Quality of Health Services on Outpatient Satisfaction Levels: A Literature Review

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Abstract. The aims of the study is to determine the Service Quality on Outpatient Satisfaction Level. Patient satisfaction is a critical metric that is frequently used to assess the quality of health care services. Clinical outcomes, patient retention, and medical malpractice lawsuits are all affected by patient satisfaction. Patients are satisfied when they receive services that fulfill their expectations; they then opt to rate the services and behave based on their satisfaction. Service quality comprises five dimensions: reliability, responsiveness, assurance, empathy, and concrete value. Institutions must take numerous steps to ensure reliable services, including continual education and training of staff.

Keywords: Patient satisfaction, Service Quality, Outpatient

INTRODUCTION

As the health care business grows, it is imperative for hospitals to embrace a patient-centered approach to quality and patient happiness in order to maintain their existence in the middle of this expansion. Improved patient care is a major focus of the hospital’s efforts to stay afloat. To put it another way, patients are an important source of revenue for the hospital, whether they pay for their own care or receive it via their insurance. Hospitals can't grow or survive without patients because of the hefty operational costs.

A hospital’s ability to display and give health services is essential in order to build patient loyalty and encourage them to return to the hospital for more services, so that they can reap the benefits of their services. The quality of care offered by internal medicine professionals, in particular, has a significant impact on patient satisfaction. Customers' desires for the services offered are the driving force behind all the company does. The patient's opinion of the quality of a service is based on how well it meets the patient's needs and how the patient perceives the service they received (satisfactory or disappointing, also including the length of service time). Satisfaction begins with the patient’s acceptance from the moment he or she enters the hospital until the moment he or she leaves (Ricci et al., 2010). Speed, precision, friendliness, and convenience of service form the basis of a service’s quality. If one of the service principles is considered weak, the service excellence will not be realized.

The average hospital in Medan has numerous specialized doctors, eight general practitioners, one dentist, four ENT doctors, and four internal medicine specialists, all of
whom come from the city’s several general hospitals. Two pharmacists and 36 nurses and 9 midwives and 29 non-nurses and 15 non-medical professionals round out the medical workforce. 82 beds are available for outpatient treatments at Sundari Hospital. There are around 350 people seen each month in the outpatient setting. One of the institutions, Haji Medan Hospital, reveals that between November 2016 and March 2017, the number of inpatient visits increased from 398 to 489, while the number of inpatient visits declined from 445 to 375 between April 2017 and October 2017. Patients’ dissatisfaction with health care services was to blame for the drop in numbers. In the words of Medan in 2017.

Using information gleaned from the Community Satisfaction Index, which surveyed 130 people in-depth, researchers discovered that patients frequently have a bad or even frightening experience when visiting the hospital because of subpar services that inadvertently damage them. According to the patient’s account, the doctor appeared hurried and worried about the patient’s illness, while the nurse seemed uninterested and uninformative. Patients who are dissatisfied with a hospital’s services (doctors, nurses, pharmacists, psychologists, etc.) as well as the structure of the health care system are referred to as “patient dissatisfaction” (costs, insurance system, capabilities and infrastructure of health centers and others. The city of Medan (2017).

Patients want their contacts with health care providers to be pleasant, polite, kind, and comfortable for them. They want to know that the people providing their treatment are competent, qualified, and have a positive attitude. Complete medical equipment, adequate hospital buildings and facilities, and the availability of all necessary support services all have a significant impact on patient happiness. Doctors are one of the most important resources in hospitals that contribute to patient happiness. Doctors have a significant impact on the standard of care provided. In hospitals, doctors are the ones who provide care to patients and their families because of the high frequency with which they interact with them. However, patients’ individual characteristics, such as age, gender, level of education, household income, and occupation, can affect the quality of care they receive from their doctors. A doctor’s understanding of the patient’s personal and medical history is supposed to serve as a guide for nurses when interacting with patients.

LITERATURE REVIEW

Service Quality

Health services encompass any activities undertaken individually or collaboratively within an organization with the goal of promoting and maintaining good health, preventing and curing disease, and restoring the health of people, families, groups, and or communities (Jacobson & Curtis, 2000). The quality of health services refers to the degree to which health services are performed in line with established codes of ethics and service standards in order to ensure the satisfaction of each patient (Draper et al., 2001).

Quality service is critical since it is a fundamental right of every consumer and can help you compete with other health service providers (Preker & Harding, 2003). The quality of health care institutions’ consumers is classified as follows: (1) Internal customers (internal customers), who are defined as individuals who work in health institutions, such as medical staff, paramedics, technicians, administration, and managers. b. External consumers (external customers), which include patients, patient families, visitors, the government, businesses’ health insurance plans, the general public, partners, and non-governmental organizations; (2) Requirements for the Quality of Health Services In simple terms, there are three primary requirements for what constitutes good health services: (a) They must be in conformity with the needs of service
users; (b) They must be accessible to people in need. The term "affordable" is used here to refer not just to distance or location, but also to financing; (c) In conformity with medical science and technology principles. In other words, a good health service is one that is assured to be of high quality.

Factors Affecting the Quality of Health Services

The following factors affect the quality of health services: (a) Input Elements. Human resources, financial resources, and physical facilities are all considered inputs. If human resources and infrastructure do not meet norms and requirements, health services will be of low quality. Efforts to improve the quality of health centers necessitate the use of professional human resources (HR) and facility improvements; (b) Environmental factors. Policy, structure, and administration of the environment are all examples of environmental factors. (3) Components of the Process aspect encompasses the service process, as well as medical and non-medical measurements (Muninjaya, 2014).

There are three techniques to quality assessment: (1) The structural approach considers everything that is required to conduct activities, such as people resources, funding, and facilities. (2) Processes include all activities performed professionally by health workers (doctors, nurses, and other professional people) and their contacts with patients, as well as systems or procedures for providing health services and the performance of management tasks. (3) The output aspect is the quality of services delivered by doctors and nurses whose actions are perceived by patients and result in changes toward the level of health and satisfaction desired by patients (Wiyono, 2016).

Characteristics of Quality Health Services

The quality of health services can be viewed through the eyes of the various parties involved in the service; (1) The quality of health services is more closely related to the dimensions of officers’ responsiveness to patient needs, smooth communication between officers and patients, officers’ concern and friendliness in serving patients, and/or healing of the disease they are suffering from; (2) The quality of health services is more closely related to the dimensions of officers’ responsiveness to patient needs, smooth communication between officers and patients, officers’ concern and friendliness in serving patients (Andriani, 2014).

Dimensions of Health Service Quality

There are numerous perspectives on the dimensions of quality. Service quality is measured in five dimensions, which are frequently referred to as SERVQUAL: (1) Tangible (direct evidence), which includes physical, personnel, and equipment, as well as the appearance of personnel; (2) Reliability (reliability), which refers to the ability to provide services as expected accurately and promptly; (3) Responsiveness, which refers to officers’ desire to assist customers quickly and responsively; and (4) Assurance, which includes knowledge, ability, friendliness, and trustworthiness of officers (Pohan, 2015).

Healthcare System

The system is made up of interconnected pieces that form a plural whole, where each part functions independently and is connected in order to fulfill the objective of unity in a pluralistic scenario as well. The system is a cohesive and integrated unit composed of numerous linked and mutually affecting pieces that have been purposefully assembled to accomplish the specified aims. A system is a collection of pieces that are
linked together by a method or structure and work together as an organized unit to generate something predetermined (Sofari, 2014).

General Hospital is a functional health organization unit that serves as a hub for public health growth while also encouraging community involvement and delivering comprehensive and integrated services to the community within its service area through its primary activities. A General Hospital is a type of public health service that is responsible for carrying out the primary health business. The primary health business that a General Hospital can carry out is determined by factors such as manpower, facilities, and infrastructure, as well as available costs, and the management capability of each General Hospital. General Hospital service system is a type of health care system that is composed of three components: input, process, and output. Personnel, funding, and facilities are all input aspects into this health system. While the process’s aspects comprise both medical and non-medical actions. Medical and non-medical features are included in the output elements.

Health care services encompass all efforts made individually or collectively within an organization to promote and preserve health, to prevent and treat disease, and to restore the health of individuals, groups, and communities. There are two types of health services: modern and traditional. Modern health services are those that give medically based health care, including private and public health care, whereas traditional health services provide non-medical health care that is not based on modern science. traditional healers’ services.

The primary goal of the (modern) health service program is to expand the distribution and quality of effective, efficient, and inexpensive health efforts for all members of the community. The program’s objective is to ensure that essential health services and referrals are available from both the public and private sectors, with community engagement.

**Nursing Service Quality**

To providing quality services, a number of concepts must be grasped, one of which is believed to be critical is what is meant by service quality. Because the quality of health care offered by many health facilities virtually always satisfies patients, it is frequently referred to as "quality health care." According to one definition, "quality of health care" refers to hospitals' ability to deliver services that adhere to health professional standards and are acceptable to their patients.

The quality of health services demonstrates the degree to which health services are excellent in eliciting a sense of satisfaction in each patient. The higher the level of satisfaction, the higher the quality of health care. The nursing profession is critical in ensuring the quality of health care provided in hospitals. According to the requirements for assessment and quality control, it is specified that nursing services assure the provision of high-quality nursing care by participating in quality control programs in hospitals on a constant basis. Without nurses, patients' welfare is also jeopardized, as nurses have the first and longest interaction with patients, as nursing services are available 24 hours a day (Sofari, 2014).

A nurse, according to the Ministry of Health, is someone who provides professional health services in the form of biological, psychological, social, and spiritual care to people, families, and communities. Nursing services are provided due to the patient’s physical and mental limitations, poor knowledge, and lack of comprehension.
regarding his or her ability to perform things independently. This activity aims to enhance health by focusing on health service activities that enable each individual to achieve the ability to live a healthy and productive life.

Given the definition’s restrictions, it can be inferred that the concept of nursing service Quality is the professional attitude of nurses who provide a secure, comfortable feeling for each patient undergoing the healing process, where this attitude serves as remuneration as a service provider and is anticipated to generate a sense of satisfaction in the nurse. patient. Deming defines quality as "whatever the consumer need or desires." Crosby defines quality as the absence of faults, perfection, and conformance to specifications. According to Juran, quality is defined as compliance to specifications from the manufacturer’s perspective. Quality, in a larger sense, is a dynamic state linked with products, services, people, processes, and the environment that meets or exceeds expectations. Goetsch Davis’ approach emphasizes that quality encompasses not only features of the ultimate product, namely products and services, but also human and environmental quality (Satrianegara, 2016).

It is difficult to develop high-quality products and services without first ensuring that the people and processes involved are high-quality. The sum of the features of a product (goods and/or services) that contribute to its capacity to meet stated needs. Quality is frequently defined as anything that satisfies customers or adheres to specifications or criteria.

**Quality Dimension**

To determine the quality of a product, it is vital to make a distinction between made items or goods and service products, as the two have numerous distinctions. Providing a service product (service) differs in various ways from manufacturing a produced product. These distinctions have significant ramifications for quality management. The distinction between a manufactured and a service product is as follows: (1) Consumer needs and performance standards are frequently difficult to define and quantify, as each customer defines quality differently; (2) Service production requires a higher level of “customization or individual customer” than manufacturing. The purpose of manufacturing is uniformity. Doctors, lawyers, insurance salespeople, and restaurant services must customize their services to specific consumers; (3) The service system’s product is intangible, whereas manufacturing is physical. While the quality of manufactured things may be quantified using design requirements, the quality of services is a subjective evaluation based on users’ perceptions, expectations, and experiences. Manufactured items can be exchanged or replaced if they are damaged, however service products require an apology and repair; (4) Service products are produced and consumed concurrently, whereas manufactured products are produced prior to consumption. Before service products are supplied to consumers, they cannot be held or examined. Consumers are frequently active in the service process and present during the service’s creation, whereas produced products are formed independently of consumer involvement. For example, clients in quick-service restaurants place their own orders or pick up their own meals, bring their own food and shirts, and are expected to wipe the table after eating; (5) Services are typically more labor intensive than manufacturing. The quality of the relationship between producers and consumers is critical for service production. For instance, the quality of health care is contingent upon the interaction of patients, nurses, physicians, and other health care professionals. Here, employee behavior and morale are crucial to offering high-quality services (Pohan, 2015).
Numerous service firms are required to process a high volume of client transactions. For instance, a bank may be required to process millions of customer transactions at numerous branch offices and automated teller machines on a given day, or a delivery service firm may be required to handle millions of shipments internationally.

**Health Service Quality**

The quality of health services is the degree to which they meet the needs of the consumer community for health services in accordance with professional service standards and service standards by utilizing the potential of available resources in a reasonable, efficient, and effective manner and providing them safely and satisfactorily in accordance with established norms, ethics, and standards, law, and socio-cultural norms and standards.

The quality of health services under consideration is either from a medical technical standpoint that is directly related to medical services and patients alone, or from a social standpoint that encompasses the entire health care system, including the consequences of financial administration management, equipment, and other health personnel. To ensure that these health services meet the established aims and objectives, they must, of course, be managed effectively (Sofari, 2014).

There are numerous requirements for effective health service management, but the most critical is that it is available and sustainable, reasonably acceptable, affordable, and of high quality. However, at the present time, in light of advances in science and technology, as well as improved education and socioeconomic conditions in the community, quality requirements are becoming increasingly important. This is because with quality health services, the effect.

**Health Service Quality Assessment**

Quality/quality is a service process decision made in relation to the extent to which the service contributes to the outcome value. The health care process is divided into two distinct components: technical (medical) management and interpersonal relationship management between practitioners and clients. While the interpersonal process is crucial for the implementation of technical services, it is also significant in and of itself, as the interpersonal process itself may function as a form of therapy or healing, and so is an expected component of honoring individual sentiments. Similarly to basic ethics and social rules that govern human relationships, service comfort is critical for evaluating the quality of the service itself or its supplier.

Thus, health care management can be separated into two domains: the technical domain and the interpersonal domain. Health services, in any event, are a synthesis or interplay of medical technical management and social psychology, as well as between clients and practitioners. Other health service sectors include inter-preunership (entrepreneurship) and associated public services (public service), both of which have an effect on service quality.

In other words, hospital quality is the degree to which hospital services meet the needs of the consumer community for health services that are in accordance with professional standards, professional service standards, and service standards by utilizing the hospital’s potential resources in a reasonable, efficient, and effective manner and providing services safely and satisfactorily in accordance with norms, ethics, law, and socio-cultural norms.
If consumers of health care cannot be appraised medically, they must make judgments on a non-technical level. There are two ways to evaluate health services: comfort and the value of the treatment obtained. Consumers of health services will compare the services they receive to the services they expect to receive in order to determine their level of satisfaction with service quality.

These ten dimensions are subdivided into five primary dimensions; (1) Tangibles, aspects of service quality associated with the beauty of the company's physical quality, equipment, and materials, as well as the appearance of its workers; (2) Reliability, a service quality dimension referring to a company's ability to provide accurate service the first time without making a mistake and to deliver services on time; (3) Responsiveness, a service quality dimension referring to employees' willingness and ability to assist customers, respond to their requests, and inform customers when services will be rendered and then render services too soon; (4) Assurance, a service quality dimension that encompasses employees' ability to foster customer trust in the company and the company's ability to instill a sense of security in its customers; (5) Empathy, a service quality dimension that encompasses an understanding of providing personalized attention to customers, the ease of conducting effective communication, and an understanding of customer needs.

Servqual model derives from the term "service quality." This model was developed by Parasuraman, Zeithaml, and Berry as part of a series of their study and is still extensively used as a reference for analyzing service quality. The servqual model contains five gaps that impact service quality: (1) the gap between consumer expectations and management perceptions; (2) the gap between management’s perception of consumer expectations and service quality specifications; (3) the gap between service quality specifications and service delivery (4) The fourth chasm is the separation of service delivery and external communication. The fifth chasm is the one between perceived/perceived services and the services people expect (Muninjaya, 2014).

Satisfaction

Satisfaction, in its simplest form, can be defined as an effort to complete or make something appropriate. However, when viewed through the lens of consumer behavior, the word "customer satisfaction" becomes more complicated. Patient satisfaction is a critical metric that is frequently used to assess the quality of health care services. Clinical outcomes, patient retention, and medical malpractice lawsuits are all affected by patient satisfaction. Patients are similar to consumers; they now view themselves as purchasers of health services. Each patient has certain rights, the most important of which is the provision of high-quality health care (Pohan 2015).

Patient (customer) satisfaction is the measure of a person’s perceived state as a result of comparing the product’s perceived appearance or outcome to one’s expectations. Thus, contentment is a consequence of the gap between perceived and expected performance. Patients are satisfied when they receive services that fulfill their expectations; they then opt to rate the services and behave based on their satisfaction. There are three levels of satisfaction: (1) the customer is dissatisfied if the performance falls short of expectations; (2) the consumer is satisfied if the appearance meets expectations; and (3) the customer is extremely satisfied if the performance exceeds expectations.

When assessing patient satisfaction with the services obtained, numerous factors are considered, including the following: Superiority of the product. Customers will be
satisfied if the things (goods/services) given are of a reasonable quality. The quality of this product is a global dimension comprised of at least six components: appearance, durability, features, reliability, consistency and model.

Customers will be delighted when they purchase a product that is of high quality, sturdy, has an attractive design, and offers numerous benefits (facilities). Good quality products in the form of services can be defined as those that are timely, safe, comprehensive, and given by specialists, as well as conveniently available (by distance and cost). The price of this single component is only applicable to people who are cognizant of the issue of money worth. Due to the low pricing, individuals who are price sensitive will receive a high value for their money and will be delighted with the service quality. The two elements mentioned previously (quality and pricing) do not ensure client satisfaction. Low pricing and high quality are pointless if the services supplied by personnel are substandard (unfriendly, difficult procedures, and uncomfortable services). Three factors contribute to service quality: systems, technology, and people. According to the widely used ServQual model, service quality comprises five dimensions: reliability, responsiveness, assurance, empathy, and concrete value.

As defined as the institution’s dependability in providing services to its customers. In practice, this dimension consists of two distinct components: the institution’s ability to deliver on its promises and the accuracy of the services offered, or the extent to which the institution can minimize/prevent errors/errors in the service process delivered. Hospitals/health services will lose their reliability if patients’ laboratory test results are mixed up with those of other patients, or if other carelessness occurs. Institutions must take numerous steps to ensure reliable services, including continual education and training of staff to develop people who are actually capable of providing reliable services (zero defect/zero error) while maintaining a high awareness of the critical nature of dependable service. Additionally, institutions must provide infrastructure that enables the execution of error-free applications. In the context of hospital services, dependable services imply the absence of errors in assessment, diagnosis, or treatment, the absence of malpractice, and the provision of services that ensure the improvement of the condition of patients getting treatment.

**Responsiveness**

This component of service quality refers to the responsiveness/speed with which services are delivered. This is a highly dynamic dimension. Customer expectations for this dimension are increasing in lockstep with the increase in the intensity of each individual’s activities. Each consumer has a growing expectation of a reduced wait time. A patient will be satisfied in this regard if they receive prompt service (does not require a long waiting time).

**Assurance**

It is an institution’s capacity to persuade customers that the services it provides are trustworthy/guaranteed. This dimension is comprised of four components: friendliness, competence, credibility, and security. The grin, speech tone, language, and body posture of institutional residents can all be used to determine their friendliness when communicating with and offering services to consumers. At first look, cultivating a welcoming culture appears to be straightforward. However, making institutional residents grin while giving services needs a variety of factors, including pins on the service provider's blouse, slogans displayed, training, and even the establishment of appropriate rewards. additionally, customers will trust an institution if the service
provider is a competent individual with a track record of success in their sector. Additionally, customers require security assurances. A patient will feel happy when they are serviced by health care professionals (doctors, nurses, nutritionists, and pharmacists) who are capable of providing courteous, competent, credible, and safe care.

**Tangible**

This section expresses the customer’s opinion about what he or she can see. Although the service cannot be touched, smelled, or seen, the consumer will rate it based on the results of his senses on a variety of factors in the form of perception. A patient will judge/perceive a hospital’s service as satisfactory if the hospital building is modern in style, the setting (treatment room, waiting room, bathroom, etc.) is clean and appears opulent, the equipment used is smart, and the nurse/employee uniform is immaculate.

**Empathy**

In general, customers perceive this characteristic to be unimportant. However, this factor is critical for customers in specific groups (middle to upper). They believe that their ego, status, and reputation are maintained or even enhanced in front of a large number of people. This is consistent with Maslow’s idea of fundamental human needs. Everyone who has satisfied specific level demands will be dissatisfied if they obtain items that satisfy lower level needs.

This is what enables institutions of service delivery (including hospitals) to provide services on a class basis; economy class, business class, executive class, and so forth. Additionally, the empathy dimension is a factor that enables the provision of surprising services. For instance, by consistently mentioning the customer’s name, by sending greetings/gifts on the occasion of the customer’s/family member’s birthday, and so forth.

The patient or client is the most critical individual in the hospital because he or she is both a consumer and a target for hospital products. Consumers, specifically patients, will not stop making decisions until the process of receiving services is complete. Patients will provide feedback regarding the services they get. The evaluation process’s outcomes will elicit a sense of contentment or dissatisfaction. In other terms, satisfaction is the perceived state of a person as a result of comparing the observed appearance or outcome of a thing to one’s expectations.

**CONCLUSION**

The quality of health services can be viewed through the eyes of the various parties involved in the service. Service quality is measured in five dimensions, which are frequently referred to as SERVQUAL. Tangible (direct evidence) includes physical, personnel, and equipment, as well as appearance of personnel. Reliability (reliability) refers to ability to provide services as expected accurately and promptly. A General Hospital is a type of public health service that is responsible for carrying out the primary health business. There are two types of health services: modern and traditional. Modern health services are those that give medically based health care, including private and public health care. Traditional health services provide non-medical health care not based on modern science. The nursing profession is critical in ensuring the quality of health care provided in hospitals. Without nurses, patients’ welfare is also jeopardized, as nurses have the first and longest interaction with patients. Quality encompasses not only features of the ultimate product, namely products and services, but also human and environmental quality. Quality is the sum of the features of a product (goods and/or
services) that contribute to its capacity to meet stated needs. Service production requires a higher level of "customization or individual customer" than manufacturing. The quality of the relationship between producers and consumers is critical for service production. The quality of health services is the degree to which they meet the needs of the consumer community.

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