

Assessment of Medical Rehabilitation Patients on Service Convenience

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Abstract

Background: In the last 3 years outpatient installations have not been able to reach the specified patient satisfaction standard. The existence of a tiered BPJS system made the visit of the Medical Rehabilitation Poly to be poly with the most number of visits among other poly. After conducting the data survey at the beginning it was known that the patient's satisfaction was still low at the Medical Rehabilitation Poly with 70% of patients stating that they were not satisfied with the facilities and services available.

Objective: The purpose of this study was to analyze the respondents' assessment of service convenience at the Medical Rehabilitation Center.

Method: This study was analytic observational with a cross sectional approach. The population in this study were all patients at the Medical Rehabilitation Poly in 2017. The samples used were 333 respondents. The study was conducted using a questionnaire by asking questions directly to the respondents.

Result: Based on service convenience dimensions, respondents rated decision convenience as good, very good access convenience, good transaction convenience, and good benefit convenience. There is only one variable that is poorly assessed, namely service waiting time in transaction convenience.

Conclusion: The conclusion of this study is that respondents considered that service convenience in the Medical Rehabilitation Poly of Rumah Sakit Islam A. Yani Surabaya was good.

Keywords: *Assessment, Satisfaction, Service Convenience.*

Introduction

Health is a basic need for society. Today people are becoming increasingly aware of the quality or quality of health services that are able to provide satisfaction to the community itself. Satisfaction is closely related to the expected service and the reality of the service that has been provided. Satisfaction will be fulfilled if the service provided in a hospital is felt to be in line with expectations.

Consumers or patients in choosing to utilize health services from a hospital prioritizing comfort is one of the most important things². It is very important to understand the concept of comfort that consumers want (the target market) of a hospital because the increasing technology

that facilitates public access to various hospitals with competitive prices causes consumers to have many choices and increasingly want comfort⁷. Convenience of consumers needs to be evaluated or measured in order to improve the quality of health services. Five types of customer convenience that can be identified, namely (1) Decision Convenience, consumer perceptions of deciding to use a service, (2) Access Convenience, ease of access to service places, (3) Transaction Convenience, ease of transaction when serving, (4) Benefit Convenience, ease in obtaining conformity between benefits obtained with the sacrifices made, (5) Post Benefit Convenience, reuse of these services.

In 2018 patient satisfaction for the Outpatient Installation of the Rumah Sakit Islam A. Yani Surabaya

with a satisfaction score of 76.23% still did not meet the patient satisfaction standard of $\geq 90\%$. During the last 3 years based on data from the medical record unit, outpatient units experienced a rapid increase in visits. This is also due to the existence of a tiered referral system from BPJS. Among all work units, the Medical Rehabilitation Poly is a work unit with the highest number of visits in 2017.

After conducting the initial data survey and interviewing 30 patients at the Medical Rehabilitation Police, they said they were not satisfied with the facilities and services available. So the problem raised in this study is the low patient satisfaction at the Medical Rehabilitation Poly in 2018.

The purpose of this study was to analyze the respondents' assessment of service convenience at the Medical Clinic of the Yogyakarta Yani Islamic Rehabilitation Hospital.

Material and Method

This study is an observational analytical study, in which data and information are collected without intervention or treatment in the population. The research design was reviewed in terms of the time of the study, this study used a cross sectional research approach, namely data collection and research subjects were only observed once at a certain time or time.

The population in this study were all patients in the Medical Rehabilitation Poly of the Y Yani Hospital in Surabaya in 2017. The number of patient visits in 2017 was 29761. The sample criteria in this study were respondents who had received service, respondents were aware and were able to communicate with well, the respondent is willing and agrees to fill out the questionnaire. The sample for this study was 333 patients.

This research was carried out at the Medical Rehabilitation Clinic of the Islamic Hospital of A. Yani Surabaya during April - May 2019. The research was conducted by asking respondents directly about questions related to their assessment of service convenience.

Result

Service Convenience: Convenience services are consumer perceptions of time and effort in using services¹. This conceptualization uses the dimensions of time and effort as convenience (saving time or effort)

or costs or the burden of inconvenience (waste of time and or effort). There are five types of identification, namely decision convenience, access convenience, transaction convenience, convenience benefits and post benefit convenience. Each type of convenience reflects the stages of consumer activity related to the purchase or use of services¹.

- a. **Decision Convenience:** Consumer perceptions of the cost of time and effort to make a purchase decision or service use. Decisions include consumers who will do themselves or buy services, choose service suppliers and determine the specific services to be purchased⁵.
- b. **Access Convenience:** Consumer perceptions of the cost of time and effort to initiate service delivery. Consumers do when deciding to use one service, access is needed to reach or receive these services such as actions that must be taken by customers to order or request services / services, for example consumers must come directly, order with telephone, internet and fax)
- c. **Transaction Convenience:** Customer perception of the cost of time and effort to enter into a transaction. This is done when the consumer has decided and accesses the services, then the consumer participates in receiving services⁶. This type of convenience focuses on the actions that consumers must take in obtaining the right to use services⁴.
- d. **Benefit Convenience:** Customer perceptions of the cost of time and effort to experience the core benefits or services⁵. Consumers can estimate the fairness between the direct and indirect costs spent with the core benefits obtained. Consumers who have a negative perception of benefit convenience will have a worse effect on overall service convenience. This is due to the cumulative negative perceptions of decision, access and transaction convenience¹.
- e. **Post-Benefit Convenience:** Customer perception of the cost of time and effort when contacting the service provider again after the benefit stage. This stage is felt by consumers after getting the core benefits of consumer services. This type of convenience relates to consumer needs for product repairs, maintenance and exchange. This also includes situations where a postoperative patient must follow up⁵.

Service quality starts from customer needs and ends at the customer's perception. This means that the

image of good quality is not based on the point of view or perception of the service provider, but based on the customer's point of view or perception. Customers are consumers who consume and enjoy company services, so customers are the ones who should determine the quality of services⁴.

Respondent's Assessment of Service Convenience in the Medical Rehabilitation Poly of the Rumah Sakit Islam A. Yani Surabaya: Respondents' assessment of service convenience at the Medical Rehabilitation Poly of Rumah Sakit Islam A. Yani Surabaya, which included decision convenience variables, access convenience, transaction convenience, and convenience benefits performed by scoring and then calculated the total score and mean. Comparison of the average results of each

service convenience variable is explained in table 1 below.

Mean 1,00 – 1,75 : Very Bad

Mean >1,75 – 2,50 : Bad

Mean >2,50 – 3,25 : Good

Mean >3,25 : Very Good

Explanation:

1 = very dissatisfied

2 = dissatisfied

3 = satisfied

4 = very satisfied

Table 1: Respondent's Assessment of Service Convenience in the Medical Rehabilitation Poly of the Rumah Sakit Islam A. Yani Surabaya in 2019

No.	Service Convenience	Score				Total Score	N	Mean	Exp.
		1	2	3	4				
I. Decision Convenience									
1.	Ease of information in decision making	0	7	279	47	1039	333	3,12	Good
Average Assesment Decision Convenience								3,12	Good
II. Access Coveniencie									
2,	Distance between hospital and respondent's house	7	40	160	126	1071	333	3,21	Good
3.	Costs incurred to go to hospital	0	7	159	167	1159	333	3,48	Very Good
Average Assessment Access Convenience								3,34	Very Good
III. Transaction Convenience									
4.	Presence of a doctor	0	33	210	90	1056	333	3,17	Good
5.	The existence of nurses	0	12	161	160	1147	333	3,44	Very Good
6.	Doctor's skills	0	0	209	124	1123	333	3,37	Very Good
7.	Nurse skills	0	21	271	41	1019	333	3,06	Good
8.	Doctor's modesty	0	6	228	99	1092	333	3,27	Very Good
9.	Courtesy nurses	0	7	234	92	1084	333	3,25	Good
10.	Ease of administrative procedures	7	34	258	34	985	333	2,95	Good
11.	Waiting time before receiving service	67	114	152	0	751	333	2,25	Bad
12.	Sophisticated medical devices	0	27	258	48	1020	333	3,06	Good
13.	Cleanliness of the waiting room	0	0	227	106	1105	333	3,31	Good
14.	Cleanliness of service space	0	0	141	192	1191	333	3,57	Very Good
15.	Security during service	0	14	223	96	1081	333	3,24	Good
Average Assessment Transaction Convenience								3,16	Good
IV. Benefit Convenience									
16.	Benefits obtained after service	0	25	207	101	1075	333	3,23	Good
Average Assessment Benefit Convenience								3,23	Good
Average Assessment Service Convenience								3,21	Good

As ed on table 1, it can be learned that the decision convenience dimension is considered good by the respondents. In the dimension of access convenience, the average value of the results shows a very good category. In the transaction convenience dimension, the average respondent judges good. However, on transaction convenience, the item waiting time before receiving service is considered bad by the respondent. While on the benefits convenience dimension, respondents were considered good. Overall, respondents' assessment of service convenience is good with a mean overall dimension of 3.21.

Discussion

Respondents' Assessment Analysis of Convenience Service at the Medical Rehabilitation Poly of the Rumah Sakit Islam A. Yani Surabaya: At this time the patient's comfort factor is very important. The comfort felt by patients when obtaining health services will have an influence on the utilization of health services. The variables used to measure patients' convenience (satisfaction) with satisfaction in this study are decision convenience, access convenience, transaction convenience and benefit convenience¹.

Decision Convenience: Decision convenience is a patient's perception of the time and effort that must be sacrificed in making a decision to utilize health services¹. Based on the research results of the respondents at the A. Yani Surabaya Islamic Hospital Medical Rehabilitation Poly, the decision-making process and speed of decision-making to carry out medical rehabilitation services at the A. Yani Islamic Hospital in Surabaya were carried out quickly because 100% of the respondents came from BPJS, they are bound by health insurance regulations so that the decision-making process and speed of decision making are carried out very easily and quickly⁴.

Access Convenience: Access Convenience is the patient's perception of the costs, time and effort that must be sacrificed in order to be able to start to obtain health services¹. Access means that health services are not hindered by geographical, social, economic, cultural, organizational or language barriers. Geographical access can be measured by the type of transportation distance, travel time and other physical barriers that can prevent a person from obtaining health services.

Based on the results of the study, access convenience at the Poli of Medical Rehabilitation of the Islamic Hospital of A. Yani Surabaya has been very good and

needs to be maintained. According to respondents' comments regarding the costs incurred in obtaining services they did not burden them. Likewise with regard to distance, the position of the A. Yani Surabaya Islamic Hospital is near shopping centers, stations, and major roads making the respondents' assessment of the distance very good because it is easily accessible.

Transaction Convenience: Transaction convenience is a patient's perception of the costs, time and effort that must be sacrificed to make a transaction¹. The comfort type focuses on the actions that must be taken by the customer to obtain the right to use the service. The greater the effort made by respondents to get health services, the smaller the value of the convenience of transactions obtained⁸. Customer assessment of a service can also be influenced by the personal interaction of respondents to health workers in health services.

Based on the research results of transaction convenience at the A. Yani Hospital Surabaya Medical Rehabilitation Polyclinic, the variable presence of nurses, doctor's courtesy, and cleanliness of the service room were considered very good, while nurses 'skill variables, nurses' courtesy, administrative procedures, sophistication medical devices, cleanliness of the waiting room, and security during service are considered good. But there is one variable that is considered bad, namely the waiting time before service. According to respondents' comments, the waiting time is still too long but has increased from the previous year from the old poly room.

Benefit Convenience: Convenience benefit is the fourth type of convenience examined in this study¹. Benefit convenience is the consumer's perception of the cost of time and effort to get the core benefits of services. This type of comfort is comfort while getting or utilizing health services⁷.

Based on the results of the benefits convenience study at the Medical Rehabilitation Poly of the Rumah Sakit Islam A. Yani Surabaya, respondents were considered good.

Conclusion

he conclusion of this study is that the service convenience model is that respondents consider that service convenience in the Medical Rehabilitation Center of the Islamic Hospital of A. Yani Surabaya is good. This can be seen from the results of the study, from

the decision convenience it was considered good, access convenience was considered very good, transaction convenience was considered good, and benefit convenience was considered good. But in transaction convenience, the waiting time variable is considered bad by the respondent. This is due to the high number of patient visits in one year. So that the advice that can be given to the management of the Medical Unit of the Medical Rehabilitation Center of the Islamic Hospital of A. Yani Surabaya is to maintain the existing facilities and services because the respondents consider that the service convenience is good.

Conflict of Interest: The authors declare that there is no conflict of interest.

Source of Funding: Self.

Ethical Clearance: Health Research Ethical Clearance Commission, Faculty of Dental Medicine, Universitas Airlangga.

References

1. Berry, L. L., Seiders, K., & Grewal, D. Understanding Service Convenience. *Journal of Marketing*, 2002;66, 1-17.
2. Griffith, J. The Well Managed Community Hospital. Michigan: Health Administration Press. 2002.
3. Kotler, Philip; Keller, Kevin Lane; Alih Bahasa: Benyamin Molar. *Manajemen Pemasaran* (13th ed.). Jakarta: Erlangga. 2009.
4. Puspasari, D. Skripsi Hubungan antara Kematangan Emosi dengan Pengambilan Keputusan Pada Remaja Di Sma N 2 Sukoharjo. Universitas Muhammadiyah Surakarta. 2016.
5. Supriyanto, S., & Ernawaty. *Pemasaran Industri Jasa Kesehatan*. Sidoarjo: Masmedia Buana Pustaka. 2009.
6. Supriyanto, S. & Wulandari, R. D. *Manajemen Mutu Pelayanan Kesehatan*. Cetakan Pertama ed. Surabaya: Percetakan Pohon Cahaya. 2011.
7. Undang – Undang Republik Indonesia Nomor 44 Tahun 2009 tentang Rumah Sakit.
8. Ayed A, Thultheen I, Fashafsheh I. Midwives and Nurses Compliance with Standard Precautions in Palestinian Hospitals. *Open J Nursng*. 2016;6(1):294–302.
9. Askarian M, Yousefi F, Maharlouei N, Mclaws M. Using The Theory of Planned Behavior to Identify Predictors of Handwashig Among Iranian Healthcare Workers. *BMC Proc*. 2011;5(6):108.