DIJEMSS:
Dinasti International Journal of Education Management and Social Science
E-ISSN: 2686-6331
P-ISSN: 2686-6358
https://dinastipub.org/DIJEMSS dinasti.info@gmail.com +62 811 7404 455
DINASTI PUBLISHER

DOI: https://doi.org/10.38035/dijemss.v6i2

Leadership Analysis in Achieving Patient Satisfaction At the Mabelopura Health Center Service, Palu City, Central Sulawesi Province

Sri Naharindah Ningsih S[1], Oscar Jayanegara[2]
[1] Pelita Harapan University Hospital Management, Regions, Indonesia, naharindah@gmail.com
[2] Pelita Harapan University Hospital Management, Regions, Indonesia, oscar.fe@uph.edu

Corresponding Author: naharindah@gmail.com

Abstract: The concept of leadership reliability in a health center is the first priority and is preventive in providing individual health facilities. Patient satisfaction in health centers is greatly influenced by the leadership method in fulfilling various variables to the maximum. This study aims to determine the significance of the level of patient satisfaction with the leadership method in the service management of the Mabelopura Health Center in Palu City, Central Sulawesi Province in relation to the fulfillment of the variables of facilities and infrastructure (tangible), concern (empathy), reliability (reliability), responsiveness (responsive), certainty (assurance). Data collection through a questionnaire in the form of empirical reliability questions to 80 respondents which were then processed and analyzed through SPSS statistical tests in the form of normality tests, multicollinearity tests, multiple linear regression tests, namely the T test and F test. The truth of the hypothesis shows that there is a real influence both partially and simultaneously on the leadership method in fulfilling the variables of tangible, empathy, reliability, responsiveness, assurance on patient satisfaction values,, so that Ho is rejected and H1 is accepted. It was found that there was no multicollinearity because the tolerance value was > 0.1 (alpha 10%) and VIF < 10. The results of T count > T table and the results of the F test obtained a sig value of 0.000 < 0.05.

Keyword: Tangible, emphaty, reliability, responsiveness, assurance.

INTRODUCTION

Indonesia's population growth has experienced a rapid increase in population, based on data from the Statical Yearbook of Indonesia, 2018 and 2023. the population in 2017 reached 261 million people and in 2022 reached 275 million people. In just 5 (five) years, population growth has increased by 14 (fourteen) million people. The increase in population certainly needs to be balanced with the provision of reliable health facilities that include comprehensive services. Empirically, according to field facts and document facts on health services, there have been many highlights by the community or community groups, both directly and through print media and online media about the poor health services in one place. Of course, this is material for study and analysis to take real and measurable action in an effort to improve the welfare of the community through improving the pattern of public health services.

In public health services, there are several management indicators that should be fulfilled by health service managers, both from the government and the private sector. These indicators include health marketing expertise in providing explanations of the correlation between health science and the accuracy of health treatment. Next are financial indicators and administrative indicators. Through financial indicators, it is intended to be able to provide maximum health services without seeing the financial value of the community that requires health services. Furthermore, administrative indicators are intended as steps to create public health services starting from the method of orderly administration. Both marketing indicators, financial indicators and administrative indicators as a whole are in the order of leadership ability as a vertical and horizontal command line within the scope of hospital / puskesmas management as a service provider in creating patient satisfaction as a health service user.

The ability of hospital/community health center leaders to manage parking is part of management for patient satisfaction. Factors that are relevant for patient satisfaction in outpatients depend on the quality of service, including the availability of parking lots, building cleanliness and doctor professionalism. Patient service satisfaction can be defined as an empirically reflective patient reaction based on the experience of care services and treatment experienced internally from a hospital so that it is necessary to evaluate the satisfaction of services that have been provided to patients on an ongoing basis. There are differences in patient satisfaction between insured and uninsured patients in health center services in Indonesia. Patients who use insurance services obtain a higher level of satisfaction than those who do not use insurance services so that this has an impact on differences in patient service satisfaction.

To meet the needs of customers both directly in the form of material and non-material in everyday life, one form is health services where customers are referred to as patients.Evaluation of waiting time in drug collection services in hospitals through control using digital clocks is one way to improve patient satisfaction services comprehensively. Outpatient satisfaction in hospitals is closely related to pharmaceutical installations. Measuring the success of leadership in health center service management on patient satisfaction as a quality of service can be measured from five dimensions of empathy , reliability , tangibles , assurance and responsiveness.

In measuring the level of satisfaction of the application of leadership methods as an organization to fulfill patient satisfaction, it can be done by processing questionnaire data and respondents who are analyzed using Importance Performance Analysis (IPA) and Customer Satisfaction Index (CSI). This method is used to assess the suitability of service quality, including speed, responsiveness, friendliness of hospital management staff in handling patient complaints, as well as the accuracy of doctors in treating patients.

From the results of the study, the application of leadership methods has an impact on patient satisfaction on services at the puskesman shows that the tangible dimension has a significant influence on patient satisfaction, the reliable dimension has a significant influence on patient satisfaction, the responsiveness dimension has a significant influence on patient satisfaction, the assurance dimension has a significant influence on patient satisfaction, and the empathy dimension has a significant influence on patient satisfaction. The most dominant dimension of influence is tangible, while the lowest is responsiveness. The dimensions of tangible, reliable, responsiveness, assurance, and empathy simultaneously have a significant influence on patient satisfaction.

Related research on leadership methods in fulfilling services to achieve patient satisfaction shows a strong relationship between service quality and patient satisfaction. The coefficient of determination shows the R squared figure of 0.596 or 59.6%, which means that the contribution of the service quality variable to patient satisfaction is 59.6%, including in the high effective category. So it can be concluded that there is a strong influence of service quality on patient satisfaction at the Puskesmas with effective criteria of 81.4%. In the t test, the value

of t> t table is obtained (11.955> 1.988). Based on partial correlation analysis, there is a significant influence between service quality on patient satisfaction, therefore Ho is rejected. with the results of the analysis, the R value is 0.772. The purpose of this study was to determine the significance of the level of patient satisfaction with leadership methods in service management of the Mabelopura Health Center, Palu City, Central Sulawesi Province in relation to the fulfillment of infrastructure variables (tangible), care (empathy), reliability (reliability),responsiveness (responsiveness), certainty (assurance).

METHOD

The research method used is a quantitative method that aims to test the hypothesis whether there is a real influence between leadership methods in health center services on patient satisfaction scores. The population studied was patients at the Mabelopura Health Center, Palu City, Central Sulawesi Province. The sampling technique was non-probabilitysampling(purposive sampling) aimed at patients who had visited / treated at the Mabelopura Health Center, Palu City, Central Sulawesi Province. The number of respondents was 80 people. Research data were collected through a questionnaire method in the form of questions related to the level of patient satisfaction after obtaining services from the leadership management method of the Mabelopura Health Center, Palu City, Central Sulawesi Province. To obtain an approach of agreeing or disagreeing with various questionnaire questions to all respondents, the researcher used a Likert scale.

Testing instruments is a way to test the validity of the data obtained. Processing questionnaire data that obtained the results of r count> r table, it can be stated that the variable quality of leadership methods and patient satisfaction is valid. Reliability testing is intended to determine all questionnaire questions used have reached the level of accuracy. In data processing, classical assumption testing is also carried out in the form of normality tests to obtain decisions on the fulfillment of several basic assumptions in the form of multicollinearity tests, then multiple linear regression tests are also carried out which serve to see the linear relationship between the independent variable and the dependent variable.

RESULTS AND DISCUSSION

From the primary data obtained answers to respondents' questions on the questionnaire which were then tested for classical assumptions through normality test, multicollinearity test and multiple regression test. The hypothesis used in this study is:

H0. There is no significant influence either partially or simultaneously on the leadership method on the variables of tangible, empathy, reliability, responsiveness, assurance, on the level of patient satisfaction at the service management of the Mabelopura Health Center, Palu City, Central Sulawesi Province.

H1. There is a significant influence both partially and simultaneously on the leadership method on the variables of tangible, empathy, reliability, responsiveness, assurance, on the level of patient satisfaction at the service management of the Mabelopura Health Center, Palu City, Central Sulawesi Province.

Tabel 1. Deskriptif Responden

Variabel Metode Kepemimpinan	N	Min	Mak	Rata-Rata	Std Deviasi
Kepuasan Pasien (Y)	80	18	21	19,50	0,712
Tangible (X1)	80	15	23	20,08	1,629
Empati (X2)	80	16	22	19.78	1,467
Reliability (X3)	80	17	23	20,43	1,329
Responsive (X4)	80	17	23	19,83	1,156

Assurance (X5)	80	15	21	17,64	1,161

Source: Data Analysis, 2024

From the results of the normality test, the respondents showed the distribution of absolute frequencies in descriptive statistics, the minimum value of the patient satisfaction variable was 15 and the maximum was 23 with an average value of 17.85 and a standard deviation of 1.24 as in Table 1 below.

To see that the data is normally distributed, the Skewness and Kurtosis test methods are then carried out. The Skewness test method is intended to see the level of data skewness while the Kurtosis test is to see the level of data skewness.

Tabel 2. Deskriptif Statistik

	N	Min	Max	Mean	Std	Skewness		Kurtosis	
	Statistic					Statistic	Std Error	Statistic	Std Error
Total X1	80	15	23	20.08	1.629	-.719	.269	.514	.532
Total X2	80	16	22	19.78	1.467	-.314	.269	-.375	.532
Total X3	80	17	23	20.43	1.329	-.233	.269	-.283	.532
Total X4	80	17	23	19.83	1.156	.150	.269	.410	.532
Total X5	80	15	21	17.64	1.161	-.144	.269	.178	.532
Kepuasan Pasien	80	18	21	19.50	.712	.-216	.269	.187	.532
Valid N	80								

Source: Data Analysis, 2024

Data can be said to be normally distributed if the ratio value is between -2 to +2. The results obtained as shown in table 2 show that the Skewness value is between -0.144 to 0.150 and the Kurtosis value is between -0.283 to 0.514. So it can be stated that the data is normally distributed. The multicollinearity test which is part of the classical assumption test in multiple regression analysis is intended to see if there is a correlation between independent variables. Because in a study there should not be a high correlation between independent variables, so to find out and detect whether there is an indication of multicollinearity, the Tolerance and VIF methods are used. Table 3 below shows the Tolerance and VIF Coefficients of the data processing results through the multicollinearity test.

Tabel 3. Koefisieen Tolerance dan VIF

Model	Collinearity Statistic	
	Tolerance	VIF
Total X1	.953	1.049
Total X2	.974	1.026
Total X3	.968	1.033
Total X4	.984	1.016
Total X5	.973	1.028

a. Dependent Variable: Patient satisfaction
Source: Data Analysis, 2024

Multicollinearity test is done by looking at the VIF (Variance Inflation Factor) value and tolerance value. The data in the study are considered free from multicollinearity if the VIF value is less than 10 and the tolerance value is greater than 0.1 (alpha 10%). From the research results obtained:

- The tolerance value of the tangible variable (X1) is 0.953 and the VIF value is 1.049.

- The tolerance value of the emphaty variable (X2) is 0.974 and the VIF value is 1.026.
- The tolerance value of the reliability variable (X3) is 0.968 and the VIF value is 1.033.
- The tolerance value of the responsive variable (X4) is 0.984 and the VIF value is 1.016.
- The tolerance value of the assurance variable (X5) is 0.973 and the VIF value is 1.028.

The test results show that the variables in this study have a tolerance value greater than 0.1 (alpha 10%) and a VIF value of less than 10. So it can be stated that there is no multicollinearity.

In processing the research data, multiple regression tests were also carried out to analyze the research hypothesis in order to determine whether there is an influence between variables X1, X2, X3, X4 and X5 on variable Y (patient satisfaction). Or it can be said to find out whether there is an influence of the independent variable / independent variable on the dependent variable / dependent variable.

In the T test, it is stated that if the sig value <0.05 or the calculated T value> T table, there is an influence of variable X on variable Y. If the sig value> 0.05 or the calculated T value < T table, there is no influence of variable X on variable Y. Table 4 below shows the coefficients of data processing results through the T test. The significance value α = 5%.

Tabel 4. Koefisieen hasil uji T regresi

Model	Unstandardized		Standardized Coefficients	t	Sig
	B	Std Eror	Beta		
(Constant)	-2.124	1.030		-2.061	.043
Total X1	.190	.019	.434	9.736	.000
Total X2	.206	.021	.425	9.630	.000
Total X3	.228	.024	.427	9.641	.000
Total X4	.250	.027	.406	9.258	.000
Total X5	.223	.0.27	.381	8.620	.000

a. Dependent Variable: Patient satisfaction

Source: Data Analysis, 2024

From the table shows the significance value / sig 0.000 <0.05 so it can be stated that there is a joint influence (stimultan) of the application of leadership methods with variable values tangible, empathy, reliability, responsiveness, esurance on patient satisfaction so that H1 can be accepted. The test method is an instrument that is used as a tool to measure the validity of a series of data that has been obtained into a variable. An instrument is said to be good and valid and reliableif it consists of content, structured, and empirical validity. To measure the level of patient satisfaction can be done through several instruments where the purpose of the measurement is to assess and evaluate the quality of nursing assurance to patients.

In measuring the level of patient satisfaction, there are often difficulties. This is due to several obstacles that generally occur, including; lack of understanding of patients related to patient service quality standards, limited ability of patients to express their opinions, diversity of goals of medical personnel in serving patients, local cultural tendencies or regional culture, diversity of patient social levels in the form of education level, social status and age. The progress of health services is closely related to the leadership methods applied where it can be measured from the level of patient satisfaction whose indicators can be in the form of the efficiency of human resources serving, prioritizing patient safety and security.

The results of the research have shown that the value of the application of leadership methods in patient satisfaction services is largely determined by tangible, empathy, reliability, responsiveness, esurance. This shows that the basic theories that reveal the position of these variables are very relevant to the results of previous studies which state that there is a very significant relationship between tangible, empathy, reliability, responsiveness, esurance with patient satisfaction. Similarly, the results of other studies also state that the value of patient

satisfaction in health services is largely determined by tangible factors, empathy, reliability, responsiveness, assurance. . Likewise, other relevant research states that the speed of response to patient complaints, reliability and certainty of diagnosis simultaneously greatly affects patient satisfaction which reaches 61.2% while 38.8% is influenced by other variables.

CONCLUSION

Based on the analysis of the results of research on service leadership management of Puskesmas Mabelopura Palu City, Central Sulawesi Province, it can be stated that there is a real influence both partially and simultaneously on the variables of tangible, empathy, reliability, responsiveness, assurance on the value of patient satisfaction, so Ho is rejected and H1 can be accepted. Therefore, the service leadership management of the Mabelopura Health Center, Palu City, Central Sulawesi Province should as much as possible maintain the quality of service that has been provided to visiting patients.

REFERENCES

Alibrandi, Angela, Lara Gitto, Michele Limosani, and Paolo Fabrizio Mustica. 2023. "Patient Satisfaction and Quality of Hospital Care." Evaluation and Program Planning 97(September 2022):102251. doi: 10.1016/j.evalprogplan.2023.102251.

Amalia, Afni, Harapan Tua, and Zaili Rusli. 2017. "Daya Tanggap, Jaminan, Bukti Fisik, Empati, Kehandalan, Dan Kepuasan Pasien." Jiana, Jurnal Ilmu Administrasi Negara 14(3):356–63.

Badrin, Nina Nisrina, Rini Rachmawaty, and Kusrini Kadar. 2019. "Instrumen Kepuasan Pasien Terhadap Pelayanan Keperawatan : Literature Review." Jurnal Endurance 4(1):87. doi: 10.22216/jen.v4i1.3674.

Ekadipta, Ekadipta, Muhammad Zuhriyanto, and Siti Nurahayu. 2022. "Evaluasi Waktu Tunggu Resep Obat Terhadap Kepuasan Pasien Rawat Jalan Di Instalasi Farmasi Rumah Sakit Assyifa Kota Tangerang." Jurnal Ilmu Farmasi Dan Farmasi Klinik 19(1):40. doi: 10.31942/jiffk.v19i1.6682.

Engkus, Engkus. 2019. "Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien Di Puskesmas Cibitung Kabupaten Sukabumi." Jurnal Governansi 5(2):99–109. doi: 10.30997/jgs.v5i2.1956.

Fatimah, Fatma Siti, Sumarni Mars, Raden Jaka Sarwadhamana, Rizka Mulyani, and Putri Daru Handayani. 2022. "A Comparison of Patient Satisfaction When Using the Insured and Non-Insured in Public Health Center (Puskesmas Kasihan 1) Bantul, Indonesia." Open Access Macedonian Journal of Medical Sciences 10(T8):1–4. doi: 10.3889/oamjms.2022.9454.

Ferreira, Diogo Cunha, Inês Vieira, Maria Isabel Pedro, Paulo Caldas, and Miguel Varela. 2023. "Patient Satisfaction with Healthcare Services and the Techniques Used for Its Assessment: A Systematic Literature Review and a Bibliometric Analysis." Healthcare (Switzerland) 11(5). doi: 10.3390/healthcare11050639.

Hasan, Alfadila. 2021. "Pengaruh Tangibles, Empathy, Reliability, Responsiveness Dan Assurance Jasa Kesehatan Terhadap Kepuasan Pasien Pengguna BPJS Pada Puskesmas Sungai Sariak Kabupaten Padang Pariaman." Jurnal Ilmiah Dikdaya 11(1):85. doi: 10.33087/dikdaya.v11i1.200.

Imran, Imran, Yulihasri Yulihasri, Almasdi Almasdi, and Yimmi Syavardie. 2021. "Dampak Kualitas Pelayanan Terhadap Kepuasan Pasien Puskesmas." Jurnal Penelitian Dan Pengembangan Sains Dan Humaniora 5(3):389–96. doi: 10.23887/jppsh.v5i3.40846.

Irawan, Beny, Raden Aldri Kurnia, Erwin Daniel Sitanggang, and Sayed Achmady. 2020. "Analisis Tingkat Kepuasan Pasien Terhadap Mutu Pelayanan Rumah Sakit Berdasarkan

Metode Service Quality (Servqual).” Jurnal Keperawatan Dan Fisioterapi (Jkf) 3(1):58–64. doi: 10.35451/jkf.v3i1.522.

Purwitasari, Susi, Chriswardani Suryawati, and Cahya Tri Purnami. 2023. “Hubungan Tangibles, Realibility, Responsiveness, Assurance, Dan Empathy Terhadap Kepuasan Pasien Kemoterapi Di Rumah Sakit X Di Kabupaten Semarang.” Holistik Jurnal Kesehatan 17(4):277–84. doi: 10.33024/hjk.v17i4.10132.

Ramadhan, Muhammad Fakhri, Rusydi A. Siroj, and Muhammad Win Afgani. 2024. “Validitas and Reliabilitas.” Journal on Education 6(2):10967–75. doi: 10.31004/joe.v6i2.4885.

Susanto, FX Haryanto, Nancy Isnawati Simbolon, and Eva Monica. 2021. “Analisis Hubungan Antara Kualitas Pelayanan Dan Kepuasan Pasien Rawat Jalan Instalasi Farmasi Rumah Sakit Universitas Muhammadiyah Malang.” PHARMACY: Jurnal Farmasi Indonesia (Pharmaceutical Journal of Indonesia) 18(1):10. doi: 10.30595/pharmacy. v18i1.5451.Wahyudin, Nanang, Masriyatun Masriyatun, and Maya Yusnita. 2022. “Kualitas Pelayanan Puskesmas Lubuk Besar Dengan Pendekatan Importance Performance Analysis (IPA) Dan Customer Satisfaction Index (CSI).” Jurnal Aplikasi Bisnis Dan Manajemen 8(3):891–99. doi: 10.17358/jabm.8.3.891.