Jurnal Administrare: Jurnal Pemikiran Ilmiah dan Pendidikan Administrasi Perkantoran

Volume 9, Issue 1, January-June 2022, Pages 155-168

Homepage: http://ojs.unm.ac.id/index.php/administrare/index

An Analysis of the Health Services of the General Hospital of Biak, Papua Province

Fatmawada¹, Haerana², Darlin³, M. Saleh Laha⁴

^{1,4} Public Administration, Institute of Social and Politic Science of YAPIS Biak, Indonesia
² Public Administration, Universitas Muhammadiyah Makassar, Indonesia
³ Political Science, Institute of Social and Politic Science of YAPIS Biak, Indonesia
E-mail: fatmawadha@gmail.com

ABSTRACT

Public health services are one of the elements of welfare that must be fullfilled by the government. The low quality of services provided by service providers such as hospitals is a social condition that poses a serious threat and must be anticipated as a form of improving service patterns. This study aims to analyze the quality of health services. The method used is descriptive research with a qualitative approach. The primary data was collected through observation and interviews. Secondary data obtained through the study of documentation. Data were analyzed using an interactive model. The results showed that the still a gap between patient assessment and the provision of services provided by the service provider, including service procedures and health facilities such as inadequate facilities and infrastructure. Therefore, needed the role of leaders and all stakeholders of Biak Hospital in planning up to the evaluation stage of service quality.

Keywords: Analysis, service quality, public health.

INTRODUCTION

Many developing countries, including Indonesia, are still experiencing severe challenges in terms of National Development which is a series of government efforts to carry out sustainable development in all sectors of the nation's life and state in order to realize people's welfare as stated in the 1945 Constitution Article 28 H (1) which emphasizes that "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, to have a good and healthy environment and to have the right to health services". To realize the mandate of the 1945 Constitution Article 28 H (1) Concerning social welfare, especially in the health sector, mandate of the 1945 Constitution Article 28 H (1) concerning social welfare, especially in the health sector, the government then drafted Law Number 23 Concerning Health, which states that "Health development aims to increase awareness, willingness, and ability to live a healthy life for every citizen in order to realize the optimal degree of public health".

Nowadays, people are starting to realize that health needs are very important in life, even though currently the health services received by the community have not been able to meet the expectations of all parties, both from the general public and from the government. Public health services provided by health workers often lead to public dissatisfaction and criticism because of the quality of services provided. According to (Botha, 2020, p. 53) in the results of his research, he explained that there was still a gap between expectations and reality felt by patients. Furthermore, ((Rahayuningsih et al., 2018, p. 121) explained that several elements that still need serious attention from the hospital are elements of information, complaint handling, and behavior of service personnel, service time, and supporting elements. In addition, (Irmawati, 2017, p. 96) in his research explains that the quality of health services that have not met the expectations of

the community can be seen in the dimensions: 1) assurance, where the health apparatus has not been fully able to provide guarantees to the public for the health service products provided, so that the community will get certainty of good and quality services; and 2) tangibles, where other things of a physical nature have not been able to fully support the implementation of health services provided to the community.

From the data source of the Papua Province Health Profile in 2017 based on health research data and recapitulation, of existing report data, the morbidity and mortality rates in Papua Province are as follows: 1) The number of malaria blood slide examinations that are examined from year to year shows an increase, this is in line with the Indonesian Ministry of Health guidelines which require laboratory confirmation; 2) Percentage of finding and handling diarrhea cases by district/city in Papua province based on 2017 data which has also increased; 3) HIV and AIDS; 4) Pneumonia which is the main cause of morbidity and mortality in children under five, the number of cases of pneumonia in children under five in Papua Province in 2017 was 0.16%; 5) Pulmonary TB, which is a tuberculosis disease, is caused by infection with mycobacterium tuberculosis bacteria that can attack the lungs, or other organs of the body such as lymph nodes, intestines, kidneys, womb, bones, and the brain. TB can cause death and is one of the infectious diseases that causes the highest mortality in this country; 7) Leprosy; 8) Malnutrition; 9) Diabetes mellitus, hypertension, stroke, and coronary heart disease.

In addition, since the beginning of 2020 the Papuan people have also begun to be anxious about the emergence of the Coronavirus disease (Covid-19). This virus was first identified in Wuhan, China, in persons exposed to a seafood or wet market, (Perlman, 2020, p. 760). The summary of cases of Coronavirus (Covid-19) in Papua based on data dated September 02, 2021 shows that the total number of new cases of disease (Covid-19) is 41,703 patients, for patients with recovered status 38,059 91%,, and deaths amounting to 1,115 3%, Source: (JHU CSSE COVID-19 Data). The data is always changing and showing improvement every day, so (American Medical Association, 2020) (American College of Surgeons, 2020a) (American College of Surgeons, 2020b) explains that the COVID-19 pandemic presented unprecedented medical challenges.

From some of the disease problems above, it is necessary to get attention from all stakeholders, especially to competent parties in it such as hospital organizations that play an important role in providing health services to the community. The hospital is a facility provided by the government as a public health facility as a continuation of its policy. Hospitals are required to provide quality and quality services in accordance with the minimum standards of health services that have been stipulated in the Decree of the Minister of Health Number 129 of 2008 concerning the Hospital Minimum Standards. This strategic role is obtained because hospitals are health facilities that are technology-intensive and expert-intensive. This role is increasingly prominent given the emergence of changes in the demographic structure, the development of science and technology (IPTEK), changes in the socio-economic structure of the community, quality health services, friendly and able to meet the needs of the community and have demands for changes in the pattern of affordable health services for the whole community.

Hospitals in particular aim to provide excellent clinical care and quality services to their patients, (Teshnizi et al., 2018, p. 83). Hospitals play a critical role in providing essential care during emergencies, (Buzelli & Boyce, 2021, p. 1). In addition, the hospital is one of the health service units providing outpatient and inpatient services including medical services and medical

support. As one of the integrated and comprehensive health implementation units, the hospital also has a big and very important role, because the hospital is one of the links in the link as a subsystem in health services. Currently, the need for a hospital is a primary need for the community, namely a facility that must exist and cover the needs of the community both in terms of quantity and quality of service. The hospital, as a place of health services, must provide quality services so that the hospital is required to improve the quality of service. The purpose of health services is the achievement of a degree of public health that satisfies the expectations and degrees of community needs (consumer satisfaction), (Zahlimar et al., 2020, p. 1).

Public service is one of the government policies instruments to achieve optimal public health status with the population getting quality and quality health services in accordance with general policies and health development strategies. Services in the health sector are one of the most needed forms of service by the community, (Lail & Isma, 2021). The results of the study (Pundenswari, 2017, p. 13) explain that service quality has a positive and significant effect on community satisfaction. The quality of services is a determinant of the performance of any organization, (Skordoulis, et al., 2017, p. 96). The better the quality of services provided, the more patient satisfaction will be, so that patients can be motivated to come and return to using these health services. Patient satisfaction is the most important thing that must be achieved by every health facility (Aulia et al, 2017, p. 95).

The assessment of service quality by patients and their families is subjective or relative, because it is based on definite or absolute measures. In general, patients cannot assess technical competence, so they judge service quality from non-technical characteristics or interpersonal relationships and service comfort, (Supartiningsih, 2017, p. 10). However, it can be used as a means of controlling or controlling the services provided by the hospital. In other words, the quality of a health service is considered good if the health service can satisfy each patient according to the average level of satisfaction. According to (Amankwah et al., 2019, p. 14) patient satisfaction leads to patient loyalty.

The principle of service as stipulated in the Decree of the Minister for Empowerment of State Apparatus No. 25 of 2004, which then divides 14 elements that must exist as the basis for measuring the community satisfaction index, namely: 1) Service procedures; 2) Service requirements; 3) Clarity of service personnel; 4) Discipline of service officers; 5) Responsibilities of service officers; 6) Ability of service officers; 7) Speed of service; 8) Justice and getting service; 9) Courtesy and friendliness of officers; 10) Reasonable service fee; 11) Certainty of service charge; 12) Certainty of service schedule; 13) Environmental comfort; and 14) Service security. The Biak Regional General Hospital (RSUD) is a type C hospital which is also a referral hospital in the Cenderawasih Bay area (Paniai, Nabire, Yapen, Waropen, and Supiori) which has the aim of providing quality and professional health services for the Papuan people.

Data on Outpatient and Inpatient Visits at Biak General Hospital, Papua Province in 2018-2020:

No.	Year	Outpatient	Inpatient	Total
1	2018	87729	16481	104210
2	2019	76575	18188	94763
3	2020	38943	14669	53612
Amount		203247	49338	252585

Source: Head of Medical Services at Biak Hospital (2020)

Based on table 1 above, it shows that in 2018 Biak Hospital received the most patient visits compared to the following years, namely 87,729 for the number of visits by RJ patients and 16,481 for the number of visits by Indonesian patients. In 2019 there was a decrease in the number of RJ patient visits, namely 76,575 patients, but there was an increase in the number of Indonesian patient visits, namely 18,188. Furthermore, in 2020 there was a decrease in the number of visits for RJ patients, namely 38,943 and the number of visits for Indonesian patients, which were 14,338 patients. This shows that there is patient dissatisfaction with the services provided by the hospital

Meanwhile, on 07 May 2018 accessed from the PAPUANEWS.ID page, the management of the Biak Numfor Regency Regional General Hospital (RSUD) of the Biak Numfor Regency of Papua Province achieved four-star primary level accreditation status from the National Accreditation Commission in 2018.

Based on the results of an interview with dr. R. Ricardo Mayor, M. Kes who at that time was still serving as the Acting Director of the Biak Hospital said that: "With this accreditation status taken by Biak Hospital, health services for outpatients and inpatients must be better, Biak Hospital becomes a referral place for health services for patients seeking treatment in the Saereri Bay area covering Biak, Supiori, Waropen, and Yapen Islands Regency, so that must improve patient health services with service standards", From the description above, as a public health service facility in Biak Numfor Regency, Papua Province which has received a four-star primary level accreditation status from the National Accreditation Commission since 2018, it certainly has an obligation to improve the quality of public health services, because basically health service organizations must strive for better health services and in accordance with the quality and quality of health services which include Tangibles, Reliability, Responsiveness, Assurance, and Empathy.

METHOD

This type of research is descriptive research with a qualitative approach. This approach is used to find in-depth information and understand the phenomena that are occurring naturally regarding the quality of health services at the Biak Regional General Hospital, Papua. The type of data used in this study consisted of primary data and secondary data. Primary data through direct observations to research locations conducted from September 2020 by looking at matters related to the object of research such as the implementation of health services then making notes to obtain a clearer picture and provide instructions to support further processed data. Furthermore, interviews conducted in pre-research from September 2020 and in-depth interviews conducted by researchers in the research process to obtain information from competent informants related to the quality of health services using guided interview techniques conducted by interviewers in October 2020 by bringing a complete and detailed series of questions.

The informants in this study were 4 patients, 9 hospital employees, and 1 of them was a key informant. The 13 informants were selected with the criteria that the informants have direct activities with the object to be studied so that they are believed to be able to provide the information needed related to research. The informants in this study consisted of the Director of Biak Hospital, Head of Administration, Head of Medical Services, Head of Nursing, Head of Support, Head of Sub-Section (KA.SUB. BAG) General and Personnel, Section Head (KA.SIE) Installation Outpatient and Emergency, Section Head (KA.SIE) for the Nursing Profession,

Section Head (KA.SIE) for Medical Support Installation, and patients in the inpatient (RI) and outpatient (RJ) installation at the Biak Regional General Hospital, Papua. The Director of Biak Hospital acts as a key informant, the Director of Biak Hospital is chosen as a key informant on the grounds that the Director of Biak Hospital is the highest leader responsible for health services at the Hospital who can provide more accurate information related to the quality of health services. at the general hospital in Biak, Papua. Apart from direct observation and interviews, primary data was also obtained through questionnaires related to the quality of health services which were distributed to respondents during interviews. For secondary data, the researchers collected data on the number of outpatient and inpatient visits in 2018-2020, the number of beds owned, as well as employee data at the Biak regional general hospital, Papua. These data were taken from the Head of Administration, Head of General and Personnel Sub-Section, and Head of Medical Services. In addition, secondary data is also obtained from scientific writings (related books/literature, reports, scientific works and relevant research results.

The data analysis techniques were also carried out from the beginning using the interactive model analysis of (Miles et al., 2014), namely: a) the data obtained through observation are analyzed reflectively on all observations and direct testimony in the form of vision, and observations of the quality of health services, b) the data obtained from interviews with informants was analyzed in a structured manner through (1) data editing, relating to rearranging recorded interview data in written form, 2) data reduction (data reduction) reduction process aims to classify, direct, remove unnecessary, organize empirical material so that thematic categories of the quality of health services, 3) Data categorization, namely data grouping based on the formulation of research problems, 4) Interpretation of data, namely a process of interpretation seriously regarding the meaning behind the information conveyed by the informant, 5) Data Display (data presentation), after the data is presented, because there is still missing data, data collection in the field is carried out again until the data becomes complete, and (6) Conclusions drawing / verification, then the analysis is compiled and directed The focus of the research is to be concluded and the conclusions must be verified during the research to make it easier to reach the final conclusion.

RESULT AND DISCUSSION

The public's perception of the abolition of PCR and antigen tests is viewed from social, political, religious, and economic backgrounds. Most of the people agreed with the policies implemented by the government regarding the abolition of PCR and antigen tests for domestic travelers. On the other hand, some people do not agree with the policies issued by the government and argue that PCR and antigen tests are actually one of the real steps implemented as an effort to suppress the spread of COVID-19 in Indonesia.

Based on the results of interviews in the field with Mrs. Nasri Indra Padang, S.Pd., stated that "the government's decision regarding the abolition of PCR and antigen tests for domestic travelers is the best policy. This is very helpful for domestic travelers who often leave the area for work demands, at least it doesn't cost too much."

The same thing was conveyed by Mrs. Magfirah, S.Pd., "Very grateful for the existence of the government's latest policy that exempts antigen testing and RT-PCR for passengers who have received the third or booster dose of vaccination, the domestic travelers felt helped from the economic aspect. Not only entrepreneurs, students also sometimes have to leave the area to study.

With this policy, the allocation of funds spent will certainly be reduced, otherwise it can be used for other urgent matters."

Even with the determination of the policy, there are pros and cons from several stakeholders. But the most dominant are the pros, for various reasons, mainly to save the public's emergency fund. This policy has been widely discussed on various social media. Furthermore, there is the result of an interview from Mr. AM Hamdi Syahid, S.Pd., who stated that "the government's decision to take a policy to abolish PCR and antigen tests for domestic travelers is not appropriate considering the current conditions in Indonesia, with the implementation of PCR tests and Antigens can at least protect the public from the possibility of being exposed to COVID-19 on the way, whether at the airport, on the plane, or the purpose of the trip. This should be accepted by society.

However, Mr. Akmal Rusmi expressed a different opinion that "the policy is correct, because domestic travelers can travel domestically without PCR and antigen tests but are still required to comply with health protocols. This is sufficient in suppressing the spread of COVID-19 in Indonesia, what needs to be done is to tighten health protocols by means of thorough socialization and also distributing aid to the entire community." Ahmadi, S.Pd., said the same thing, which stated that "the government will of course not issue a policy in a critical situation like this without careful consideration, as evidenced by the fact that the community as domestic travelers are still required to comply with health protocols. Surely the government has carried out several stages or procedures in setting policies. Although this is difficult, it is at least more affordable than the mandatory PCR and antigen tests."

Several articles and news were also scattered on the internet related to the government's decision. However, the news has not fully reached the entire community. The government considered it would be better if the decision was disseminated to all levels of society, so that it would no longer be a concern for people who wish to travel domestically. Moreover, the rules for eliminating PCR and antigen tests are not immediately implemented without the assistance and application of strict health protocols. The government continues to emphasize domestic travelers to keep their distance, use hand sanitizer, and wear masks.

Based on the results of interviews in the field, it can be concluded that the public's perception of the abolition of PCR and antigen tests is the best policy of the government. Although the decision is inseparable from the pros and cons, the government is considered successful in finding a way out of public unrest related to domestic travel. Thus, government policies can be well received by the community.

Discussion

The Description of Research Location

The General Hospital of Biak was established in 1962 by the Dutch Government which was then handed over to UNTEA on March 15, 1962. On May 1, 1963, the Government of Indonesia designated Biak Hospital as a Type D Hospital. The type D then changed to type C based on the Decree of the Minister of Health Number 198/Menkes/SK/II.1993.

The general objective of the Biak Hospital is to improve the health quality of the people of Biak Numfor Regency and the public who use health services in general and participate in the development of research and health education. While the specific objectives are 1) Improving quality, efficient and effective health services and providing precise, fast and accurate results for the enforcement of disease diagnoses, 2) Suppressing morbidity and mortality.

Biak Hospital is always required to improve the quality of services in each section, so that each program is directed at achieving the objectives as stated in the vision, mission and motto of Biak Hospital. The vision of Biak Hospital is that the hospital becomes the best and complete referral service center. Meanwhile, its mission is to improve Diagnostic and Therapeutic Services with state-of-the-art technology and professional human resources, with the motto of serving wholeheartedly.

The Quality of Health Services at Biak Hospital

The quality of health services has been a topic of discussion for decades. It has been a matter of concern for public and private healthcare institutions across the world, (Upadhyai et al., 2019, p. 102). That's why the hospital manager's main mission is to provide quality care for patients, meet their needs and expectations in a proper manner, (Azar et al., 2017, p. 1)(Azar Izadi, Younes Jahani, Sima Rafiei, Ali Masoud, 2017). The scope of the health service quality survey in this study is in accordance with the opinion (Cronin & Taylor, 1992) in (Suhail & Srinivasulu, 2020, p. 95) suggested five important dimensions of performance-based service quality model (SERVPERF), such as Tangibility, Reliability, Responsibility, Assurance, and Empathy. The following is a description of the results of research on the quality of health services at Biak Hospital:

Tangibles

Tangibles refer to physical facilities, tools or equipment used to provide services and staff appearance, (Ahmed et al., 2017, p. 1). Furthermore, according to (Mohanty, 2017, p. 34) tangibles are the appearance of the hospitals physical facilities, equipments, personnel and communication materials. Based on the results of an interview with (MA) as an inpatient installation patient (RI) at Biak Hospital, Papua ((interview 02 October 2020) said: Tangibles aspects related to physical facilities such as supporting facilities and infrastructure in providing health services to the community are still very minimal, for example in 1 room consisting of 2 patients, with narrow room conditions and not equipped with adequate facilities such as air conditioning and only equipped with with a fan which is also in a damaged condition. In addition, the condition of the building is not adequate and need repairment.

In addition, (MR) as an outpatient installation (RJ) patient at Biak Hospital, Papua (interview 02 October 2020) said: Biak Hospital which is classified as a type C hospital, it should pay more attention to facilities and infrastructure to realize better services, including the physical environment such as buildings, cleanliness of the room and hospital environment, as well as modern, adequate and supportive medical equipment in providing public health services. In addition, the availability of a clear flow of instructions regarding service procedures, and a complaint box that can be a means for patients to submit complaints related to services are also very helpful in realizing a better health service process.

Furthermore, (AR) as the Head of Nursing at Biak Hospital (interview 05 October 2020) said: Regarding the Tangibles aspect at the Biak Papua Regional Hospital, which is one of the factors that can provide comfort to the patient, both inpatient (RI) and outpatient (RJ) patients are not adequate as a whole. Efforts to improve facilities such as buildings are still being carried out

in stages, because the building they own is an old building with an inadequate standard of area, so that it greatly affects the quality of public health services.

To obtain the validity of the data, the researcher then triangulated through interviews with (RM) as the Director at Biak Hospital (interview 06 October 2020) which stated that: At Biak Hospital the number of beds owned for inpatients (RI) is 179, and currently it still requires efforts to improve both for facilities in the form of tools or equipment used to support in providing services. In addition, improvements to facilities such as buildings are currently being carried out in stages. Moreover, since March 2020, Biak Regional Hospital is one of the referral hospitals for Covid-19 patients, so there are several buildings that have been transferred to treat Covid-19 patients, and this has an impact on general patients who have to be transferred to other rooms. Meanwhile, the building owned by Biak Regional Hospital is still an old building with the standard area of the building not yet adequate, so this greatly affects patient comfort. The physical buildings in Biak Hospital are: 1) First floor which consists of the Director's Room, Yanmed Room, Ka's Room., Administration, Counters, Polik Dots, ASKES Control, BRI Cash Office, Second Floor, Finance, ULP, Personnel, Assets, Hall, SIM, and Nursing. 2) Outpatient Service Building consisting of Health Promotion (Promkes), VCT (Voluntary Test), Dental and Oral Poly, Pediatric Poly, Neurology Poly, ENT Poly, Obstetrics and Gynecology Poly, Internal Medicine Poly, Surgery Poly, Skin Poly Gender, and MCU (Medical Check Up). Furthermore, the inpatient service building consists of the Korsinan Room, Manswar Room, Parson Room, Manyori Room, Manesu Room, Mambesak Room, Mambruk Room, Good Night Room, Manggupre Room, Mansibin Room, Mangganggan Room, ICU Room, Emergency Room, and OK Room (sim Beknai). Next is the supporting building, namely Medical Support consisting of clinical laboratories, radiology, CT-SCAN, Physiotherapy, Forensic Medicine, and Clinical Pharmacy. Furthermore, the Non-Medical Support building which consists of the Hospital IPRS, Oxygen Unit, Laundry Unit, and Nutrition Unit.

Reliability

Reliability is Quality in dependability and accuracy in performance, (Suhail & Srinivasulu, 2020). Reliability according to (Amankwah et al., 2019) is where staffs keep their promises to deliver their service within the promised time, show a sincere interest in solving problems, perform the service right the first time; and provide timely services. Reliability has a positive and significant effect on hospital patient satisfaction (Supartiningsih, 2017).

The opinion of (LN) as the Head of Medical Services at Biak Hospital (interview 08 October 2020) said: Officers at Biak Hospital, both medical and non-medical personnel, have the ability to provide services in accordance with patient expectations, for example completing tasks in a predetermined time. Although the implementation is not optimal enough and sometimes causes negative responses from patients due to the use of technology, both those related to medical and non-medical devices, which are still being used in Biak Hospital.

Agree with (LN), (SM) as the Head of Administration at Biak Hospital (interview 07 October 2020) also said: At Biak Hospital, there are not many officers who use computers in administrative services so that it often causes problems in the data input process.

In addition, (MR) as an outpatient installation (RJ) patient at Biak Hospital, Papua (interview 02 October 2020) said: Medical and non-medical personnel at Biak Hospital already have the ability to provide reliable and accurate services according to the patient's wishes, it's just that what often becomes a patient complaint is the lack of supporting facilities such as modern technology, both technologies related to medical and non-medical device which medicine that used not optimal. Meanwhile, patient satisfaction and trust in the services provided by the hospital depends on how the hospital improves the performance of the service gradually and consistently in meeting patient expectations.

Responsiveness

Responsiveness is Quality in promptness and helpfulness (Suhail & Srinivasulu, 2020). According to (Amankwah et al., 2019) Responsiveness is where health service staff is able to communicate to patients exactly when services will be performed, provide prompt service, and always willing to help patients.

Based on the results of an interview with (TJ) as an outpatient (RJ) at Biak Hospital (interview 05 October 2020) said that: Every day the officers always show readiness or willingness to provide services, even though the patients served have different types of diseases, the officers at Biak Hospital continue to help and always strive to provide services quickly.

Furthermore, the results of an interview with (AR) as an inpatient installation patient at Biak Hospital, Papua ((interview 02 October 2020) said: Medical and non-medical staff at Biak Hospital always tries to provide fast and responsive service to patients. In addition, medical officers also treat patients with courtesy, and this is in line with the expectations of patients who visit the hospital.

The opinion above was confirmed by (RM) as the Director at Biak Hospital through triangulation ((interview 06 October 2020) which stated that: At Biak Hospital, officers are always encouraged to help patients by providing responsive and fast services, although patients who come every day are not only from Biak district, but also referral patients from Paniai, Nabire, Yapen, Waropen, and Supiori districts. So, it is very important to increase patient trust through services that meet their expectations.

Assurance

Assurance is the knowledge and courtesy of the hospital's employees and their ability to convey trust and confidence (Mohanty, 2017). Conveying trust and confidence means trustworthiness, believability and honesty. Assurance is quality in courtesy, competence, and credibility, (Suhail & Srinivasulu, 2020).

Based on the results of an interview with (DL) as an inpatient (RI) at Biak Hospital (interview 05 October 2020) said: Medical and non-medical officers at Biak Hospital always strive to provide the best service to patients, for example, medical personnel who always come on time to track the patient's condition and provide treatment in accordance with the existing Standard Operating Procedures (SOP). This makes patients feel respected and have confidence in the officers at Biak Hospital.

The same opinion was expressed by (TJ) as an outpatient (RJ) at Biak Hospital (interview 05 October 2020) saying that: At Biak Hospital, medical and non-medical officers have tried to carry out their duties and functions in accordance with the predetermined Standard Operating Procedures (SOP). In addition, medical and non-medical officers always show friendliness, so that it makes patients believe in reusing existing medical services at Biak Hospital.

To obtain the validity of the data, the researcher then triangulated through interviews with (RM) as the Director at Biak Hospital (interview 06 October 2020) which stated that: For the

Assurance aspect at Biak Hospital, as a leader often emphasizes to medical and non-medical officers to provide the best service to patients, which must be proven by knowledge and skills in providing services in accordance with predetermined Standard Operating Procedures (SOP). In addition, medical and non-medical officers must also show courtesy and friendliness in providing services, so that they can inspire trust in patients.

Empathy

Empathy refers to caring, knowing customer demands and individualized attention provided to customers. Empathy is a quality in customer individual attention and convenience, (Suhail & Srinivasulu, 2020).

The results of an interview with (AK) as an inpatient (RI) at Biak Hospital (interview 05 October 2020) said: At Biak Hospital, medical and non-medical staffs always take the time to communicate with patients. In addition, medical and non-medical officers also give good attention and always make it easier for patients to get the information they need.

Furthermore, the opinion of (LN) as the Head of Medical Services at Biak Hospital (interview 08 October 2020) said: The staffs at Biak Hospital always pay attention to the patient, by trying to understand the wishes and needs of the patient.

To obtain the validity of the data, the researcher then triangulated through interviews with (RM) as the Director at Biak Hospital (interview 06 October 2020) which stated that: For the empathy aspect at Biak Hospital, medical and non-medical officers often communicate with patients, especially when medical officers check the patient's condition in the treatment room, medical officers always ask what the patient's complaint is. In addition, medical and non-medical officers also often show their concern for patients by giving individual attention to patients, so that patients are always open to convey their complaints.

In this study, it was found that at Biak Hospital, not only core health services were needed to make patients feel satisfied and loyal to the services provided. The most important factors to maintain patient loyalty at Biak Hospital besides reliability, responsiveness, assurance, and empathy, are tangibles such as technology, both technologies related to medical and non-medical devices that can improve service quality and processes. In addition, the role of leaders and all stakeholders of Biak Hospital need to consider and play a role in planning up to the evaluation stage of service quality and customer satisfaction as important strategic goals.

Discussion

In our research, it was found that Tangibles is one of the main factors that are very supportive in realizing the quality of service at Biak Hospital. As for other studies that support our findings, namely research ((Azar et al., 2017, p. 4) found that the highest and lowest gaps were tangibility and service organization, indicating that hospitals were not clean, and did not have adequate and modern medical equipment. In addition, other findings in the study (Azar et al., 2017, p. 4) also emphasize that perceived hospital service quality is mainly dependent on the tangibility dimension (including physical environment, equipment, payment process and cleanliness) confirming that the highest patient expectations were related to tangibility. Furthermore, (Suhail & Srinivasulu, 2020) found that to get the best quality, the tangibility dimension requires more attention by service providers compared to other dimensions.

Furthermore, in our research it was found that the officers at Biak General Hospital had sufficient ability to carry out their duties and functions properly, such as providing services according to the specified time. Although the obstacle is supporting facilities such as technology, both technologies related to medical and non-medical devices such as computers whose use is still not optimal enough, so this affects the service process, mainly in health administration services which still cause negative responses from patients. According to (Nur & Seran, 2020)a good quality of service must of course always make corrections and evaluations of customer perceptions. (Amankwah et al., 2019) explained that the healthcare administrative process includes clinic appointments, waiting time for consultation, payment, admission and discharge processes, which are supposed to significantly add to patient satisfaction with the quality of healthcare delivery.

So far, Biak Hospital has made efforts to improve health services for the people of Biak and its surroundings, and continues to develop in line with technological developments, so that health services can be supported by health facilities and facilities as well as medical equipment to support up-to-date medical diagnostics and therapy that follows the trend and pattern of the disease that continues to develop. Although in its use it still requires serious attention to reduce risks or problems. According to (Jahantigh, 2019, p. 173) that to reduce the gap between patients' perceptions and expectations, necessary rearranging the service delivery and utilising better facilities and equipment. Furthermore, (Taqdees et al., 2017, p. 21) suggests that facilities, infrastructure, and medical apparatus are indispensable for the patient's healthcare condition. The authorities of hospitals are advised to mostly concentrate on modernizing equipment, and providing timely care delivery, (Jahantigh, 2019).

In our research it was found that medical and non-medical service officers at Biak Hospital have shown responsiveness in carrying out their duties and functions, through fast service and always trying to provide services that meet patient expectations. According to (Nur & Fritantus, 2021) explains that one of the indicators in determining service is responsiveness. Furthermore, (Rumi et al., 2021, p. 1) in his research results explain that responsiveness is the key factor to bring satisfaction in service. For aspects of Assurance at Biak Hospital based on the results of the study indicate that medical and non-medical service officers already have the knowledge, abilities and skills in carrying out their duties and functions in accordance with the predetermined Standard Operating Procedures (SOP). In addition, the officers also always show a convincing, polite, and friendly attitude in providing services so that patients can be trusted. In the results of the study (Akdere et al., 2020, p. 9) found that assurance to be the most important service quality dimensions for patients. Furthermore, (Supartiningsih, 2017) found that assurance has an effect on hospital patient satisfaction.

Meanwhile, the results of the study for the Empathy indicator indicate that medical and non-medical service officers at Biak Hospital show Empathy to patients by means of personal communication to patients, for example when checking the patient's condition, they always ask about the condition and how the patient feels, and provide treatment according to the patient's needs and complaints. This ability makes patients always open in expressing their wishes because they feel that their needs are understood and get responses from health workers. The results of the study (A.Pananrangi et al.,2020, p. 751) revealed that communication makes it easier for doctors and nurses to provide quality health services. Communication is about keeping customers all around up to date, recognizing and listening to their issues. E.g., advising by staff and specialists ought to comprehend the patient's issue or his/her ailment. Communication is an indicator of patient's satisfaction and loyalty as well, (Taqdees et al., 2017).

CONCLUSION

Measuring the quality of hospital services is an important strategy for the hospital in improving the quality of services. The results of our study indicate that the quality of health services at the Biak Regional General Hospital is quite good. Although there is still a gap between patient assessment and service delivery provided by the apparatus, namely service procedures and health facilities such as inadequate facilities and infrastructure. Therefore, various strategies are needed as steps to improve the quality of health care programs.

REFERENCES

- A.Pananrangi M, Andi Tenri Nippi, Rahmat Panyyiwi, S. (2020). The Quality of Health Services at the Padongko Public Health Center. Sandi Husada's Scientific Journal of Health, 12, 748–752. https://doi.org/10.35816/jiskh.v10i2.398
- Ahmed, S., Tarique, K. M., & Arif, I. (2017). Service quality, patient satisfaction and loyalty in the Bangladesh healthcare sector. International Journal of Health Care Quality Assurance, 30(5), 477–488. https://doi.org/10.1108/IJHCQA-01-2017-0004
- Akdere, M., Top, M., & Tekingündüz, S. (2020). Examining patient perceptions of service quality in Turkish hospitals: The SERVPERF model. Total Quality Management and Business Excellence, 31(3-4), 342-352. https://doi.org/10.1080/14783363.2018.1427501
- Amankwah, O., Choong, W. W., & Mohammed, A. H. (2019). Modelling the influence of healthcare facilities management service quality on patients satisfaction. Journal of Facilities Management, 17(3), 267–283. https://doi.org/10.1108/JFM-08-2018-0053
- American College of Surgeons. (2020a). COVID-19: Recommendations for Management of Elective Surgical Procedures. American College of Surgeons, 2.
- American College of Surgeons. (2020b). COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures. American College of Surgeons, 1–38.
- American Medical Association. (2020). Factsheet: State action related to delay and resumption of "elective" procedures during COVID-19 pandemic. 1–26.
- Azar Izadi, Younes Jahani, Sima Rafiei, Ali Masoud, L. V. (2017). Evaluating health service quality: using importance performance analysis. International Journal of Health Care Quality Assurance.
- Botha, H. H. (2020). The Quality of Helath Services at RSU Dr. Moewardi Hendrikus H. Botha. Scientific Journal of Public Management and Public Policy, 4(1), 53–67.
- Buzelli, M. L., & Boyce, T. (2021). The Privatization of the Italian National Health System and its Impact on Health Emergency Preparedness and Response: The COVID-19 Case. International Journal of HealthServices. https://doi.org/10.1177/00207314211024900

- Cronin, J. J., & Taylor, S. A. (1992). Measuring Service Quality: A Reexamination and Extension. *Journal of Marketing*, 56(3), 55. https://doi.org/10.2307/1252296
- Data on Outpatient and Inpatient Visits at Biak General Hospital, Papua Province in 2018-2020.
- data source of the Papua Province Health Profile in 2017 based on health research data and recapitulation.
- Head of Medical Services at Biak Hospital (2020).
- Irmawati, S. (2017). The Quality of Health Services at the Sangurara Public Health Center Tatanga District, Palu City. *Journal Katalogis*, 5(1), 188–197.
- Jahantigh, F. F. (2019). Evaluation of healthcare service quality management in an Iranian hospital by using fuzzy logic. *International Journal of Productivity and Quality Management*, 26(2), 160–175. https://doi.org/10.1504/IJPQM.2019.097764
- JHU CSSE COVID-19 Data. (n.d.).
- Lail, H., & Isma, A. A. (2021). Hospital Management Innovation in Public Services in Regional Public Hospitals Lanto Dg. Pasewang Jeneponto District. *Jurnal Ad'ministrare*, 8(1), 43–48.
- Law Number 23 concerning Health.
- mandate of the 1945 Constitution Article 28 H (1) concerning social welfare, especially in the health sector,.
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analisis. A Methods Sourcebook*. Sage Publication.
- Minister for Empowerment of State Apparatus No. 25 of 2004.
- Minister of Health Number 129 of 2008 concerning the Hospital Minimum Standards.
- Mohanty, P. P. (2017). Assessing The Healthcare Quality In The State Of Odisha: The Case Of A Private Medical College Hospital Ansuman Samal Dr Bibhuti Bhusan Pradhan. 8(2).
- Nur, M., & Fritantus, Y. (2021). Service Quality and User Satisfaction of Border Area Library Services. *Jurnal Ad'ministrare*, 8(1), 77–86.
- Nur, M., & Seran, M. S. B. (2020). Service Quality of Border Region Higher Education Libraries. *Jurnal Ad'ministrare*, 6(2), 145–152.
- PAPUANEWS.ID, the management of the regional general hospital of Biak Numfor Regency, Papua Province, won four-star main level accreditation status from the National Accreditation Commission in 2018. (n.d.).
- Perlman, S. (2020). Another Decade, Another Coronavirus. *New England Journal of Medicine*, 382(8), 758–760. https://doi.org/10.1056/nejme1917479
- Pundenswari, P. (2017). Analysis of the Influence of the Quality of Public Services in the Health Sector on Community Satisfaction. *Jurnal Publik : Jurnal Ilmiah Bidang Ilmu Administrasi Negara*, 11(1), 13–21.
- Rahayuningsih, Y., Anggraini, Y., & Listyaningsih, L. (2018). Implementation Quality Level of

- - Health Public Service Policy in Banten Province Local Hospital (RSUD). Jurnal Bina Praja, 10(1), 121–134. https://doi.org/10.21787/jbp.10.2018.121-134
- Rumi, M. H., Makhdum, N., Rashid, H., & Muyeed, A. (2021). Gender Differences in Service Complex Bangladesh. Quality of Upazila Health inhttps://doi.org/10.1177/23743735211008304
- Skordoulis, Michalis; Alasonas, Panteleimon; Pekka-Economou, V. (2017). E-government services quality and citizens' satisfaction: a multi-criteria satisfaction analysis of TAXISnet information system in Greece. International Journal of Productivity and Quality Management, 22(1), 82. https://doi.org/10.1504/ijpqm.2017.10006240
- Stated in the 1945 Constitution Article 28 H (1).
- Suhail, P., & Srinivasulu, Y. (2020). Perception of service quality, satisfaction, and behavioral intentions in Ayurveda healthcare. Journal of Ayurveda and Integrative Medicine, 12(1), 93–101. https://doi.org/10.1016/j.jaim.2020.10.011
- Supartiningsih, S. (2017). Quality of Service and Hospital: Patient Satisfaction Sace in Outpatient. Journal Medicoeticolegal and Hospital Management 10.18196/Jmmr.2016, 6(1), 9-15. https://doi.org/10.18196/jmmr.6122
- Tagdees, F., Sahahab Alam, M., & Shabbir, A. (2017). Hospital Healthcare Service Quality, Patient Satisfaction and Patient Loyalty: An Investigation in context of Private Healthcare Systems of Pakistan. International Journal of Quality & Reliability Management, 35(6), 1195–1214.
- Teshnizi, S. H., Aghamolaei, T., Kahnouji, K., Teshnizi, S. M. H., & Ghani, J. (2018). Assessing quality of health services with the SERVQUAL model in Iran. A systematic review and meta-analysis. International Journal for Quality in Health Care, 30(2), 82–89. https://doi.org/10.1093/intqhc/mzx200
- Upadhyai, R., Jain, A. K., Roy, H., & Pant, V. (2019). A Review of Healthcare Service Quality Dimensions and their Measurement. Journal of Health Management, 21(1), 102-127. https://doi.org/10.1177/0972063418822583
- Zahlimar, Zuriati, Z., & Chiew, L. (2020). Relationship quality of health services with satisfaction of patients in H. Hanafie Muara Bungo Hospital in 2019. Enfermería Clínica, 30, 168–170. https://doi.org/10.1016/J.ENFCLI.2019.11.047