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Assesment of User Satisfaction of Accredited Government Hospital Services in Palembang Using the SERVQUAL Approach

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Abstract: The purpose of this study was to analyze the service quality of government hospitals in Palembang based on the user's perspective and the determining factors as well as the influence of service quality on service user satisfaction of government hospitals in Palembang. The population of this study is all patients in three public hospitals in Palembang. The sample was calculated using the Lemeshow formula with total respondents of 100 patients. The data is obtained through questionnaires using SERVQUAL method. The results show that, service quality that measured by dimensions of tangibility, empathy, reliability, responsiveness and assurances is found to be lower than the patients' expectations. The results also show that service quality has a positive and significant effect on user satisfaction on the government hospitals in Palembang.

Keywords: Service User Satisfaction, SERVQUAL, Accredited Government Hospital, Palembang

Introduction

According to the WHO (World Health Organization), a hospital is an integral part of a social and health organization with the function of providing complete (comprehensive) services, curative and disease prevention (preventive) to the community (WHO, 2009). Based on Government Regulation of the Republic of Indonesia number 47 of 2021 concerning Hospitals, a hospital is a health service institution that provides plenary health services that provide inpatient, outpatient and emergency services whose services are provided by doctors, nurses and other health professionals (Government Regulation of the Republic of Indonesia No. 47, 2021).

Hospitals have a very strategic role in efforts to accelerate the improvement of public health status. Good health services are a community need and are often a measure of development success. From time to time, the government tries to produce programs that can improve health services as a whole (Manek, 2020). Quality health services are those that are oriented towards the satisfaction of each user of health services based on the average level of satisfaction of service users. Access to health services provided by hospitals that are safe, good quality, and affordable costs is a right that belongs to all people without exception (Surydana, 2017). In addition, Surydana (2017) added that in realizing equal distribution of health care to the community, optimal services are needed that pay attention to good health service standards in hospitals, one of which is patient satisfaction.

Patient satisfaction is the main indicator in assessing, evaluating, and improving the health services provided by health service providers (Setyawan et al., 2019; Widayati, Tamtomo, & Adriani, 2017). One of the steps that can be used to measure patient satisfaction is to conduct a survey on patient satisfaction (Batbaatar et al., 2017; Nahlah et al., 2019; Nguyen et al., 2020; Sibarani & Riani, 2017; Sulistyo et al., 2019; Zendjidjian et al., 2014). According to Batbaatar et al (2017), survey results on patient satisfaction allow health service providers to make strategic plans in realizing effective and better quality services because policy makers can understand what patients need. Zendjidjian et al (2014) added that by understanding the determinants of patient satisfaction, healthcare providers can increase their patient satisfaction.

Previous research conducted by Batbaatar et al. (2017); Setyawan et al. (2019); Sibarani & Riani (2017); Suryadana (2017); Widayati et al. (2017); and Zendjidjian et al (2014) found that the determinant or factor that most influences patient satisfaction is the quality of health services. Quality health services can be realized by meeting the needs and desires of patients. In detail, when patients get excellent service, as seen from the quality of the facilities, fast and precise services performed by nurses and doctors, as well as clear and simple administrative services, will increase patient satisfaction at any hospital or health service provider.

Based on research by Bustan (2012), Importance Performance Analysis of patient satisfaction (expectations) at Government Hospitals and Private Hospitals in Palembang is not met as seen from the average total grand mean which is negative. In addition, based on research by Fatoni (2019) regarding the description of the level of satisfaction of BPJS patients with health services in outpatient installations of private hospitals in the city of Palembang, the patient satisfaction rate is still low. Based on the conclusions that have been stated above, Hospitals in Palembang need to strive to improve patient satisfaction, namely by understanding the factors that influence the level of patient satisfaction, and then trying to realize patient satisfaction in helping to improve the quality of health services for service users at the hospital (Zendjidjian et al., 2014). Knowing or measuring user satisfaction with health services can provide many benefits for hospitals, namely: guaranteeing a harmonious relationship between service users and hospitals, can be the basis for service users to repeat health services provided by hospitals, creating or increasing user loyalty services, hospitals can be recommended by word of mouth from service users, improve the reputation of the hospital as a health service provider, increase the revenue of the hospital itself (Samsuddin & Ningsih, 2019).

Based on a customer satisfaction survey at the Dr Mohammad Hoesin Palembang Central General Hospital in 2017, customer satisfaction with the services provided by the Dr Mohammad Hoesin Palembang Central General Hospital is still unsatisfactory with customer satisfaction results for outpatient services of 82.4%, speed and the response of registration staff in serving patients is 7.82%, and the length or length of the queue is 27.5% (Samsuddin & Ningsih, 2019). In addition, preliminary research regarding the opinions or statements of the community and patients at Muhammadiyah Palembang Hospital in 2019 stated that patients gave relatively the same assessment in their statements, namely dissatisfaction with services at Muhammadiyah Palembang Hospital, which consisted of slow administrative processes, very high levels of nurse friendliness. lacking, the environment is not clean and not conducive (Herudiansyah et al., 2019).

Another study regarding patient satisfaction with services at the emergency inpatient unit of Palembang BARI Hospital in 2001 showed that most patients were dissatisfied with the service with the proportion of patients who were dissatisfied at 53.8% (Krisnanda, 2001). These studies regarding hospital service satisfaction in Palembang assessed satisfaction with specific services provided by certain groups of providers, assessing only one hospital unit or certain patient groups (Samsuddin & Ningsih, 2019; Mahmud, 2022). Based on the lack of customer satisfaction levels for the services of several hospitals in Palembang, researchers are interested in analyzing the service quality of government hospitals in Palembang based on the user's perspective and analyzing the factors that influence the level of service user satisfaction in government hospitals in Palembang.

The purpose of this study was to analyze the service quality of government hospitals in Palembang based on the user's perspective and the determining factors as well as the influence of service quality on service user satisfaction of government hospitals in Palembang.

Literature Review

Hospital

A hospital is a medical facility that provides comprehensive and personalized medical services that provide inpatient, outpatient and emergency services. Hospitals as health facilities that provide medical services to the community have a very strategic role in accelerating the improvement of public health status. Therefore, hospitals need to provide quality services according to predetermined standards and reach all levels of society. Based on Indonesian Minister of Health Regulation No. 147 of 2010 concerning Hospital Licensing, a hospital is a comprehensive individual health service facility that provides inpatient, outpatient, and emergency services (Regulation of the Indonesian Minister of Health No. 147 of 2010).

The mission of public hospitals is to provide quality and affordable health services to the community in order to improve the health status of the community. General Hospitals are obliged to carry out health service efforts efficiently and effectively by prioritizing healing and recovery which are carried out in harmony and integrated with improvement, and redundancy as well as making referral efforts. Based on law No. 44 of 2009 concerning hospitals, the functions of hospitals are: (1) The performance of medical treatment and rehabilitation services is in accordance with hospital service standards; (2) Maintain and

improve individual health through comprehensive second and third level medical services in accordance with the needs of medical examination and treatment; (3) Organizing human resource education and training in order to increase the capacity of providing health services; (4) Carry out research and development as well as technology screening in the medical field in order to improve health services by taking into account the ethics of science and technology in the health sector. (Law of the Republic of Indonesia No. 44 of 2009)

Health Services

Health services are intangible products and cannot be touched, felt, seen, counted, or measured physically like manufactured goods. Producing tangible goods allows quantitative measurement, because the goods can be sampled and tested for quality during the production process and used later. However, the quality of healthcare services, due to their intangible nature, depends on the service process, the interaction of the customer and the service provider. Several dimensions of health service quality, such as consistency, completeness, and effectiveness are difficult to measure outside of the customer's subjective assessment (Mosadeghrad, 2017).

It is often difficult to reproduce consistent healthcare services, which differ between manufacturers, customers, places and times. This "heterogeneity" can occur because different professionals (eg doctors, nurses, etc.) provide services to patients with different needs. Quality standards are more difficult to set in service operations. Health professionals provide services differently due to various factors, such as education/training, experience, individual abilities and personality. Quality control of healthcare is difficult because customers cannot judge "quality" before buying and consuming. Unlike manufactured goods, it is less likely to have a final quality check. Therefore, health care outcomes cannot be guaranteed (Mosadeghrad, 2017).

According to Schuster et al. Good quality healthcare means "providing patients with the right services in a technically competent manner, with good communication, shared decision-making and cultural sensitivity". This health service must meet professional standards. On the other hand, they believe that poor quality means too much care (e.g. providing unnecessary tests and drugs with associated risks and side effects), too little care (e.g. not providing the indicated diagnostic tests or life-saving surgical procedures). psychiatric), or treatment errors (eg prescribing drugs that should not be given together).

Service Quality (SERVQUAL) is a reliable service concept. SERVQUAL has five main elements, namely Reliability, Assurance, Tangible, Empathy, and Responsiveness (RATER). When these five factors come together, the customer achieves what is known as customer satisfaction (Naik & Gantasala, 2015). Reliability factor refers to ability to accurately provide services to its customers. Assurance factor refers to ability to foster trust in the eyes of its customers through the friendliness and knowledge of its service staff. Tangibles factor refers to everything that is tangible and affects the quality of service to customers. Empathy factor refers to the attention that the company pays to its customers. Responsiveness factor refers to the form of action taken by the company to respond to customers in a timely manner.

Service User Satisfaction

Patient satisfaction is the patient's perception of service compared to the expected service. Patients' perception of the quality of health services provided to them is one of the most important ways to evaluate and improve service levels. As a result, this concept has been studied in various types of research as the dependent variable, assuming an increase or decrease according to the level of influence of the independent variable represented by the dimensions of health service quality. Researchers usually pay attention to the concept of customer satisfaction in general and patient satisfaction in particular, as a result of comparing the recipient's experience with his or her expectations. Initial expectations are the main determinant of satisfaction, and if the perceived service quality is below expectations, then there will definitely be dissatisfaction with the service (Almomani et al., 2020).

Kotler (2014) defines satisfaction as a feeling of happiness because someone has something or has achieved something of value. According to Mulisa et al (2017) patient satisfaction is a set of patient attitudes and perceptions of health services. Manzoor et al (2019) define patient satisfaction as "a state of pleasure or happiness experienced by patients when using health services". Studies (Naik, C & Bhargavi, Swapna & Assistant, Gantasala & Gantasala, 2010) show that patient satisfaction is the degree of correspondence between client expectations and the perceived performance of the services provided to them. (Zineldin (2006) argues that patient satisfaction can be measured by combining the characteristic sub-scores related to the experience of receiving health care. Meanwhile, the definition of Oliver et al (2016) shows that patient satisfaction is a psychological condition that arises as a result of an emotional response to the service experience. health based on previous impressions of the service. Zineldin (2006) defines patient satisfaction as an assessment of the extent to which health services meet the patient's expectations and preferences.Zineldin (2006) adds that according to psychological theory, a patient's assessment of a particular situation is associated with personal emotions and with a discrepancy between desires and outcomes as well as individual preferences and social comparisons. Naidu (2009) also defines patient satisfaction as an assessment of a dimension of health care, it can be predicted by factors associated with such care, such as empathy, reliability, and responsiveness. This can also be evaluated through medical procedures, availability and continuity of services, patient confidence in the level of services provided to them, and efficiency in providing services.

In terms of evaluating patient satisfaction, the study of Dzomeku et al (2013) uses one statement to make this evaluation, which is manifested in asking the patient: "Are you satisfied with the level of service provided at the hospital?". As for Kang & James (2004) they use the following statements to assess patient satisfaction: "The service I received was not what I expected", "I am satisfied with my decision to use this service", "Using this service for me is a good experience" , "this service experience, for me, will not be repeated in this place".

Relationship between Health Service Quality and Satisfaction

Farraj (2009) conducted research at a teaching hospital in Syria and found a relationship between the dimensions of the quality of health services and patient satisfaction. Walah (2012) has another study in an Algerian hospital; his research is to identify the role of

health service quality in patient satisfaction. Improving patient health services has become a priority for all health care institutions to achieve a high level of patient satisfaction (Manzoor et al., 2019). In Kuwait, Bu Abbas's study (2010) verified the nature of the relationship between these two variables and the results of the study confirmed that there was a significant impact of service quality, both in government and private hospitals, on patient satisfaction, but the level of patient satisfaction in private hospitals was higher than in general Hospital. Chahal and Mehta (2013) concluded that the quality of health services affects patient satisfaction. Their results reveal that patient satisfaction is a multidimensional construct consisting of four dimensions, namely: physical maintenance, doctor care, nursing care and internal facilities.

A study conducted in Nigeria by Ikediashi et al (2015) revealed that, Nigerian public hospitals use the dimensions of the Servqual scale which are represented by tangibles, reliability, assurance, responsiveness, and empathy to evaluate various services related to hospitals and patients, in where the hospital relies on another outsourcer to provide the service. services such as food service, maintenance, cleaning, security, environmental management and waste management. A study was conducted by Asif et al (2019) regarding how the quality of health services affects patient satisfaction. The results showed a significant and positive effect of medical quality on patient satisfaction. A study conducted in Pakistan revealed that the quality of healthcare services affects patient satisfaction. The results show the impact of health services on patient satisfaction (Shabbir et al., 2016). Amin and Nasharuddin's research (2013) verified the relationship between the quality of health services and patient satisfaction by examining the same dimensions used in this study and found a statistically significant effect of patient admissions, medical services, support services, hospital discharge, and social . responsibility for patient satisfaction.

Factors Affecting Hospital Service User Satisfaction

Satisfaction is a positive feeling that is felt after receiving a service or product. Overall satisfaction with the hospital is related to meeting patient expectations. In other words, if the service received is in accordance with the patient's expectations, the patient will be satisfied. If the service is higher than the patient's expectations, the patient will be surprised and vice versa, low service will make them dissatisfied. The degree varies according to time and place, and is also related to the gap between patient expectations and service provider performance. In various models and satisfaction indicators such as Swedish Customer Satisfaction Barometer, American Customer Satisfaction Index, European Customer Satisfaction Index, Swiss Customer Satisfaction Index and Satisfaction Index Malaysian customers, perceived value and expectations are considered as stimulants of satisfaction. Health managers must understand that current perceptions of care and service experience are important in patient expectations and subsequent patient referral rates and offers and suggestions to others (Salehi et al., 2018).

The patient is the center of everything in health care. Not only the patient's health, but also their satisfaction is considered. The result is a deep emphasis on patient satisfaction and hence a wide variety of studies seeking to understand the nature of this satisfaction are undertaken. An interesting result is that research on patient demographics to understand their satisfaction reveals very diverse results (Ayranci, E., & Atalay, 2019).

In order to meet the expectations of service users, it is important for hospitals to involve service users in the process of developing and improving the services provided. Accurate perception of the expectations of service users is a must, but not sufficient to provide satisfaction to service users. Therefore, the hospital needs to design service user satisfaction standards based on information about the expectations of service users. Sibarani & Riani (2017) added that personal experiences, other people, and needs when individuals use a service can influence their expectations of the service provider.

The main factors that affect consumer satisfaction in hospitals are grouped into two categories, namely patient factors: which involve expectations, health status, demographics and socioeconomic factors. Next are health system factors involving service quality, hospital features, staff satisfaction and insurance (Salehi et al., 2018). Meanwhile Naidu (2009) states that patient satisfaction is predicted by factors related to caring, empathy, reliability and responsiveness. Dimensions influencing patient evaluation, including physician behavior, service availability, continuity, confidence, efficiency and outcomes. Patient perceptions, especially about the doctor's communication skills are also a significant determinant of satisfaction. Two dimensions in the study Bowers, M.R., Swan, J.E. and Koehler (2000) explained 66 percent of the variance in patient perceptions of service quality, namely facility quality and staff performance. Many of the dimensions discussed so far are close to the factors specified, namely reliability, responsiveness (communication), tangible (physical facilities), and empathy (staff behavior) (L. L. Parasuraman, A., Zeithaml, V.A. and Berry, 1988).

In addition, direct research on factors related to patient satisfaction shows a dual structure where studies show that patient satisfaction factors with hospital services depend on individual and anticipatory demographic, perceptual, and psycho-emotional, and are shaped by social interactions within the institution. health in addition to the physical features of this institution. An interesting result is that examination of patient demographics to understand their satisfaction reveals very mixed results with regard to the relationship of demographics to patient satisfaction with hospital services.

Conceptual Framework

Figure 1. **Conceptual Framewok**
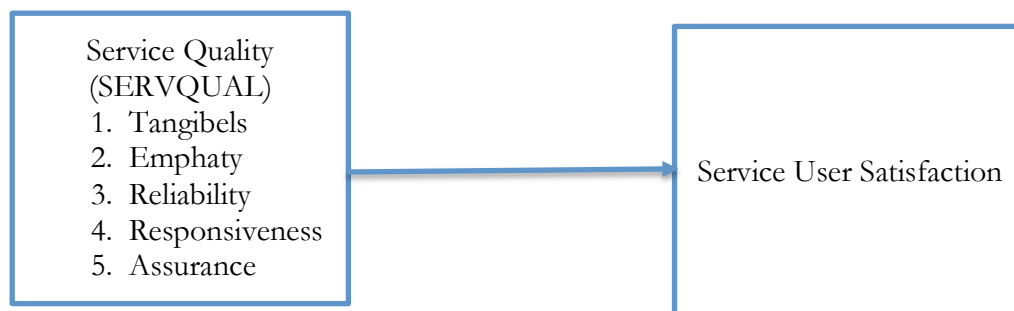
Methods

This research was conducted at a government hospital in Palembang, with the study population being all patients at Dr Mohammad Hoesin Central General Hospital, Siti

Fatimah Azzahra Regional General Hospital, and Palembang BARI Regional General Hospital in 2023. The sample in this study is determined using Lemeshow (1977) formula as the total population is unknown. The total sample obtained was 100 respondents. The respondents were selected based on few criterias, such as, the patients should be at least 18 years of age at the time of research, able to fill the questionnaires and have completed the treatment in the government hospitals. Patients who are seriously ill are not included in this research. The data is obtained through questionnaires and was set up based on the research by (Shaikh et al., 2008) using the SERVQUAL method to measure service quality.

The instrument was compiled based on a five-dimensional service quality scale (SERVQUAL), which is one of the most common tools for evaluating gaps between client perceptions and expectations (Teshnizi et al., 2018). The instrument in this study contains questions and matters related to satisfaction that are specific, short, and self-managed regarding users of government hospital services in Palembang to be used for the research sample. The questionnaire used in this case is a closed questionnaire, namely a questionnaire that has provided answers, so that respondents only have to choose and answer directly (Arikunto, 2014).

Validity and reliability tests were carried out on the instruments used in this study. This study uses the SERVQUAL instrument, this instrument has gone through a series of validity and reliability tests which were also carried out by previous researchers to obtain truly accurate results, so that it has standard analytical procedures that facilitate the analysis of results. The processed data were then analyzed univariately to see the frequency distribution of hospital user characteristics based on gender, age, occupation, education, income level, and factors that influence satisfaction. Bivariate analysis in this study was conducted to examine the relationship between two variables, namely the independent variable and the dependent variable.

Findings

Questionnaires were distributed to 100 respondents, where 100 respondents returned the questionnaire completely. An overview of the respondent's description was obtained from the personal data contained in the respondent's data section which included gender, age, education level, type of work, income, family status, hospital location, reasons for choosing a hospital, financing, and hospitalization status.

Based on Table 1 it shows that the majority of respondents in this study were female, totaling 56 people with a percentage of 56%, while male respondents amounted to 44 people with a percentage of 44%. Based on age, the majority of respondents in this study were aged 26-45 years as many as 52 respondents with a percentage of 52%. The age range classification is based on the age group classification of the Ministry of Health (2009), namely the youth group (17 to 25 years), the adult group (26 to 45 years), the elderly group (45 to 65 years), and over 65 years.

Based on the characteristics of the level of education, the respondents in this study were mostly at the high school education level, with 48 people with a percentage of 48%. While the most respondents work as private employees as many as 38 people with a percentage of 38%, and the fewest are civil servants as many as 4 people with a percentage of 4%. Based

on the characteristics of income, that most of the respondents income less than IDR 3,289,409, - as many as 65 people with a percentage of 65%, while those who have income more than IDR 3,289,409, - are as many as 35 people with a percentage of 35%. The determination of this interval is adjusted to the City Minimum Wage (UMK) for Palembang in 2022 of IDR 3,289,409.-.

Table 1. **Characteristics of Respondents**

Characteristics	Category	Frequency	Percentage (%)
Gender	Man	44	44
	Woman	56	56
Age	17-25 years	9	9
	26-45 years	52	52
	46-65 years	30	30
	> 65 years	9	9
Education Level	Elementary School	12	12
	Junior High School	17	17
	Senior High School	48	48
	Diploma	10	10
	Bachelor	11	11
	Master	2	2
Work Status	Civil Servant	4	4
	State/Regional Owned Enterprises	7	7
	Entrepreneur	13	13
	Private Employees	38	38
	Unemployment	22	22
	Others	16	16
Income	Less than IDR 3.289.409,-	65	65
	More than IDR 3.289.409,-	35	35
Family Status	Single	12	12
	Mary	84	84
	Widow	2	2
	Widower	2	2
Hospital Location	Dr. Mohammad Hoesin Central General Hospital,	36	36
	Siti Fatimah Azzahra Regional General Hospital,	28	28
	Palembang BARI Regional General Hospital	36	36
Reason for Choosing the Hospital	Location	27	27
	Cost	2	2
	Office Reference	33	33
	Service	13	13
	Facility	11	11
	Others	14	14
Hospital Financing	Personal	6	6
	Social Security (BPJS)	91	91
	Others	3	3
Hospitalization Status	Ever	53	53
	Never	47	47

Based on the characteristics of the level of education, the respondents in this study were mostly at the high school education level, with 48 people with a percentage of 48%. While

the most respondents work as private employees as many as 38 people with a percentage of 38%, and the fewest are civil servants as many as 4 people with a percentage of 4%. Based on the characteristics of income, that most of the respondents income less than IDR 3,289,409, - as many as 65 people with a percentage of 65%, while those who have income more than IDR 3,289,409, - are as many as 35 people with a percentage of 35%. The determination of this interval is adjusted to the City Minimum Wage (UMK) for Palembang in 2022 of IDR 3,289,409.-.

Based on the characteristics of family status, it showed that most of the respondents' income were married as many as 84 people with a percentage of 84%, unmarried family status as many as 12 people with a percentage of 12%, status of widows and widowers as many as 2 people each with a percentage of 2%. While the categorization of respondents based on the hospital that the most respondents came from Dr. Mohammad Hoesin Central General Hospital and Palembang BARI Regional General Hospital as many as 36 people each with a percentage of 36%, Siti Fatimah Azzahra Regional General Hospital as many as 28 people with a percentage of 28%. Based on a survey of reasons for patients choosing a hospital, it shows that the reason most respondents chose a hospital was because of office referrals as many as 33 people with a percentage of 33%, and those who chose the least cost were 2 people with a percentage of 2%. Based on hospital financing, the most respondents chose hospital financing using Social Security (BPJS) as many as 91 people with a percentage of 91%, private hospital financing as many as 6 people with a percentage of 6%, and others as many as 3 people with a percentage of 3%. Based on treatment status, the most respondents chose not to have been hospitalized as many as 53 people with a percentage of 53%, and as many as 47 people who had ever been hospitalized with a percentage of 47%.

Based on the results of the frequency distribution of patient responses regarding Service Quality, the majority have chosen to agree and strongly agree. This shows that the Service Quality of the three hospitals, namely Dr. Mohammad Hoesin Central General Hospital, Siti Fatimah Azzahra Regional General Hospital, and Palembang BARI Regional General Hospital are doing well enough. However, there are several indicators with neutral and disagreeing answers from respondents that need further follow-up, especially in the indicators "Doctors call patients by name", "Implement doctor's visiting hours on time" and "Quickly serve medical requests". While the results of the frequency distribution of patient responses regarding patient satisfaction show that the majority have chosen to agree and strongly agree. This shows that patient satisfaction from the three hospitals, namely Dr. Mohammad Hoesin Central General Hospital, Siti Fatimah Azzahra Regional General Hospital, and Palembang BARI Regional General Hospital are doing well enough. However, there are several indicators with neutral answers from respondents that need further follow-up, especially on the indicators "I feel happy interacting with doctors/nurses/and other staff at this hospital" and "This hospital is better than other hospitals".

Furthermore, an analysis of service quality is carried out. This analysis was conducted to find out whether there is a discrepancy between the patient's expected value and the real value received by the patient on the quality of service. The method used is the calculation of the average of the expected value and the confidence value derived from the questionnaire assessment. The gap value is obtained from the difference between the actual

value and the expected value (Mas'ud, 2009). Calculation of the level of service quality can be defined as follows:

Quality of service = Real Value - Expected Value
$$\qquad\qquad\qquad (R) \qquad\qquad (E)$$

R–E = 0 : Means that the reality is the same as the customer's expectations or satisfying the patient
R-E> 0 : Means that the reality is greater than the patient's expectations
R-E<0   : Means that the reality is lower than the patient's expectations

The results of the analysis of service quality are shown in the following tables.

Table 2. **Tangibles variable service quality analysis**

	Real value		Expected value		Difference	Conclusion
	Total	Average	Total	Average		
X1	424	4,24	456	4,56	-0.32	R-E<0
X2	420	4,2	453	4,53	-0,33	R-E<0
X3	420	4,2	446	4,46	-0,26	R-E<0
X4	427	4,27	454	4,54	-0,27	R-E<0
X5	430	4,3	458	4,48	-0,25	R-E<0
X6	431	4,31	458	4,58	-0,27	R-E<0
X7	430	4,3	454	4,54	-0,24	R-E<0

Based on the table 2 above, it shows that in the tangibles variable the difference between the real value and the expected value are all in the R-E <0 category, which means that the real value is lower than the expected value.

Table 3. **Emphaty variable service quality analysis**

	Real value		Expected value		Difference	Conclusion
	Total	Average	Total	Average		
X8	429	4.29	457	4.57	-0.28	R-E<0
X9	421	4.21	451	4.51	-0.3	R-E<0
X10	422	4.22	451	4.51	-0.29	R-E<0
X11	418	4.18	454	4.54	-0.36	R-E<0
X12	427	4.27	456	4.56	-0.29	R-E<0
X13	423	4.23	457	4.57	-0.34	R-E<0

Based on the table 3 above, it shows that in the emphaty variable the difference between the real value and the expected value are all in the R-E <0 category, which means that the real value is lower than the expected value.

Based on the table 4, it shows that in the reliability variable the difference between the real value and the expected value are all in the R-E <0 category, which means that the real value is lower than the expected value.

Table 4. **Reliability variable service quality analysis**

	Real value		Expected value		Difference	Conclusion
	Total	Average	Total	Average		
X14	420	4.2	454	4.54	-0.34	R-E<0
X15	419	4.19	447	4.47	-0.28	R-E<0
X16	423	4.23	454	4.54	-0.31	R-E<0
X17	421	4.21	451	4.51	-0.3	R-E<0
X18	410	4.1	452	4.52	-0.42	R-E<0
X19	431	4.31	452	4.52	-0.21	R-E<0

Table 5. **Responsiveness variable service quality analysis**

	Real value		Expected value		Difference	Conclusion
	Total	Average	Total	Average		
X20	415	4.15	448	4.48	-0.33	R-E<0
X21	408	4.08	451	4.51	-0.43	R-E<0
X22	417	4.17	452	4.52	-0.35	R-E<0
X23	416	4.16	452	4.52	-0.36	R-E<0
X24	417	4.17	452	4.52	-0.35	R-E<0
X25	417	4.17	451	4.51	-0.34	R-E<0

Based on the table 5 above, it shows that in the responsiveness variable the difference between the real value and the expected value are all in the R-E <0 category, which means that the real value is lower than the expected value.

	Real value		Expected value		Difference	Conclusion
	Total	Average	Total	Average		
X26	426	4.26	454	4.54	-0.28	R-E<0
X27	431	4.31	458	4.58	-0.27	R-E<0
X28	433	4.33	457	4.57	-0.24	R-E<0
X29	430	4.3	454	4.54	-0.24	R-E<0
X30	429	4.29	459	4.59	-0.3	R-E<0

| X31 | 429 | 4.29 | 457 | 4.57 | -0.28 | R-E<0 |

Table 6. **Assurance variable service quality analysis**

Based on the table 6 above, it shows that in the assurance variable the difference between the real value and the expected value are all in the R-E <0 category, which means that the real value is lower than the expected value.

Table 7. **Service user satisfaction analysis**

	Real value		Expected value		Difference	Conclusion
	Total	Average	Total	Average		
Y1	420	4.2	455	4.55	-0.35	R-E<0
Y2	426	4.26	453	4.53	-0.27	R-E<0
Y3	419	4.19	452	4.52	-0.33	R-E<0
Y4	418	4.18	451	4.51	-0.33	R-E<0
Y5	416	4.16	447	4.47	-0.31	R-E<0

Based on the table 7 above, it shows that in the service user satisfaction variable the difference between the real value and the expected value are all in the R-E <0 category, which means that the real value is lower than the expected value. The next step is to test the validity and reliability of the instruments presented in the following tables. In this study, validity testing was carried out on two research questionnaires, namely, Service Quality (X) and Patient Satisfaction (Y) variables. after further data processing, the following results are obtained:

Table 8. **Instrument Validity Test Results**

Statement details	r-count	r-table	Conclusion
Tangibles			
Statement 1	0.803	0,1654	Valid
Statement 2	0,869	0,1654	Valid
Statement 3	0,980	0,1654	Valid
Statement 4	0,784	0,1654	Valid
Statement 5	0,943	0,1654	Valid
Statement 6	0,883	0,1654	Valid
Statement 7	0,873	0,1654	Valid
Empathy			
Statement 8	0,855	0,1654	Valid
Statement 9	0,774	0,1654	Valid
Statement 10	0,817	0,1654	Valid
Statement 11	0,790	0,1654	Valid
Statement 12	0,789	0,1654	Valid
Statement 13	0,897	0,1654	Valid
Reliability			
Statement 14	0,898	0,1654	Valid
Statement 15	0,944	0,1654	Valid
Statement 16	0,836	0,1654	Valid
Statement 17	0,813	0,1654	Valid
Statement 18	0,903	0,1654	Valid

Statement 19	0,843	0,1654	Valid
Responsiveness			
Statement 20	0,771	0,1654	Valid
Statement 21	0,814	0,1654	Valid
Statement 22	0,890	0,1654	Valid
Statement 23	0,879	0,1654	Valid
Statement 24	0,750	0,1654	Valid
Statement 25	0,781	0,1654	Valid
Assurance		0,1654	
Statement 26	0,758	0,1654	Valid
Statement 27	0,768	0,1654	Valid
Statement 28	0,735	0,1654	Valid
Statement 29	0,761	0,1654	Valid
Statement 30	0,895	0,1654	Valid
Statement 31	0,915	0,1654	Valid
Service User Satisfaction			
Statement 1	0,697	0,1654	Valid
Statement 2	0,723	0,1654	Valid
Statement 3	0,676	0,1654	Valid
Statement 4	0,692	0,1654	Valid
Statement 5	0,886	0,1654	Valid

Based on the table above, the r-count values for all statement items in the Quality Service variable and Service User Satisfaction questionnaire are greater than the r-table, thus all statement items are declared valid.

In this study, reliability testing was carried out to determine the consistency of a measuring instrument that is reliable and remains consistent if the measurement is repeated. This method is measured based on the Cronbach Alpha scale of 0 to 1. A variable is declared reliable if the Cronbach alpha value is greater than 0.61, then the variables and statement items that are measured can be trusted or relied upon. After further data processing, the following results are obtained:

Table 9. **Instrument Reliability Test Results**

Variables	N of Respondent	N of item	Cronbach's Alpha	Conclusion
Tangibels	100	7	0,977	Reliable
Empathy	100	6	0,962	Reliable
Reliability	100	6	0,963	Reliable
Responsiveness	100	6	0,980	Reliable
Assurance	100	6	0,984	Reliable
Service User Satisfaction	100	5	0,969	Reliable

Based on the results of the reliability test in the table above, it is known that the Cronbach Alpha value on the six variables is above 0.61. These results indicate that the reliability of the questionnaire used in this study qualifies as a measuring tool and can be relied upon (reliable) for further research.

A simple linear regression analysis test is used to state the functional relationship between variables. This calculation was carried out with the help of SPSS 21. The results of this simple linear regression analysis can be seen in the following table.

Table 10. **Simple Linear Regression Test Results**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	3.195	1.487		2.149	.034
Service Quality	.136	.011	.772	12.016	.000

a. Dependent Variable: Service User Satisfaction

Based on the results of the regression analysis in Table 10 it can be seen that the Constant (a) value is 3.195 while the Service Quality (B) regression coefficient is 0.136, so it is formulated by the equation:

$Y = 3.195 + 0.136X + e$

Y = Service User Satisfaction;
X = Service Quality;
e = Standar Error.

Based on these equations it can be described as follows:
1. Constant (a) = 3.195 indicates a constant value, where if the Service Quality variable (X) = 0 or does not change, then the patient satisfaction value (Y) is 3.195.
2. The coefficient X (b) = 0.136, this states that if the Service Quality increases by one unit, then the patient satisfaction variable will increase by 0.136 assuming that the other variables are constant or constant. The regression coefficient is positive, meaning that it shows a unidirectional relationship between the Service Quality variable and patient satisfaction.

Table 10 shows the significant level a = 0.000 <0.05 so it can be interpreted that the Service Quality variable (X) has a positive and significant effect on patient satisfaction (Y). The next step is the correlation and determination analysis.

Correlation analysis (R) aims to determine the relationship between the independent variable and the dependent variable (Sugiyono, 2018). The following is the coefficient interval and its relationship level:
0.00 – 0.199 : Very Low
0.20 – 0.399 : Low
0.40 – 0.599 : Moderate
0.60 – 0.799 : Strong
0.80 – 1.00 : Very Strong

Table 11. **Correlation and Determination Test Results**

Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.772ᵃ	.596	.592	1.31789

a. Predictors: (Constant), Service Quality

Based on table 11, the value of the correlation coefficient (R) shows that the correlation in this study is 0.772, which means that the correlation between the independent variables and the dependent variable has a strong relationship. The coefficient of determination (R

Square) of this study is 0.596, which means that the ability of the independent variable to explain the dependent variable is 59.6%. Meanwhile, another 40.4% is explained by other variables.

Discussion

Based on the results of a simple linear test, it was found that the Service Quality variable (X) had a positive and significant effect on service user satisfaction at the Government Hospital in Palembang (Y). The results of this study are in line with several previous studies that have been conducted. Previous research by Farraj (2009), where research was conducted in teaching hospitals in Syria and found a relationship between the dimensions of the quality of health services and patient satisfaction. Walah (2012) has another study in Algerian hospitals, where the aim of the research was to identify the role of quality of healthcare services in patient satisfaction. Improving patient health services has become a priority for all health care institutions to achieve a high level of patient satisfaction (Manzoor et al., 2019). In Kuwait, Bu Abbas's study (2010) verified the nature of the relationship between these two variables and the results of the study confirmed that there was a significant impact of service quality, both in government and private hospitals, on patient satisfaction, but the level of patient satisfaction in private hospitals was higher than in general Hospital.

Chahal and Mehta (2013) concluded that the quality of health services affects patient satisfaction. Their results reveal that patient satisfaction is a multidimensional construct consisting of four dimensions, namely: physical maintenance, doctor care, nursing care and internal facilities. A study conducted in Nigeria by Ikediashi et al (2015) revealed that, Nigerian public hospitals use the dimensions of the Servqual scale which are represented by tangibles, reliability, assurance, responsiveness, and empathy to evaluate various services related to hospitals and patients, in where the hospital relies on another outsourcer to provide the service. services such as food service, maintenance, cleaning, security, environmental management and waste management. A study was conducted by Asif et al (2019) regarding how the quality of health services affects patient satisfaction. The results showed a significant and positive effect of medical quality on patient satisfaction. A study conducted in Pakistan revealed that the quality of healthcare services affects patient satisfaction. The results show the impact of health services on patient satisfaction (Shabbir et al., 2016). Amin and Nasharuddin's research (2013) verified the relationship between the quality of health services and patient satisfaction by examining the same dimensions used in this study and found a statistically significant effect of patient admissions, medical services, support services, hospital discharge, and social responsibility for patient satisfaction.

The results also show that the difference between the actual value and the expected value of each variable, namely Service Quality which consists of the dimensions of tangibility, empathy, reliability, responsiveness, and assurance and the patient satisfaction variable is dominated by K-H<0 which means that the reality value is lower from the expected value. This shows that the service quality of Government Hospitals in Palembang needs to be improved and optimized in order to achieve patient satisfaction.

This problem occurs fairly evenly in three hospitals in Palembang, namely Dr. Mohammad Hoesin Central General Hospital, Siti Fatimah Azzahra Regional General Hospital, and Palembang BARI Regional General Hospital. This is because when patients go to the

hospital, they really hope to get the best service but tend to be in a state of panic. In general, the difference between expectations and reality ranges from 0.21 to 0.42. This difference is considered to be within a reasonable interval, so that patients are basically quite satisfied with the services provided by the three Government Hospitals in Palembang.

This study has limitations, especially limitations on the number of respondents and the variables studied. Respondents in this study were limited to patients in three government hospitals in Palembang, namely Dr. Mohammad Hoesin Central General Hospital, Siti Fatimah Azzahra Regional General Hospital, and Palembang BARI Regional General Hospital. In terms of the number of respondents, it was also quite limited, namely as many as 100 respondents.

The variables in this study also have limitations, where there are only two variables, namely Service Quality and Service User Satisfaction. Future research is expected to add other variables that can affect service user satisfaction. The implication of this research is that this research can be a reference for hospital leaders in Palembang in an effort to improve service quality and patient satisfaction. At present, the hospital is a very important public health service agency. Good service quality will reduce the possibility of patients who are not handled properly, errors in administration, and errors in medical procedures. Patient satisfaction is something that must be the focus of all hospital stakeholders so that they can help achieve optimal service for patients.

Conclusion

Based on the results of the research and discussion described in the previous chapter, the conclusion that can be drawn is that most patients have not experienced optimal service quality from Government Hospitals in Palembang. The results of this study answer the objectives of the study. The general objective of this research is to analyze the service quality of government hospitals in Palembang based on the user's perspective and the determining factors. Based on the results of the research that has been done, that in general the reality value of service quality which consists of the dimensions of tangibility, empathy, reliability, responsiveness, and assurance is lower than the patient's expectation value. This shows that the service quality of Government Hospitals in Palembang needs to be improved and optimized in order to achieve patient satisfaction.

The results of this study also answer the specific objectives in this study, where patients with the characteristics of the majority are women (56%), aged 26-45 years (52%), high school education level (48%), work as private employees (38%), having an income above IDR 3,289,409, - (65%), and married (84%) have a tendency to have a level of satisfaction for hospital service users that is not optimal, it can be seen that the expected value of service user satisfaction is higher than the actual value of service user satisfaction. The results of the study also concluded that the service quality variable consisting of the dimensions of tangibility, empathy, reliability, responsiveness, and assurance had a positive and significant effect on user satisfaction at Government Hospitals in Palembang. For future researchers to be able to examine other factors that can affect patient satisfaction in hospitals, including privately owned hospitals and other variables.

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