



ORIGINAL RESEARCH PAPER

Nursing Management

SERVPERF AND IMPORTANCE PERFORMANCE ANALYSIS ON HEALTH QUALITY SERVICES RS X KERINCI

KEY WORDS: Servperf (Service Performance analysis), IPA (importance, performance and analysis), the quality of outpatient service.

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ABSTRACT

BACKGROUND : The quality of medical services provided by a hospital judged good or not can be seen from the level of satisfaction of patients against the perceived service. There are still many problems complained of by the patient on the hospital's quality of service is not satisfactory with regards to the given equipment facilities hospitals, physical facilities building hospitals and the availability of doctors and experts are also concerned communication and attitude among the hospital staff with patients so that patients feel the comfort of the quality of service provided, the patient's dissatisfaction with the quality health care services is demonstrated by the high number of discontent which in some hospitals.

OBJECTIVE : This research aims to analyze the quality of the healthcare services provided by patient registration, doctor, nurse, medical support, pharmacies and the cashier was seen from the five dimensions of service quality.

METHODS : This type of research is descriptive quantitative research methods with Servperf Analysis Model and IPA (importance, Performance and analysis) approach.

RESULTS : Samples taken in Consecutive Sampling with a population of 360 people. The mapping results are obtained by quadrant there are 21 attribute service health services in six patients at Outpatient Installation of Hospital X Kerinci in quadrant A (Concentrate here) that have high importance but still have the performance is low.

CONCLUSION : The results of this study it is expected that the hospital can increase the equipment hospitals and Medical Support Service the more modern and complete, providing service that is courteous, kept his promise, and time service standard outpatient services .

INTRODUCTION

Quality of health services provided by a hospital is considered good or can not be seen from the level of patient satisfaction with perceived service. Satisfaction (satisfaction or dissatisfaction) in the patient is one of the problems that is still the main focus for the entire range of health services management in Indonesia (Dezolla, 2017). Problems of dissatisfaction experienced by the patient when first arriving at the hospital include the initial service received, the attitude of nurses and doctors in dealing with patients, facilities and infrastructure are available, the completeness of medicines and hospital hygiene (*Indonesia Corruption Watch, 2010*).

Problems that are also still a lot of complaints by patients about the quality of hospital services are not satisfactory, not only related to facilities provided by the hospital equipment, hospital facilities and the availability of expert physicians but also related to communication between hospital staff with patients so that patients feel convenience of the quality of service provided (Zeithaml and Bitner, 1996 in Susanti, 2017). Patient's dissatisfaction with the quality of health services is indicated by the high rate of dissatisfaction occurring in several hospitals, both private and government (Dezolla, 2017).

The result of survey of researcher at X Kerinci Hospital in measuring patient satisfaction on outpatient installation service got patient satisfaction score 52,45% (Syafrina, 2016). The results of the survey on the satisfaction of health service users by Muninjaya (2004) in Tulumang et al (2015), it turns out that 84.96% of respondents stated not satisfied with perceived service performance. Most respondents commented on unfriendly and miserably nurses, poorly maintained treatment rooms, inadequate doctor visit times and inadequate parking facilities. The results of the satisfaction survey were also conducted in private hospitals 60.7% of outpatients were not satisfied (Aminudin, 2007 in Dezolla, 2017). This indicates that patient satisfaction still does not meet the standards set by Health Minister Decree No: 129 / Menkes / SK / II / 2008 on Minimum Hospital Service Standard, where minimum standard of outpatient satisfaction ≥ 90%.

The patient's expectation of acceptable health care will be satisfied if the service meets the desired quality standard (Taunay, 2005). The success of a hospital service company is more determined by the assessment and perception of the patient about the quality of service provided by the hospital with all the elements that exist in the environment both internally and externally. There are five service quality dimensions that are often used to measure service

quality, namely tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988).

The Fraihni and Latif research (2016) on outpatient service quality in Saudi Arabia East states that in the responsiveness dimension of receptionists not responding to outside calls immediately, the reliability dimension is a gap that outpatient does not maintain error-free records, assurance dimensions are found that service not done right the first time. Yousapronpaiboon and Johnson's (2012) study on outpatient care quality in Thai hospitals shows five dimensions service quality (ie *reliability, responsiveness, assurance, empathy and tangibles*) have a direct effect on the quality of service perceived by patients. The responsiveness dimension attribute that is the strongest predictor of service quality is that employees provide sincere and detailed information about service conditions, willing to help and offer prompt and efficient service to patients, service gladly and promptly act on the needs and complaints of patients explicitly or implicit is very important.

Based on preliminary surveys and interviews of 10 patients who visited the Outpatient Installation, 7 out of 10 patients said they were not satisfied with the health services they felt in the Outpatient Installation. They say less satisfied with the service hours in the Outpatient Installations that are often late and requiring them to wait more than 60 minutes, they also say it has arrived at the time the polyclinic service starts at 08.30 pm and the nurses are already in the polyclinic room, but they get service passes from 09.30 WIB when asked to nurse, the nurse said the doctor has not entered and still visite to the inpatient room. There are 6 out of 10 patients who complain about the old administration process and there are also complaining about the attitude of the officer at the X Kerinci Outpatient Installation.

There are several methods of analysis that have been proposed by experts in measuring the quality of service. Analytical methods that can be used to measure the quality of service include customer windows, SERVPERF (*service performance*), and SERVQUAL (*service quality*). These three approaches have different concepts with each other (Setianto, 2010).

SERVPERF method has advantages in providing information on which service quality attributes are more important to be improved so that between the desires and interests can become more visible in the analysis of service quality attributes. This statement is reinforced by Alford and Sherrell (1996) in Dharmayanti (2006), that service performance will be a good predictor of service quality.

METHODS

This research is a research descriptive quantitative with model *servperf analysis* and IPA approach (*importance, performance and analysis*). The population in this study were all outpatients in the Outpatient Installation Unit of X Kerinci Hospital with an average number of 3,316 patients per month. The sample size is 360 people taken by *Consecutive Sampling* technique.

This research was conducted in Outpatient Installation which is divided into 6 service groups namely registration service, nurse service, doctor service, pharmacy service, medical support service and cashier service. Each service consists of 60 samples. Given the large number of research samples, the researcher was assisted by 4 enumerators in collecting data that have been done equation of

perception before collecting data.

Data analysis used in this research is univariate analysis, *Servperf* and IPA (*importance, performance and analysis*). Univariate analysis was conducted to see the frequency distribution of each respondent characteristic item (age, sex, education level, employment status, and service status). *Servperf* analysis is performed to see the performance or performance of the health service providers actually felt by the patient. IPA (*importance performance analysis*) to show the mapping of each service quality attribute on cartesian diagram comparing the importance and service performance figures, with the average number of importance and service performance figures, then qualified service quality is obtained in four quadrants.

RESULTS

Table 1 Health Services at Outpatient Installation of Hospital X Kerinci

Dimensi	Item	Registration			Nurses			Doctors			Medical Support Services			Pharmacy			Cashier		
		\bar{X}	\bar{Y}	Tk	\bar{X}	\bar{Y}	Tk	\bar{X}	\bar{Y}	Tk	\bar{X}	\bar{Y}	Tk	\bar{X}	\bar{Y}	Tk	\bar{X}	\bar{Y}	Tk
Tangible	Q1	3,01	4,56	66,06	3,63	4,47	81,3	3,77	4,27	87,1	3,03	4,32	70,3	3,42	4,23	80,7	3,47	4,35	79,7
	Q2	3,46	4,733	73,24	3,6	4,77	75,5	3,8	4,28	85,2	3,6	4,78	75,3	3,75	4,37	85,9	3,77	4,35	86,6
	Q3	3,86	4,35	88,89	3,8	4,43	85,7	3,82	4,25	85,1	3,8	4,37	87	3,82	4,3	88,8	3,72	4,35	85,4
	Q4	3,28	4,03	81,4	3,67	4,23	86,6	3,78	4,27	85,5	3,62	4,25	85,1	3,73	4,1	91,1	3,68	4,17	88,4
Reliability	Q5	2,58	4,37	59,2	3,62	4,43	81,6	3,77	4,3	87,2	3,73	4,42	84,5	3,78	4,2	90,1	3,53	4,22	83,8
	Q6	3,31	3,95	83,97	3,65	4,27	85,5	3,75	4,32	84,2	3,28	4,23	77,6	3,42	3,4	100	3,4	4,03	84,3
	Q7	3,56	4,217	84,58	3,57	4,22	84,6	3,73	4,32	85,7	3,65	4,02	90,9	3,8	4,02	94,6	3,78	3,88	97,4
	Q8	3,2	4,3	74,42	3,25	4,33	75	3,3	4,43	69,5	3,6	4,3	83,7	3,45	4,15	83,1	3,67	3,85	95,2
Response vveness	Q9	2,73	4,5	60,74	3,62	4,47	81	3,72	4,18	89,2	3,78	4,43	85,3	3,82	4,27	89,5	3,85	4,25	90,6
	Q10	3,46	4,3	80,62	3,67	3,39	93,2	3,7	4,05	90,1	3,72	4,08	91	3,78	4,03	93,8	3,7	3,87	95,7
	Q11	3,03	4,36	69,47	3,08	4,37	70,6	3,13	4,47	69,8	3,63	4,03	90,1	3,48	4,03	86,4	3,55	4,12	86,2
	Q12	3,65	4,31	84,56	3,62	3,77	96	3,68	4,2	88,9	3,33	4,05	82,3	3,47	3,68	94,1	3,55	3,6	98,6
Assurance	Q13	3,01	3,5	86,19	3,57	3,55	100	3,22	3,8	95,6	3,07	3,53	86,8	3,72	3,53	105	3,52	3,5	100
	Q14	3,48	3,73	93,3	3,65	3,73	97,8	3,68	4,2	88,1	3,75	4,35	86,2	3,73	4,07	91,8	3,78	4,02	94,2
	Q15	3,88	4,2	92,46	3,88	4,25	91,4	3,83	4,37	82,4	3,77	4,28	87,9	3,7	4,05	91,4	3,73	4,03	92,6
	Q16	3,1	4,35	71,26	3,58	4,48	79,9	3,67	4,32	84,2	3,68	4,43	83,1	3,78	4,33	87,3	3,68	4,38	84
Empathy	Q17	3,78	4,3	87,98	3,62	4,35	83,1	3,62	4,17	88,4	3,7	4,37	84,7	3,77	4,28	87,9	3,72	4,32	86,1
	Q18	3,71	3,61	102,8	3,32	3,53	93,9	3,65	3,65	99,1	3,7	3,55	104	3,73	3,35	111	3,7	3,47	107
	Q19	3,71	3,88	95,71	3,37	3,80	88,6	3,68	3,9	92,7	3,67	3,78	96,9	3,67	3,43	107	3,72	3,52	106
	Q20	3,63	3,93	92,37	3,63	3,87	94	3,67	4,22	84,5	3,63	3,68	98,6	3,68	3,55	104	3,82	3,47	110
	Q21	3,68	3,7	99,55	3,55	3,6	98,6	3,33	3,72	98,7	3,4	3,62	94	3,32	3,55	93,4	3,45	3,5	98,6
	Q22	3,68	3,77	97,8	3,1	4,35	71,3	3,18	4,42	70,2	3,58	3,82	93,9	3,7	3,48	106	3,75	3,55	106
Jmlh		74,8	90,983		78,03	91,2		79,56	92,083		78,73	90,7		80,51	86,41		80,53	86,78	
\bar{X}		3,40			3,546			3,61			3,578			3,659			3,660		
\bar{Y}			4,135			4,145			4,185			4,123			3,928			3,945	

Figure 1. Diagram of IPA Registration Service

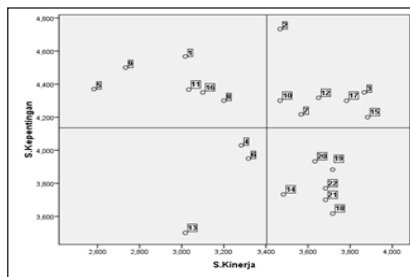


Figure 2. Diagram of IPA Nurse Service

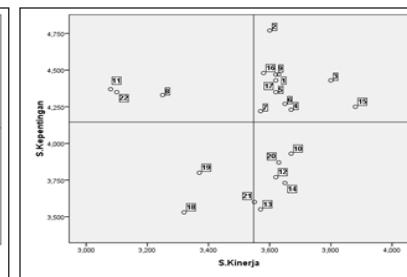


Figure 3. Diagram of IPA Services Doctor

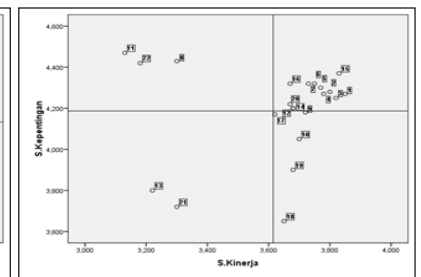


Figure 4. Diagram IPA Medical Support Services

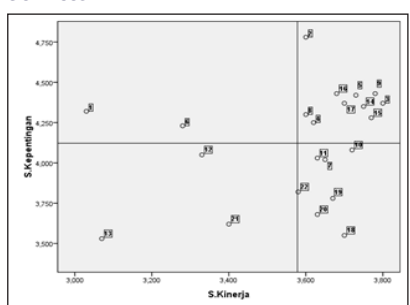


Figure 5. Diagram of IPA Pharmacy Service

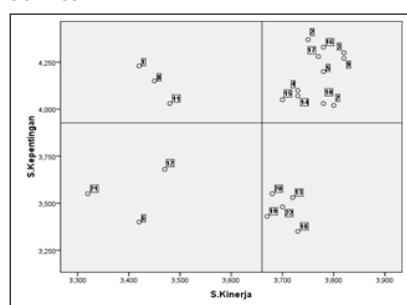
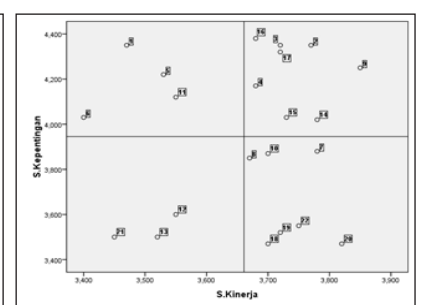


Figure 6. Diagram of IPA Cashier Service



DISCUSSION

1. Quality of Registration Services

Based on table 1 and Figure 1 it is known that there are six items of health service quality dimension given by the registration service is in Quadrant A (Concentrate here) high interest but still have low performance that is tangible Q1 (hospital have the equipment up-to-date), reliability Q5 (employees keep their promises), Q8 (employees provide services according to the schedule) and Q9 (employees keep records accurately), responsiveness Q11 (quick service), assurance Q16 (Courteous employees).

The result of this research is same with result of research of Yeni and Budi (2017), the first attribute contained in quadrant A is attribute that found in tangible dimension that is comfort in waiting room of registration. The results of this study also supported by the results of research Zulfiana and Ernawati (2013) which states the highest patient dissatisfaction is the facility at the registration site of 51.5%. The results of this study are similar to the results of Bardam's (2017) study which states that a rapid and appropriate patient admissions procedure (patient registration officer) lies in quadrant A because the presence of these attributes is considered very important by the customer / patient but the resulting performance is considered unsatisfactory for the patient. Kotler (2001) defines tangible (physical evidence) as the ability of a company to show its existence to outsiders. The appearance and ability of the company's physical facilities and infrastructure and the circumstances of the surrounding environment are clear evidence of the services provided by the service provider. Physical facilities include buildings, equipment and equipment used (technology), and the appearance of employees. According to Parasuraman. et al. (1988) reliability (reliability) is the ability of the company to provide services in accordance with what is promised accurately and reliably. Performance should be in line with consumer expectations which means punctuality, equal service for all customers without errors, sympathetic attitudes, and with high accuracy. Fulfilling appointments in service will reflect the credibility of the company.

According to Parasuraman. et al. (1988), responsiveness with respect to employees' willingness and ability to assist consumers and respond to their requests, and to inform when services will be delivered and then deliver services quickly. While Kotler (2001) defines the responsiveness as a willingness to help consumers and provide services quickly. Kotler (2001) defines assurance as the knowledge of the product appropriately, employee kesopansantunan in providing services, skills in providing information, the ability to provide security and ability in instilling trust and confidence of customers to the company. According to Parasuraman. et al. (1988) assurance that is knowledge, kesopansantunan, and ability of company employees to grow consumer confidence to company.

According to the researcher's analysis, the performance of registration service that is still considered low by the patient is caused by the facility in the registration service which is still manual, the storage of medical record data is not supported by the computer system, the lack of administrative staff at the registration service so that it can slow down the registration process they do, computer-based queuing system on hospital hospital record registration service which ultimately leads to work stress, accumulation of medical record documents, patient waiting time increases. This has an impact on the attitude of the officer who is sometimes disrespectful and indifferent to the patient questions that accumulate.

2. Quality of Nurse Services

Based on table 1 and figure 2 it is known that there are three items of health service quality dimension given by nurse service are in Quadrant A (Concentrate here) which have high importance but still have low performance that is from dimension of reliability Q8 (employee providing service on schedule), the dimension responsiveness Q11 (fast service) found that patients waited for more than 60 minutes, the dimension fourhy Q22 (convenient operating hours) meant a timely service, fast service, and convenient operational hours by the nurse.

The result of this research is similar to Setiawan's research result (2016) which states that the service of nurses who enter in quadrant A is from the dimension of reliability, the patient still see that the performance of nurses on this dimension is still low. In the nurse's accurate indicator when examining the patient 10 respondents (16.7%) said the nurse was quite on time when examining the patient, and 1 respondent (1.7%) said the nurse was inappropriate or sometimes at the time of examining the patient. While expectations for this service 35 respondents (58.4%) said that the timeliness of examination of patients is considered important.

According to Parasuraman. et al. (1988) reliability (reliability) is the ability of the company to provide services in accordance with what is promised accurately and reliably. Performance should be in line with consumer expectations which means punctuality, equal service for all customers without errors, sympathetic attitudes, and with high accuracy. Fulfilling appointments in service will reflect the credibility of the company. Responsiveness refers to employees' willingness and ability to assist consumers and respond to their requests, and to inform when services will be delivered and then deliver services quickly. Emphaty (empathy) is concerned with giving a sincere and individualized attitude to the customer, where a company is expected to have understanding and knowledge about the customer, understand the customer's specific needs, and have a convenient operating time for the customer.

According to the researcher's analysis the performance of the nurse service is still considered low by the patient due to the empty of service activity when the patient is waiting in the polyclinic room, the nurse is present on time service time begins but not doing the service activity so the nurse is seen not doing the service activity and cause the waiting time the patient in the polyclinic becomes old. The result of the observation showed that the absence of nurse activity while waiting for medical record document and waiting for the doctor's visit to the polyclinic finally causing the patient's waiting time to be long and not according to standard (<60 minutes) and causing boredom for the patient that can influence the patient's assessment to the quality of services provided by the nurse.

3. Quality of Doctor Services

Based on Table 1 and Figure 3 it is known that there are three items of health service quality dimension given by physician service in Quadrant A (Concentrate here) that have high importance but still have low performance that is dimension reliability Q8 (service on schedule), dimension responsiveness Q11 (fast service), and dimensions fourhy Q22 (comfortable operating hours).

The result of this research is similar to Setiawan's research result (2016) stated the performance assessment of the hospital on doctor service department based on physician quadrant service analysis result that the reliability dimension included in quadrant A, 12 respondents or (20%) said speed doctor performance during home visit ill in enough category, 2 respondents (3,3%) said service speed performance given by doctor not fast and 1 respondent (1,7%) say very not fast. While the expectation of respondents to the services of physicians 43 respondents (71.7%) said the doctor's speed during a visit to the hospital is considered very important. The results of this study is similar to the results of research Ginting (2012) states that the performance of service officers in providing fast service has not been able to meet patient expectations.

According to Parasuraman, et al (1988), responsiveness refers to the willingness and ability of employees to assist consumers and respond to their requests, and to inform when services will be provided and then provide services quickly. emphaty (empathy) is attention by giving a sincere attitude and individualized or personal given the company to the customer, where a company is expected to have understanding and knowledge about customers, understand the specific needs of customers, and have a convenient operating time for customers.

According to the researcher's analysis, physician's service

performance which is still considered low by the patient is caused by the long waiting time of the patient to get the examination by the doctor. This happens because the doctor's visit schedule to the inpatient room is clashing with the service schedule in the polyclinic, doctor to polyclinic.

4. Quality of Medical Support Services

Based on Table 1 and Figure 4 it is known that there are two items of the quality dimension of health services provided by medical support services found in quadrant A (Concentrate here) that have high importance but still have low performance that is tangible Q1 (house ill have up-to-date equipment), and dimensions of reliability Q6 (employees are sympathetic and assured).

The result of this research is similar to Mastur and Matahari (2016) which stated that attributes that are in quadrant I are very necessary to be improved namely the availability of complete medical support services, complete and sophisticated examination tools.

Tangible or direct evidence in the form of services perceived directly by consumers really pay attention to the company or consumer to improve the performance of the company so as to produce the best quality of service to consumers. Arisutha (2005) reveals that the performance of work demonstrated by human resources, to be assessed in applying work activities that can be assessed from the form of physical service shown. The form of physical services intended in the company is usually how to maximize the condition, facilities, capabilities, and other tools so as to produce a form of reciprocity well perceived both companies and consumers who directly assess how the company's performance (Metayunika, 2013).

According to the researcher's analysis, the performance of medical support services that is still considered low by the patient is caused by the availability of hospital medical support equipment which is still less like MRI (Magnetic Resonance Imaging), CT Scan (Computed Tomography), Hemodialisa which causes the patient to be referred to a more complete hospital. The completeness of the medical support equipment as mentioned above greatly affects the patient's assessment of the quality of a hospital. And also the ability of the health worker to communicate with the patient in conveying and explaining the procedure of action, the process of action, and the impact of the action that will be done can foster the spirit of the patient during treatment and increase the patient's knowledge about the illness suffered and the actions he/patient satisfaction with hospital services.

5. Quality of Pharmacy Service

Based on Table 1 and Figure 5 it is known that there are three items of the dimensions of quality of health services provided by the pharmacy service are in quadrant A (Concentrate here) which have high importance but still have low performance that is tangible Q1 (hospital has up-to-date equipment), dimensions reliability Q8 (employees deliver services on schedule), and dimensions responsiveness Q11 (fast service).

The result of this research is similar to the result of research of Rosa (2017) stated that the patient's expectation on the performance of RSIA Cिक Pharmacy Installation on the dimension tangibles is from the attribute of brochure availability and information about the medicine in the waiting room, the dimension of reliability is from the timely attribute of the attendant in prescribing, the pharmacist directly serves the patient when the patient arrives, and the waiting time for the recipe is completed not long, and from the dimension responsiveness of the officer attribute is quick to respond in response to the patient's complaints and the procedure at Pharmacy Installation is fast and uncomplicated.

According to Parasuraman, et al (1988), tangible (physical evidence) is a dimension concerning the attractiveness of physical facilities, equipment, and materials used by the company, as well as employee performance, reliability (reliability) is the ability of the company to provide services in accordance with what promised accurately and reliably, responsiveness with respect to employees'

willingness and ability to assist consumers and respond to their requests, and to inform when services will be delivered and then deliver services quickly.

According to the researcher's analysis, the performance of pharmacy service which is still considered low by the patient is caused by the lack of patient knowledge and the information obtained by the patient both in terms of treatment and diagnosis as well as the time required to wait for the process of taking the finished drug and the racik medicine so the patient complained about the long process in the service pharmacies, the need for prompt, prompt response by employees in the service of patients can influence the patient's assessment of hospital pharmacy services.

6. Quality of Cashier Service

Based on the results of research that has been done is known that there are four items from the dimensions of quality of health services provided by the cashier service is in quadrant A (Concentrate here) who have high importance but still have a low performance that is dimension tangible Q1 (hospital have up-to-date equipment), dimensions reliability Q5 (employees keep promises), Q6 (sympathetic and convincing employees), dimension responsiveness Q11 (fast service).

The results of this study are slightly different with the results of research Choirunnisa and Puspita (2015) which states that the speed of the registration and cashier in the service, the timeliness of nurses in providing services, quick response doctors, nurses, registration officers and cashiers in helping patients are in the quadrant B, while the friendliness and politeness of registration officers and cashiers are in the quadrant A.

Kotler (2001) defines tangible evidence as the ability of a company to show its existence to outsiders. The appearance and ability of the company's physical facilities and infrastructure and the circumstances of the surrounding environment are clear evidence of the services provided by the service provider. Physical facilities include buildings, equipment and equipment used (technology), and the appearance of employees. According to Parasuraman, et al. (1998), performance must be consistent with consumer expectations which means timeliness, equal service for all customers without error, sympathetic attitude, and with high accuracy. Fulfilling appointments in service will reflect the credibility of the company. Choirunnisa and Puspita (2015), service with timeliness in accordance with the standards on its implementation is necessary. Rapid service reflects the service provider's concern for the effectiveness and efficiency of time for service providers and service recipients (patients).

According to the researcher's analysis, the performance of the cashier service which is still considered low by the patient is caused by the communication done by the cashier only about the payment of the patient so that the patient feels the officer is less sympathetic with the patient's condition. Cashiers who inquire about patients and families when making payments and listening to patient complaints for payments may also affect the patient's assessment of the quality of health services. Officers who always show sympathy and ask about the patient's condition can improve their judgment on the quality of service they feel.

From the overall research result, the quality of health services provided by the registration, nurses, doctors, medical supporters, pharmacies and cashiers still have low performance is also influenced by the characteristics of respondents such as age, education level and service status.

CONCLUSION

There are 21 attributes of the patient's health service at the Outpatient Installation of Major General H.A Thalib Kerinci Hospital located in quadrant A (Concentrate here) which has a high importance but still has low performance

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