ORIGINAL ARTICLE

Mapping Survey of Community Satisfaction at an Academic Hospital in Surabaya

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ABSTRACT

Introduction: The purpose of this study was to analyze the satisfaction of employees and the public in 49 Fields of Installation in general hospitals in academic hospitals in 2018. **Methods:** The population is 150,148 respondents. The samples are 1160. The sample size was determined using the Slovin sample formula with α (degree of error) 2.5%. The sampling technique was using proportional stratified random sampling. Distribution of the sample is carried out based on the proportion of the number of customers per work unit and condition of the work unit, provided that one work unit is assessed at least four people. **Results:** the values of service aspects priority satisfaction shows requirements (5,82), procedure (5,58), service time (4,27), Fees or Rates (5,95), product specifications type of service (6,11), implementing competencies (4,81), implementing behavior (5,42), handling of complaints, suggestions, and inputs (7,38), infrastructure (5,17), and Quality Assurance and Patient Safety (4,43). **Conclusion:** The present study showed that aspects' need to improve are the speed of service delivery and increasing the soft skills of health workers to be more responsive, patient, and friendly to patients.

Keywords: Community, Patient satisfaction, Academic hospital, Communication

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INTRODUCTION

In the service sector, customer satisfaction is a reflection of the quality of the services provided. The central core business of a hospital is health services. Service quality is the leading indicator of a hospital service. This study aims to identify the characteristics of the respondents to the Community Satisfaction Survey at Dr. Soetomo Surabaya and to analyze the expectations of employees and the community towards Dr. Soetomo Surabaya in 2018.

Patient satisfaction is a natural indicator to measure one of the health sector (1). In calculating this, it can be started with a literature review (2). Based on this initial understanding, a questionnaire can be made to measure it, although not all dimensions of measured reality can be captured by the questionnaire (3). In this case, it is crucial to calibrate the questionnaire periodically so that it is valid to measure clinical outcomes and also include measurements in programmatic planning (4,5).

The objective of measuring patient satisfaction based on patient experience can be one of the evidence-based services used to improve service in the spirit of patient-centered care (6). This awareness and enthusiasm will foster healthy and sustainable interactions in healthcare professional and patient satisfaction (7).

The measurement of satisfaction can be divided into three stages: preoperative, intraoperative, and postoperative (8). Each experience must be measured separately with a controlled domain assessment (9). The basic principles of stages and control rest not only on the patient experience but also the experiences of the patient family and their perceptions (10).

Besides, individualized patient experiences become an inevitable challenge in measuring precisely the realities

that exist (11). Government changes that affect service can be one factor in measuring patient satisfaction (12). Leadership built in a planned manner can be an alternative preparation for improving patient satisfaction services (13). Although there are many deficiencies in all aspects of measuring patient satisfaction, this measurement is mandatory because it is not only a government demand and hospital procedures but also an internal need to improve services for patients and society (14)

This research is based on the Regulation of the Minister of State Apparatus Empowerment, and Bureaucratic Reform of the Republic of Indonesia Number 14 of 2017 concerning Guidelines for preparing community aatisfaction surveys public service provider units to conduct community satisfaction surveys periodically at least once a year to obtain a community satisfaction index.

Based on these regulations, the researchers wanted to identify the characteristics of the Community Satisfaction Survey respondents at Dr. Soetomo Academic Hospital in Surabaya. The research also intends to assess community satisfaction with the services of each work unit in Dr. Soetomo Surabaya. In the research, Dr. Soetomo academic Hospital wants to identify an unpleasant experience that was experienced by the community, as well as community expectations from Dr. Soetomo's academic hospital.

MATERIALS AND METHODS

The types and design of surveys are descriptive, observational, and cross-sectional. The population and sample consisted of a population of 150,148 people. This population visited Dr. Soetomo Surabaya, and the sample of the community used was 1160. The sample size was determined using the Slovin sample formula with α (degree of error) 2.5%. The sampling technique was proportional stratified random sampling. The sample distribution is carried out based on the proportion of the number of customers per work unit and the condition of the work unit provided that one work unit is assessed at least four people.

The data collection instrument uses indicators including requirements, procedures, service time, product specifications for the type of service, executive competence, implementer behavior, facilities and infrastructure, complaint handling, suggestions and input, and service quality.

The data analysis techniques used in this research are data collection techniques and instruments based on the regulation of the minister of state apparatus

utilization and bureaucratic reform number 14 of 2017. The standards used are described in the following Table I.

Table I : Satisfaction Priority and Value Index of Services

No	Service Aspects	Priority	Value
1	Requirements	5,82	78,98
2	Procedure	5,58	77,60
3	Service Time	4,27	77,17
4	Fees / Rates	5,95	75,99
5	Product Specifications Type of Service	6,11	78,58
6	Implementing Competencies	4,81	81,99
7	Implementing Behavior	5,42	81,66
8	Handling of Complaints, Suggestions, and Inputs	7,38	70,46
9	Infrastructure	5,17	77,25
10	Quality Assurance and Patient Safety	4,43	80,05
	Community		77,97

RESULTS

Characteristics of community respondents - the frequency of utilizing services, namely gender of community respondents: women totaled 809 people (69.7%), and men were 351 people (30.3%). The origin of respondents: Surabaya (n=551), East Java Apart from Gresik, Bangkalan, Mojokerto, Surabaya, Sidoarjo and Lamongan (Gerbangkertasusila) (n=295), within Gerbangkertasila (n=276), and outside Java Island (n=32), and in the island Java apart from East Java (n=6). Patient respondent status was 499 people, and patient family was 640 people.

The Characteristics of intention to have services in Dr. Soetomo academic hospital, namely referral, complete services, complete facilities, close to residence, good service, health check (check-up), practicing Doctor at Dr. Soetomo, Personal wishes, Recommendations from friends, Recommendations from family, Good and competent doctors, professional doctors, research, familiar, good hospital reputation, affordable costs, tuition interests, care, and treatment, trusted, complete equipment, institutional policies, emergency, close to the accident site, comfort, comprehensive medicine, operations,

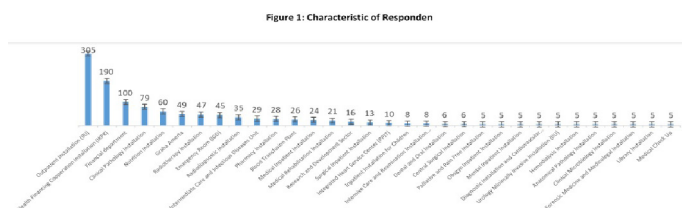Doctor's suggestions, and as academic and teaching hospitals (Figure 1).

Figure 1 : The data shows the number of characteristic community respondents from 32 academic hospital work units.

DISCUSSION

The results of statistical calculations show the highest Community Satisfaction Index at the Clinical Microbiology Installation (93.46) and the lowest Community Satisfaction Index at the Urology Minimally Invasive Installation (IIU) (71.38).

In general, the Community Satisfaction Index of Dr. Soetomo Surabaya is 77.97. Aspects that have high priority but relatively low satisfaction scores according to the community are Handling of Complaints, Suggestions and Inputs, fees, or rates.

The three most unpleasant experiences, according to the community, namely: human resources are less responsive and less friendly (33.9%), poor infrastructure (17.2%), and queues are too long (10.7%), while the three hopes. The highest levels of society are: Service is accelerated and further improved (32.8%), Maintain service (30.9%), and Officers are more responsive, patient, and friendly (7.5%).

CONCLUSION

Management needs to continue to measure the Community Satisfaction Index through periodic surveys every year to find out the perceptions of the public who are customers of the quality of services that have been provided and as an evaluation material for continuous improvement. Management needs to improve response to the handling of complaints and suggestions, infra-structure, clarity of information on requirements, product information on service specifications, and clarity of information on details of costs or rates. Also, the management needs to increase the speed of service and improve the soft skills of health workers to be more responsive, patient, and friendly to patients.

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