

The Public Services After Covid-19 at the Occupational Health General Hospital in West Java Province

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Abstract

One of the public service delivery institutions in the health sector in the Province of West Java is the Occupational Health Regional General Hospital (RSKK). This class D hospital offers emergency care, inpatient care, and outpatient care. Based on five aspects of service quality—tangible, reliability, responsiveness, assurance, and empathy—the research attempts to provide an understanding of the public services offered by the RSKK. A quantitative descriptive research design was adopted. The population were all patients at the RSKK. One hundred respondents were selected between April and July of 2024 using the Accidental Sampling technique. The primary data used to measure patient satisfaction with service quality. By distributing questionnaires, the data collecting method was implemented. The Customer Satisfaction Index was employed for data analysis. The study's findings indicate that only one dimension—the tangible, which has a value of 71.34%—expressing satisfaction. The criteria for the other four dimensions, expressing moderate levels of satisfaction, with values of 64.96% for the reliability, 60.67% for the responsiveness, 65.20% for the assurance, and 59.81 for the empathy. In summary, the RSKK public service representation does not yet reflect a high enough level of quality. To maintain growing patient satisfaction, performance must be improved in every area of service quality.

Keywords:

customer satisfaction index; quantitative; service quality

Introduction

The provision of public services is a form of activity that is oriented towards meeting the needs of the public. This has resulted in consequences that are closely related to social and cultural practices that are rich in values (Virtanen & Jalonen, 2024). Therefore, public values, which are embedded in various social and cultural practices, are significantly disrupted when there are disruptions that destabilize the flow of public service processes (Sancino & Tasselli, 2024; Osborne et al., 2022). In reflecting on the past, the consequences of the global pandemic have brought to light the challenges facing public services worldwide (Zilincikova & Stofkova, 2021). Therefore, in consideration of the inherent infectiousness of the manner in which the SARS-CoV-2 virus is transmitted, it has been recommended that physical contact be avoided in public spaces with large gatherings (Sewpaul et al., 2023).

Concurrently, certain sectors of public services are susceptible to cessation of operations in the event of the advent of the Coronavirus Disease 2019 (Covid-19) pandemic, which has the potential to impact a range of services, including those pertaining to public transportation, the media industry, and select health services (Xiang et al., 2021). Nevertheless, a number of countries with a high level of technological compatibility are moving their services online (Oztaskin et al., 2024). These endeavors are clearly intended to guarantee the continued viability of e-government and the technical capacity of public services (Wahanisa et al., 2021).

Conversely, an examination of the transition period experienced by numerous countries affected by the SARS-CoV-2 pandemic reveals a notable evolution in the sustainability of public services, characterized by a flexible transformation in its form. Following the declaration of the end of the pandemic, numerous forms of public service have been identified as having undergone fundamental changes (Wahanisa et al., 2021). This illustrates that the efficiency of digital-based services has provided modern society with convenient access to the services it requires (Balaskas et al., 2022). The advent of the pandemic has constituted a pivotal moment in the process of adapting technological systems, offering the government an opportunity to transform existing public services into more efficient and socially aligned ones (Balaskas et al., 2022).

In examining the numerous countries that contributed to the formation of the global pandemic, Indonesia, a nation with a high population density, has also demonstrated a keen interest in the evolving landscape of public service transformation. Nevertheless, the Indonesian government's commitment to transforming public services into a more efficient and effective system has not yet yielded the desired outcomes (Sudrajat, 2023). Previous studies have identified several shortcomings in the provision of public services in Indonesia. As stated by Sudrajat (2023) in his study, entitled "Analysis of Indonesian Public Service Issues in the New Era Based on Public Administration Perspective." In his study, at least seven weaknesses were identified that are commonly experienced by individuals when engaging in activities that involve interaction with public services. These include: The public services in question have not yet demonstrated responsiveness. Incomplete information is another significant issue. Obtaining information is often difficult and requires considerable effort. Furthermore, there is a lack of coordination. Furthermore, the bureaucratic process is often perceived as being unresponsive, incomplete, difficult to navigate, and poorly coordinated. Furthermore, the entity in question has demonstrated a reluctance to heed the concerns, suggestions, and requests of the community, which represents a significant shortcoming. The process is inefficient. In light of these seven shortcomings, it is imperative that the government undertake a comprehensive reflection on the services it provides to the community.

In the meantime, the Ombudsman's annual report for 2023 revealed that a total of 8,458 complaints had been documented in each region. Moreover, to facilitate comprehension of the number of existing reports, Table 1 illustrates the ten provinces with the highest number of complaints in Indonesia in 2023.

Table 1.
The top ten provinces in terms of the total number of public complaints received in 2023

No	Province	Quantity
1.	DKI Jakarta	518
2.	Jawa Timur	517
3.	Jawa Barat	513
4.	Sumatera Selatan	356
5.	Jawa Tengah	351
6.	Sumatera Utara	332
7.	Sulawesi Selatan	320
8.	Sumatera Barat	309
9.	Sulawesi Tengah	272
10.	Lampung	268

Source: Ombudsman's Annual Report, 2023

A visual representation of the data in Table 1 reveals that the province of DKI Jakarta is the subject of the greatest number of complaints relative to other provinces. Despite this, the province still exhibits a need for improvement in numerous service sectors, including with respect to the prevailing culture. Suprpto et al. (2022) underscored that a considerable number of public service activities conducted in DKI Jakarta continue to adhere to conventional principles. Notwithstanding, in terms of efforts, DKI Jakarta has implemented numerous reforms pertaining to the provision of services, culminating in the establishment of a digital foundation. However, when viewed from the perspective of existing conditions, it can be observed that the management approach applied in service practices remains largely rule- and command-based. Therefore, the potential for creativity to drive innovation remains constrained.

In addition to the acceptance indicated by the number of reported complaints, the Ombudsman has also released data that shows the reported groups to which the content refers directly. The data can be visualised in tabular form in Table 2 below, which lists the 10 highest reported groups in 2023.

Table 2.
The Top ten of public complaints Based on reported classification

No	Reported Classification	Quantity
1.	Pemerintah Daerah	3.772
2.	Badan Pertanahan Nasional	769
3.	Kepolisian	674
4.	BUMN/BUMD	612
5.	Instansi Pemerintah/Kementerian	567

6.	Perbankan	499
7.	Rumah Sakit Pemerintah	231
8.	Komisi Negara/Lembaga Negara Non Struktural	218
9.	Lain-lain	207
10.	Kejaksaan	203

Source: Ombudsman's Annual Report, 2023

As illustrated in Table 2, the data visualization reveals that the local government sector represents the highest reported group, with a figure of 3,772. This figure is derived from the data in Table 2 and represents a problematic aspect of the public service system that has not been optimized. In their study, entitled "Quality of Public Services in Local Governments in Indonesia," Utami & Widarjo (2022) explained... A study entitled "A Study of Capital Expenditures and Government Internal Control Systems" revealed that local governments are constrained in their ability to optimize existing services due to limitations in the utilization of capital expenditures. The issue of limitations in the use of capital expenditures is undoubtedly connected to inefficient budget allocations. This is due to the lack of precision in budget allocations, which are not directed towards projects that genuinely facilitate the enhancement of public services. If a greater proportion of the budget is allocated to projects that are not a priority or are irrelevant, it will be impossible to construct the necessary infrastructure and facilities for public services.

The system of public services represents a derivative form of fulfillment for public needs, necessitating considerable effort in its provision. In consequence, the government has furnished a series of extant performance metrics pertaining to public services within ministries, institutions, and local governments in Indonesia via the Public Service Index (IPP). Table 3 below presents data from the IPP index in ten major provinces in Indonesia.

Table 3.

The top ten Indonesian provinces with the highest public service index in 2023

No	Reported Classification	Quantity
1.	Jawa Barat	3.772
2.	DIY	769
3.	Jawa Timur	674
4.	Jawa Tengah	612
5.	Sumatera Selatan	567
6.	Bangka Belitung	499
7.	Kalimantan Barat	231
8.	DKI Jakarta	218
9.	Sulawesi Selatan	207
10.	Gorontalo	203

Source: Kemenpan RB, 2023

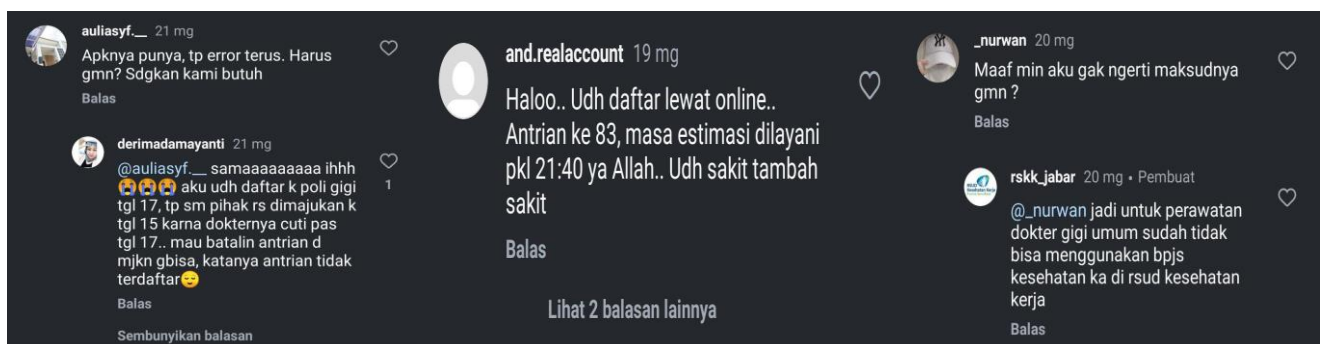
An examination of the IPP data in Table 3 reveals that West Java is the province with the highest service index, with a score of 4.62. This represents a significant achievement in terms of determining the success of the steps taken by the West Java provincial government. In light of the aforementioned, it can be reasonably inferred that the services provided by the West Java

provincial government encompass a range of fundamental services. In accordance with Government Regulation Number 2 of 2018 concerning Minimum Service Standards, it is stipulated that local governments are obliged to provide a number of essential services, including education, health, public works and spatial planning, public housing and residential areas, peace and public order, and community and social protection services. Of these six services, health is considered a vital service (Maulidiah, 2014). Consequently, health services are provided in hospitals. It should be noted that the influence exerted on the wider community is considerable, including the District General Hospital (RSUD) Work Health.

One of the health service delivery units in the Province of West Java is called RSKK. In addition to emergency rooms, RSKK is a class D hospital that offers inpatient and outpatient medical services. This hospital needs a number of amenities in order to offer healthcare services. One year prior to the Covid 19 pandemic's emergence, in 2018, RSKK was established. It is still necessary for the community to have RSKK in place. But a number of public complaints have been made via RSKK's Instagram account, @rskk_jabar. These complaints, which concern the quality of the hospital's services, include those from patients or their families who are confused about how to use the facility's medical services, long wait times, and patients who are unable to use the online queue. Other complaints concern the lack of proper facilities, such as patient restrooms, and the fact that not enough people are aware of the existence of RSKK. The following is depicted in figure 1.

Figure 1.

Numerous patient complaints directed at the RSKK



The aforementioned community's discourse is more closely aligned with the quality of services provided by the West Java Provincial Occupational Health Hospital. The concept of service quality is multidimensional, encompassing a plethora of facets pertaining to the services rendered. Service quality encompasses the quality of interactions, the quality of the service environment, and the quality of the desired or expected results by the community. Consequently,

service quality is a unified concept comprising a multitude of constituent elements, each of which has the potential to exert an influence on a service institution and affect the expectations held by the community.

As defined by Khoo (2022), service quality represents an evaluation conducted by customers regarding the superiority of a service. Naturally, this assessment is conducted based on the customer's experience of utilizing the available services. In this context, customers represent a key indicator for assessing the quality of services provided by a service institution.

According to Parasuraman (1998) in Shahid Iqbal et al (2018) explains that there are five dimensions of service quality, namely tangible, reliability, responsiveness, assurance and empathy. The first dimension is tangibles (physical evidence), which describes the physical facilities, equipment and appearance of personnel and the presence of users. This dimension includes all forms of physical conditions that exist in the company. The second dimension of reliability is the company's ability to provide services as promised accurately and reliably, and can be responsible for what has been promised and does not overpromise. The third dimension of responsiveness is a policy to help and provide fast (responsive) and precise service to customers with clear information delivery. The fourth dimension of assurance is a guarantee provided by the company both in the form of security and all types of services provided at the company. The fifth dimension of empathy (empathy) is the provision of sincere and individualized or personal attention given to customers by trying to understand consumers.

In order to ascertain the quality of services provided by the service delivery unit, one may consider the level of satisfaction expressed by its users (M. C. Chen et al., 2019). The users of the Occupational Health Hospital are patients or their families. Patient or patient family satisfaction can be a valuable indicator of the extent to which the service meets patient needs and expectations. An organization can evaluate and further improve its services by understanding user satisfaction (Martínez-Navalón et al., 2021).

As posited by Oliver (1980), satisfaction can be defined as the level of emotional state in which an individual expresses a comparison between the received performance and their expectations. Oliver further suggests that satisfaction is a subjective feeling that is contingent upon the individual's expectations. This emotional state can influence an individual's overall satisfaction with the performance. Moreover, Razak and Nirwanto (2016) posit that customer satisfaction is contingent upon the degree of satisfaction derived from the performance or product provided and the value ascribed to these outcomes. Moreover, Afrashtehfar et al. (2020) have proposed that patient satisfaction with health services is a critical determinant of the extent to which health services are able to meet the expectations of patients. Patient satisfaction

represents a pivotal indicator in the pursuit of service enhancement within the healthcare sector. The incorporation of patient participation in satisfaction surveys can be regarded as a valuable strategy for the assessment and refinement of healthcare services (Al-Abri & Al-Balushi, 2014).

Surveys to measure patient satisfaction are crucial activities for hospitals because they can affect patient loyalty to the use of hospital services. Patients who feel satisfied, have a tendency to be likely to use health services at the hospital and can even propose to recommend the hospital to others (X. Chen et al., 2022). Patient satisfaction is a very valuable asset, when patients are satisfied, they tend to continue using the services they choose (Aryati et al., 2018). Patient satisfaction can be an indicator of success for hospitals in providing medical and nonmedical care. This is reflected in the comfort that patients feel towards services, facilities, and success in the hospital.

Numerous studies on service quality have used Serve Quality up to this point. But not much has been said about the West Java Province Occupational Health Hospital's service quality. Thus, the purpose of this study is to use patient satisfaction levels with services rendered by the West Java Province Occupational Health Hospital to paint a picture of public services. The characteristics under investigation align with the Parasuratman (1998) dimensions of service quality, which include tangible, reliable, responsive, assured, and empathic.

Methods

Quantitative descriptive methodology is the research technique employed. The study's population consisted of all West Java Province Occupational Health Hospital patients who received care between April and July of 2024; the precise number of participants is unknown. Thus, researchers applied the Lemeshow method in the following way to obtain a research sample.

$$n = \frac{z^2 P(1 - P)}{d^2}$$

where d is the sampling error, p is the maximum estimate, z is the z score at 95% confidence, and n is the sample size. A sample size of 96 was determined using this formula. A sample of one hundred individuals was employed in this study. Accidental sampling was used to carry out the sampling technique.

Primary data from the West Java Province Occupational Health Hospital about patient satisfaction was used. Table 4 presents the following indicators and statement items that are used to measure patient satisfaction throughout five dimensions.

Table 4.
Service Quality Dimensions and Indicators

Dimension	Item	Code
Tangibles	Hospital building maintenance	T1
	Accessible supporting amenities such as restrooms, ATMs, and mushola are available.	T2
	The waiting area and other facilities are of good quality.	T3
	The design and configuration of every hospital room	T4
	Hospital surroundings' comfort and cleanliness	T5
Responsiveness	Quickness of the registration line	Rs1
	Quickness with which medicine is taken	Rs2
	The hospital staff's preparation for their tasks	Rs3
	The exchange of information is simple to comprehend.	Rs4
	Attend to any complaints that are raised	Rs5
Assurance	Hospital environments offer security assurances.	A1
	The hospital is able to preserve the confidentiality and privacy of patient records.	A2
	The availability of a location or a platform for patient complaints	A3
Empathy	Staff in medicine maintains the 5s (senyum, salam, sapa, sopan, santun)	E1
	The medical team is accommodating to your requirements and preferences.	E2
	The hospital prioritizes the comfort of its patients while they are there.	E3
	To maintain patients' health, medical personnel provide moral support.	E4
	Patients receive input and advice from medical staff.	E5

Patients are given questionnaires to complete as part of the data collection method. The following Likert scale is used to provide answer alternatives for each of the 21 statement items in the questionnaire: 1 represents highly unsatisfied, 2 represents dissatisfied, 3 represents fairly satisfied, 4 represents satisfied, and 5 represents very satisfied.

Validity and reliability tests were used as part of an instrument testing procedure before the questionnaire was distributed. This test was carried out to confirm that each statement item in the questionnaire developed was valid and reliable. Every statement item on the questionnaire is valid and reliable.

Customer Satisfaction Index (CSI) is used in data processing. This index looks at the relative relevance of the characteristics being examined with the aim to calculate the overall satisfaction level of service recipients. These are the steps involved in CSI calculation. Initially, used the Mean Satisfaction Score (MSS) and Mean Importance Score (MIS). The average of performance levels and expectations is used to create this scale.

$$MIS = \frac{\sum_{i=1}^n x_i}{n} \quad \text{and} \quad MSS = \frac{\sum_{i=1}^n y_i}{n}$$

where i is the performance value of the i-th attribute, n is the number of respondents, and x and Y are the importance values of the i-th attribute.

Next, establish a Weight Factor (WF). This weight is the proportion of each attribute's MIS value to the overall MIS of all attributes.

$$WF = \frac{MIS_i}{\sum_{i=1}^p MIS_i}$$

Third, establish a Weight Score (WS). This weight is obtained from multiplying the weight factor (WF) with the average satisfaction level (MSS).

$$WS_i = WFi \times MSS$$

Fourth, determine the Customer Satisfaction Index (CSI), notably by separating the total weight from the nominal scale used and then multiplying it by 100 percent.

$$CSI = \frac{\sum_{i=1}^p WS_i}{HS} \times 100\%$$

where p is the p-th important feature, and HS is the maximum Likert Scale used.

The following criteria for service user satisfaction were followed in the data analysis.

Table 5.

Criteria for Satisfied Service Users

CSI(%)	Criteria
81%-100%	high levels of satisfaction
66%-80.99%	satisfaction
51%-65.99%	moderate levels of satisfaction
35%-50.99%	dissatisfaction
0% -34.99%	extreme dissatisfaction

Source: Serlamita Melida & Diah Pramestari, (2023)

Results and Discussion

The happiness of patients who receive care at the RSKK on West Java Province typically reflects the quality of the hospital's offerings. The patient's perception of their level of satisfaction is determined by comparing it to their expectations. The following findings were drawn from the data that was collected.

The 100 respondents who served as research samples had the following characteristics. Of gender, 55% are women, and 45% are males. Of education, 63% of people have a high school education, 12% have a diploma, and 25% have a bachelor's degree or above. Students make up 9% of the workforce, followed by workers (36%), civil servants (20%), and others (35%). Between the ages of 18 and 23 years old, 14%, 24 and 29 years old, 25%, 30 and 35 years old, 12%, and over 35 years old, 49%.

Table 6.
Customer Satisfaction Index

Dimension	Code	MIS	MSS	WF	WS
<i>Tangibles</i>	T1	4,41	2,97	3,72	16,39
	T2	3,33	3,54	4,43	14,75
	T3	3,14	3,8	4,75	14,93
	T4	3,12	3,87	4,84	15,11
	T5	3,99	4,01	5,02	20,2
<i>Reliability</i>	R1	3,4	3,7	4,63	15,46
	R2	3,35	3,8	4,75	15,93
	R3	3,02	4,16	5,20	15,72
<i>Responsiveness</i>	Rs1	2,45	4,39	5,49	13,46
	Rs2	2,65	4,19	5,24	13,89
	Rs3	3,37	3,61	4,52	15,22
	Rs4	3,64	3,4	4,25	15,48
	Rs5	3,29	3,48	4,35	14,32
<i>Assurance</i>	A1	3,24	3,83	4,79	15,53
	A2	3,28	4,02	5,03	16,50
	A3	3,26	3,95	4,94	16,11
<i>Emphaty</i>	E1	2,52	4	5,00	4,94
	E2	3,23	3,83	4,79	15,48
	E3	2,55	4,28	5,35	13,65
	E4	3,29	3,63	4,54	14,94
	E5	3,5	3,47	4,34	15,19
WT	320,68				
CSI	64,14%				

Table 6 indicates that the five service quality criteria have a CSI score of 64.14%. This demonstrates that, between April and July of 2024, the West Java Province RSKK patients' satisfaction rating was only at the Quite Satisfying level. This demonstrates that patients' expectations are still greater than their perceptions of the quality of the services rendered by RSKK West Java Province Type D.

Table 7 below shows you which dimensions for the quality of services provided by West Java Province Occupational Health Hospital require more attention.

Table 7.
CSI for Every Dimension

No.	Dimension	CSI	Criteria
1.	Tangible	71,35%	satisfaction
2.	Reliability	64,96%	moderate levels of satisfaction
3.	Responsiveness	60,67%	moderate levels of satisfaction
4.	Assurance	65,20%	moderate levels of satisfaction
5.	Emphaty	59,81%	moderate levels of satisfaction

Source: self-processed data, 2024

Table 7 shows that all four dimensions are at the criterion for being moderate levels of satisfaction, with the exception of the tangible dimension, which just meets the requirements for satisfaction. This demonstrates that patients have not been satisfied with the quality of RSKK's

services, particularly when it comes to the four criteria of reliability, responsiveness, assurance, and empathy. Given that the CSI score was the lowest of the four dimensions, the empathy dimension requires additional attention.

When divided into statement items, there are three that meet the requirements for being dissatisfied, thirteen that meet the requirements for being moderate levels of satisfaction, and five that meet the requirements for satisfaction.

The hospital building's maintainability and the cleanliness and comfort of the hospital environment met the satisfactory criteria for the Tangibles dimension; the quality met the requirements for the Reliability dimension; the communication was clear and concise for the Responsiveness dimension; and the medical staff's ability to advise and consult with patients satisfied the Empathy dimension.

The availability of easily accessible auxiliary amenities (musolas, restrooms, ATMs, etc.), high-quality facilities (waiting rooms), and the design and organization of each hospital room for the tangible dimensions were all deemed to be highly satisfied characteristics; For the Reliability dimension, the hospital's information accuracy and the accessibility of the protocols for utilizing its services The responsiveness dimension is measured by the hospital staff's promptness in taking medication, their attentiveness in their work, and their ability to address complaints; In the Assurance dimension, the hospital offers security guarantees; in the Empathy dimension, the medical staff responds positively to your requests for assistance or needs; and in the Privacy dimension, the hospital is able to maintain the privacy and confidentiality of patient information documents and the availability of a place/platform for patient complaints.

While medical staff upholds the 5s, items that received less than satisfactory criteria were found in only two dimensions: the empathy dimension, which focuses on patient comfort while in the hospital, and the responsiveness dimension, which measures the speed of the registration queue.

Based on the results of data processing and analysis that has been described, it shows that the portrait of public services at the West Java Province Working Health Hospital has not met the expectations of service users, in this case patients and patient families. The expectations of service users at the Occupational Health Hospital are higher than the performance of services received and felt by both patients and families of patients. This is as stated by Oliver, (1980) which states that consumer satisfaction is a form of positive feelings that arise when product performance meets or exceeds expectations, where it is influenced by disconfirmation, and serves as a major factor in shaping attitudes and future purchase intentions. On the other hand, research shows that variables such as disconfirmation and initial consumer attitudes play a major role in

determining the level of satisfaction. So that the portrait of public services reflected in the quality of service of the West Java Provincial Occupational Health Hospital is at the level of 64.14% or is included in the criteria quite satisfied.

Meanwhile, in an effort to measure patient satisfaction, which can be used as an indicator through the context of services in health institutions, the customer satisfaction index is one of the many service measurement tools needed in a service provider agency, including health organizations. Customer Satisfaction Index (CSI) in this study is an index used to measure the overall level of customer satisfaction by considering the importance of the product or service attributes being assessed (Seftylia & Cholil, 2022). In addition, CSI helps organizations identify the strengths and weaknesses of service attributes, so that they can focus on areas that require more attention (Kartiwi et al., 2024).

The degree of satisfaction expressed by service users can be regarded as an indicator of the extent to which expectations and performance diverge along the quality dimension (Forero & Gómez, 2017). Therefore, based on the findings of previous research, the results indicate that the performance of the West Java Provincial Occupational Health Hospital is not aligned with the expectations of patients or their families. The primary areas for improvement pertain to the tangible, reliability, responsiveness, assurance, and empathy dimensions. It is anticipated that enhancing service performance will lead to an improvement in service quality, which in turn will result in greater satisfaction among service recipients. As Ferreira et al. (2023) have observed, patient satisfaction represents a crucial indicator in the pursuit of service improvements in health institutions. The involvement of patients in satisfaction surveys is therefore regarded as an effective strategy for the evaluation and enhancement of services in these institutions.

Concurrently, the administration of patient satisfaction surveys represents a pivotal undertaking for hospitals, as these assessments have the potential to influence patient loyalty and the utilisation of hospital services (Alibrandi et al., 2023). Patients who feel satisfied are more likely to utilise the services provided by the hospital in question and may even proffer recommendations to others (X. Chen et al., 2022). Patient satisfaction represents a highly valuable asset. When patients are satisfied, they tend to continue using the services they have chosen (Aryati et al., 2018). Patient satisfaction can serve as an indicator of success for hospitals in providing both medical and non-medical care. This is reflected in the comfort that patients feel towards the services, facilities, and success of the hospital (Friedel et al., 2023).

Conclusion

Researchers came to the conclusion that not all public services provided following the Covid-19 Pandemic were satisfactory to their users based on their findings. The fact that service users are still not satisfied with the services that the service delivery unit offers is proof of this. The tangibles dimension is one of the five aspects of service quality that must be preserved, according to studies; the other four aspects—reliability, responsiveness, assurance, and empathy—need to be increased.

After applying the CSI method to calculate each dimension, the results show that one dimension has satisfied criteria and four have quite satisfied criteria. These dimensions are tangible (71.34%), reliable (64.96%), responsive (60.67%), assured (65.20%), and empathic (59.81%).

Four characteristics are included in the average level of patient satisfaction calculations that have a value of less than three. These include the following: the hospital considers the patient's comfort during their stay, the medical staff maintains the 5s (smile, greeting, greeting, politeness), In order to create a positive impression and encourage patient loyalty when using the hospital's services, speedy registration lines are one of the key requirements that various companies or institutions in the service sector must meet. For this reason, the hospital must work harder to improve the speed of these lines.

Based on the results of CSI calculations, the Occupational Health Hospital's efforts to improve the quality of its services are focused on two dimensions. These can be seen from the CSI value on the dimensions and the average value provided by patients for each given attribute; in this case, the two dimensions that are the main focus are the Empathy and Responsiveness dimensions.

Within the Responsiveness dimension, efforts or suggestions for enhancing every current feature of the hospital must include instruction in technical skills, emergency management, and standard operating procedures. Hospitals need to develop procedures for technical registration, create protocols for medicine collecting, train registration staff in nonverbal communication, and use interpersonal communication in order to serve patients more effectively and efficiently.

Hospitals should focus on patient comfort in addition to providing skills, effective communication, empathy, active listening, calming speaking procedures, training on how to provide clear and simple information, and training on ethics and politeness. These are some efforts or suggestions for improvement in the Empathy dimension.

There are numerous limitations to this study, such as the extremely constrained time frame (April to July 2024) for doing the research, the small number of respondents (about 100)

employed as research samples, and the use of accidental sampling as the sampling technique. Thus, lengthier study durations and a wider range of sample strategies, including cluster sampling and simple random sampling, are possible for future research.

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