Analysis of the Relationship of the Quality of Health Services Review Interest and Bed Occupancy Rate

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Abstract

The purpose of this study was to determine the relationship between the quality of health services and the interest in repeat visits and to analyze the relationship with the value of the Bed Occupancy Rate (BOR) in the VIP room of the Datu Beru Takengon Regional General Hospital in 2020. The research design used an analytic survey with a cross sectional design. The population of patients treated in the VIP Room of the Datu Beru Takengon Hospital was 105 people. The sampling technique used accidental sampling. The number of samples to be studied was 77 people. Data analysis was performed by univariate, bivariate and multivariate analysis. Base on the results of the research on the reliability variable obtained p-value = 0.001, responsiveness = 0.002, assurance = 0.017, empathy = 0.003, physical evidence = 0.002 <0.05, meaning that there is an influence between reliability, responsiveness, assurance, empathy, physical evidence of interest. revisit and it is related to the Bed Occupancy Rate (BOR). The results of multivariate analysis showed that the most influential variable in this study was the variable of empathy with an Exp (B) value of 12.048. The conclusion is that there is a relationship, reliability, responsiveness, assurance, empathy for re-visit interest and the value of the Bed Occupancy Rate BOR, the results of the multivariate analysis show that the most dominant factor is the variable of empathy.

Keywords: Quality of Health Services, Interest of Revisits Bed Occupancy Rate (BOR) Value

Introduction

The Indonesian Ministry of Health states that the quality of health services is everything that includes performance that shows the level of perfection of health services, not only which can lead to satisfaction for patients according to the average satisfaction of the population but also in accordance with established standards and professional code of ethics. An important element in every health service. Therefore, in providing health services to the community, health service providers must always maintain the quality of services provided (Kennedy et al., 2013; Bernard et al., 2004; Wang et al., 2011).

VIP Inpatient is a room for inpatient care services provided to people who need additional comfort facilities, in the form of air-conditioned rooms for one patient, bathroom facilities inside, in-room waiting beds and other additional facilities (Phiri & Chen, 2014). On the standards of professional service and standard operating procedures.

The VIP room at the Datu Beru Takengon Regional Hospital is the mainstay inpatient room for the Datu Beru Takengon Regional Hospital, this room began to operate in April 2018 and was inaugurated by the Regent of Central Aceh.

The prevalence of patients treated in the VIP room of Datu Beru Takengon Hospital in 2018 was 477 patients (BOR 21%). In 2019 patients treated in the VIP room were 1232 patients (BOR 47%) the percentage of VIP Bed Occupancy Rate (BOR) had not met National indicator standards are 70-85%.

Based on the initial survey conducted by the author in the VIP room of the Datu Beru Takengon Regional Hospital, there were 20 patient beds. Floor 1 had 8 beds and on the second floor there were 12 beds with adequate tools to treat VIP patients, the nurse station was in front of the room and positioned in the middle so that Patients are better monitored both on the 1st floor and on the 2nd floor. From the information of the head of the room, information is obtained that there are 3 shift shifts per day for the VIP room.

In the last five months of 2020 the VIP room of the Datu Beru Takengon Hospital received 34 customer complaints, 40% complained about doctors not visiting earlier, 42% complained about nurses in providing services, where nurses were less friendly, unresponsive to patient complaints, not empathetic, impatient, lack of clarity in providing instructions during examination and do not answer patient questions regarding complaints of illness and 18% are due to cost issues.

Methods

This type of analytic survey research with a cross sectional study approach is to analyze the relationship between the quality of health services and the interest in repeat visits and its relation to the value of the bed occupancy rate (BOR). The population in this study were all 95 patients treated in the VP Care Room of the Datu Beru Takengon Regional General Hospital for three months with a total sample of 77 people. The tool for data collection is a questionnaire. The data that has been collected is processed by univariate and bivariate and multivariate analysis. Univariate analysis is to see the frequency distribution of all the variables studied, both the dependent variable and the independent variable (Pohl et al., 2001; McKelvey & Zavoina, 1975). Bivariate analysis aims to see the relationship between the dependent variable and the independent variable and multivariate analysis to see the effect of the independent variable on the dependent variable with multiple logistic regression analysis in order to obtain the most dominant independent variable affecting the dependent variable (Bayaga, 2010; Mac Nally, 2000; Hellevik, 2009).

Results and Discussion

Univariate Analysis

Based on table 1 regarding the distribution of respondent characteristics, reliability, responsiveness, assurance, empathy, physical evidence and satisfaction, it shows that the most dominant respondents are those with age> 40 years, the largest gender is 50 people (64.9%), the education of respondents who The most dominant education is D3 (Diploma)-S1 (Undergraduate)-S2 (Master) with 52 people (67.53%). Based on the reliability variable, it can be seen that the majority of respondents are in the unreliable category, namely 58 people (75.3%), based on the responsiveness variable, it can be seen that the majority of respondents are in the unresponsive category, namely 52 people (67.75%), based on the guarantee variable it can be seen that the majority of respondents are in the unresponsive category. 47

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people (61.0%) and based on the empathy variable, it can be seen that the majority of respondents are in the bad category, namely 52 people (67.5%).

Table 1. Distribution of respondent characteristics, Quality of Health Services (Reliability, Responsiveness, Assurance, Empathy, Physical Evidence), Interest of Return Visits (Supporting Facilities, Rates, Service Availability)

Variable	N	Percentage
Age Group		
20- 30 Years	14	18.2
31 - 40 Years	30	39.0
> 40 Years	33	42.9
Sex		
Male	27	35.1
Female	50	64.9
Education		
Elementary School	2	2.6
Junior School	5	6.5
High School	18	23.3
D3 (Diploma)-S1 (Undergraduate)-S2 (Master)	52	67.5
Reliability		
Not Reliable	58	75.3
Reliable	19	24.7
Responsiveness		
Not Responsive	52	67.5
Responsive	25	32.5
Guarantee		
Not Guaranteed	47	61.0
Guaranteed	30	39.0
Empathy		
Not Good	43	64.2
Good	24	35.8
Physical Proof		
Not Feasible	50	64.9
Feasible	25	35.1
Quality of health services		
Unqualified	69	89.6
Qualified	8	10.4
Supporting Facility		
Not Supporting	44	57.1
Supporting	33	42,9
Fee		
Not Affordable	50	64.9
Affordable	27	35.1
Service Availability		
Unavailable	60	77.9
Availability	17	22.1

Bivariate Analysis

Based on table 2 concerning the Relationship between Health Service Quality and Interest in Revisits in the VIP room of the Datu Beru Takengon Regional Hospital, it shows that of the largest proportion of patients who stated that they were not reliable and not interested as much as 75.3%, the largest proportion of patients who stated that they were not responsive and were not interested was 67.5%. The largest proportion of patients who stated that they were unfit and not interested was 48.3%, the largest proportion of patients who stated that they were not qualified and not interested was 89.6%. 64.9% of poor quality, the largest proportion of patients who stated that they were not available and had no quality was 77.9%. This is what might cause the Bed Occupancy Rate to be low.

Table 2. Relationship of Quality of Health Services to Interest of Re-Visits in the VIP Room at Datu Beru Takengon Hospital

Variable	Interest of Return Visits				N		p-value
	Interested		Not Interested				
	f	%	F	%	F	%	
Reliability							
Reliable	3	3.9	16	20.8	19	24.7	0,002
Not reliable	17	22.1	41	53.2	58	75.3	
Responsiveness							
Responsive	7	9.1	18	23.4	25	32.5	0,002
Not responsive	13	16.9	19	50.6	52	67.5	
Guarantee							
Guaranteed	11	14.3	19	24.7	30	39.0	0,017
Not guaranteed	9	11.7	38	49.4	47	61.0	
Empathy							
Good	11	14.3	14	18.2	25	32.5	0,003
Not good	9	11.7	53	55.8	52	6.5	
Physical Evidence							
Well worth it	11	14.3	29	37.7	40	51.9	0,002
Not feasible	9	11.7	28	36.4	37	48.1	
Supporting facilities							
Support	4	5.2	29	37.7	33	42,9	0,008
Does not support	4	5.2	40	51.9	44	57.1	
Rates							
Affordable	3	3.9	24	31.2	27	35.1	0,009
Unreachable	5	6.5	45	58.4	50	64.9	
Service Availability							
Available	0	0	17	22.1	17	22.1	0,002
Not available	8	10.4	25	67.5	60	77.9	

Multivariate Analysis

Based on the table above, it shows that of the 5 variables tested multiple logistic regression in the first stage, it is seen that the variable has a p-value> 0.05 and the largest is the status of physical evidence (p = 0.269). And then the physical evidence variables are excluded from modeling in the second stage of logistic regression. Based on table 4, the results of the multiple logistic regression test are the significant value of the model

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collectively obtained at 0.002 <0.05, which means that the four variables used as models in this study have a relationship which is significant with the interest in return visits. So it can be concluded that the factor that has the greatest / dominant influence on the interest in revisits is Emphaty (empathy). Where the variable is indicated by an OR value of 12,048, it means that the respondent with empathy (empathy) has 12 times the chance in the Quality of Health Services to the interest in revisiting.

Table 3. Relationship of Service Quality (Reliability, Responsiveness, Assurance, Empathy and Physical Evidence) to Interest in Revisits in the VIP Room at Datu Beru Takengon Hospital First Stage Multiple Logistic Regression Test

Variabel	B	Sig.	Exp(B)
Realibility	1,393	0,028	4,026
Responsiveness	2,402	0,023	11,049
Guarantee	-2.637	0,013	0,072
Empathy	2,207	0,026	9,431
Physical evidence	2,244	0,269	9,091
Constant	-5,261	0,006	0,005

Table 4. Relationship of Service Quality (Reliability, Responsiveness, Assurance, Empathy and Physical Evidence) to the Interest of Revisits in the VIP room of the Datu Beru Takengon Regional Hospital.

(Second Stage Multiple Logistic Regression Test)

Variabel	B	Sig.	Exp(B)
Realibility	1,305	0,032	3,688
Responsiveness	2.444	0,018	11,522
Guarantee	-2,782	0,008	0,062
Empathy	2,489	0,016	12,048
Constant	-5,816	0,002	0,003

The Reliability (Reliable) Relationship to the Interest in Return Visits

Reliability is the ability to provide the promised service promptly, accurately and satisfactorily. Performance must be in accordance with patient expectations, which means timeliness, the same service for all patients without errors, sympathetic attitude and high accuracy (tjiptono). Namely 58 people (75.3%). The results of the multiple logistic regression test showed a significant influence between reliability on the interest in revisiting inpatients at the Datu Beru Takengon Hospital with a p value <0.05. Based on the results of the Chi-Square statistical test analysis, the p-value = 0.001 <α 0.05, which it means that there is an influence between reliability (reliability) and interest in revisiting. The results of the study show that the working hypothesis (Ha) is accepted, this proves that there is an influence between reliability (reliable) on the interest in revisiting.

Relationship Responsiveness to the Interest of Revisits

Responsiveness is the willingness and ability of health workers to assist the needs and fulfill the demands of inpatients and provide responsive, fast and precise services. Based on the results of the research on the relationship of responsiveness with the interest in revisiting the VIP room of the Datu Beru Takengon Regional Hospital, it shows that the majority of 77 respondents answered that unresponsive responsiveness would make Revisit Interest in the unresponsive category of 52 people (67.5%) and from 77 Respondents with good

responsiveness answers will make the interest in revisiting the responsive category of 25 people (32.5%). The results of the Chi-Square statistical test analysis showed that the p-value = 0.002 <α 0.05, which means that there is a relationship between responsiveness and the BOR value. The results of the study show that the working hypothesis (Ha) is accepted, this proves that there is a relationship between responsiveness and interest in revisits.

Assurance Relationship (Guarantee) to the Interest in Revisiting

Assurance is related to the ability of the hospital to provide qualified and skilled health workers as promised so that inpatients have confidence in the treatment process to cure their illness. Doctor's assurance is the knowledge, ability, and politeness of a doctor that can generate trust and confidence for patients. Based on the results of research on the relationship between assurance and re-visit interest in the VIP room of Datu Beru Takengon Hospital, it shows that out of 77 respondents the majority answered that the guarantee (Assurance) that is not good will make the Bed Occupancy Rate (BOR) value is also in the unsecured category as many as 47 people (61.0%) and of the 77 respondents with a guarantee answer that the interest in re-visit is in the guaranteed category of 30 people (39.0%). The results of the Chi-Square statistical test analysis obtained p-value = 0.017 <α 0.05, which means that there is a relationship between assurance and the interest in revisiting. The results of the study indicate that the working hypothesis (Ha) is accepted. This proves that there is a relationship between assurance and the interest in a repeat visit.

Relationship of Empathy to Interest in Revisits

Empathy is related to the ability of health workers to pay genuine attention to hospitalized patients, to understand the needs that inpatients want. Based on the results of research on the relationship between empathy and re-visit interest in the VIP room of the Datu Beru Takengon Regional Hospital, the majority of 77 respondents answered that bad empathy would make the interest in returning visits in the bad category as many as 52 people (67.5%) and 77 respondents. With good empathic answers, 25 people (32.5%) were interested in re-visits. The results of the analysis of the Chi-Square statistical test obtained p-value = 0.003 <α 0.05, which means that there is a relationship between empathy power and interest in revisiting. The results of the study show that the working hypothesis (Ha) is accepted, this proves that there is a relationship between power respond with interest in repeat visits. Revisit interest in service quality based on aspects of empathy on the results of services provided according to the patient's assessment is not good in the statement of service results provided compared to previous services or services performed when the patient is hospitalized.

Tangibles Relationship (Physical Evidence) to Interest in Repeat Visits

Physical evidence regarding the attractiveness of the existing physical appearance that affects the interest in revisiting inpatients, namely clean inpatient rooms, water supplies in inpatient bathrooms are well met, equipment needs to treat patients are available. Based on the results of research on the relationship of evidence with family satisfaction in the VIP room of the Datu Beru Takengon Regional Hospital, it shows that out of 77 respondents the majority answered that inadequate physical evidence would make the interest in a repeat visit be in the inadequate category as well as 37 people (51.9%) and 77 respondents with appropriate physical evidence answers. 40 people (51.9%) were also eligible for revisiting. The results of the analysis of the Chi-Square statistical test obtained p-value = 0.002 <α 0.05, which means that there is a relationship between physical evidence and the value of the Bed Occupancy Rate (BOR). The results of the study indicate that the working hypothesis (Ha) is

accepted. This proves that there is a relationship between physical evidence and interest in revisiting.

Relationship Reliability, Responsiveness, Assurance, Empathy, Physical Evidence (Tangibles) on Interest in Revisits and its Relation to the Bed Occupancy Rate.

Multivariate test results showed that of the 5 variables tested multiple logistic regression in the first stage, it was seen that the variable had a p-value <0.05 and the largest was physical evidence status (p = 0.269). And then the physical evidence variables are removed from modeling in the second stage of logistic regression, the results are as follows: Based on the results of the second stage multiple logistic regression test, the significant value of the model is collectively obtained at 0.002 <0.05, which means that the four variables are used as models in This study has a significant relationship with interest in revisits. So it can be concluded that the most dominant factor in relation to interest in revisits is Emphaty. Where the Emphaty variable is shown with an OR value of 12.048, it means that respondents with Emphaty have 12 times the chance of revisiting interest compared to other variables.

Conclusion

There is a relationship between the Quality of Health Services (Reliability, Responsiveness, Assurance, Empathy, Physical Evidence) to the Interest of Return Visits (Supporting Facilities, Rates, Service Availability) and its relation to the Bed Occupancy Rate (BOR).

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