

# Relationship on the performance of doctors in inpatients towards the level of patient satisfaction

## Relación del desempeño de los médicos en pacientes ingresados relativo al nivel de satisfacción del paciente

Ilham Daud Samodra<sup>1\*</sup>, Tjatur Prijambodo<sup>2\*</sup>, Musa Ghufro<sup>3\*</sup>, Sri Widyaningsih<sup>4\*</sup>

### SUMMARY

**Introduction:** *The hospital is one place that provides personal health services in the short term and long term. Assessing hospital's quality of service can be seen from the satisfaction of patients who seek treatment. This study aimed to determine inpatient clinic patients' characteristics and the relationship between doctors' performance and satisfaction levels of inpatients.*

**Methods:** *This study was descriptive-analytic with a cross-sectional approach. The population is the inpatients of Aisyiyah Siti Fatimah Hospital in Sidoarjo, Indonesia. The instrument used was primary data collection using questionnaires. The data obtained in this study were analyzed with the Spearman correlation.*

**Results:** *Among 100 respondents, there were 45 males and 55 females. The age of most respondents was 25-34 years. The tangible, reliability, responsiveness, assurance, and empathy variables had a range value of 252-327, indicating that the patient was satisfied. There was a significant relationship between the doctor's performance, including tangible variable ( $p=0.001$ ), reliability variable ( $p=0.001$ ), responsiveness variable ( $p=0.001$ ) and assurance variable ( $p=0.001$ ), and patient satisfaction. However, there was no significant relationship between the empathy variable with patient satisfaction ( $p=0.256$ ).*

**Conclusion:** *The performance of doctors in inpatient was associated with the level of patient satisfaction at Aisyiyah Siti Fatimah Hospital, Sidoarjo, Indonesia.*

**Keywords:** *Patient satisfaction, doctor's performance, hospital.*

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ORCID: 0000-0002-7803-9525<sup>1</sup>

ORCID: 0000-0003-2210-8787<sup>2</sup>

ORCID: 0000-0003-0480-0251<sup>3</sup>

ORCID: 0000-0003-1475-0411<sup>4</sup>

<sup>1</sup>Faculty of Medicine, Muhammadiyah University of Surabaya, Surabaya 60113, Indonesia

• Corresponding author: Tjatur Prijambodo, MD  
Faculty of Medicine, Muhammadiyah University of Surabaya,  
Surabaya, Indonesia, Jalan Sutorejo No 59, Surabaya 60113,  
Indonesia

Tel: +6231-3811966

Fax: +6231-3813096

E-mail: tjatur.rsm@gmail.com

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### RESUMEN

**Introducción:** *El hospital es un lugar que brinda servicios de salud personal a corto y largo plazo. La evaluación de la calidad del servicio del hospital se puede ver en la satisfacción de los pacientes que buscan tratamiento. Este estudio tuvo como objetivo determinar las características de los pacientes hospitalizados y la relación entre el desempeño de los médicos y los niveles de satisfacción de los pacientes hospitalizados.*

**Métodos:** *Este estudio fue descriptivo-analítico con enfoque transversal. La población son los pacientes hospitalizados del Hospital Aisyiyah Siti Fatimah en Sidoarjo, Indonesia. El instrumento utilizado fue la recolección de datos primarios mediante cuestionarios. Los datos obtenidos en este estudio se analizaron con*

la correlación de Spearman.

**Resultados:** Entre los 100 encuestados, había 45 hombres y 55 mujeres. La edad de la mayoría de los encuestados era de 25 a 34 años. Las variables tangible, confiabilidad, capacidad de respuesta, seguridad y empatía tuvieron un valor de rango de 252-327, lo que indica que el paciente estaba satisfecho. Hubo una relación significativa entre el desempeño del médico, incluida la variable tangible ( $p=0,001$ ), la variable de fiabilidad ( $p=0,001$ ), la variable de respuesta ( $p=0,001$ ) y la variable de seguridad ( $p=0,001$ ) y la satisfacción del paciente. Sin embargo, no hubo relación significativa entre la variable empatía con la satisfacción del paciente ( $p=0,256$ ). Conclusión: El desempeño de los médicos en hospitalización se asoció con el nivel de satisfacción del paciente en el Hospital Aisyiyah Siti Fatimah, Sidoarjo, Indonesia.

**Palabras clave:** Satisfacción del paciente, desempeño del médico, hospital.

## INTRODUCTION

A hospital is a place that provides individual health services in the short and long term. The hospital has several services, including inpatient services, outpatient services, emergency services, and medical services. The quality of service in the hospital is influenced by providing services, facilities, and infrastructure. A hospital must provide safe, quality, and effective services by prioritizing the interests of patients (1,2). The most crucial goal in health service is beneficial outcomes for patients. The level of patient satisfaction determines the measure of the success of service delivery. Service patient satisfaction is achieved when the patient receives the service as required and expected (3).

To determine whether the quality of service from the hospital is good or not, it can be seen through patient satisfaction (4,5). Patient satisfaction is a patient's feeling of the current hospital service performance. Patient satisfaction is the essential aspect of measuring the hospital service, whether it is not the habit or behavior of using hospital services repeatedly (interest in returning). Patient satisfaction can be influenced by several aspects: product characteristics, price, service, location, facilities, profile/image, design, atmosphere, and communication (6,7).

The doctor's performance means the doctor's effort in curing patients with the abilities and skills he has in a certain period with existing conditions. The doctor's performance can be assessed from various sources, including medical records, patient surveys, hospital performance reports, and administrative data. According to the Joint Commission on Accreditation of Healthcare Organization (JCAHO), there are several categories in doctor performance research, namely patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice (8). Apart from patient satisfaction, the quality of service at the hospital already has a standard set by the Indonesian Ministry of Health, one of which is the Bed Occupancy Rate (BOR). In the 2012-2016 period, there was an increase in the number of beds to support East Java hospitals' quality of service. In the 2012-2016 period, there was a decrease in the average use of beds. In the 2012 period, the average BOR value was 70.27 %, and in the 2013 period, it experienced a slight decrease of 64.65 %. In the 2014 period, it experienced a rapid decline of 54.6 %, and in the 2016 period, it had increased by 59.4 %, but the BOR had not met the standards set by the Indonesian Ministry of Health between 60 %-85 % (9). Based on this background, this study aimed to determine the relationship between doctor's performance and satisfaction levels of inpatients at Aisyiyah Siti Fatimah Hospital, Sidoarjo, Indonesia.

## METHODS

This type of research is observational with a quantitative approach. This research method is a survey with a cross-sectional approach where the data collection process is carried out at the same time between the independent variable and the dependent variable on the research subject, namely patients who have received inpatient services at Aisyiyah Siti Fatimah Hospital, Sidoarjo, Indonesia. The research population was all hospitalized patients at Aisyiyah Siti Fatimah Hospital, Sidoarjo, Indonesia. The instrument of patient satisfaction was assessed based on the aspects of satisfaction assessment is tangible, reliability, responsiveness, assurance, and empathy (10).

In this study, researchers used the Statistical Package for the Social Sciences (SPSS) application Version 25. The stages in data processing include examining all collected data (editing), providing specific numbers or codes that have been agreed upon from the questionnaire (coding). After that, input the data according to the code that has been determined for each variable (Data Entry) (11).

This study used univariate and bivariate data analysis. Univariate research is used to assess the distribution and normality of data from existing variables. This bivariate study was to determine whether there was a relationship between two variables, namely the doctor's performance variable in the form of ordinal data and the patient's satisfaction variable in the form of ordinal data. From the purposive sampling sample that has been obtained, the SPSS version 25 application was used. Validity and reliability tests were performed. After testing the validity

and reliability, the Spearman correlation test was carried out to determine whether there was a relationship between the dependent and independent variables. The test used a 95 % degree of confidence so that the p-value was  $\leq 0.05$ , indicating that the statistical calculation was significant or a relationship between the doctor's performance and the level of patient satisfaction in hospitalization. If the p-value was  $\geq 0.05$ , which means it is not significant or indicates that there is no relationship between the doctor's performance and the level of patient satisfaction in hospitalization (11).

## RESULTS

### Characteristics of respondents

Based on the results of research on 100 respondents in Table 1, it can be seen that 45 people are male and 55 people are female.

Table 1  
Characteristics of respondents

Characteristics	Categories	n	Percentage
Sex	Male	45	45
	Female	55	55
Age	18-24 years	16	16
	25 - 34 years	25	25
	35 - 44 years	16	16
	45 - 54 years	16	16
	55 - 64 years	17	17
	> 65 years	8	8
Education Level	Primary school	16	16
	Junior high school	18	18
	Senior high school	54	54
	Bachelor degree	12	12
Occupation	Farmer	6	6
	Entrepreneur	27	27
	Civil servants	2	2
	Police	1	1
	General employees	13	13
	Retired civil servants	6	6
	Does not work	45	45
Cost Insurers	Personal	30	30
	Office	0	0
	Insurance	7	7
	BPJS (Insurance and Social Security)	63	63
Total		100 people	100

DOCTOR'S PERFORMANCE AND PATIENT SATISFACTION

Comparison of the number of responses taken between men and women did not differ much. For the age of the respondents, the majority were 25 people (25 %) aged 25-34 years. For the latest education, it is known that the majority of the respondent with high school education is 54 people (54 %). The majority of respondents' professions were 45 people (45 %) who do not have a job. For the cost insurers, the majority of respondents were 60 people (60 %) who use BPJS (Insurance and Social Security).

**Patient satisfaction level**

The patient satisfaction level category was calculated with the following interval results: very dissatisfied if the value was 100-175, dissatisfied if the value was 176-251, satisfied if the value was 252-327, and very satisfied if the value was 328-403. Based on Table 2, it can be seen that the tangible, reliability, responsiveness, assurance, and empathy variables have a value is 252-327, which means that the patient was satisfied. At the level of satisfaction, all variables had a level of satisfaction at the satisfaction level.

Table 2

Calculation of patient satisfaction level based on tangible, reliability, responsiveness, assurance, and empathy variables

Nº	Variable	Value	Conclusion
1	Tangible	307	Satisfied
2	Reliability	309	Satisfied
3	Responsiveness	312	Satisfied
4	Assurance	312	Satisfied
5	Empathy	314	Satisfied

**Relationship between doctor performance in inpatient and patient satisfaction with tangible, reliability, responsiveness, assurance and empathy variables**

Table 3 shows the significant value of Sig. (2-tailed) are tangible variable (p=0.001),

reliability variable (p=0.001), responsiveness variable (p=0.001), and assurance variable (p=0.001). This means that there was a significant relationship between the performance of inpatients and patient satisfaction for four variables. However, the significant value of Sig. (2-tailed) was empathy variable (p=0.256). Hence, there was no relationship between the performance of inpatients and patient satisfaction.

Table 3

Correlation test results between inpatient doctor performance and patient satisfaction with 5 variables

No	Variable	R-count value	Sig. (2-tailed)
1	Tangible	0.824	0.000
2	Reliability	0.997	0.000
3	Responsiveness	0.973	0.000
4	Assurance	0.997	0.000
5	Empathy	0.115	0.256

## DISCUSSION

This research found that in the survey we conducted all variables have a level of satisfaction is satisfied. There was a correlation between doctors' performance and the level of satisfaction with test results of tangible, reliable, responsiveness, and assurance variables. However, for the empathy variable, there was no correlation. Intangible variable, there were several points, namely the appearance of a clean and tidy doctor, a doctor carrying medical equipment, a clean, tidy, comfortable, and quiet treatment room, and a large hospital building, a strategic location, and adequate parking space (12). From the survey results, several respondents complained that the treatment room was clean, tidy, comfortable, and quiet, especially the bathroom. Many respondents complained that the bathroom was not clean and smelly. To anticipate this, the schedule is to clean the bathroom more often and is written so that the patient and visiting people flush after using the bathroom and do not waste it in the bathroom. In the reliability variable, there are several points namely, doctors come to visit on time, the readiness of doctors to serve patients, doctors act quickly (13). In the results of the survey I conducted, the patient was satisfied with the service at Aisyiyah Siti Fatimah Hospital because all doctors were responsive and fast in providing services. However, some patients were not satisfied with the point that the doctor came to visit on time because patients felt that they did not get a doctor's visit that was not fast enough. This was because the patients still did not know the doctor's schedule.

In the responsiveness variable, there are several points: the doctor always asks the patient's complaints, the doctor allows asking the patient, the doctor gives an explanation about the disease, and when asking the doctor for help, the doctor will immediately come to the room. In this study, the patient was satisfied with the service at the Aisyiyah Siti Fatimah Hospital because the doctor, during a doctor's visit, always asked about the patient's current complaints, allowed him to ask questions, and provide an explanation of the current condition. Patients felt that they were always cared for and made them satisfied.

In the assurance variable, there are several points: the doctor's behavior creates a sense of security, the doctor can maintain the patient's confidentiality, and the doctor has the patient's medical record (14). In the survey results, the doctor's behavior that creates a sense of security during the examination will make the patient easily convey their current condition and make them trustworthy. Apart from that, the doctor's attitude of maintaining patient confidentiality allows the patient to tell you everything about the current condition. In the empathy variable, there are several points: the doctor tries to calm the patient's anxiety about the illness, the doctor listens to complaints about the patient's illness and provides solutions in consultation, the doctor provides sufficient service time, the doctor in his service is polite and friendly, and the doctor can guarantee the patient's recovery (5). From the results of this survey, it turns out that patients did not care about doctors who provided services whether they cared or not.

## CONCLUSION

There was a significant relationship between doctor's performance and hospitalization with patient satisfaction for tangible variables, reliability, responsiveness, and assurance. There was no relationship between the performance of doctors and hospitalization with patient satisfaction for the variable empathy.

## ETHICAL CLEARANCE

Description of ethical exemption is declared to be ethically appropriate in accordance to 7 (seven), with 2011 standards, 1) social values, 2) scientific values, 3) equitable assessment and benefits, 4) risks, 5) persuasion/exploitation, 6) confidentiality and privacy, and 7) informed consent, referring to the 2016 CIOMS guidelines. This is as indicated by the fulfillment of the indicator of each standard.

## REFERENCES

1. Mariana E, Apriyani W, Supriyanto S. Analysis of perceived health care quality on patient satisfaction. *EurAsian J Biosci.* 2020;14(2):2703-2708.
2. Fadhillah H, Nursalam, Hadi M, Efendi F, Tristiana RD. International patients safety goals (Ipsg) based on knowledge management of SECI (socialization, externalization, combination and internalization) on adverse events at Jakarta Islamic hospital. *Indian J Public Heal Res Dev.* 2018;9(12):462-468.
3. Wulandari A, Mariana E, Damayanti NA. Relationship of patient characteristics with patient satisfaction. *Indian J Public Heal Res Dev.* 2018;9(12):497-500.
4. Noor S, Agianto, Nursalam, Setiawan H. Clinical supervision training to increase nurses' work performance in hospitals. *Indian J Public Heal Res Dev.* 2019;10(8):2751-2755.
5. Jati NADSP, Fatmasari EY. Analisis Perbedaan Tingkat Kepuasan Pasien Terhadap Mutu Pelayanan Rawat Jalan Puskesmas Berstatus Akreditasi Utama Dan Paripurna Di Kota Semarang. *J Kesehat Masy.* 2018;6(5):124-134.
6. Ellina AD, Kusnanto, Adiutama NM, Sismulyanto, Rusmawati. Evaluation of patient satisfaction and nurse caring behavior: Based on Swanson's theory. *Indian J Public Heal Res Dev.* 2019;10(8):2698-2702.
7. dewi M. Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien Pengguna BPJS pada Rumah Sakit Rehabilitasi Medik Kabupaten Aceh Timur. *J Manaj dan Keuang Unsam.* 2016;5(2):535-544.
8. Joint Commission International. JCI Accreditation Standards for Hospitals. *Jt Comm Int Accredited Stand Hosp.* 2015:12-14.
9. Kementerian Kesehatan. Profil Kesehatan Jawa Timur Tahun 2017. 2016;100.
10. Sari JP, Rivera VA, Damayanti NA. Correlation between waiting time of pharmaceutical service and patient satisfaction in hospital. *Indian J Public Heal Res Dev.* 2019;10(6):438-442.
11. Ningrum RM, Huda N, Liestyaningrum W, Yuliasuti C. Hubungan Mutu Pelayanan Kesehatan BPJS Terhadap Kepuasan Pasien Di Poli Klinik THT Rumkital Dr. Ramelan Surabaya. 2014;4426(3374):16-18.
12. Setyorini T. Pengembangan Model Instrumen Penilaian Kinerja Dokter Spesialis Obsgyn Melalui Analisis Kinerja di Rumah Sehat Ibu Dan Anak Budi Kemuliaan. *J Adm Rumah Sakit Indones [Internet].* 2018;2(2):162-171. Available from: <http://journal.fkm.ui.ac.id/arsi/article/view/2198>
13. Utama P, Prihartini A, Listyorini S. Analisis Tingkat Kepuasan Pasien Rawat Inap Rumah Sakit Islam Sultan Agung Semarang Dilihat Dari Dimensi Kualitas Pelayanan. *J Ilmu Adm Bisnis S1 Undip.* 2013;2(2):98044.
14. Al-Hamzani DG, Fitriyah N, Alaydrus A. Pengaruh Kualitas Pelayanan Terhadap Tingkat Kepuasan Pasien Rawat Inap Pengguna Kartu Badan Penyelenggara Jaminan. 2018;6(4):1593-1606. Available from: [http://ejournal.ip.fisip-unmul.ac.id/site/wp-content/uploads/2018/08/Jurnal udah di revisi \(08-20-18-03-55-42\).pdf](http://ejournal.ip.fisip-unmul.ac.id/site/wp-content/uploads/2018/08/Jurnal%20udah%20di%20revisi%20(08-20-18-03-55-42).pdf)