

Original Paper

The Effect of Service Quality and Facilities against Satisfaction of Patients at Dental and Mouth Hospital Gusti Hasan Aman on Banjarmasin

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Abstract

Human needs are unlimited and continue to evolve with the times, in this modern era people are not only focused on the hierarchical needs (hierarchy needs) but also the need for health services. Health services can be obtained by the community through hospitals, polyclinics, community health centers (puskesmas) and family doctors. This study aims to analyze the effect of service quality (X1) and facilities (X2) on patient satisfaction (Y) in RSGM-GHA. The study was conducted on 4,988 patients who came for treatment at RSGM-GHA and 100 patients were taken as samples. The analytical method used is multiple linear regression statistical analysis with the help of the SPSS program. The results showed that the variable services quality and facilities provided by the Gt. Hasan Aman to patient gives satisfaction with t test value: service quality (X1) of 0.679 with a significant 0.499 > 0.05 and t-count is smaller than t table 0.679 < 1.988 which means that there is no influence. While facilities (X2) of 13,242 > 1,988 with a significant level of 0.00 showed a significant effect on patient satisfaction. F-test or simultaneous test shows that together service quality variables (X1) and Facility variables (X2) influence with a value of 215,812 significance level of 0,000 and R square value of 0.817 which means that both variables are very strong influence by 81.7 percent.

Keywords

service quality, facilities and satisfaction

1. Introduction

Human needs are unlimited and continue to grow, along with the times. Today society begins by including new needs as their basic needs. One of these needs is the need for health services, because health is a necessity of life which is very important in supporting daily activities. The development of the business world today is also experiencing rapid growth, both businesses engaged in manufacturing and services. Businesses that are engaged in services such as hospitals.

Hospital is a health service institution that conducts complete individual health services that provide inpatient, outpatient and emergency services according to RI Law No. 44/2009 article 1 concerning Hospitals. The hospital performs several types of services including medical services, medical support services, care services, rehabilitation services, prevention and health promotion, as a place for medical and or medical training and training, as a place for research and development of science and technology in the health sector and to avoid risks and health problems as intended, so that there is a need for the organization of environmental health in accordance with health requirements. To carry out complex hospital functions, the hospital must have professional human resources in both the medical technical and health administration fields (MOH RI, 2000).

Patient satisfaction will be fulfilled if they get what they want, when they need it, where they want it, and in the way they specify. Service providers must make every effort to identify the expectations of target consumers regarding the services they provide: Reliability, responsiveness, assurance, empathy and tangibles are dimensions of hospital patient satisfaction (Suryawati, 2004).

Business competition in the business of providing health services to the community, is currently growing more rapidly, so that encouraging existing hospitals inevitably compete with each other to be the best, especially public hospitals. All hospitals compete to compete for customers through the fulfillment of community satisfaction as the maximum customer desired by customers by improving the quality of service. Defining the right quality of service is not easy, but generally quality can be specified, the concept of quality itself is often considered a relative measure of the merit of a product or service consisting of quality of design and quality of conformity. Design quality is a function of product specifications, whereas conformity quality is a measure of how far a product is able to meet the requirements or specified quality specifications. In reality this aspect is not the only quality aspect, in the perspective of TQM (Total Quality Management) quality is seen more broadly, where not only are the results aspects emphasized, but also include processes, the environment and humans. This is clearly seen in the definition formulated by Goetsh and Davis (1994) namely that quality is a dynamic condition related to products, services and people.

Gusti Hasan Aman Dental and Mouth Hospital (RSGM-GHA) is the first hospital specializing in dental and oral health in Banjarmasin. Services at RSGM-GHA include outpatient clinics consisting of: First floor is oral disease and periodonsia, Second floor is pedodontia, Third floor is general poly, fourth floor is prostodontia, orthodontics, conservation and oral surgery. The hospital also has an emergency room, dental radiology and VIP inpatient rooms with four rooms.

Table 1. Number of Patient Visits for 2017-2018

No.	Month/Year 2017-2018	Number Patient Visits
1	November 2017	244
2.	December 2017	304
3	January 2018	400
4	February	362
5	March	295
6	April	421
7	May	427
8	June	496
9	July	459
10	August	511
11	September	532
12	October	517
	Jumlah	4.988

Sources: RSGM-GHA Year 2018.

Based on the Table above, in November 2017-October 2018 the total number of patient visits was 4,988 visits. In November 244 patients, December 304 patients, January 400 patients, February 382 patients, March 295 patients, April 421 patients, May 427 patients, June 496 patients, July 459 patients, August 511 patients, September 532 patients and October 517 patients.

Then it was found that the number of patients registered was 3,156 or 63% of the total patient visits. Patients who are registered are patients who have a treatment card, where every patient who is a first time treatment is given a treatment card. So from the explanation above it can be concluded that the difference between the Total Patient Visits and the Number of Patients Registered is the Repurchase Amount. From the data above it is known that there were 1,832 repeat purchases or 37% of the total visits, this amount was obtained from the difference between the total visits (4,988) and the number of patients registered (3,156).

Based on the description above, researchers are interested in conducting research with the title “The Effect of Service Quality and Facilities on Patient Satisfaction at RSGM Gt. Hasan Aman”.

1.1 Problem Formulation

From the background description above, it can be seen that the number of patient visits to RSGM Gt. Hasan Aman is still volatile. This affects the income earned which automatically fluctuates too. In addition, the achievement of the number of patient visits did not meet the expectations of management who set a target of the first year to reach 600 patients per month or an average of 20 patients per day. On the other hand the number of repurchases that have occurred at RSGM Mt. Hasan Aman, which is

1,832 or 37% of the total patient visits. This can indicate that the patient is satisfied with the services provided by RSGM Gt. Hasan Aman. To increase revenue and business sustainability in the future, RSGM Gt. Hasan Aman needs to maintain and increase the number of patients who come by providing satisfaction to patients in order to compete with other health care providers. Based on the formulation of the problem, the following research questions are arranged:

- 1) Is there a partial effect between service quality on patient satisfaction at RSGM. Gt Hasan Aman?
- 2) Is there a partial effect between service facilities on patient satisfaction at Gt. Hasan Aman?
- 3) Is there a simultaneous influence between the quality of service and service facilities on patient satisfaction at RSGM.Gt. Hasan Aman?

2. Literature Riview

Research conducted by Arlina Nurbaity (2009) on the effect of price and quality of service on inpatient satisfaction at Deli Medan Hospital revealed that the price and quality of service together. Pratama Kesuma Tanudjaya (2014) in his research on the effect of dental clinic service quality on patient satisfaction and trust thereby increasing the desire to seek treatment stated that the trust variable was significantly greater than clinical service quality and patient satisfaction in influencing patient desire to seek treatment again.

Definition of Patient Satisfaction, Satisfactions comes from the Latin “static” (meaning pretty good, adequate) and “facio” (doing or making). Satisfaction can be interpreted as “efforts to fulfill something” or make something adequate (Tjiptono & Chandra, 2007). Kotler (1997) states satisfaction is a feeling of pleasure or disappointment someone who comes from a comparison between the impression of the performance (results) of a product or service with expectations owned. If the performance produced by a product or service is below expectations, consumers feel disappointed and dissatisfied. Conversely, if the performance produced by a product or service can meet or exceed expectations, consumers will feel satisfaction.

Likewise the patient’s feelings towards the performance of services in the emergency department. If the services provided are good, it will produce performance that meets or exceeds the expectations of his patients by providing good services, so patients will feel high satisfaction. Patients who feel high satisfaction will create emotional attachment to the hospital. This can cause patients to become loyal customers in the hospital. But conversely if the performance of services in the emergency department in providing services to patients is poor then the patient feels dissatisfaction and this will affect the patient’s assessment of services by the hospital.

Lefrancois (1980) states that satisfaction is a basic need that can be described as a pleasant thing. These basic needs arise because of certain impulses that must be channeled. Satisfaction will arise if the urge can be channeled and vice versa if the urge is not channeled then there will appear a feeling of dissatisfaction. Tjiptono (Musanto, 2004) said that satisfaction or dissatisfaction is the customer’s response to the evolution of the perceived discrepancy between previous expectations and the actual

performance of the product felt. This increasingly fierce competition causes many manufacturers involved in meeting the needs and desires of consumers, including hospitals that try to provide the best service to patients as consumers so that patients feel satisfied with the services provided by the hospital.

Satisfaction experienced by patients related to the results of services provided by doctors, nurses and other medical personnel. Patients as consumers will feel satisfied if given a good service and treated well and get ease in service. Nata stated (2011) patient satisfaction was also very much determined by the interaction factor between patients and human resources in the hospital; starting from the patient coming, registering and using the queue, get medical treatment, use drugs at the pharmacy, pay at the cashier to enter the treatment room or go home. All of these processes will affect the patient's perception of hospital quality.

Simamora (2003) Restiani (2009) concluded to improve the quality of health services, service quality and patient satisfaction to be an indicator of the success of service delivery in hospitals. Because the quality of service is very important as an effort to meet the needs and desires of customers and the provision of delivery to offset customer expectations

Hospitals are required to provide the best service to patients by paying attention to the wants, needs, and expectations of their patients so that patients feel satisfied and use the same hospital in the future if patients are required to be treated at the hospital. Patients who are satisfied with the services provided by the emergency department at the hospital that will recommend to other parties so that other parties can use the same hospital. In this case the satisfaction felt by patients is not solely obtained from the quality of services provided by the hospital but also from services provided in the emergency department.

There are several methods that every company can use to measure and monitor the satisfaction of its customers and competing customers. According to Kotler et al. (Supriyanto & Wulandari, 2011) identified five methods for measuring customer satisfaction: (1) a complaint and suggestion system, (2) a method related to results, (3) Stealth Shopping, (4) Lost Customer Analysis, (5) Satisfaction Survey.

There are three customer responses to satisfaction, namely (1) voice response (attempts to submit complaints directly and / or receive compensation to the hospital concerned), (2) private response (actions taken in the form of warning or notifying friends, family about experiences with the relevant hospital services), (3) Third-party response (actions taken include efforts to ask for legal compensation, complain via the mass media, or directly go to a consumer institution, legal agency, etc. Reicheld, believes that a person's wishes the customer to recommend a friend to a friend is a result of how well the customer is treated by front-line employees, which in turn is determined by all functional areas that contribute to a customer's experience (Kotler, 2013). In this case hospital services, the front line is the Unit Emergency Department (ER), where the ER is the patient's place p First time served. So the quality of service received by patients while in the ER will be a factor of patient satisfaction when in

the ER will be a factor of patient satisfaction with the hospital. Patients who are satisfied with hospital services will recommend to friends or family.

2.1 Patient Satisfaction Theory

Satisfaction theory continues to evolve and vary according to the context of the problems studied in business institutions and organizations. There are three theories in understanding patient satisfaction, namely:

1) Model of Needs, Desires and Utilizations

This theory explains that individual needs to utilize health services are directly influenced by psychological variables (tastes, sick health perceptions, expectations, perceptions of providers). Individual characteristics (age, sex). Indirect factors are socio-economic and cultural factors. This factor influences the use of health services, through individual characteristics and psychological factors. Environmental factors that influence are transportation, distance of residence to “provider”. Provider factors are related to provider characteristics (knowledge and abilities, motivation, work ethic) in providing health services. In addition, work factor variables (job design, workload) also influence the attitudes and behavior of providers.

2) The Expectancy-Disconfirmation Model

Woodruff and Gardial (Supriyanto & Wulandari, 2010), defines satisfaction as a model of the gap between performance standards (supposed performance standards: gold standards) and actual performance (perceived) received by customers (Satisfaction is the relationship between the product’s actual performance and a performance standard). Customer satisfaction is a positive or negative feeling about value that was received as a result of using a particular organization’s offering in specific use situations. This feeling can be a reaction to an immediate use situation or an overall reaction to a series of use situation experiences. A standard comparison is a standard measure of comparison, which is used to compare with what is assessed by patients.

According to Gaspersz (1997) there are three levels of expectation namely implicit expectations, not directly related to products / services (basic expectations); explicit expectations (implied, stated, related to the product / service desired / expected) and hidden expectations (latent).

3) Stimuli-Assessment-Reaction Model

This theory suggests that there are four components that form customer satisfaction, namely (1) stimulus is a stimulus that can be received by customers both through the senses (eyes, ears, taste, smell), in the form of physical (parking space, facilities, treatment rooms) and non-physical (attitudes and behaviors of nurses or doctors), (2) customer ratings can be expressed in terms of good, bad, like, cold, funny, accepting, helping and finally forming a positive, negative, neutral (zero) attitude from stimulus assessment, (3) reaction customers in affective and cognitive contexts can be in the form of feelings of satisfaction, dissatisfaction, pleasure, displeasure, anger, sadness, reaction is also a combination of affective and behavior and (4) differences in individual characteristics namely pre

disposition (age, sex), previous behavior and personal experience, normative and subjective norms of society before assessing, responding, or reacting after receiving service.

2.2 Patient Satisfaction Aspects

Satisfaction felt by patients is a very important aspect for the survival of a hospital. Sabarguna (2004) states there are several aspects that affect patient satisfaction, namely:

- a. Comfort aspects, including hospital location, hospital cleanliness, comfort of the patient's room, patient food, and equipment available indoor.
- b. Aspects of the patient's relationship with hospital staff, including staff friendliness hospitals especially nurses, information provided by hospital staff, communicative, responsive, supportive, and deft in serving patients.
- c. The technical competency aspects of the officers, including courage to act, experience, degree, and famous.
- d. Cost aspects, including the high cost of services, whether or not affordable by patients, and presence or absence of relief given to patients.

2.3 Factors Affecting Patient Satisfaction

Griffith (Leger, 1992) suggests several factors that influence feelings of satisfaction in someone, namely:

- a. The attitude and approach of hospital staff to patients is the attitude of officersthe hospital to the patient when the patient first arrived at the hospital, the hospitality shown by the hospital staff, and the speed of reception of patients who came to the hospital.
- b. The quality of care received by the patient is what has been done by the service provider to the patient in the form of care services related to the healing process of the patient's illness and the continuity of patient care while in the hospital.
- c. Administrative procedures are related to patient administration services starting in the hospital, during treatment, and when discharged from the hospital, the staff's agility in serving patients, and an explanation of the details of the costs used by patients while in hospital.
- d. Facilities provided by the hospital are inpatient facilities, quality food, room cleanliness, room comfort, and hospital location.

Satisfaction experienced by patients as users of hospital services can only develop if there is a relationship between service providers in this case hospitals, especially nurses who care for patients and patients served (Kotler, 1997). In addition, if the patient feels satisfaction with the services provided by the hospital, the patient will inform his friends, family, and neighbors about the services he has received so that his friends, neighbors or family will also use the same hospital services. Therefore, the hospital must be able to improve the performance of the nurses so that. Nurses at the hospital can provide quality services to patients who use the hospital's services (Kotler, 1997). Singh and Sirdesmukh (2000) (Nata, 2011) suggested the factors that make up decisions toward loyalty, namely

service performance, which is the perception of the process and outcome of service delivery, price perception, namely the evaluation of the fairness of service costs, and performance disconfirmation

2.4 Quality of Service

Quality is a dynamic condition that affects products, services, people, processes and environments that meet or exceed expectations (Tjiptono, 2013). So the definition of service quality can be interpreted as an effort to meet the needs and desires of consumers and accuracy delivery in offset consumer expectations (Tjiptono, 2007). Service quality can be known by comparing consumers' perceptions of the services they actually receive / get with the services they actually expect / want for the service attributes of a company. If the service received or perceived (perceived service) is as expected, then the quality of service is perceived to be good and satisfying, if the service received exceeds consumer expectations, then the quality of service is perceived to be very good and quality. Conversely, if the service received is lower than expected, the perceived quality of service is poor.

Quality of service or service is the level of gap between the expectations or desires of customers with the perception or performance they have felt. According to Schnaars in Tjiptono and Chandra (2005), basically the goal of a business is to create satisfied customers. Furthermore Kotler (2015) said that service is any activity or benefit offered by one party to another party and is essentially intangible, and does not result in ownership of something. The basic concept of a service (service) or the quality of a product can be defined as fulfillment that can exceed what the customer wants or expects.

According to Kotler (2015, p. 83) the definition of service is any action or activity that can be offered by one party to another party, which is basically intangible and does not result in any ownership. Its production can be related or not linked to one physical product. Service is the behavior of producers in order to meet the needs and desires of consumers for the achievement of satisfaction to consumers themselves. Kotler also said that the behavior can occur at the time, before and after the transaction. In general, high-quality services will result in high satisfaction and frequent repeat purchases.

From the definitions of service quality, it can be concluded that service quality is all forms of activities carried out by the company in order to meet consumer expectations. Services in this case are defined as services provided by the service owner in the form of convenience, speed, relationships, abilities and hospitality aimed at attitudes and properties in providing services for customer satisfaction.

According to Parasuraman et al. (1998), the dimensions that represent consumer perceptions of a service quality are as follows:

- 1) Reliability is a dimension that measures the reliability of a service to consumers. The reliability dimension is defined as the ability to deliver the promised service reliably and accurately.
- 2) Responsiveness is the willingness to help and provide services quickly to consumers which includes the readiness of labor in serving consumers, the speed of labor in handling transactions and handling consumer complaints. The responsiveness dimension is the most dynamic dimension. This is influenced by technological development factors. One example of aspects of responsiveness in service is speed.

3) Assurance is the dimension of service quality related to the ability to instill trust and confidence in consumers. Dimensions of certainty include the ability of labor for knowledge of products including the ability of employees to appropriately know the product, the quality of hospitality, attention and courtesy in providing services, skills in providing security in utilizing the services offered and the ability to instill consumer confidence in services which is offered

4) Empathy is a willingness to care and give personal attention to service users. Empathic service requires personal touch / feeling. The empathy dimension is a dimension that provides a great opportunity to create a “surprise” service, which is something that is not expected by the service user but is actually provided by the provider services. This empathy dimension is a combination of aspects:

a) Access includes the ease of utilizing the services offered service provider.

b) Communication, which is the ability to do communication to convey information to consumers or obtain input from consumers.

c) Understanding of consumers, including business service providers to know and understand the needs and desires of consumers.

5) Tangible dimensions

defined as the appearance of equipment facilities and officers who provide services because a service cannot be seen, smelled, touched or heard, the tangible aspect becomes very important as a measure of service.

Tjiptono (2008) suggests that consumers assess the five dimensions of quality of health services, namely:

1) Reliability: appointments are kept according to schedule and the diagnosis is proven accurate.

2) Responsiveness: easily accessible, no longer waiting and willing hear patient complaints.

3) Guarantees: knowledge, skills, trust and reputation.

4) Empathy: know the patient well, remember problems (illness, complaints, etc.) before, good and patient listeners.

5) Physical evidence: waiting rooms, operating rooms, equipment and written materials

One of the factors driving customer satisfaction is the quality of service. To increase customer satisfaction, the RGSM Gt. Hasan Aman must improve the quality of service. To assess service quality, it can be measured by 5 factors, namely tangible, reliability, responsiveness, assurance, empathy.

According to Kotler and Armstrong (1996), quality service products have an important role in shaping customer satisfaction. The more quality the products and services provided, the higher the satisfaction felt by the customer. If customer satisfaction is higher, it can cause benefits for the business entity. One of the main ways to maintain a service company is to provide services with a higher quality of service than competitors consistently and meet customer expectations. If the perceived quality of service is smaller than expected, the customer becomes uninterested in the service provider, but if the opposite is true, it is likely that the customer will continue to use the service provider again.

Research conducted by Dabholkar et al. (2000) in Tjiptono (2005) states that service quality has a

positive influence on customer satisfaction. Parasuraman et al. (1998) in Hadi (2003) argues that service quality is in line with customer satisfaction, where increasing (more positive) service quality is used as a reflection of increasing customer satisfaction.

3. Service Facilities

According to Youti (1997, p. 12) service facilities are everything both objects and services that accompany the services provided by companies both service companies, trade and industrial companies. Facilities can also be interpreted as facilities and infrastructure that are available in the environment or inside the company office, intended to provide maximum service so that consumers or customers feel comfortable and satisfied. Facilities are the main supporting factor in the activities of a product.

Raharjani (2005) states that if a service company has adequate facilities so that it can make it easier for consumers to use their services and make consumers comfortable using these services, they will be able to influence consumers in purchasing services. Companies that provide a pleasant atmosphere with attractive facility designs will influence consumers in making purchases. This means that one of the factors of consumer satisfaction is influenced by the facilities provided by the seller that are used by consumers so as to facilitate consumers in the purchasing process. If consumers feel comfortable and easy to get the product or service offered by the seller, then the consumer will feel satisfied.

Kertajaya (2003) the provision of adequate facilities will help increase consumer empathy for any conditions that are created when consumers make a purchase. So psychologically they will give a statement that they are satisfied in making a purchase. Matters that need to be conveyed in service facilities include:

- 1) Completeness, cleanliness and tidiness of the facilities offered
- 2) Condition and function of facilities offered
- 3) Ease of use of the facilities offered
- 4) Completeness of the equipment used

The facility is a supporting facility used by the company in an effort to increase customer satisfaction. The better the facilities provided to consumers, the more they will increase customer satisfaction. Kotler (2015) states that one of the efforts made by company management, especially those that are directly related to customer satisfaction, is to provide the best facilities to attract and retain customers. Facilities are important facilities and infrastructure in an effort to increase satisfaction such as providing convenience, meeting the needs and comfort for service users. If the facilities provided are in accordance with the needs, then the consumer will feel satisfied.

The relationship between facilities and satisfaction has been proven by research conducted by Martianawati (2009), Widitomo (2009), Wijaya (2010), where the results of the study are that facilities have a positive influence on satisfaction.

3.1 Patient Satisfaction

Kotler (2015) says that patient satisfaction is the level of one's feelings after comparing the performance or results he feels compared to his expectations. If the performance exceeds expectations they will feel satisfied and vice versa if the performance does not match expectations will be disappointed. Engel (1990) states that patient satisfaction is an evaluation after the service selected is at least the same or exceeds patient expectations, while dissatisfaction arises when the results do not meet expectations. Basically the goal of a business is to create satisfied customers. Every person or organization (company) must work with internal and external customers to meet their needs in collaboration with internal and external suppliers for the creation of customer satisfaction. The creation of customer satisfaction can provide several benefits including (Tjiptono et al., 2003):

- a. The company's relationship with consumers becomes harmonious.
- b. Provides a good basis for repeat purchases.
- c. Can encourage the creation of consumer loyalty.
- d. Forms word of mouth recommendations benefit the company.
- e. Earnings increased

3.2 Measuring Patient Satisfaction

There are several methods that every company can use for measuring and monitoring the satisfaction of consumers and competitors. Kotler (2001, p. 45) identified four methods for measuring consumer satisfaction:

a) Complaints and Advice System

Every consumer-oriented organization (customer-oriented) needs to provide opportunities and easy and convenient access for consumers to submit suggestions, criticisms, opinions, and complaints. The media used can be in the form of suggestion boxes placed in strategic locations (easily accessible or often bypassed by customers), comment cards (which can be filled directly or sent via post to the company), special toll-free telephone lines, websites, etc.

b) Ghost Shopping

One way to get a picture of customer satisfaction is by hiring some ghost shoppers to act or pretend to be potential customers of the company's products and competitors. They are asked to interact with staff service providers and use the company's products / services.

c) Consumer Satisfaction Survey

Most consumer satisfaction research is carried out by using the Survey method, both surveys by post, telephone, e-mail, website and direct interviews. Through a survey the company will get responses and feedback directly from consumers and also gives a positive impression that the company pays attention to its customers.

If the reality is more than expected, then the service can be said to be quality whereas if the reality is less than expected, then the service is said to be of poor quality. If reality is the same as expectation, the service is called satisfying.

Thus service quality can be defined as the difference between reality and consumers' expectations for the services they receive (Lupiyoadi, 2001).

3.3 Framework

The results of the 2012 survey the number of cavities in the population of South Kalimantan is 85%. Almost everyone loses their teeth. Therefore, a special hospital was established to serve oral health. The number of dentists and the population of South Kalimantan are very different in number. One dentist should have served ten residents. Establishment of RSGM Mt. Hasan Aman is expected to significantly reduce the number of cavities. Patient motivation is also very important in reducing the number of cavities.

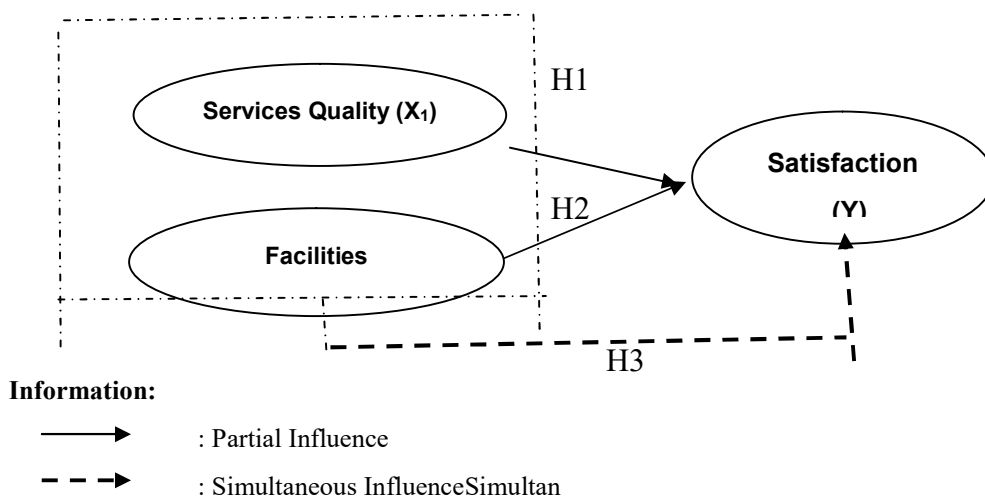


Figure 1. Research Conceptual Framework

Hypothesis

Based on the problem formulation and theoretical review, the hypotheses proposed in this study are:

- H1: There is a positive influence between service quality on patient satisfaction
- H2: There is a positive influence between facilities on patient satisfaction
- H3: There is a positive influence between the quality of service and facilities in a manner simultaneous with patient satisfaction

Research Variables and Operational Definitions 1, Research Variables

Sugiyono (2008) states the research variable is an attribute or nature or value of people, objects or activities that have certain variations that are determined by researchers to be studied and drawn conclusions. SutrisnoHadi (Arikunto, 2002) states that variables are symptoms that show good variation in type / level. In this study using two research variables, namely the dependent variable and the independent variable:

a. Independent variable (not bound):

The independent variable is the variable that causes the occurrence or influence of the dependent variable (Y) (Husein Umar, 2001). The independent variables that will be examined in this study are:

1. Quality of Service (X1)

2. Facilities (X2)

- b. Dependent variable:

The dependent variable is the variable whose value is influenced by the independent variable (Husein Umar, 2001). The dependent variable that will be examined in this study is patient satisfaction (Y).

2. Operational Definitions

Operational Definition is to attach meaning to a variable by defining the activities or actions necessary to measure that variable. The operational definition explains variables, making it possible for researchers to take measurements in the same way or develop better ways of measurement, Indriantoro and Supomo (2002). As for the operational definitions in this study are as follows:

- 1) Independent variable, which consists of:

- a. Service Quality (X1)

Quality of service is a measure of how well the level of service provided is able to match customer expectations. Indicator:

- 1) Reliability

- 2) Responsiveness

- 3) Assurance

- 4) Empathy

- 5) Tangible dimensions

- b. Facilities (X2)

According to Zakiah Daradjat and Anastasia, facilities are all things that can facilitate efforts and facilitate work in order to achieve a goal. Meanwhile, according to Suhaisimi Arikonto, facilities are all things that can facilitate, facilitate the implementation of a business. Facilities are all things that make it easier for patients to benefit from the services provided by the hospital. Indicator:

- 1) Completeness

- 2) Comfort and cleanliness of the room

- 3) Condition of the facility

- 2) Dependent variable (dependent), namely: Customer Satisfaction (Y)

Customer satisfaction is a feeling of pleasure or disappointment someone who appears after comparing the performance (results) of products thought to the expected performance (Kotler, 2005, p. 70).

- 3) Patient Satisfaction (Y)

Patient satisfaction is a natural thing obtained by all patients in the dental and oral hospital of Gt. Hasan Safe. Patient satisfaction is inseparable from the service it receives, the better the level of service received, the patient will feel satisfied and if otherwise it is not satisfied. The indicators of patient satisfaction are:

1. Timely service

2. Adequate facilities

3. Seating is available
4. Quick maintenance completed
5. Comfortable treatment room

4. Methodologis

This research was conducted using a quantitative descriptive analysis research approach. Research sites, This research will be conducted at GGM. Hasan Aman Jl. SimpangUlin no.28 Banjarmasin South Kalimantan Province Population, Samples, and Sampling Techniques

1) Population, is a generalization area consisting of objects or subjects that have certain qualities and characteristics determined by researchers to be studied and then conclusions drawn. The population in this study were all 4988 patients who visited the RSGM.

2) Samples, the sample is part of the total characteristics possessed by the population (Sugiyono, 2004). Sampling is done with the consideration that the population is large enough, so it is not possible for the entire population.

3) Sampling Methods, the sampling method in this study was conducted using the Non Probability Sampling method, which is a sampling method that does not provide the same opportunity or opportunity for each element or population to be selected as a sample (Sugiyono, 2004).

The type of Probabilty Sampling used is purposive sampling. The purposive sampling method is a sampling method based on certain considerations and must represent the population to be studied. The consideration to be taken in taking the sample to be investigated is that the respondent studied is someone who has used the RSGM Gt. Hasan Aman.

The number of samples is determined using the Yamane approach (Ferdinand, 2006).

N

n = -----

1 + Nd²

Where :

n = Sample

N = Total Population

d = Margin of error

By using a d value of 10%, the following sample sizes are obtained:

4988

n = ----- = 98.03 to 100 respondent

1 + 4988 (0, 1)²

Data Types and Sources: RSGM GtHA

The type of data in this study is to use primary data. Primary data is a source of research data obtained directly from original sources/without going through intermediary media (Supranto, 1994). Primary data used in this study were obtained from questionnaires filled out by respondents directly to users of

the RSGM Gt service. Hasan Aman.

4.1 Data Collection Methods

Research data that will be used in this study were collected with an instrument in the form of a questionnaire. The questionnaire is a list of questions that includes all statements and questions that will be used to obtain data, whether done by telephone, letter or face to face (Ferdinand, 2006). Basically the use of measuring instruments in the form of a questionnaire has similarities in terms of assumptions, strengths and weaknesses, therefore the authors use the reason for using the questionnaire method.

Scoring the questionnaire answers was determined using a scale

Likert is 5, 4, 3, 2, 1.

1. = Very dissatisfied

2. = Not satisfied

3. = Quite satisfied

4. = Satisfied

5. = Very satisfied

Teknik Analisis

So that the data that has been collected can be useful, then the data must be processed and analyzed so that it can be used to interpret, and as a basis for decision making. The data analysis used in this study is quantitative analysis.

Quantitative analysis is an analysis used for data in the form of numbers and how to discuss it with statistical tests. Data analysis activities in this study include several basic stages (Santoso & Tjiptono, 2001), these stages include:

- 1) Editing Process, the initial stage of data analysis is to edit the data that has been collected from the results of the survey in the field. In principle, the data editing process aims to ensure that the data to be analyzed is accurate and complete.
- 2) Coding Process, the process of converting qualitative data into numbers by classifying answers available according to important categories (coding).
- 3) Scoring Process, the process of determining the score of respondents' answers carried out by make suitable classifications and categories depending on opinion or opinion respondent.
- 4) Tabulation, presenting the data obtained in the table, so the reader is expected to see the results of the research clearly. After the tabulation process is completed then the data in the table will be processed with the help of statistical software namely SPSS.

Data Analysis Method, Data analysis is a process of simplifying data into a form that is easier to read and interpret. By using quantitative methods, it is expected that more accurate measurement results will be obtained about the responses given by respondents, so that the data these numbers can be processed using statistical methods.

4.1.1 Descriptive Statistics, is the analysis shown in the development and the growth of a situation and only gives an idea of certain circumstances by describing the properties of the object of research these (Umar, 2001). In this case the writing is done using Descriptive analysis, i.e., by reading the tables, the available figures then do the description and interpretation.

4.1.1 Data Validity

1) Test validity

The purpose of the validity test is to measure the validity or validity of a questionnaire. A questionnaire is said to be valid if the questions on the questionnaire are able to reveal something that will be measured by the questionnaire (Ghozali, 2006). The questionnaire is said to be valid if the questions on the questionnaire are able to reveal something that will be measured by the questionnaire. Measuring validity can be done by correlating the score of questions with the total construct score or variables. Namely by comparing the value of r count with r table for degree of freedom (df) = $n-2$, where (n) is the number of research samples. If r arithmetic $>$ r table and a positive value then the item or question or indicator is declared valid.

2) Reliability Test

The reliability test is a tool used to measure the consistency of the questionnaire which is an indicator of a variable or construct. A questionnaire is said to be reliable or reliable if a person's answer to a statement is consistent or stable from time to time (Ghozali, 2006). The reliability measurement that will be used in this research is to use version 16 of the SPSS analysis tool, namely the Cronbach Alpha statistical test. A construct or variable is declared to be reliable if the Cronbach Alpha value $>$ 0.60 (Nunnally, 1967; Ghozali, 2006).

4.1.3 Classical Assumption Test

1) Normality Test

The normality test aims to test whether in the regression model, confounding or residual variables have a normal distribution. We can see it from the normal probability plot comparing the cumulative distribution with the normal distribution. The normal distribution forms a diagonal straight line, and the plotting of residual data will be compared with the diagonal line. If the data distribution is normal, then the line that describes the actual data will follow the normal line (Ghozali, 2005).

In principle, normality can be detected by looking at the spread of data (points) on the diagonal axis of the graph or by looking at the histogram of the residuals. The basis for decision making include (Ghozali, 2006): diagonal line or the graph does not show a normal distribution pattern, then the regression model does not meet the assumption of normality

2) Multicollinearity Test

Multicollinearity test was conducted to test whether the regression model found a correlation between independent variables. A good regression model should not occur correlation between independent variables. If there is a correlation, then there is a problem called Multicollinearity. In this study, to detect the presence or absence of multicollinearity in the regression model the correlation matrix of

independent variables is used, and to see the value of tolerance and Variance Inflation Factor (VIF) with the help of SPSS version 16 for Windows. Testing the presence or absence of multicollinearity symptoms is done by taking into account the value of the correlation matrix produced during data processing and the value of VIF and its tolerance. If the correlation matrix between independent variables has a high enough correlation (generally above 0.90), then this is an indication of a multicollinearity problem, and vice versa. The cutoff value that is commonly used to indicate a multicollinearity problem is Tolerance < 0.10 or equal to VIF value > 10 (Ghozali, 2006).

3) Heteroscedasticity Test

Heteroscedasticity test aims to test whether in the regression model there is a variance similarity from the residuals of one observation to another. If the variance shows a fixed pattern, it can be stated that there was no heteroscedasticity. If the variance from one observation residual to another observation is fixed then it is called homokedasticity, and if it is different it is called heteroscedasticity. To detect the presence or absence of heteroscedasticity can be done by using a Scatterplot chart. A good regression model is a homokedastisitas or heteroscedasticity does not occur (Ghozali, 2005).

Basic analysis:

1) If there are certain patterns, such as dots that form a regular pattern then it indicates that heteroscedasticity has occurred.

2) If there is no clear pattern, and the points above and below the number 0 on the Y axis, then there is no heteroscedasticity

4.1.4 Multiple Linear Regression Analysis

Linear Regression Analysis is used to determine the effect of independent variables with the dependent variable. For regressions whose independent variables consist of two or more, the regression is called multiple regression. In this study, the independent variable consists of three variables, so it uses multiple regression. The regression equation in this study is to find out how much influence the independent variable is Service Quality (X1), Price (X2), and Facilities (X3) on Patient Satisfaction (Y).

Regression equations can be formulated

$$Y = a + b_1X_1 + b_2X_2 + e$$

Where :

Y = Patient Satisfaction

a = constant

b₁, b₂ = coefficient of research variables

X₁ = Service Quality Variable

X₂ = Facility Variable

e = Error

4.1.5 Simultaneous Test (Test F)

The F statistical test is used to determine whether all independent variables entered into the model have an influence together on the dependent variable (Ghozali, 2005).

4.1.6 Hypothesis Testing

To find out the significance of the results of the study it is necessary to do a t test (Partial Test) t-test basically shows how far the influence of one independent variable individually in explaining the variation of the dependent variable (Ghozali, 2005, p. 84).

1) If $H_0 : \beta_i = 1,2$

Independent variable on partial and simultaneous on the effect about dependent variable

2) If, $H_1 : \beta_i = 1,2$

Independent variable on partial and simultaneous the effect about dependent variable.

4.1.7 Coefficient of Determination (R²)

The coefficient of determination (R²) essentially measures how far the ability to explain the variation of the dependent variable. The coefficient of determination is between zero and one. a small R² means ability independent variables in explaining the variation of the dependent variable are very limited. a value close to one means that it is needed to predict variations dependent variable. in general the coefficient of determination for cross data (crosssection) is relatively low due to large variations between each observation, while for coherent data (time series) usually has a high coefficient of determination (Ghozali, 2005). To find out the size of the independent variable in influencing the dependent variable can be known through the coefficient of determination indicated by the adjusted RS square (R²). The adjusted R² value can go up or down if an independent variable is added to the model

5. Results and Discussion

5.1 Test the Validity and Reliability of Research Instruments

The initial step before the questionnaire was distributed and used to measure the research object, the researchers first tested the validity and reliability of all research variables. Test the validity and reliability in this study using the help of the SPSS 23.0 for Windows program with valid and reliable results.

a. Validitas test

Table 2. Service Quality Validities

Variable	Item	R _{hitung}	R _{tabel}	Information
Services Quality	P1	0,640	0,165	Valid
	P2	0,869	0,165	Valid
	P3	0,826	0,165	Valid
	P4	0,869	0,165	Valid
	P5	0,825	0,165	Valid
	P6	0,635	0,165	Valid

	P7	0,865	0,165	Valid	
	P8	0,823	0,165	Valid	
	P9	0,860	0,165	Valid	
	P10	0,819	0,165	Valid	
	P1	0,329	0,165	Valid	
	P2	0,548	0,165	Valid	
	P3	0,578	0,165	Valid	
	P4	0,329	0,165	Valid	
	P5	0,682	0,165	Valid	
Facilities	P6	0,578	0,165	Valid	
	P7	0,548	0,165	Valid	
	P8	0,573	0,165	Valid	
	P9	0,708	0,165	Valid	
	P10	0,548	0,165	Valid	
	P11	0,708	0,165	Valid	
	P12	0,682	0,165	Valid	
	Satisfaction	P1	0,676	0,165	Valid
		P2	0,592	0,165	Valid
		P3	0,453	0,165	Valid
P4		0,372	0,165	Valid	
P5		0,535	0,165	Valid	
P6		0,592	0,165	Valid	
P7		0,676	0,165	Valid	

Source: PrimaryData 2018.

b. Relabilities Test

Table 3. Service Quality of Reliabilities

Reliability Statistics	
Cronbach's Alpha	N of Items
.945	10

Source: Output SPSS.

It can be seen from this table that Cronbach's Alpha value is 0.945 greater than r-Table.

Table 4. Fasilitas Reliabilitas

Cronbach's Alpha	N of Items
.784	12

Source: Output SPSS.

From this Table, the Cronbach's Alpha value of 0.784 is greater than r-Table.

Table 5. Reliabilities Satisfaction

Cronbach's Alpha	N of Items
.609	7

Source: Output SPSS.

It can be seen from the table that the Cronbach's Alpha value of 0.609 is greater than r-Table.

5.2 Analysis of Research Results

Based on the results of the validity and reliability tests, statement questionnaires can be formally circulated to respondents. Then the data from the questionnaire answers obtained, tabulated and further analyzed in the form of a classic assumption test and multiple regression tests.

5.3 Classic Assumption Test

a) Normality

Proof that the residual value is spread normally is one indication that the regression equation obtained is good enough. Proof of normality of residual values is carried out using the Kolmogorov-Smirnov test, which takes into account the residual values that exist. Residuals are normally distributed if the significance level is more than 0.05. Based on Table 5 it can be seen that the residual value obtained is $0.200 > 0.05$. This means that data distribution is normal.

Table 6. Kolmogorov-Smirnov Test

One-Sample Kolmogorov-Smirnov Test		
		Unstandardized Residual
N		100
Normal Parameters ^a	Mean	.0000000
	Std. Deviation	1.35992391
Most Extreme Differences	Absolute	.093
	Positive	.047
	Negative	-.093

Kolmogorov-Smirnov Z	.929
Asymp. Sig. (2-tailed)	.354

a. Test distribution is Normal.

Source: Output SPSS.

b). Heteroscedacity

A good regression model is a homoskedacity or heteroskedacity does not occur. Detection of heteroskedacity can be done by using the scatter plot method by plotting ZPRED values (predicted values) with SRESID values (residual values). Based on Figure 5.2 it can be seen that there are no specific patterns on the graph. This means that there is no heteroskedacity in the model or the regression model used is good.

c). Multicollinearity

The regression model assumes the absence of multicollinearity or the absence of a perfect or almost perfect relationship between independent variables so that it is difficult to separate the influence of those variables individually on the dependent variable. Multicollinearity detection is by looking at the tolerance value and Value Inflation Factor (VIF). A regression model is said to be free of multicollinearity if it has a VIF value less than 10.00 and has a tolerance number greater than 0.10.

Table 7. Coefficients^a

Model		Unstandardized		Standardized			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	1.945	1.185		1.641	.104		
	KUALITAS	.025	.036	.045	.679	.499	.439	2.280
	FASILITAS	.517	.039	.870	13.242	.000	.439	2.280

a. Dependent Variable: satisfaction

Source: Output SPSS.

From the Table it is found that the tolerance value is $0.439 > 0.10$ or $2.280 < 10.00$, so there is no multicollinearity.

5.4 Multiple Regression Analysis

This analysis is to determine the effect of the independent variable with the dependent variable. Multiple regression analysis has several test requirements that must be met before multiple linear

regression analysis is performed. After all prerequisite tests have been carried out and the results meet the requirements for multiple regression analysis, the results of data processing using SSPSS 16.0 are as follows:

Based on table 5.1, the results of the multiple linear regression equation are obtained as follows:

$$Y = 1,945 + 0,025X_1 + 0,517X_2$$

Hypothesis Test

a). t- test

Based on Table 6 above, the following results can be obtained:

- Based on t-table: $H_1, 0.499 > 0.05$ and $t\text{-count } 0.679 < 1.988$, the H_1 hypothesis is rejected, which means that X_1 does not affect patient satisfaction Y
- Based on t-table: $H_1, 0.000 < 0.05$ and $t\text{-count } 13.224 > 1.988$, the H_2 hypothesis is accepted which means that X_2 influences patient satisfaction Y
- The third hypothesis shows that together X_1 and X_2 affect patient satisfaction (Y)

b) Uji F

Dari tabel tersebut di atas dapat diperoleh hasil bahwa variabel kualitas layanan (X_1) dan variabel Fasilitas (X_2) berpengaruh signifikan secara simultan terhadap kepuasan pasien (Y) di RSGM – GHA banjarmasin. Sedangkan nilai R square sebesar 0,817, hal ini mengandung arti bahwa pengaruh variabel X_1 dan X_2 secara simultan terhadap variabel Y adalah 81,7%.

Tabel 8. ANOVA^b

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	814.700	2	407.350	215.812	.000 ^a
	Residual	183.090	97	1.888		
	Total	997.790	99			

a. Predictors: (Constant), Facilities, Service Quality

b. Dependent Variable: Satisfaction

Source : Output SPSS

Theoretical Implications

This study aims to determine the effect of service and facility quality on outpatient satisfaction at RSGM Gt. Hasan Aman obtained through the results of the regression test berganda. The results of the multiple regression test of the variable at issue indicate that the independent variable, i.e., the facility has an influence on the dependent variable. This means that if the facilities are improved and the quality is more supportive then the level of patient satisfaction will also increase.

Managerial Implications

Efforts to improve outpatient satisfaction need to be accompanied by improvements in the quality of services that are more supportive. The facility has a dominant influence on the satisfaction of outpatients RSGM Gt. Hasan Aman. Therefore, a more complete facility and in accordance with the patient's thinking will increase satisfaction. But the quality of service must also be improved not only facilities. Thus the patient will feel satisfied with hospital services.

Implications of Research Results

6. Conclusion

Based on the results of hypothesis testing using multiple regression tests, the following conclusions can be obtained.

- 1) The quality of service does not significantly influence the satisfaction of outpatients RSGM Gt. Hasan Aman Banjarmasin.
- 2) Facilities have a significant influence on the satisfaction of outpatients RSGM Gt. Hasan Aman Banjarmasin.
- 3) Variable quality of service and facilities simultaneously have a significant effect on the satisfaction of outpatients RSGM Gt. Hasan Aman Banjarmasin.

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