, Nomor 3, September 2013.

Nguyen, N., and LeBlanc, G. 1998. The Mediating Role of Corporate Image on Customers Retention Decisions: An Investigation in Financial Services, International Journal of Bank Marketing 16 (2):52–65.
Nguyen, N., and LeBlanc, G. 2002. Contact Personnel, Physical Environment, and the Perceived Corporate Image of Intangible Services by New Clients, International Journal of Service Industry Management 13 (3):242–262.

Norizan, K, & Nor Asiah, A. (2010) The effect of perceived service quality dimensions on customer satisfaction, trust and loyalty in commerce settings A cross cultural analysis Asia Pacific Journal of Marketing and Logistics, 22(3), 351-371.

Ramli, A.H. (2012). Pengaruh Fasilitas Pendukung Fisik di Rumah Sakit Stella Maris Terhadap Citra Rumah Sakit Stella Maris di makassar. Progresif Journal 5 (02), 1-22

Ramli, A.H (2013). Pengaruh Sistem Penyampaian Jasa Terhadap Citra Rumah Sakit Swasta Tipe C Di Makassar. Media Riset Bisnis & Manajemen 13 (2), 147-168

Ramli, A.H & Sjahruddin (2015). Building Patient Loyalty in Healthcare Services. International Review of Management and Business Research Vol. 4 Issue.2.

Sadeh, Ehsan. (2017) Interrelationships among quality enablers, service quality, patients'satisfaction and loyalty in hospitals. TQM Journal; Bingley Vol. 29, Iss. 1, (2017): 101-117.

Schwei, R. J., Kadunc, K., Nguyen, A. L., & Jacobs, E. A. (2014). Impact of sociodemographic factors and previous interactions with the health care system on institutional trust in three racial/ethnic groups. Patient Education and Counseling, 96(3), 333–338.

Sekaran, U. (2006). Metode Penelitian Untuk Bisnis 1. (4th ed) Jakarta: Salemba Empat.

Sekaran, U., & Bougie, R. (2013). Research method for Business. A Skill-Building Approach. 6th edition. New Jersey: John Wiley & Sons, Ltd.

Shao Yeh, Y., & Li, Y M. (2009) Building trust in m-commerce contributions from quality and satisfaction Online Information Review, 33(6), 1066-1086.

Setyorini, D. 2008. Pengaruh Penanganan Keluhan Pelayanan Kesehatan terhadap Kepercayaan Pasien di Rumah Sakit Umum Daerah Panembahan Senopati Kabupaten Bantul. Retrieved January 22, 2013 from: www.bpkp.go.id, www.ditjen-otda.depdagri.go.id/otonomi.

Sugiyono, 2009, Metode Penelitian Bisnis (Pendekatan Kuantitatif, kualitatif dan R&D). Bandung Alfabeta.
