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HHC RSPP Patient Satisfaction and the Impact of Reliability, Assurance, Tangible, Empathy, and Responsiveness

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A B S T R A C T

The purpose of this study is to evaluate the simultaneous or partial effects of service quality, which includes reliability, responsiveness, assurance, empathy, and tangible variables, on patient satisfaction in RSPP Home Care. Patients who participated to the Google survey on customer satisfaction composed the study's sample. the amount of samples of 104 respondents who used the non-probability sampling method were able to collect. Descriptive analysis and multiple regression analysis utilizing the SPSS 25 program provided as the study's analysis method. The finding showed that while partial reliability (X1), assurance (X2), tangible (X3), and tangible (X3) had no impact on patient satisfaction for the HHC RSPP, customer satisfaction for the HHC RSPP was affected by empathy (X4) and responsiveness (X5), and patient satisfaction for the HHC RSPP was simultaneously impacted by all of these quality factors (Y).

INTRODUCTION

Health care professionals have had to adapt to a new work system after the advent of Covid-19 in Indonesia. The hospital has implemented a number of mitigation measures, one of which is homecare services, to ensure comprehensive healthcare and maintain the Covid-19 preventive health protocol. In order to restore, maintain, and improve health as well as optimize post-hospital freedom, homecare is a type of continuing, comprehensive home nursing service provided to patients and their families (Kausar, 2020). Homecare nursing is the providing of high-quality, infrequent or part-time nursing care to patients at home (Rice, 2006).

The flexibility to enable other household members to carry out their normal responsibilities at home while caring for patients makes homecare health services particularly effective and efficient. In furthermore, most patients feel more comfortable at home than in the hospital, which will accelerate their recovery (Ma'mur, 2019). (Nugroho et al., 2020). Community health service centers (Puskesmas), healthcare services managed by hospitals, hospice nursing services, independent or group practice healthcare professionals, and social service foundations can all provide in-home care (Rice, 2003), there are three primary methods of providing health care services at home: Certified Home Health Agencies (CHHA), The Long-Term Home Health Care Program (LTHHCPI), and Licensed Institutions (Prasetyo, 2010).

Homecare generally consists of three components service managers, clients, and clients. An organization or unit recognized as a service manager is in charge of supervising all aspects of home health care management, including the provision of personnel, facilities, and equipment as well as service mechanisms that comply to established standards. An executor that consists of professional nursing staff, including nurses, doctors, physiotherapists, and nutritionists, with assistance from other associated professional staff and non-professional workers, provides the service. A family member is assigned the responsibility of acting as the client's representation so that they can get home health care on their behalf. If necessary, the family can additionally provide a caretaker (caregiver) who would provide daily need of clients (Prasetyo, 2010).

Home Health Care Pertamina Central Hospital (HHC RSPP), which has been operating since 2016, is one of the homecare services offered by Pertamina Central Hospital. Home Health Care PT Pertamina Bina Medika Indonesia Healthcare Corporation (HHC Pertamedika IHC), which offers preventative, curative, promotional, and rehabilitative services at homes or other sites other than hospitals or clinics, founded HHC RSPP. Doctors, nurses, and healthcare teams from the Pertamedika IHC Group Hospital & Clinic provide diagnostics and other medical procedures. Even if a patient is just at home, HHC ensures that they will still receive high-quality medical care (Pertamedika, 2021). Home Visits, 24-hour Home Care Shifts, Medivac Assistance Services, Covid-19 Screening Services, and Safe House with HHC Services are just a few of the services provided by RSPP HHC. A team of clinicians (specialist doctors, general practitioners, nurses, midwives, nutritionists, and psychologists), a team of support personnel (pharmacy, laboratory, catering, CSSD, and others),

and a team of administration make up the RSPP HHC services (Pertamedika, 2021).

HHC RSPP can function continuously and keeps expanding year after year. In 2018, there were 67 RSPP HHC patients, and there were 284 requests for homecare services. The number of RSPP's HHC clients has increased since the Covid-19 pandemic invaded Indonesia, surpassing 272 persons (up 406%) with 823 requests for homecare services (up 290%) in 2020. The number of Covid-19 cases increased during the pandemic, leading to an increase in orders or requests for services from RSPP Home Health Care. Furthermore, there are government policies, such as PSBB and PPKM along with Telemedicine policies that are integrated with the Peduli Lindungi application. HHC RSPP, on the other hand, has transformed into a New Model Business in order to improve the revenue of the Pertamina Central Hospital.

Homcare as a component of the service must enhance its offerings. The variables and their indicators can be measured to improve services. A variable that can be assessed to enhance the service is service quality. Patient satisfaction may be impacted by a number of things, including the caliber of homecare services. Patient satisfaction is a measure of how satisfied a patient is with the performance of health care as compared to expectations; it depends on a number of variables, including age, gender, and educational attainment. Because they are more experienced at handling conflict, elder patients typically exhibit higher levels of satisfaction than younger ones (Pohan, 2006).

Customer satisfaction is typically characterized as an assessment made after consumers utilize a product to determine whether it can live up to their expectations (Oliver in Markovic and Jankovic, 2013). Customers are content when reality meets or exceeds expectations, and satisfied customers are more likely to stick with a brand and make repeat purchases, spread the word about the product, and contemplate purchasing it (Kotler and Keller, 2009).

The research was conducted to evaluate how well the service has been rendered and to determine the degree to which customer satisfaction will be impacted by HHC RSPP's current level of service quality. It is therefore hoped that the company will be able to clearly understand and anticipate what customers need and want in order to implement the right strategy to handle customer complaints, improve its services, and be able to compete in the existing market segmentation, thereby accomplishing the company's goals and allowing for future growth.

THEORETICAL REVIEW

Homecare

Homecare is a full-service healthcare program offered to individuals, couples, and/or families in their homes (at home), with the goals of promoting client autonomy in health care, improving health status, reducing disease risk and recurrence, and rehabilitating their physical and mental well-being (Bukit, 2008). Homecare is offered if a person wishes to remain at home but needs ongoing care that is difficult and ineffective if delivered solely by family and friends, according to the National Association for Homecare (1996).

Quality of homecare services

The customer's perception of how well the service meets or exceeds their expectations is referred to as service quality (Saghier & Nathan, 2013). The SERVQUAL (Service Quality) model, created by Parasuraman, Zeithaml, and Berry, is one approach to service quality that is frequently used as a reference in marketing research (1990). Service providers can utilize SERVQUAL, an empirical technique, to improve the quality of their services (services). The base of SERVQUAL is the comparison of two key elements: the customer's perception of the service they receive (perceived service) and the service requested or wanted (expected service).

Jiang, et al. (2002) defined quality of service as:

1) Reliability, or the capacity for accurate and reliable performance.
2) Assurance, or the staff's capacity to inspire confidence and security in clients.
3) Physical, The quantity of tools and people are elements that can be seen with the physical eye.
4) Empathy entails giving each user special care and attention.
5) Being responsive, or being prepared to assist participants and pay them the proper amount of attention.

Patient Satisfaction

The indicators employed in this study to forecast patient happiness are:

1. Convenience.
   Questions about the hospital's location, cleanliness, comfort of the rooms, food and drink, room equipment, layout, lighting, toilet cleanliness, garbage disposal, and room freshness all refer to this issue.
2. Patient interactions
   Questions about friendliness, information provided, the extent of communication, responsiveness, support, how responsive the doctors and nurses are in the emergency room, outpatient care, inpatient care, pharmacy, the ease with which doctors and nurses can be contacted, regularity of meal administration, medication administration, temperature measurement, and other factors can be used to describe relationships with health services.
3. Officers' technical proficiency.
   The technical proficiency of officers is stated in terms of the efficiency of registration services, technological know-how, and medical officials experience, possessing medical degrees, being well-known, having the courage to act, etc.
4. Fees.
   Costs are discussed in terms of cost sufficiency, clarity of cost components, service prices, comparison with other hospitals of a similar nature, degree of patient care, availability of assistance for the poor, and other factors.

The study's model is described as follows:

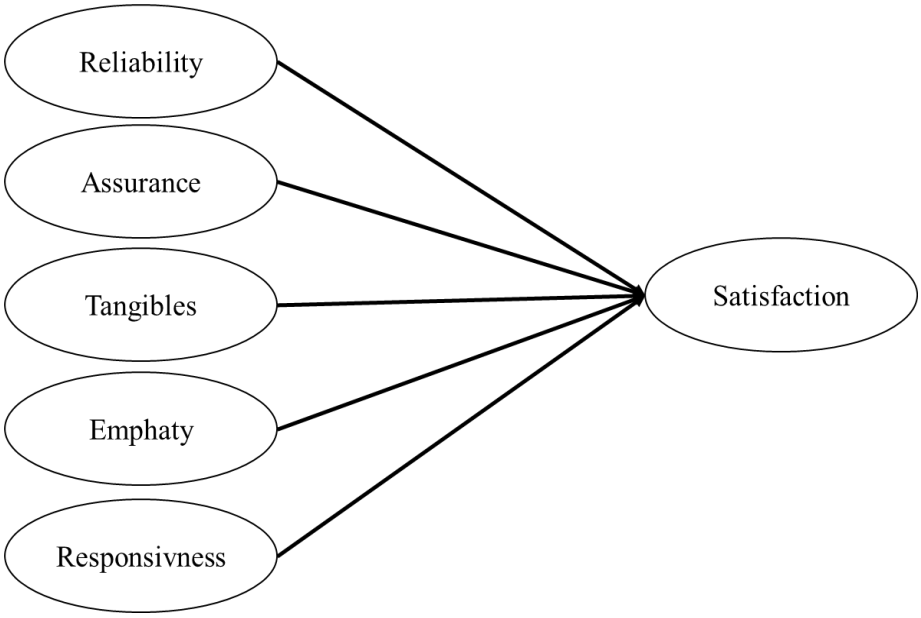

Figure 1. Conceptual Framework

METHODOLOGY

This research is an explanatory research that will show the causal connection between its variables by evaluating various hypotheses. In order to gather information for this study's survey-based data collection, facts regarding the phenomena that occur in the study's subject matter must be ascertained. Patients who had received HHC services were the study's subject, and the study's focal point was the RSPP HHC Unit.

Reliability (X1), assurance (X2), tangible (X3), empathy (X4), responsiveness (X5), and customer satisfaction (X5) were the variables evaluated (Y). Patients from the HHC RSPP were the population chosen for this research. 104 respondents who participated in the survey made up the samples. The study's primary data comes from questionnaires that were disseminated using a Google form and were filled out by the respondents themselves.

RESULTS

Table 2. Profile of Respondents

No	Profile	Description	Total	Percentage
1	Gender	Male	60	57,7
		Female	44	42,3
2	Age	< 30 years	8	7,7
		31 - 40 years	16	15,4
		41 - 50 years	27	26,0
		51 - 60 years	30	28,8
		> 61 years	23	22,1
3	Education	Diploma	8	7,7
		Bachelor	49	47,1
		Masters / Doctorate	47	45,2

4	Status	Not married	6	5,8
		married	98	94,2
5	Employment	ASN (State Civil Apparatus)	42	40,4
		BUMN (State Owned Enterprises)	10	9,6
		Private	40	38,5
		TNI	12	11,5
6	Income	< 10.000.000	13	12,5
		10.000.001 - 20.000.000	38	36,5
		> 20.000.001	53	51,0

Source: Processed data, 2023

There were 104 research participants, including 57.7% men and 42.3% women, as shown in the table above. According to age, respondents under 30 years old made up 7.7%, those between 31 and 40 years old made up 15.4%, those between 41 and 50 years old made up 26%, those between 51 and 60 years old made up 28.8%, and respondents over 61 years old made up as much as 22.1%. Regarding education, there were 7.7% of respondents with a diploma, 47.1% with a bachelor's, and 45.2% with a master's or doctoral degree. According to their marital status, 94.2% of respondents were married, compared to 5.8% of respondents who were not married. ASN respondents made up 40.4% of the workforce, followed by BUMN employees (9.6%), private employees (38.5%), and TNI (11.5%). 12.5% of the total monthly income produced is less than Rp. 10,000,000. As much as 36.5% between 10,000,001 and 20,000,000, and as much as 51% above 20,000,000. According to these statistics, the majority of RSPP HHC patients are men aged 40 and older, married, with a bachelor's degree or more, employed privately, and with an ASN earning more than Rp. 10,000,000.

TEST FOR NORMALITY

Testing for normality is the first procedure since regression analysis needs the data to be normal. Data are acquired statistically using the Kolmogorov-Smirnov normality test:

Table 3. Test of Normality

		Collinearity Statistics	
Model		Tolerance	VIF
1	(Constant)		
	Reliability	.623	1.605
	Assuranse	.421	2.373
	Tangible	.681	1.468
	Emphathy	.449	2.227
	Responsiveness	.511	1.957

Source: Processed data, 2023

According to the table above, the variable's significance value is 0.200, which is higher than alpha 0.05. This suggests that the data distribution is otherwise typical, according to Ghozali (2018).

TEST FOR MULTICOLINIERITY

The value of the correlation matrix produced during data processing, along with the value of the VIF (Variance Inflation Factor) and its tolerance, are taken into consideration when determining whether multicollinearity symptoms are present.

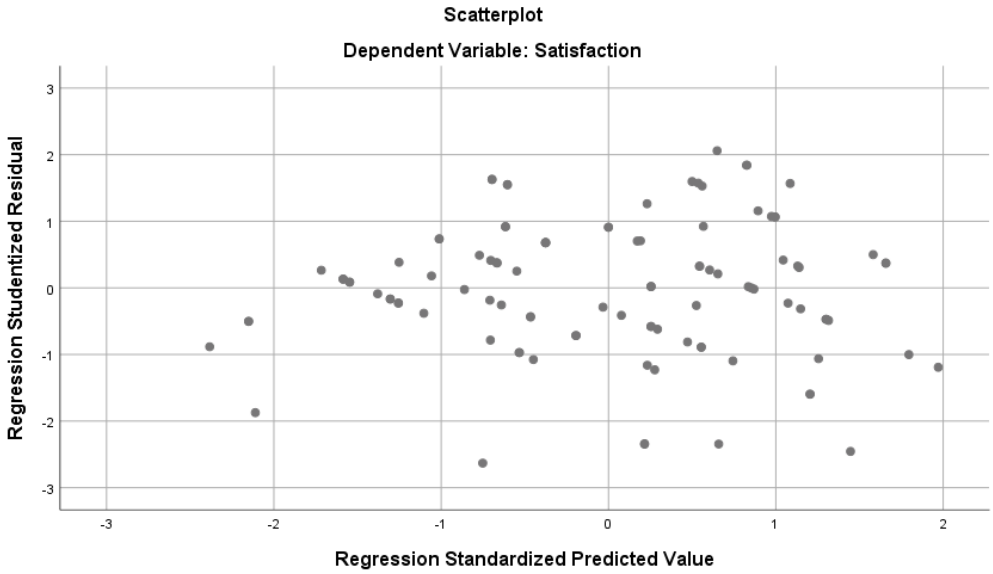

Figure 2. Heteroscedasticity Test Results
Source: Processed data, 2023

Heteroscedasticity, according to Imama Ghozali (2018), does not exist if the scatterplots have no visible pattern (wavy, enlarged, then narrowed), and the dots are distributed above and below the value 0 on the Y axis.

Based on the image above, it is clear that the scatter plot's representation of the data's distribution demonstrates that the random data does not follow a particular pattern. The dots are distributed evenly on both sides of the 0 on the Y axis, indicating that the regression model for these data does not exhibit signs of heteroscedasticity. In other words, the variances of the residuals from one observation to the next are similar. This indicates that there is either no heteroscedasticity or only homoscedasticity in the regression model, making it possible to forecast the effects of the variables dependability (X1), assurance (X2), tangible (X3), and empathy using the regression model (X4), responsiveness (X5) on customer satisfaction.

ANALYSIS OF MULTIPLE LINEAR REGRESSIONS

Multiple linear regression analysis is used to analyze the relationship between the independent and dependent variables, as well as the impact of service quality as represented by the variables dependability (X1), assurance (X2), tangible (X3), empathy (X4), and responsiveness (X5) on customer satisfaction in the RSPP HHC unit (Y). The following data is collected using the SPSS program:

Table 5: Multiple Linear Regression Analysis Results

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.956	2.963		.323	.748
	Reliability	-.133	.194	-.061	-.688	.493
	Assuranse	.234	.224	.112	1.043	.299
	Tangible	.259	.178	.123	1.458	.148
	Emphathy	1.063	.254	.435	4.186	.000
	Responsiveness	.544	.225	.235	2.414	.018

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.724[a]	.524	.499	3.375	2.604

Source: Processed data, 2023

The regression equation model's form can be written in the equation model according to the table above:

Y = 0.0958-0.133X1+0.234-0.259X2+0.250-0.563 X3+1.063X4+0.544X5 …… (1)

a. The regression coefficients of the variables reliability (X1), assurance (X2), empathy (X4), and responsiveness (X5) have a positive direction in their influence on customer satisfaction in the RSPP HHC unit, however tangible (X3) has a significant negative direction.
b. If the factors reliability (X1), assurance (X2), tangible (X3), empathy (X4), and responsiveness (X5) have a value of 0, then customer satisfaction has a value of 0.0958.
c. The reliability variable (X1) has a coefficient of -0.133, which means that if the other independent variables remain fixed or unchanged, an increase in reliability (X1) of one point will result in a 0.133-point decrease in customer satisfaction (Y). Customer satisfaction (Y) and variable reliability (X1) have a negative relationship, as indicated by the variable's negative coefficient, so as reliability (X1) increases, customer happiness with the HHC RSPP decreases (Y).
d. The assurance variable (X2) has a coefficient of 0.234, implying that an increase of one point for the assurance variable (X2) will raise the value of customer satisfaction (Y) by 0.234 points assuming other independent variables remain stable or unaltered. The HHC RSPP Customer Satisfaction will improve when the assurance value (X2) grows since the assurance variable's (X2) coefficient is positive, indicating a positive link between assurance (X2) and customer satisfaction (Y).
e. the tangible variable (X3) has a coefficient 0.259. This suggests that an increase of one point for the tangible variable (X3) will improve the value of Customer Satisfaction (Y) by 0.259 points if the other independent variables

remain fixed or change. Since the tangible variable's coefficient is positive, there is a positive correlation between it and the customer happiness variable (Y), further as the tangible variable's value (X3) rises, so will HHC RSPP customer satisfaction (Y).

f. The coefficient for the (X4) variable measuring empathy is 1,063. This suggests that an increase of one point for the empathy variable (X4) will improve the value of Customer Satisfaction (Y) by 1,063 points if there are other independent variables whose values are fixed or changed. Since the empathy variable's coefficient is positive, there is a significant connection between empathy (X4) and customer satisfaction (Y), implying that as empathy (X4) increases, so does HHC RSPP customer satisfaction (Y).
g. The responsiveness variable (X5) has a coefficient of 0.544, meaning that an increase of one point for the responsiveness variable (X5) will improve the value of customer satisfaction (Y) by 0.544 points provided the other independent variables remain stable or remain the same. The responsiveness variable's coefficient is positive, indicating a positive correlation between responsiveness (X5) and customer satisfaction (Y), such that when the responsiveness variable's coefficient rises, HHC RSPP customer satisfaction will as well (Y).

The results of the test to determine the coefficient of determination indicated an adjusted R-square value of 0.524 (52.4%), according to table 6 above. This indicates that, in this study, the capacity of the independent variables impacts the dependent variable by 52.4%, while the remaining 47.6% (1 - 0.524) is explained by factors other than the independent variables.

to partially analyze each dependent variable's influence, with an alpha value of under 5%. The data derived from the statistical analysis were as follows:

Table 6. T test results

Model		Sig.
1	(Constant)	.748
	Reliability	.493
	Assuranse	.299
	Tangible	.148
	Emphathy	.000
	Responsiveness	.018

Sumber : Data hasil olahan, 2023

Imama Ghozali (2018) states that if the Significant value is less than 0.05, the Independent Variable (X) only has a partial impact on the Dependent Variable (Y). That since significance of reliability in the table above is 0.748 and this number is more than 0.05, dependability has no effect on satisfaction. Considering assurance has a significance value of 0.493, which is greater than 0.05, it has no impact on satisfaction. Although tangibles have a significance value of 0.148, which is more than 0.05, they have no impact on satisfaction.

Although empathy has a significance value of 0.00, which is less than 0.05, it has a substantial impact on contentment. Additionally, responsiveness has a significance value of 0.18, which is less than 0.05, indicating a considerable impact on satisfaction. According to the t-test, assurance (X1), tangible (X2), and reliability (X1) have no impact on HHC RSPP patient satisfaction, although empathy (X4) and responsiveness (X5) can have a limited impact (Y).

The F test is designed to determine the impact of all quality variables on customer satisfaction. The following table displays the statistical outcomes of the F test:

Table 7. Results of F Tests

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1227.440	5	245.488	21.553	.000[b]
	Residual	1116.214	98	11.390		
	Total	2343.654	103			

This table can be used to determine that the derived F value data has a significance value of 0 and a F value of 21,553. Since the significance level is below 0.05, it can be said that the multiple regression model is viable and that the dependent variable, HHC RSPP patient satisfaction, is simultaneously influenced by the independent variables reliability (X1), assurance (X2), tangible (X3), empathy (X4), and responsiveness (X5).

CONCLUSIONS AND RECOMMENDATIONS

The study can draw the following conclusions from the data analysis results:

1. The variable of service quality, specifically reliability, has a limited positive and significant impact on customer satisfaction.
2. Customer satisfaction is only partially positively and significantly impacted by the assurance variable of service quality.
3. The tangible aspect of the service quality variable has no appreciable beneficial impact on customer satisfaction.
4. Customer satisfaction is partially positively and significantly impacted by the service quality variable empathy.
5. Customer satisfaction is partially positively and significantly impacted by the service quality variable responsiveness.
6. The factors responsiveness (X5), empathy (X4), tangible (X3), assurance (X2), and reliability (X1) all have a positive and significant impact simultaneously or together on customer satisfaction.

According to this study, the officers' empathy and responsiveness are what make RSPP's HHC services effective. As a result, if RSPP wishes to keep these patients, these characteristics must be maintained and improved upon. Additionally, it can be developed using additional factors that affect customer satisfaction for future research.

FURTHER STUDY

This study still has some limitations, such as the use of online questionnaires for data gathering, which does not explore responses from respondents directly such as by deep interview.

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