



Received: 19-01-2024
Accepted: 29-02-2024

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Patient Satisfaction in the Inpatient Ward of Aceh Government Hospital: Case Study

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DOI: <https://doi.org/10.62225/2583049X.2024.4.2.2461>

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Abstract

Quality health services are services provided effectively and efficiently, focusing on the needs and expectations of patients and following a code of ethics. Patient satisfaction is an indicator of quality health service output. Patient satisfaction is a level of feeling from patients that arises from the performance of health services obtained after comparing it with what they expected. The quality of health services is directly proportional to patient satisfaction. However, patient satisfaction rates are still low, making it a problem for hospitals in low- and middle-income countries. This case study aims to determine patient satisfaction in the inpatient ward of Aceh Government Hospital. This case study is a quantitative study with a cross-sectional study design; the sampling technique uses a total sampling of 30 patients. The data collection tool uses the SERVQUAL Questionnaire, data analysis uses descriptive statistical tests and dimension by dimension gap score analysis. The

research results for all dimensions of patient satisfaction have a negative gap score. The most dissatisfied dimension is empathy, with a gap score of -0.59, 87.70% suitability, while the lowest is the assurance dimension, with a gap score of -0.35, 92.70% suitability. Overall, the average reality value (x) is 4.29, the average expected value (y) is 4.80, the average gap score is -0.51, and the average conformity value is 89.37%. The results of the Cartesian diagram analysis show that the eight attributes included in quadrant A are the main priorities that must be immediately improved. The results of this case study show that, in general, all dimensions of satisfaction show a negative gap score, so hospital management is expected to balance expectations and reality regarding health services, especially those related to the eight main priority attributes of patient satisfaction in quadrant A.

Keywords: Patient Satisfaction, Health Services, Gap Analysis

1. Introduction

Quality health services are assessed by the health services provided following patient expectations, meeting the level of need and by health service standards, and improving staff performance [14]. A quality health service can create patient satisfaction. Quality health services are services provided efficiently and effectively, focusing on the needs and expectations of patients, and provided by codes of ethics, health service standards, and scientific developments so that optimal levels of health can be achieved [10].

The Ministry of Health of the Republic of Indonesia has set patient satisfaction standards at the national level for health services, namely a minimum of above 95% satisfaction [15]. However, patients and families still state that they do not receive appropriate health services to meet their needs [6]. The problems with the quality of health services in Indonesia include the lack of evaluation of health services and satisfaction surveys that do not involve patients [1]. Patient satisfaction is a level of patient feeling that arises from the performance of health services obtained after comparing it with what they expected, which is influenced by factors such as age, gender, and educational background [21].

Patient satisfaction is a factor that can be used as a reference in determining the success of a health service program [7]. The level of patient satisfaction can indicate the success of a hospital's health service in improving service quality [4]. Patients are said to be satisfied when their expectations can be fulfilled through the health services they receive at the hospital. The patient's demands are increasing [23]. Likewise, nursing services are an indicator of the success of providing health services in

hospitals. The problem of quality of nursing services does not only occur in Indonesia. In African countries, the quality of nursing services is 51%, and patient satisfaction is 67.8%. This is because there is still a lack of nurses providing services that comply with standards [5].

The same thing happened in Indonesia; research in Central Maluku Province had a patient satisfaction rate of 42.8%, and in West Sumatra, 44.4% [17]. Research on patient satisfaction with the quality of health services in inpatient wards at Hospitals in Aceh Province found that the overall index of patient satisfaction was 40.76% and dissatisfaction was 59.24% [12]. The low quality of nursing services is directly proportional to the low level of patient satisfaction, so it is necessary to improve the quality of nursing services to increase patient satisfaction [15]. Patient satisfaction is not only seen in the facilities and infrastructure available in health services but also in how nurses serve patients well according to their competence, how to communicate, and how to be friendly to all patients regardless of patient status [24]. The dimensions of health service quality to measure patient satisfaction include tangible, empathy, reliability, responsiveness, and assurance [20]. The research results explain a relationship between the quality of health services and patient satisfaction, which is assessed based on tangible, empathy, responsiveness, reliability and assurance [11]. Based on this description and presentation, this case study aims to determine patient satisfaction in the inpatient ward of the Aceh Government Hospital.

2. Methods

This case study is a quantitative study with a cross-sectional design; the sampling technique uses total sampling; all 30 patients in the Mina 2 inpatient ward were sampled. Data was collected in August 2023 after obtaining institutional permission and filling out informed consent to be a research respondent. The data collection tool uses the SERVQUAL Questionnaire, which has been modified into 25 statements of hope and 25 statements of reality [16]. Data analysis uses descriptive statistical tests and dimension-by-dimension gap score analysis; the results are presented in frequency distribution tables, Gap Score (GS), percentages, and Cartesian diagram.

3. Results

Based on data analysis, the following results were obtained:

Table 1: Respondent Characteristics

Characteristics	f	%
Age:		
≤ 25 Years	6	20,0
26-35 Years	7	23,3
36-45 Years	12	40,0
≥ 46 Years	5	16,7
Gender:		
Male	9	30,0
Female	21	70,0
Education:		
Basic Education	9	30,0
Intermediate Education	12	40,0
Higher Education	9	30,0
Work:		
Civil servants	3	10,0
Private	9	30,0
Student	6	20,0
Doesn't work	12	40,0

Table 1 shows that 40.0% of respondents were 36-45 years old, 70.0% were female, 40% had intermediate education, and 40.0% did not work.

Table 2: Average of Gap and Conformity Dimensions of Patient Satisfaction Levels

Dimintions	Reality	Expectations	Gap	Conformity (%)
Tangible	4,19	4,75	-0,56	88,21
Emphaty	4,21	4,80	-0,59	87,70
Reliability	4,33	4,85	-0,52	89,27
Resposiveness	4,25	4,81	-0,56	88,36
Assurance	4,45	4,80	-0,35	92,70
Total	(x) 4,29	(y) 4,80	-0,51	89,25

Table 2 shows that all patient satisfaction dimensions have a Negative Gap Score (NGS). The most dissatisfied dimension is empathy with GS -0.59, 87.70% conformity, while the dissatisfied dimension with the lowest gap value is the assurance dimension with GS -0.35, 92.70% conformity. Overall, the average value of reality (x) is 4.29, the average value of expectations (y) is 4.80, the average value of GS is -0.51, and the average value of conformity is 89.37%.

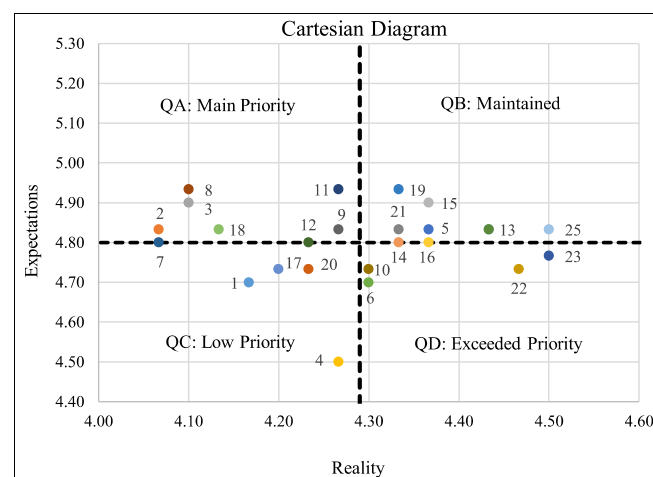


Fig 1: Analysis of Patient Satisfaction and Improvement of Health Services

Based on the results of the Cartesian diagram analysis in Figure 1, the attributes included in quadrant A are the main priority quadrants that must be improved, namely attribute number 2 (The hospital has a relatively comfortable room, bathroom, and clean water), 3 (inpatient ward the hospital has complete equipment), 7 (Nurses provide services by the wishes and understand the patient's needs), 8 (Nurses pay serious attention to the patient's needs), 9 (Doctors listen to complaints about the patient's illness and provide a solution in consultation), 11 (Health workers provide thorough, careful and timely services as promised), 12 (Health workers and other personnel, help if there are patient problems), 18 (Health workers accept and serve well).

4. Discussion

Quality health services are assessed by the health services provided by patient expectations, meeting the level of need, health service standards, and improving staff performance [14]. Patient satisfaction is a factor that can be used as a reference in determining the success of a service program [7]. The level of patient satisfaction can indicate the success of a hospital's health service in improving service quality [4].

Patients are satisfied when their expectations can be fulfilled through the health services they receive [23].

The case study results show that all dimensions of patient satisfaction have NGS. Empathy is the largest dimension of NGS, with a GS of -0.59 and a conformity percentage of 87.70%. Empathy is a form of concern given by one person to another person as if that person were in the same condition. Giving Empathy to patients makes patients feel cared for and respected. This kind of feeling needs to be created in every patient by health workers [19]. Empathy is an individual attention effort given by service providers to customers sincerely, such as the ease of contacting service providers, the ability of officers to communicate with customers, and the service provider's efforts to understand the desires and needs of customers [20]. Nurses have a central role in offering emotional and psychological support to patients and their families, such as supporting patients through diagnosis and ensuring optimum care is provided to them. In addition to providing technical care, nurses must have quality professional knowledge, attitudes, and skills, providing informational, emotional, and support [13]. This study's results align with previous research, where the empathy dimension is the NGS dimension most dissatisfied with GS between reality and expectations, which is -0.9 [12]. The main factor in the Empathy dimension is how all staff in the inpatient ward, both doctors and nurses, listen carefully to the patient's condition, what the patient complains about and discuss the patient's condition, as well as giving personal attention to the patient in terms of the need for medicine, food, and necessities [9]. Tangible is the second largest GSN dimension, with a GS of -0.56 and a conformity percentage of 88.21%. Services in the tangible dimension include facilities, equipment, staff appearance, cleanliness, and room comfort [20]. The tangible dimension is at the highest average and significantly influences patient satisfaction [22]. This shows that when patients choose a hospital, they have high expectations for the tangible aspects; as a form of display, this aspect includes cleanliness, neatness, comfort, and arrangement of the treatment room, completeness, readiness, and cleanliness of the treatment equipment used, and the neatness and cleanliness of the nurse's appearance, because this will indirectly provide comfort when the patient is being treated. Other research shows respondents were dissatisfied with the tangible dimension with the highest GS, namely -0.24 [24]. Responsiveness is the second largest GSN dimension with a GS of -0.56, the same as the tangible dimension, but has a difference in conformity percentage of 88.36%. Responsiveness is the ability of health workers to respond to patient complaints and fulfill their needs as best as possible [20]. This case study's results align with other research on patient satisfaction with the quality of nursing services, which found a GS of -0.17 [24]. Responsiveness can also be seen in the ability of health service facilities to provide responsive services, such as staff reactions to complaints submitted by patients related to the health services offered [2]. Reliability is the third largest GSN dimension, with a GS of -0.52 and a conformity percentage of 89.27%. Reliability is related to the hospital's ability to provide immediate and accurate services from the first time the patient is treated without making any errors and is satisfactory [8]. Reliability is the ability of health workers to provide fast, precise, and hassle-free services [20]. Patient dissatisfaction with the dimension of reliability regarding the quality of health

services has illustrated that health workers tasked with providing health services to patients have not been optimal in carrying out their duties regarding speed, accuracy, suitability, and smoothness of service [12].

Assurance is the fourth largest GSN dimension, with a GS of -0.35 and a conformity percentage of 92.70%. Service assurance is the ability of health workers to provide safe and comfortable services by established standards [20]. Patient dissatisfaction in this dimension includes information about the patient's experience, which does not match the expectations of how health workers can make patients trust them and feel safe receiving services [12]. Service providers must be able to foster trust in their users because, with this trust, they will feel guaranteed and avoid danger, risks, and doubts about their safety [3].

The results of this case study also show that quadrant A is a top priority that is considered essential for immediate improvement by the hospital to increase patient satisfaction. In this quadrant, the level of patient expectations is very high. In contrast, what the patient feels is still very low. Hence, the patient feels dissatisfied, including attribute number 2 (The hospital has a relatively comfortable room, bathroom, and clean water), 3 (inpatient ward the hospital has complete equipment), 7 (Nurses provide services by the wishes and understand the patient's needs), 8 (Nurses pay serious attention to the patient's needs), 9 (Doctors listen to complaints about the patient's illness and provide a solution in consultation), 11 (Health workers provide thorough, careful and timely services as promised), 12 (Health workers and other personnel, help if there are patient problems), 18 (Health workers accept and serve well). The attributes in quadrant A are the main priority for improvement; the patient's expectations are high, but the reality is low, so the eight attributes in this quadrant have low satisfaction.

5. Conclusions

The results of this case study explain that all dimensions of patient satisfaction in the Inpatient ward at the Aceh Government Hospital have GSN. The most dissatisfied dimension is empathy, with a GS of -0.59 and a conformity percentage of 87.70%, while the lowest is assurance, with a GS of -0.35 and a conformity percentage of 92.70%. Overall, the average value of reality (x) is 4.29, the average value of expectations (y) is 4.80, the average value of GS is -0.51, and the average percentage of conformity is 89.25%. The results of the Cartesian diagram analysis show that the eight attributes included in quadrant A are the main priorities that the hospital must immediately improve to increase patient satisfaction.

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