Available online at www.ijrat.org

Utilization inpatient Services using Gap analysis based on Service Quality (Servqual) model in RUMKITAL Dr. Oepomo Surabaya

Vanda Yuanita Nasution¹

Administration and health policy Departement Public Health Faculty Airlangga University Surabaya Email:

Abstract

Backgorund: The Indonesian National Health Insurance System (BPJS) become one of great challange for hospital management to attract customer's savor. Almost all hospital in Indonesia use this systems to cover hospitality charges. This situation lead the hospital to give the best services to the patients. RUMKITAL Dr. Oepomo, one of navy hospital in Surabaya, appointed as type D hospital based on Health Minister judgment No. HK. 02. 03/I/1961/2014 which serve The Indonesian National Health Insurance System (BPJS). Patient data in 2015 until 2017 showed inpatient rate only 0.5% - 2% compared to other hospital in Surabaya (10-15%).

Purpose: applies gap analysis of service quality (SERVQUAL) methods to assess the quality of inpatient services in RUMKITAL Dr. Oepomo.

Methods: A cross sectional study started from October 2017 - May 2018 in RUMKITAL Dr. Oepomo, Surabaya, Indonesia. Gap analysis were conducted to find the gap between hope with the perception of consumer`sservices. More over data were analyzed using SPSS 16.0

Result: 45 subjects enrolled this study. Customer's unsatisfied value (Normalized Raw Weight/NRW) of doctor services is 33.56 %, nurse 50.42%, admission 43.45%, laboratory 56.27 % and radiology 51.47%. Hospital management should take attention on laboratorium services because gap value were negative in all service attributes, radiology and laboratory services (4 attributes were negative), and doctor and admission services (2 attributes were negative).

Conclusion: Public services of inpatient installation are less satisfactory from the point of view patient's needs so that variables with negative gap values need to be improved.

Keywords: QFD, BPJS, SERVQUAL

1. BACKGROUND

The Indonesian National Health Insurance System (BPJS) become one of great challange for hospital management to attract customer's savor by improving service quality to meet the customer's demands of the community. Almost all hospital in Indonesia, whether privat or government hospital use this systems to cover hospitality charges. This situation lead the hospital to give the best services to the patients. RUMKITAL Dr. Oepomo, one of navy hospital in Surabaya, appointed as type D goverment hospital based on Health Minister judgment No. HK. 02. 03/I/1961/2014 which serves The Indonesian National Health Insurance System. Based on patient data in 2015 until 2017, we found inpatient only 0.5% - 2% compared to other hospital in Surabaya (10-15%).

Service quality (Servqual) is customer's perceptions and it is judged by them in person not by organizations. Service quality is the difference between customer expectation and perception received by the customer, known as gap (Kalaja,

Myshketa and Scalera, 2016). The gap study indicate a negative gap in all dimensions of health services (Sianturi and Singgih, 2011).

This study applies gap analysis of service quality (SERVQUAL) to assess the quality of inpatient services in RUMKITAL Dr. Oepomo, Surabaya, Indonesia.

2. METHODS

This study is a cross sectional, with inpatients as subjects. Gap analysis was utilised using quistionaire in order to capture and transform the customer's need of inpatients and hospital inpatient service by determined the patients' expectations of inpatient services and their priorities. Subjects choosen in this study are patients at least 2 days in inpatient Instalation Unit of RUMKITAL Dr. Oepomo, Surabaya, Indonesia. The relationships between the patient's expectations and service specifications.

Available online at www.ijrat.org

2.1. SERVQUAL Measurement

The purpose of SERVQUAL Measurement to evaluate patients' satisfaction and expectations of service quality (Mohebifar et al., 2016). Customer's assessment satisfaction determined by comparing customer's expectations with real performance of public services, called "gap". Processing SERVQUAL method measures five service quality dimensions which are:

- 1. **Tangibles:** appearance of physical facilities, equipment, appearance of personnel and communication material.
- 2. **Reliability:** ability to perform the promised service dependably and accurately.
- 3. **Responsiveness:** willingness to help customers and provide prompt service.
- 4. **Assurance:** knowledge and courtesy of employees and their ability to inspire trust and confidence.
- **5. Empathy:** caring, individualized attention the hospital provides to its patients.

2.2. Determine Gap analysis

Gap analysis were conducted to find the gap between hope with the perception of consumers about service. The results of the calculation can be used as a reference to whether there is a gap according Cohen Scale, means difficult improvement level.

Table 1. Unsatisfied values of respondent to inpatient services at RUMKITAL Dr. Oepomo Surabaya

Description	Expect ation	Serv ice	GAP	NRW (%)		
Doctor visit according to schedule	3.7	3.16	-0.54	8.79%		
Waiting time for doctor services.	3.64	3.22	-0.42	8.49%		
Doctors are easily contacted by officers to deliver patient consultation	3.64	3.28	-0.36	8.33%		
The doctor gives sufficient time to the patient and his family for consultation.	3.6	3.4	-0.2	7.95%		
Unsatisfactory value (NR Docor`s services	W) of	33.56%	0%			
Nurses are quick and responsive in performing nursing actions to patients	3.7	3.26	-0.44	7.08%		
The nursing room is clean and comfortable.	3.72	2.96	-0.76	7.84%		
Nurse gives the patient and his/her family enough time to discuss patient care.	3.66	3.24	-0.42	7.05%		

between expectations with the perception of the patient to the service in the Inpatient Instalation Unit Dr. Oepomo Surabaya.

The criteria for a gap between expectations and patients' perceptions of service are:

- If the gap is negative, then the patient's perception is still not satisfactory expectations of the patient, means that customer's services unable to meet the expectations of patients.
- If the gap value is zero, then the consumer perception is in accordance with customer's expectation
- If the value of the gap is positive, then the consumer's perception has exceeded expectations from consumers themselves (Sianturi and Singgih, 2011).

2.3. Statistical analysis

The data were analyse using SPSS 16.0 ver

3. RESULT

45 subjects enrolled in this study. Testing the validity and reliability of the data based on the results of the questionnaire data states that all variables are valid and reliable. *Improvement Value* (*IR*) those variables is 3.

Nurses respond to	3.66	3.18	-0.48	7.18%
patient complaints	2.72	2.0	0.00	C 110/
Nurses fulfill the needs	3.72	3.8	-0.08	6.11%
of the patient including				
the nutritional needs and				
medicines given to the				
patient.				
Nurse gives an	3.66	2.86	-0.8	7.99%
explanation of the				
nursing action plan being				
performed to the patient				
Nurses always pay	3.7	3.22	-0,48	7.17%
attention to the patient's				
condition in performing				
nursing actions that will				
be done.				
Unsatisfactory value (NR	W) of	50.42%	o O	
Nurse`s Services				
The admission staff is	3.62	3.1	-0.52	11.07
always there 24 hours in				%
the admissions room.				
Waiting time to do the	3.68	3.22	-0.46	10.84
administration				%
Skill of admission	3.68	3.1	-0.58	11.26
officers in performing				%
the patient				
administration process				

Available online at www.ijrat.org

The admissions officer gives sufficient time to	3.68	3.28	-0.4	10.64 %
the patient and his family to communicate				
in the inpatient				
administration				
Unsatisfactory value (NR	W) of	43.45%	6	
Admission Services				
Laboratory officers	3.7	3.3	-0.4	8.14%
deliver the results on				
time				
Waiting time for	3.8	3,28	-0.52	8.41%
laboratory results				
Clothes of laboratory	3.78	3.28	-0.5	8.36%
personnel are neat, clean				
and wear ID				
Laboratory personnel are	3.72	3.26	-0,46	8.28%
skilled in conducting				
sampling in patients	2.66	2.1	0.56	0.570/
The laboratory officer	3.66	3.1	-0,56	8.57%
give an explanation of				
the sampling action plan that was performed to				
the patient.				
Laboratory personnel	3.7	3.24	-0.46	8.29%
always pay attention to	3.7	3.24	-0.40	0.2970
the patient's condition in				
doing sampling to the				
patient.				
Unsatisfactory value (NR	W) of	56.27	%	
Laboratory Services	,			
The radiologist submits	3.68	3.32	-0.36	6.22%
the results on time		l	l	

3.1. Gap Analysis

The study showed not all aspects had negative gap value, means that there is more consumer

Table 2: Gap value in five attribute of inpatient services

	Tangia ble	Reliabi- lity	Responsi- veness	Assura nce	Empat hy
Doctor	-0.330	-0.020	0.070	0.020	0.130
Nurse	-0.295	-0.160	-0.280	-0.360	-0.230
Admission	-0.195	-0.440	0.040	0.000	0.000
Laboratory	-0.506	-0.133	-0.230	0.040	-0.190
Radiology	-0.356	0.06	-0.220	-0.200	-0.210

Table 3: Customer's need of doctor services and Gap value of inpatients in RUMKITAL Dr. Oepomo Surabaya

-				1
Waiting time radiology	3.68	3.24	-0.44	6.37%
result				
The radiology location	3.64	3.22	-0.42	6.34%
guide are quite clear				
The radiology	3.74	3.18	-0.56	6.60%
examination room is				
clean and comfortable				
The radiologist's clothes	3.68	3.18	-0.5	6.49%
are neat, clean and				
wearing identification.				
The radiology officer	3.7	3.2	-0.5	6.48%
provides an explanation				
of the action plan by				
operating or using				
radiological equipment				
to the patient.				
The radiology	3.74	3.18	-0.56	6.60%
examination room is				
clean and comfortable				
Officers provide	3.7	3.26	-0.44	6.37%
guidance on the				
examination or action to				
be taken including its				
usefulness and its side				
effects.				
Unsatisfactory value (NRW) of		51.47%	, 0	
Radiology Services				

expectations than their own perceptions and vice versa, where consumers' perceptions outweigh their expectations (Sianturi and Singgih, 2011).

Available online at www.ijrat.org

Description	IC	Ser	GAP	NRW (%)
Doctor visit according to	3.7	3.16	-0.54	8.79%
schedule				
Waiting time for doctor services.	3.64	3.22	-0.42	8.49%
Doctors are easily contacted by officers to deliver patient consultation	3.64	3.28	-0.36	8.33%
Doctor's clothes are clean and tidy, using a doctor's coat, wearing an ID.	3.653	3.66	0.007	7.49%
Averange Tangiable	3.658	3.33	-0.33	Sig 0.693 2-tailed 0.069
Doctor able to determine the diagnosis of the disease appropriately	3.76	3.84	0.08	7.35%
Doctor respects the rights and opinions of patients in determining the treatment process to be performed on the patient	3.6	3.72	0.12	7.27%
The doctor gives sufficient time to the patient and his family for consultation.	3.6	3.4	-0.2	7.95%
Doctors perform careful examination to determine the patient's illness.	3.68	3.7	0.02	7.47%
Averange Reliability	3.66	3.66 5	0.005	Sig 0.284 2-tailed 0.949
Doctor asks the patient for approval of the medical action to be performed on the patient.	3.62	3.64	0.02	7.47%
Doctor respects the rights and opinions of patients in determining the treatment process to be performed on the patient	3.6	3.72	0.12	7.27%
Averange Responsiveness	3.61	3.68	0.07	Sig 0.000 2-tailed 0.395
Doctor provides guidance on the treatment plan or action to be performed on the patient including the objectives and risks	3.7	3.7	0	7.51%
The doctor takes note of the safety of the treatment performed on the patient.	3.72	3.76	0,04	7.43%
Averange Assurance	3.71	3.73	0.02	Sig 0.000 2-tailed 0.500
The doctor informs the patient's illness to the patient and the other person whom the patient wants.	3.54	3.66	0.12	7.26%
Doctors are friendly and polite in behaving.	3.64	3.8	0.16	7.19%
Averange Empathy	3.59	3.73	0.13	Sig 0.0002- tailed 0.090
Total	1	1	†	1000/

Total

100%

Note : IC = importance to customer (expectation); **Ser** = Service accepted by customer; **NRW** = Normalized Raw Weight;

If Sig value <0.05 \Rightarrow there is correlation between expectation and service

If 2-tailed value > 0.05 means expectation and service is differs markedly

Doctor services able to meet patient's expectation or slight above on responsiveness (0.07), assurance (0.02) and empathy (0.13), but not in tangiable (-0.33) and reliability (-0.02). The unsatisfied customers of doctor services (NRW %) are 33.56%. Responsiveness, assurance and empathy are the dimension where patient's satisfaction is higher comparing with two other dimensions on the doctor's services.

Table 4. Customer's Needs of nurse services and GAP value of inpatients in RUMKITAL Dr. Oepomo Surabaya

Oepomo Surabaya							
Description	IC	Ser	GAP	NRW			
Nurse is ready	3.66	3.68	0.02	6,21%			
before the doctor							
visits begins.							
Nurses are quick	3.7	3.26	-0.44	7.08%			
and responsive in							
performing nursing							
actions to patients							
The nursing room is	3.72	2.96	-0.76	7.84%			
clean and							
comfortable.							
Appearance of nurse	3.68	3.68	0	6.24%			
clothes are neat and							
clean, wearing							
identification.							
Averange of	3.69	3.395	-0.295	Sig 0.051			
Tangiable				2-tailed			
				0.214			
Nurses are able to	3.74	3.74	0	6.24%			
perform nursing							
actions when							
needed.							
Nurse respects the	3.66	3.7	0,04	6.17%			
rights and opinions			,				
of the patient in							
determining the							
treatment process to							
be performed on the							
patient							
Nurse gives the	3.66	3.24	-0.42	7,05%			
patient and his/her							
family enough time							
to discuss patient							
care.							
Friendliness and	3.72	3.72	0	6,24%			
nurse politeness in		· · · <u>-</u>					
behaving.							
Skilled nurses	3.7	3.76	0.06	6,14%			
perform nursing			-,	-,,-			
actions.							
verange Reliability	3.69	3.632	-0.16	Sig 0.28			
	6			2-tailed			
				0.515			
Nurses respond to	3.66	3.18	-0.48	7.18%			
patient complaints	5.00		00				
Patient complaints	·	1	·	l			

Available online at www.ijrat.org

Nurses fulfill the needs of the patient including the nutritional needs and medicines given to the patient.	3.72	3.8	-0.08	6.11%
Averange Responsiveness	3.69	3.49	-0.28	Sig 0.000 2-tailed 0.605
Nurse gives an explanation of the nursing action plan being performed to the patient	3.66	2.86	-0.8	7.99%
Nurse maintains the safety of nursing actions performed on the patient	3.74	3.82	0.08	6.11%
Averange Assurance	3.7	3.34	-0.36	Sig 0.000 2-tailed 0.563

Nursing services unable to meet patient's expectation in all aspects: tangiable (-0.295), reliability (-0.16), responsiveness (-0.28), assurance (-0.36) and empathy (0.13), but not in tangiable

Table 5. Customer's Needs of admission officer services and GAP value of inpatients in RUMKITAL Dr. Oepomo Surabaya

Description	IC	Ser	GAP	NRW
The admission staff	3.62	3.1	-0.52	11.07%
is always there 24				
hours in the				
admissions room.				
Waiting time to do	3.68	3.22	-0.46	10.84%
the administration				
The Admission staff	3.74	3.88	0.14	9.14%
clothing is neat and				
clean, wearing ID.				
The reception area is	3.7	3.76	0.06	9.33%
clean and				
comfortable.				
Averange of	3.685	3.49	-0.195	Sig 0.101
Tangiable				2-tailed
G1 111 A 1 1 1	2.50	2.4	0.50	0.338
Skill of admission	3.68	3.1	-0.58	11,26%
officers in				
performing the				
patient administration				
process The admissions	3.68	3.28	-0.4	10.64%
officer gives	3.06	3.20	-0.4	10.0470
sufficient time to the				
patient and his				
family to				
communicate in the				
inpatient				
administration				
Averange Reliability	3.68	3.19	-0.44	Sig 0.000
-				2-tailed
			1	0.116

Admission services are able to meet customer's expectation on assurances and empathy, light above customer's expectation on resposiveness (0.04). But tangiable (-0.195) and

Nurses always pay attention to the patient's condition in performing nursing actions that will be done.	3.7	3.22	-0,48	7.17%
Nurse maintains the confidentiality of the patient's illness	3.7	3.72	0,02	6.21%
Averange Empathy	3.7	3.47	-0.23	Sig 0.000 2-tailed 0.527
	100.00%			

Note: IC = importance to customer (expectation); Ser = Service accepted by customer; NRW = Normalized Raw Weight;

If Sig value <0.05 \Rightarrow there is correlation between expectation and service

If 2-tailed value > 0.05 means expectation and service is differs markedly

(-0.33) and empathy (-0.23). The unsatisfied customers of doctor services (NRW %) are 50.42 % in all aspect.

The admission staff	3.76	3.76	0	9.48%
is friendly and				
courteous				
The admissions	3.74	3.82	0,08	9.28%
officer respects the				
rights and opinions				
of the patient in				
determining the				
inpatient				
administration				
process.				
Averange	3.75	3.79	0.04	Sig 0.000
Responsiveness				2-tailed
- Top				0.500
The admissions	3.72	3.72	0	9.48%
officer gives an				
explanation of the				
inpatient's room.				
Averange Assurance	3.72	3.72	0	Sig –
				2-tailed
The admittance	3.64	3.64	0	9.48%
counter is pretty				
clear.				
Averange Empathy	3.64	3.64	0	Sig –
				2-tailed
	Total			100,00%

Note: IC = importance to customer (expectation); Ser = Service accepted by customer; NRW = Normalized Raw Weight;

If Sig value $<0.05 \Rightarrow$ there is correlation between expectation and service

If 2-tailed value > 0.05 means expectation and service is differs markedly

reliability (-0.44) can not meet the customer's expectations, with total unsatisfied value (NRW) 43.61 on all aspect of admission services.

Available online at www.ijrat.org

Table 6. Customer's Needs of Laboratorium services and GAP value of inpatients in RUMKITAL Dr. Oepomo Surabaya

Description	IC	Ser	GAP	NRW
Laboratory officers	3.7	3.3	-0.4	8.14%
deliver the results on				
time				
Waiting time for	3.8	3,28	-0.52	8.41%
laboratory results				
Clothes of laboratory	3.78	3.28	-0.5	8.36%
personnel are neat,				
clean and wear ID				
Averange of Tangiable	3.72	3.58	-	Sig 9.33
		7	0.50	2-tailed
			6	0.502
Laboratory personnel	3.78	3.78	0	7.26%
are quick and				
responsive in taking				
samples to patients				
Laboratory personnel	3.72	3.26	-0,46	8.28%
are skilled in				
conducting sampling				
in patients				
Laboratory test results	3.66	3.72	0,06	7.14%
can be trusted.				
Averange Reliability	3.68	3.45	-	Sig 0.000
			0.13	2-tailed
			3	0.612
The officer gives	3.7	3.8	0.1	7.07%
sufficient time to the				
patient and family to				
communicate.	_			
The laboratory officer	3.66	3.1	-0,56	8.57%
give an explanation of				
the sampling action				
plan that was				
performed to the				
patient.				
Averange	3.74	3.78	-0.23	Sig 0.000
Responsiveness				2-tailed

Laboratory services are able to meet customer's expectation in assurance (0.04), but other aspects are not (tangiable -0.506; reliability -

Table 7. Customer's Needs of Radiology services and GAP value of inpatients in RUMKITAL Dr. Oepomo Surabaya

Description	IC	Ser	GAP	NRW
The radiologist submits the results on time	3.68	3.32	-0.36	6.22%
Waiting time radiology result	3.68	3.24	-0.44	6.37%
The radiology location guide are quite clear	3.64	3.22	-0.42	6.34%
Radiology checkout room is clean and comfortable	3.64	3.64	0	5.61%
The radiology examination room is clean and comfortable	3.74	3.18	-0.56	6.60%
Averange of Tangiable	3.72	3.784	-0.356	Sig 0.013 2-tailed 0.001

				0.500
Laboratory personnel maintain the safety of sampling performed on the patient	3.74	3.82	0.08	7.10%
Laboratory personnel maintain the confidentiality of patient examination results	3.74	3.74	0	7.26%
Averange Assurance	3.71	3.52	0.04	Sig 0.000 2-tailed 0.610
Laboratory officials respect the rights and opinions of patients in sampling to be performed on the patient	3.72	3.8	0.08	7.10%
Laboratory personnel always pay attention to the patient's condition in doing sampling to the patient.	3.7	3.24	-0.46	8.29%
Averange Empathy	3.676	3.32	-0.19	Sig 3.32 2-tailed 0.020
Total			10	0.00%

Note : IC = importance to customer (expectation); **Ser** = Service accepted by customer; **NRW** = Normalized Raw Weight;

If Sig value <0.05 \rightarrow there is correlation between expectation and service

If 2-tailed value > 0.05 means expectation and service is differs markedly

0.133; responsiveness -0.23; and empathy -0.19) with unsatisfied value (NRW) 56.27~% in all aspects.

The radiology officer is skilled in operating or using radiological equipment	3.78	3.84	0.06	5.52%
Laboratory personnel are quick and responsive in operating or using radiological equipment.	3.76	3.82	0.06	5.52%
The radiology officer respects the rights and opinions of the patient in determining the examination process to be performed on the patient.	3.66	3.7	0.04	5.55%
The radiologist gives the patient and family enough time to communicate.	3.7	3.78	0.08	5.49%
Friendliness and courtesy of	3.7	3.78	0.08	5.49%

Available online at www.ijrat.org

				1
radiology officers in behaving.				
Averange Reliability	3.72	3.5	0.06	Sig 0.000 2-tailed 0.576
The radiologist's clothes are neat, clean and wearing identification.	3.68	3.18	-0.5	6.49%
The radiologist always pays attention to the patient's condition in operating or using radiology equipment to the patient	3.76	3.82	0.06	5.52%
Averange Responsiveness	3.72	3.5	-0.22	Sig 0.000 2-tailed 0.576
The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient.	3.7	3.2	-0.5	6.48%
Radiological examination results can be trusted.	3.68	3.78	0.1	5.46%
Averange Assurance	3.69	3.49	-0.2	Sig 000 2-tailed 0.626
The radiology examination room is	3.74	3.18	-0.56	6.60%

Radiology services exceed customer's expectation in reliability (0.04), but other aspects are not (tangiable -0.356; responsiveness -0.22; assurance -

4. DISCUSSION

The SERVQUAL scale based on a marketing perspective (Parasuraman, Zeithaml and Berry, 1985) to provide an instrument for measuring service quality that would apply across a broad range of services with minor modifications in the scale. SERVQUAL provides a foundation for a growing body of research that pertains to the creation of quality among service industries (Babakus and Mangold, 1992). Quality defined as the totality of features and attributes of a service that bear on its ability to satisfy a given need (Bauer, Duffy and Westcott, 2002). Service quality is expressed as a function of consumer expectations of service compared with their perceptions of the actual service (Chakravarty, 2011).

Fan *et al.* (2017) states that satisfaction as psychological concept which is defined in different ways. Satisfaction is a cognitive response whereas some others consider satisfaction as emotional attachment of individuals. That's why only

clean and				
comfortable				
Officers provide	3.7	3.26	-0.44	6.37%
guidance on the				
examination or				
action to be taken				
including its				
usefulness and its				
side effects.				
The radiologist	3.74	3.78	0.04	5.55%
maintains the safety				
of radiological				
measures performed on the patient.				
	3.7	3.82	0.12	£ 420/
The radiologist maintains the	3.7	3.82	0.12	5,43%
confidentiality of				
the patient's				
examination.				
Averange Empathy	3.72	3.51	-0.21	Sig 0.897
				2-tailed
				0.305
Tota	l		100),00%

Note: IC = importance to customer (expectation); Ser = Service accepted by customer; NRW = Normalized Raw Weight;

If Sig value <0.05 \Rightarrow there is correlation between expectation and service

If 2-tailed value > 0.05 means expectation and service is differs markedly

0.2; and empathy -0.21) with unsatisfied value (NRW) 51.47 % in all aspect.

consumer's perceptions is needed to evaluate service quality (Churcill and Gilbert, 1987).

Gap value describes the satisfactory to the services received by consumen, whereas established by gap between services received with the desired expectations of customers. If gap value positive means the customer is satisfied, whereas if the negative value means the customer is not satisfied. Gap analysis is aimed to know the factors that must be prioritized.

Study conducted by Rostami, Jahani and Mahmoudi (2018) showed that the most expectation of hospital services quality was related to reliability dimension, while the lowest perception was about responsiveness aspect, while the other study (Chakravarty, 2011) conducted outpatient service showed gap value in all five dimension were negative, means that the performance of Hospital services have not met the expectation of the respondents, in other words,

Available online at www.ijrat.org

expectations are still greater than the actual performance.

4.1. Management

In order to improve the quality of inpatient services, hospital management must take attention on laboratorium services because gap value were negative in all service attributes, followed by radiology and laboratory services (4 atrributes were

Table 8. Hospital Service Improvement

Table 8. Hospital Service	•
Description	Suggested
	Improvement
Doctor visit according to	Addition expert medical
schedule	personnel in every
	inpatient service unit
Waiting time for doctor	Scheduling on doctor's
services.	meeting via phone
The doctor gives sufficient	Arranging consultation
time to the patient and his	session
family for consultation.	
Doctors are easily contacted	Arranging consultation
by officers to deliver patient	session
consultation	
Nurses are quick and	Improving nurse's skills
responsive in performing	throught medical training
nursing actions to patients	
Nurses always pay attention	Improving nurse's skills on
to the patient's condition in	patient's care training
performing nursing actions	
that will be done.	
Nurses respond to patient	Improve communication
complaints	skills of nurses
The nursing room is clean	Conduct periodic
and comfortable.	inspection and
	maintenance of facilities
Nurse gives an explanation	Improve communication
of the nursing action plan	skills of nurses
being performed to the	
patient	
Nurses fulfill the needs of the	Addition Nurse`s
patient including the	personnel
nutritional needs and	
medicines given to the	
Patient Numae gives the nations and	A monoing our14-4:
Nurse gives the patient and	Arranging consultation
his/her family enough time to	session between nurse and patient
discuss patient care.	Divide the working hours
The admission staff is always there 24 hours in the	into 3 shifts (each shift for
admissions room.	8 hour) for admission
L GARLISSIONS LOOPII	O HOULT FOR AUTHISSION
	,
	officers.
Waiting time to do the	officers. Improving admission
	officers. Improving admission officer's skills with
Waiting time to do the administration	officers. Improving admission officer's skills with administration training
Waiting time to do the administration skill of admission officers in	officers. Improving admission officer's skills with administration training Improving admission
Waiting time to do the administration skill of admission officers in performing the patient	officers. Improving admission officer's skills with administration training Improving admission officer's skills with
Waiting time to do the administration skill of admission officers in	officers. Improving admission officer's skills with administration training Improving admission

5. CONCLUSION

Public services of inpatient instalation are less satisfactory from the point of view patient's needs so that variables with negative gap values need to negative), and doctor and admission services (2 attributes were negative). Padma, Rajendran and Sai Lokachari (2010) states that the hospital service providers have to understand the needs of both patients and attendants in order to gather a holistic view of their services.

There are several aspects need manament improving we suggested were showed at table 8.

CC	
sufficient time to the patient	to give sufficient
and his family to	explaination to patient
communicate in the inpatient	
administration	
Laboratory officers deliver	- Addition laboratory
the results on time	personnel
	- Arrange schedule on
	laboratory result`s
	delivery
Waiting time for laboratory	Arrange schedule on
results	laboratory result`s delivery
Laboratory personnel are	Improving laboratory
skilled in conducting	officer's skills conducting
sampling in patients	sampling in patients
Clothes of laboratory worker	Laboratory personel using
are neat, clean and wear ID	uniform, tidy, clean and
and nout, crown and wear 1D	wearing ID
Laboratory personnel always	Improve communication
pay attention to the patient's	skills of laboratory officers
condition in doing sampling	skins of laboratory officers
to the patient.	
The laboratory officer gave	Improve communication
an explanation of the	Improve communication skills of laboratory officers
sampling action plan that was	skins of laboratory officers
performed to the patient	
The radiologist submits the	A 11'-' 1' 1
results on time	- Addition radiology
results on time	personnel
	- Arrange schedule on
	radiology result`s
William III	radiology result`s delivery
Waiting time radiology result	radiology result`s delivery Arrange schedule on
	radiology result's delivery Arrange schedule on laboratory result's delivery
The radiologist's clothes are	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using
The radiologist's clothes are neat, clean and wearing	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and
The radiologist's clothes are neat, clean and wearing identification.	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID
The radiologist's clothes are neat, clean and wearing identification. The radiology officer	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient.	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient.	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable Officers provide guidance on the examination or action to	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable Officers provide guidance on the examination or action to	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable Officers provide guidance on	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable Officers provide guidance on the examination or action to be taken including its	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities Improve communication
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable Officers provide guidance on the examination or action to be taken including its usefulness and its side effects.	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities Improve communication skills of Radiology officers
The radiologist's clothes are neat, clean and wearing identification. The radiology officer provides an explanation of the action plan by operating or using radiological equipment to the patient. The radiology examination room is clean and comfortable Officers provide guidance on the examination or action to be taken including its usefulness and its side	radiology result's delivery Arrange schedule on laboratory result's delivery Radiology personel using uniform, tidy, clean and wearing ID Improve communication skills of Radiology officers Conduct periodic inspection and maintenance of facilities Improve communication

be improved, including doctor services, nurses services, admission officers, laboratory services and radiology services.

Available online at www.ijrat.org

REFERENCES

- [1] Babakus, E.; Mangold, W. G. (1992): Adapting the SERVQUAL Scale to Hospital Services: An Empirical Investigation. *Health Services Research*, 26(6), pp. 767–786.
- [2] Bauer, JC.; Duffy, GL.; Westcott, RT. (2002) The Quality Improvement Handbook. Milawaukee: ASO Quality Press
- [3] Chakravarty, C. A. (2011): Evaluation of service quality of hospital outpatient department services. *Medical Journal Armed Forces India*. Director General. Armed Forces Medical Services, 67(3), pp. 221–224.
- [4] Churcill, J.R.; Gilbert, A. (1987): Marketing Research: methodological foundations. New York, The Dryden Press, pp. 896
- [5] Fan, L. hua *et al.* (2017): Patients' perceptions of service quality in China: An investigation using the SERVQUAL model. *PLoS ONE*, 12(12), pp. 1–13.
- [6] Kalaja, R.; Myshketa, R.; Scalera, F. (2016) 'Service Quality Assessment in Health Care Sector: The Case of Durres Public Hospital. *Procedia - Social and Behavioral Sciences*. The Author(s), 235(October), pp. 557–565.

- [7] Koerner, M. M. (2000): The Conceptual Domain of Service Quality for Inpatient Nursing Services. *Journal of Business Research*, 48(3), pp. 267–283.
- [8] Mohebifar, R. *et al.* (2016): Evaluating Service Quality from Patients' Perceptions: Application of Importance–performance Analysis Method. *Osong Public Health and Research Perspectives*. Elsevier Ltd, 7(4), pp. 233–238.
- [9] Padma, P.; Rajendran, C.; Sai Lokachari, P. (2010): Service quality and its impact on customer satisfaction in Indian hospitals. *Benchmarking: An International Journal*, 17(6), pp. 807–841.
- [10]Parasuraman, A.; Zeithaml, V. A.; Berry, L. L. (1985): Model Service Its Quality and Implications for Future. *Research Paper*, 49(4), pp. 41–50.
- [11]Rostami, F. H.; Jahani, M. A. and Mahmoudi, G. (2018): Original Article. *Iranian Journal of Health Sciences* 2018;, 6(1), pp. 58–67.
- [12]Sianturi, H. P.; Singgih, M. L. (2011): Peningkatan Kualitas Pelayanan Kesehatan Pasien Unit Instalasi Rawat Jalan (IRJ) Rumkital Dr. Ramelan Surabaya Dengan Menggunakan Metode QFD. Prosiding Seminar Nasional Manajemen Teknologi XIV.