

Defining Good Public Health Services from Its Satisfactory Perspectives: A Study on Patient Satisfaction at Arifin Achmad General Hospital of Pekanbaru of Indonesia

Harapan Tua Ricky Freddy S.^{1*} M. Irfan Islamy² Soesilo Zauhar² Mardiyono²

1.Student of Doctoral Program of Administrative Science, Faculty of Administrative Science, University of Brawijaya, Jalan M.T. Haryono No. 163 Malang, East Java – Indonesia, Postal Code 65145

2.Department of Public Administration, Faculty of Administrative Science, University of Brawijaya, Jalan M.T. Haryono No. 163 Malang, East Java – Indonesia, Postal Code 65145

*Email of corresponding author: harapan528@yahoo.co.id

Abstract

This study aims to reveal the delivery of the inpatient health care at Arifin Achmad General Hospital of Pekanbaru, Riau Province of Indonesia, especially the health care meant for poor patients by looking at the dimensions of organizational commitment of service providers, the level of service satisfaction perceived by patients, and the implementation of service model. The results indicated that (1) organizational commitment is not strong enough to support the achievement of the vision and mission of the hospital as a result of high gaps between the vision and mission and the weak commitment from hospital personnel to implementing a good health care; (2) the level of satisfaction of the overall health care as perceived by patients was quite high which were based on key indicators derived from the patient despite the main and additional indicators showed that the number of items that did not satisfy were more than the items did; (3) a model of health care in the Arifin Achmad General Hospital which is run has not reached the expected level as defined in the hospital's motto "*Your Satisfaction is Our Happiness*" and "*Service with 5 'S' (Senyum, Salam, Sapa, Sopan, dan Santun)*". The study recommends that (1) the organizational commitment to provide a good health care need to be strengthened to reformulate the vision and mission of the hospital in a manner involving elements of management, employees and service users; (2) to improve patient satisfaction in health care, it needs to improve the effective feedback receiving mechanism through feedback forms in accordance with the characteristics of poor patients they serve and expectations of health services as perceived by service users; (3) implementation of the model of health care in hospitals needs to be reformulated by adding 5 'S' to 7 'S' (*Senyum, Salam, Sapa, Sopan, Simpati, Sabar and Semangat*) with the involvement of representatives of service users in formulating and evaluating health services delivery so that the hospital's motto "*Your Satisfaction is Our Happiness*" can be realized.

Keywords: organizational commitment, health services, satisfaction, service model

1. Introduction

1.1. Background

Compared to a number of ASEAN countries, the lack of Government of Indonesia (GoI) attention in public health can be witnessed from its annual budget in health sector. GoI and society expenditures for health sector is still the smallest in comparison with some Indonesia neighboring countries whereas GoI spent only 26.1 percent and 74.9 percent was contributed by the private sector. GoI health budget allocation was used for drugs and medical supplies by 48 percent, for hospitals by 39 percent, for public health centers by 11 percent and for others by 2 percent (Republika, June 7th, 2005). Giddens (2003) said the problem is that Government still suggests health sector funding as an expense incurred instead of social investment. In fact, if the government developed the concept of social investment as an investment in human resources, it will be ultimately created the well-being of both individuals and groups which can contribute to the overall national wealth creation. In addition to the funding problem, it turns out that accessing health care facilities are relatively limited and difficult. It is coupled with the problem of poor health services provided by the hospital (health service provider). Thus, health problem in Indonesia is still one of crucial and complex issues to be resolved.

As a referral center hospital in Riau Province of Indonesia, Arifin Achmad Regional General Hospital administratively has had various health care facilities that have been accredited, Total Quality Management (TQM) management and ISO 9001, Indonesian Ministry of Health Accreditation and so on. These were aimed to improve the quality of health care to patients. Hospital management seems to always be trying to manage the hospital in order to produce excellent quality of health care as well as to manage human resources professionals working in hospital.

One of the side effects of it, as the data show that more and more people, especially wealthy people in Riau, are prefer to go to neighborhood countries such as Malaysia and Singapore to get a better medical care. Based on the data, the number of Riau people who went to foreign countries is at least 7.500 patients which 6.000 of whom went to Malacca of Malaysia (Mishbahuddin, 2007). For that reason, the health service should be

adhered to the mandate of the Constitution that guarantees the right of every Indonesian citizen as health care policy 'health for all'. Though the constitutional mandate and the health care policy guarantee the citizen rights but, in practice, it remains limited discourse and does not touch the core problems for the health care bureaucracy still not refer to the spirit of improvement as "a spirit of public services" (Frederickson, 1997; and Denhardt and Denhardt, 2007). Patton (1998) also suggested that bureaucrats must serve the public with the concept of "whole-hearted service".

Related to the issue, the study of health care policy is being the central issue of health service, especially in the context of decentralized government that bloomed lately. Even Islamy (1998, 2007) and Zauhar (2002) emphasized the need to reform the administration or bureaucracy in the public service provider (hospitals) in order to grow into a good service organization in accordance with the expectations of society.

1.2. Problem Formulation

In order to define the good public health services from its satisfactory perspectives in General Hospital in Pekanbaru – Indonesia, it is necessary to formulate some research questions of this study. Those questions are formulated as follow:

1. How is the employees' organizational commitment toward health care services at Arifin Achmad General Hospital in Pekanbaru of Indonesia?
2. How are the dimensions of patients' satisfactory over the health care services provided by Arifin Achmad General Hospital in Pekanbaru of Indonesia?
3. What kind of Health Care Model should be best suitably developed at Arifin Achmad General Hospital in Pekanbaru of Indonesia?

2. Theoretical Overview

2.1. Previous Researches

Cheng, et al (2003), in their work: "*Patient Satisfaction with and Recommendation of a Hospital: Effects of Interpersonal and Technical Aspect of Hospital Care*", in *International Journal for Quality in Health Care and Oxford University Press, Volume 15, Number 4* discovered various dimensions related to health care service satisfactory, such as: free entry services and medical care concerned with interpersonal communication. The satisfactory criteria from interpersonal communication dimension also include responsiveness, communication, attitude, clinical skills, entertaining skills, comfort, food services, etc. Similarly, reported that the relationship between the personal and technical skills of health care providers has been a two unique dimensional in the assessment of hospital care for patients (Cheng, et al. 2003).

Lita (2003) conducted a study to look at and analyze the service delivery system toward the hospital's image in West Sumatra. Her study results supported that feasibility of building facilities, availability of equipment, comfort, safety, condition of the room, cleanliness, exterior, interior, completeness drugs in pharmacies, location, air circulation, supplied food and hospital room layout scored higher related to satisfaction than the availability of parking places and support facilities. Personal dimension such as appearance, ability, responsiveness, speed, accuracy and service procedures given by hospital employees were also rated higher than friendliness, ease to meet and easy access to obtain information from officers. Beside to filling one of the empty space on previous research in terms of commitment, this study also focused on service satisfaction indicators in more detailed in accordance with the concept of Community Satisfaction Index and Heartfelt Service Concept which has not been studied by previous researchers. This study was also intended as an improvement effort for health care services in Arifin Achmad General Hospital.

2.2. Public Service

In the context of public, service is a process in order to meet human needs accordance with his own rights. The word 'public' in public service refers to people, they who have interests. Kurniawan (2005) stated that public service is the provision of services for a person or people who have an interest in the organization in accordance with the basic rules and procedures that have been established. A service is said to be good by the patient can be determined by the reality of what is perceived (expected) to meet the needs of the patient. From this perception, it can be known whether the service received was satisfying or disappointing.

2.3. Public Service : Bureaucracy Theory's Perspective

Governmental bureaucracy has long been a warm discussion of the public administration and political experts, and, in fact, to this very day the discussion is dominating the Public Administration. On practical level, the "bureaucracy" has caused many disappointments, especially when associated with public service. The disappointment of the service given to public by the bureaucrats eventually led to negative "perceptions" towards government bureaucracy in general. This "defect" stamp of the bureaucracy has only been stamped on the government (Thoha, 2003). Weber expected that the bureaucracy must be realistic and have a separate power

from the powers delegated to the political authorities. Weber's idealism of bureaucratic type is not yet fully implemented in the context of Indonesia and it seems only suitable for some modern and minimum standards implemented countries. Due to the fact that in the Indonesian bureaucracy, the functionality of general hospitals still contain political contender(s) and not purely out of control of political interests. So, the neutrality of the bureaucracy can be still questioned. But Francis Rourke (in Arif, 2001) said that despite the political neutralization of bureaucracy is almost impossible, however, to be followed by a commitment to the need for a professional attitude with a willingness to accept criticism and control. Thus it tends to not excessive, but capable of giving eternal in service and devotion to the government and the whole society.

2.4. Public Service Era

The attention in the field of public administration in the 1990s changed dramatically, triggered by the advent of Osborne and Gaebler (1992) with their most famous *Reinventing Government*. Public service management paradigm carried by Osborne and Gaebler (1992) introduced the customer centered government paradigm. To suit the paradigm, to main step to be taken by the government is reforming the bureaucracy (Osborne and Gaebler, 1992; Islamy, 1998, 2007; and Zauhar, 2002). Furthermore, Thoha (2003) said that the bottom line to reform public services through the government bureaucracy should be starting by building systems that uphold high moral, ethical and legal supremacy. It also must be based on legislation that would expressly sanctions. However, the application of the principles of New Public Management (NPM) in the public sector is not without criticism. Denhardt and Denhardt (2007) warned that "government employees are not working to serve customers, but to embody democratic values". In another word, the government should not be run like a company but more like serving society democratically, fair, equitable, non-discriminatory, fair and accountable (Islamy, 2007).

2.5. Customer (Patient) Perception

Health care service received by a patient will be the information through the senses perceived in the brain organizes and interprets stimuli received. So that the stimulus has meaning for the patient concerned. The key to understand perception lies in the recognition of a unique interpretation of the situation rather than a true record of the situation (Thoha, 1999). According to Robbins (1996), perception is a process by which individuals organize and interpret their sensory impressions in order to give meaning to their surroundings.

2.6. Wholehearted service

Simon (1957) in his *Administrative Behavior* firmly stated that the key to the success of an organization (a.k.a. bureaucracy) is precisely determined by the human beings in it. Simon's statement is actually very up to date to be juxtaposed with the concept from Patton (1998) toward public service in Indonesia. As performed by nurse Florence Nightingale who started the service quality of a true heart and start from simple things such as the setting up of environmental and food hygiene. The result was remarkable with little attention to it alone and was able to reduce the mortality rate of 40 per cent of patients in the Krim War (Agosta, 2005; Pohan, 2006).

2.7. Organizational Commitment

Bateman and Strasser (1984) stated that organizational commitment is operationally defined as "multidimensional, involving employee loyalty to the organization, willingness to exert effort on behalf of the organization, the level of congruence with the organization's values and goals, and the desire to maintain membership". According to Buchanan (1974) most experts defined commitment as the bonds between individuals (employees) and organization (employer).

2.8. Patient Satisfaction on Health Care Service in Hospital

Wahab (2000) argued that services in the public sector generally have a qualitative dimension because it was born from the womb of the political system. Although compared to the private sector, the issue of quality in the public sector is admittedly more difficult to define and measure for political and ideology values in its bureaucracy. In fact, there has been a consensus among the experts that it will ultimately be determined by the service users itself. Therefore, the only measurement of the quality of public services is whether it gives a certain satisfaction to the consumers themselves (Wahab, 2000).

Cheng (2003) also said that the measurement of patient satisfaction has old grown and become a new pattern (model) which is about the concern over the view of the patient's quality of service. Even the Ministry of Health had developed the concept of Excellent Service (*Pelayanan Prima*). In 2004, the government established Public Satisfaction Index (*Indeks Kepuasan Masyarakat*, IKM) for the service unit of government agencies. It was stipulated in Kep.Men.PAN No. 25/M.PAN/2004, where there are elements of the service used as a benchmark for public satisfaction in receiving public service. The assessment elements of the index can be seen in Table 1.

Table 1. Public Satisfaction Index

NO.	ASSESSMENT ELEMENTS	
1.	Service Procedure	The stages of service provided to the community in terms of the simplicity of the service flow.
2.	Service Requirement	The technical and administrative requirements necessary to receive services in accordance with the type of service.
3.	Service Clarity	The existence and the certainty of officer(s) that provide services (e.g. name, position, authority and responsibility).
4.	Health Care Workers' Discipline	The seriousness in providing services primarily to the consistency of working time in accordance with applicable.
5.	Health Care Workers' Responsibility	The clarity of authority and responsibility in the administration and settlement of service officers.
6.	The Ability of Service Personnel	The expertise and skill of personnel in providing/completing services to the patients.
7.	Service Speed	The responsiveness in providing health care for patients by unit of the hospital. Any medical treatment provided by doctors and nurses had already had a standard service time and everything is usually well ordered.
8.	Equitable Service	The health care services given to all patients without differentiate the service by their social status.
9.	Politeness and Friendliness of Service	The attitude and behavior of health care workers in providing services to the people politely and friendly.
10.	Reasonableness of Service Charge	The cost of health care determined by the hospital which has been designated in accordance with the patient's ability to pay.
11.	Certainty of Service Charge	The conformity between the fees paid to the cost of a predetermined.
12.	Certainty of Service Schedule	The implementation of the service time and schedule in accordance with the conditions set.
13.	Environmental Comfort	The condition of facilities and services infrastructure that should be clean, neat, and well-organized so as to provide comfort to the recipient of service.
14.	Service Security	The ensuring the security level of the environment unit of hospital or any means used, so that people feel comfortable to get the ministry to risks arising from the implementation of the service.

IKM itself is a set of public service elements that must be met by any public service organization/agencies. It is meant that each government agency can make existing service element as a benchmark in providing public services so that people's satisfaction in receiving services can be achieved.

3. Materials and Methods

This study was conducted at Achmad Arifin General Hospital of Pekanbaru, Riau Province of Indonesia. It was carried out by a descriptive qualitative research method using a case study approach. The data were collected by using in-depth interviews, observation, and documentation techniques. Documentation was needed to track the secondary data related to local regulations, policies, patient data, annual and other reports. The collected data were analyzed with interactive model analysis. In this analysis model, there are three components, namely data reduction, data display and conclusion drawing (Miles and Huberman, 1994). The analyzed data were also validated qualitatively with 4 (four) criteria: credibility, transferability, dependability, and conformability. All data were gathered from hospital personnel as a health care service provider as well as patients as health care service users. The supporting materials such as third-party interviews were also needed to conform and define the health care service satisfactory both from service provider's and service users' perspectives in order to measure the organizational commitment, patient satisfaction and service model usage qualitatively.

4. Results

4.1. Organizational Commitment of Arifin Ahmad General Hospital in Providing Health Care Services

Weaknesses in implementing organizational commitment usually arise from "a big dream with out of attention to all the available capabilities resources". The dream was not a dream of health care employees, but more as a prestigious dream of the local political elite officials in the provincial level. The politicians and ruling elites forget that the hospital is a technical unit of the Provincial Government that serves the whole society which means that - in terms of human resource capability, technology and financial health equipment - also have a lot

of problems as a result of health services policy changes in hospital. To achieve the vision and mission of the hospital is a big and difficult duty. The vision and mission can be as namely the availability of facilities such as a room, is still sorely lacking, especially for the isolation rooms. For example, there is only one isolation room with two beds in Lung Section. This condition is considered not suitable because if there is a female patient treated in isolation room there will be no space for male patient to be treated in the same isolation room.

4.2. Arifin Achmad General Hospital Hospitalized-Patient Satisfaction

The Government has set a Public Satisfaction Index (IKM) for the service unit of government agencies which is stipulated in Kep.Men.PAN No. 25/M.PAN/2004 as mentioned before. There are elements of the service used as a benchmark for public satisfaction in receiving public services. In the following will be presented the results of this research toward patient satisfaction in Arifin Achmad General Hospital in Pekanbaru, Riau Province of Indonesia:

1. **Service Procedures;** is the stages of service provided to the community in terms of the simplicity of the service flow. When asked about procedures or steps that must be passed in order to provide health care service for hospitalized patients, most patients and patients' families say it was easy, clear and simple. There were also some difficult questions to be answered by the patients. They generally are patients who come from areas out of the city of Pekanbaru. They were confused and just waited for instructions from the people or nurses who care.
2. **Service Requirements;** is the technical and administrative requirements necessary to receive services in accordance with the type of service. These administrative requirements mostly be as the preventive factors for a patient to get a proper treatment. Poor patients are always hampered by the issue of "service administration". It stands to what was said by Denhardt and Denhardt (2007), in their *New Public Service*, that they who are interacting with the government not just as consumers but as citizens with rights and obligations. That is if the people have met all the administrative requirements to be served accordingly to the type of illness, the government is obliged to provide health care services in accordance with the needs of the healing of the patients' disease/illness.
3. **Service Clarity;** is the existence and the certainty of officer(s) that provide services (e.g. name, position, authority and responsibility). Patients can only know the identity of the doctor when the doctor examines the patient but in other cases when the condition of the patient was getting worse it was difficult for patient's family to contact the appointed doctor or contact other personnel whose identity was known. Patient can only simply ask a nurse just after the doctor did a routine check and left the ward. Patient desperately need and feel that the service is a dimension of clarity indicator unsatisfactory patient.
4. **Health Care Workers' Discipline;** i.e. workers seriousness in providing services primarily to the consistency of working time according to applicable regulations. The patient stated that the officer had not been disciplined enough to provide services both in terms of credibility and timeliness in completing the service. Regarding the level of credibility, it can be described that physicians who are less credible in delivering health care are the physicians who seemed to be "reluctant" in examining patients.
5. **Health Care Workers' Responsibility;** is the clarity of authority and responsibility in the administration and settlement of service officers. Neither doctors nor nurses relatively did use all their potential in providing services at the hospital. They tend to work for what it is routine. The tendency of this behavior is because of they just did the implemented tasks to serve patients potluck as formality in order to avoid any unsatisfactory claims such as sue for malpractice and so forth. In fact, if the entire state apparatus, including doctors at the hospital have awareness of the role as a public servant, the patient satisfaction will be formed automatically rather than await to not do anything to save the lives of patients because of the fear of risk in their line of work.
6. **The Ability of Service Personnel;** is the expertise and skill of personnel in providing/completing services to the patients. Patients who located in the hospitalized-patient unit actually complained about the "ability" to his doctor(s). It happened because they have been continuously treated but did not getting better.
7. **Service Speed;** is the responsiveness in providing health care for patients by unit of the hospital. Any medical treatment provided by doctors and nurses had already had a standard service time and everything is usually well ordered (according to S.O.P.). The issue that often arise is when medical services (medical treatment) administered to the patient depended on the results of the examination of other unit(s) although it was integrated service; i.e. the care service provided to a patient is depended on the result from the radiology department or on the laboratory as well as on the patient's condition before taking action. It should be realized that each unit in a hospital has a level of closely interconnected and interrelated medical care which bring them to the must of speeding-up the service of their units. For patients, this condition was not comfortable but some of them said "to be satisfied" because they were helped and treated quickly enough when in the E.R. so that they can be saved and can be hospitalized in the hospital.
8. **Equitable Service;** is the health care service given to all patients without differentiate the service by their

- social status. But for the patients who cannot afford more exclusive services, the equity in health care services the received in Arifin Achmad General Hospital was not as it is disclosed by the management of hospital. The economy class patients (Class III) is difficult to get health care that should be given due to various limitations such as limited medicine, surgery/surgical service, and completeness of facilities in ward. In another word there are still injustice health care services for poor patients in Arifin Achmad General Hospital of Pekanbaru.
9. **Politeness and Friendliness of Service;** is the attitude and behavior of health care workers in providing services to the people politely and friendly. In this study, courtesy and hospitality services conducted by physicians both by doctors and nurses were not yet at the level of a satisfaction sense for the patient.
 10. **Reasonableness of Service Charges;** is the cost of health care determined by the hospital which has been designated in accordance with the patient's ability to pay. With regard to the reasonableness of the costs incurred by patients, it turns out that all interviewed patients felt satisfied for during hospitalization they are not being charged with any additional treatment cost(s).
 11. **Certainty of Service Charge;** i.e. the correspondence between the fees paid by a predetermined cost. Cost certainty demonstrated satisfactory results for the patient where the patients believe that clarity and transparency regarding the details of the cost has been implemented properly as specified in the standard operating procedures for service so that they were satisfied with the health care costs related to the assurance of health services in Arifin Achmad General Hospital of Pekanbaru.
 12. **Certainty of Service Schedule;** is the implementation of the service time and schedule in accordance with the conditions set. The patients and families of patients who seek for the doctor to examine the patients' condition complained that they have to wait without any certainty of the schedule of the visiting doctors. They waited for the visiting doctor from morning to noon but turned out that the doctor came in the afternoon. In the next day, they waited in the afternoon but the doctor came to visit in the morning. It made it difficult to see and consult the doctor directly with the patient's health.
 13. **Environmental Comfort;** is the condition of facilities and services infrastructure that should be clean, neat, and well-organized so as to provide comfort to the recipient of service. The condition of bathroom facilities in in-patient wards is very poor, not enough water availability, or even the water did not drain. The patient's family is very difficult to ask for better comfort regarding water usage, especially during the daylight. Usually, water are flown and a water tank can be filled only during the night.
 14. **Services Security;** is the ensuring the security level of the environment unit of hospital or any means used, so that people feel comfortable to get the ministry to risks arising from the implementation of the service. Judging from the security environment in which services, most of the patients declared safe, both indoors and outside service place. They expressed satisfaction over the security created in the hospital especially for hospitalized-patient ward. In the contrary, there are also patients who said we should remain cautious, should be wary of luggage or vehicles because many people have lost their belonging in the hospitals.

4.3. Health Care Services Model for Arifin Achmad General Hospital of Pekanbaru

Public services, including services in hospital provided by government agencies, did not out of criticism. The service was impressed given potluck. There should be an important goodwill that the government only providing services as mandated by the constitution. That is why according to the patient their satisfaction on health care service provided by the hospital for them is given with sincere services. The patient explained that the real satisfaction will arise when the treatment resulting in a better condition. In addition, the cost of service is guaranteed by government protection. By providing selfless service, the providers (doctors and nurses) were able to provide services desired and needed by the patients, so as to meet the dimensions of satisfaction with the services received by the patient.

5. Discussion

5.1. Health Services Commitment at Arifin Achmad General Hospital of Pekanbaru

Performance of the organization as a whole can be seen from organizational commitment. Analysis with a focus on the level of New Public Service produce several findings that the commitment is already there but not sufficient to realize a good performance. This was shown by the presence of articulation commitment exceeds the real ability in running health services in General Hospital of Arifin Ahmad of Pekanbaru. The vision and mission of the hospital has given birth to the values of the organization in providing services to the patient but it did not yet foster the values that can satisfy the patient.

Minor Proposition 1:

"The vision and mission of the organization which is the articulation of the direction and goals to be achieved in the future built to involve all sections in the Arifin Achmad General Hospital will be the noble values (spirit) organization entrenched in all parts of the patient care hence the birth of a strong organizational commitment as motivation to produce a service that

will satisfy the patient".

In this research, a commitment which has a large degree is a matter of 'services', i.e. the ability of hospital to provide remuneration and income received by a hospital employee. Problems of services both to the doctors and nurses have low effect on employee commitment in providing the best service to the patients. They tend to work sober and just run errands routinely.

Minor Proposition 2:

"Organizational commitment is reflected in the concrete manifestation in all health services in hospitals, such as spirit of togetherness, communication and trust, loyalty and sense of belonging of the organization by all parts of the existing services in hospitals. It will produce satisfactory to the patients".

5.2. Patient Satisfaction at Arifin Achmad General Hospital of Pekanbaru

Overall views of a number of dimensions/indicators of health services in government hospitals at Arifin Achmad General Hospital of Pekanbaru, especially in hospitalized-patient treatment has yet not been a satisfying result. For patients who are admitted to hospitalized-patient in the ward, 10 out of 14 dimensions/indicators were not satisfactory. There are only 4 indicators that have been able to meet patient perceived satisfaction. Those 10 unsatisfactory indicators are: (1) service procedures, (2) service requirements, (3) service clarity, (4) health care workers' discipline, (5) health care workers' responsibility, (6) ability of service personnel, (7) equitable services, (8) politeness and friendliness service, (9) certainty of service schedules, and (10) environmental comfort. While the 4 indicators that are mentioned as satisfactory perceived by the patient are: (1) speed of service, (2) reasonableness of service charges, (3) certainty of service charges, and (4) services security.

Minor Proposition 3:

"Patient satisfaction is obtained from the direct experience of patients in health care feel the Arifin Achmad Hospital, ranging from admission until discharge from hospital (includes: site service, a serving officer and the activities of health services). Health care services provided should be with the heartfelt, caring, able to understand patients and able to establish all satisfaction dimensions/indicators stated in IKM in the process of providing satisfying services perceived by the patient".

Despite the quantity of non - satisfying dimensions perceived by patients are more than satisfying dimensions but qualitatively it cannot necessarily be concluded that the health care services provided by Arifin Achmad General Hospital in Pekanbaru unsatisfactory. This is due to the perception of the patient may occur in the amount of dissatisfaction that many would be defeated by a little amount of satisfaction. It means that as for the patients the dimensions/service satisfaction indicators is really a top priority in their minds. The study also found that out of the 14 dimensions/indicators used in this study, patients set 7 dimensions/indicators as primary indicators (prioritized by patients) while another 7 dimensions/indicators are as additional indicators (not prioritized by patients). Dimensions/indicators including indicators according to the patient's primary is the first 7 indicators (indicators number 1-7), while the additional indicators are the other remaining 7 indicators (indicators number 8-14).

Table 2. Patients Satisfactory Level According to Perceived Satisfaction Indicators

NO.	DIMENSION/INDICATOR	PATIENT SATISFACTION PERCEPTION	CATEGORY
Main Indicators			
1.	Service Speed	Health care services received by patients are already good and even almost excellent.	Satisfying
2.	The Ability of Service Personnel	The ability of doctors to cure their disease is less than satisfies.	Less/Not Satisfying
3.	Health Care Workers' Responsibility	Service commitment that should be easy to obtain but difficult to obtain.	Less/Not Satisfying
4.	Reasonableness of Service Charge	Patients felt satisfied.	Satisfying
5.	Service Requirement	Poor patients from out of Pekanbaru felt that service requirements were more complex, compared to patients who come from Pekanbaru.	Less/Not Satisfying
6.	Service Procedure	Clarity and simplicity of the procedure was rated by the majority of respondents are not yet well.	Less/Not Satisfying
7.	Certainty of Service Charge	Certainty of service charge demonstrated good outcomes for patients.	Satisfying
Additional Indicators			
8.	Equitable Service	Patients do not receive care health services in accordance with what was expected.	Less/Not Satisfying
9.	Politeness and Friendliness of Service	The difficulty of providing service with a friendly attitude, polite and respect the patient's condition is felt by the majority of patients.	Less/Not Satisfying
10.	Service Security	Most of the patients declared safe.	Satisfying
11.	Health Care Workers' Discipline	The patient and family feel disappointed and dissatisfied.	Less/Not Satisfying
12.	Service Clarity	Not yet met the elements of patient satisfaction.	Less/Not Satisfying
13.	Certainty of Service Schedule	Still difficult to set properly.	Less/Not Satisfying
14.	Environmental Comfort	Surrounding environment is still in poor condition.	Less/Not Satisfying

Minor Proposition 4:

"**Health care** is given with all heart, caring and willing to understand the patient and be able to fulfill the main dimensions in health care services to patients which in turn will produce satisfactory patient care".

If the patient admitted to hospital is finally healed then the assessment of health care satisfaction tend to be good or satisfactory although some dimensions (main and additional indicators) perceived unsatisfactory. This statement is evidenced both by interviewing patients who are hospitalized-patients and patients who have been allowed to go home because it does not require further treatment in hospital (cured).

Minor Proposition 5:

"**Health services care** resulted in patients healing will be satisfying and the patients will be more satisfied with the whole-hearted service, caring, willingness to understand and be able to fulfill **the main and extra dimensions of IKM** thus declared cured".

5.3. Whole-hearted Health Care Services

Government is financed from taxes paid society. Thus, Government should provide the best possible care for their own people. That is why the Arifin Achmad General Hospital proclaimed "*Becoming Self Teaching Hospital with service Plenary Meet International Standards*" and translate it in a human resource development activities in providing services with '5S' (*Senyum, Salam, Sapa, Sopan dan Santun*) which are: Smiles, Greetings, Regards, Politeness, and Courteous with the new motto of "Your Satisfaction is Our Happiness" is a concern of the Arifin Achmad General Hospital to provide services that satisfy customers (patients). Model of health care that takes place (existing model) at Arifin Achmad General Hospital can be seen in Figure 1.

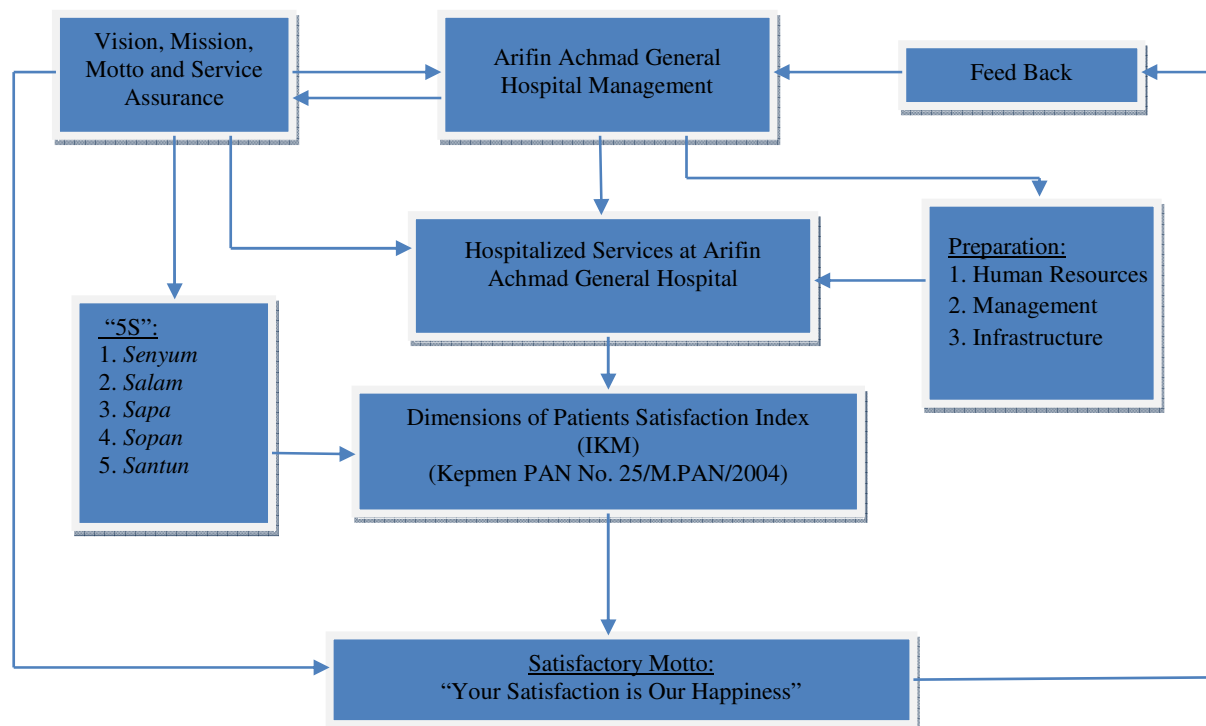


Figure 1. Existing Model of Health care Service at Arifin Achmad General Hospital

In the implementation, health care model at the Arifin Achmad General Hospital does not take place in accordance with the achievement as the set. As already described in the section before, a lot of things perceived by the patient is not satisfying. This should be food for thought that the hospital management should improve quality of service in accordance with the targets that support the achievement of the vision and mission of the hospital.

Minor Proposition 6:

"The health care providers of the Arifin Achmad General Hospital should implement **an adaptive service model** with the environment and people who are served and made available to those in and out of the city of Pekanbaru".

Based on the model of health care and its implementation in Arifin Achmad Hospital can be arranged next minor proposition:

Minor Proposition 7:

"**Model of health services** at the hospital made and implemented by the service provider must consider an effective feedback mechanism from all stakeholders, including those who are served so the results are likely to give rise to perceptions of service satisfaction".

Finally, analysis of research data which includes the dimensions of organizational commitment, satisfaction level of patients receiving health care in hospitals, and health care model led to the formulation of major proposition. Basing on the research data and analysis of the dimensions at Arifin Achmad General Hospital, the Major Proposition can be formulated as follows:

Major Proposition:

"**Health care services are implemented based on organizational commitment, the dimensions of patient satisfactory and service model that would consider the complaints and compliments from patient and persistently conduct regular evaluation by involving all stakeholders and parties who receive the services (patients) in order to achieve a satisfying health care service"**

5.4. Development of Health Care Model

A noble task in accordance with the oath of profession performed by doctors and nurses will be implementive if the doctors and nurses not only carry "5S" Service but can be improved to "7S" Service (*Senyum Salam, Sapa, Sopan, Simpati, Sabar dan Semangat*), namely: Smile, Greetings, Regards, Politeness, Sympathy, Patience and Excitement. All "7S" is a seven- success key in implementing health care service based on the findings of this study. Thus, a satisfactory model of health care of hospitalized-patients at Arifin Achmad General Hospital is a service model that is open access for service users to obtain and deliver information services, complaints, compliments, and so forth. Based on the findings of the existing models (as can be seen in Figure 1), in the

following of Figure 2. the recommended development model of health care service at Arifin Achmad General Hospital of Pekanbaru is proposed.

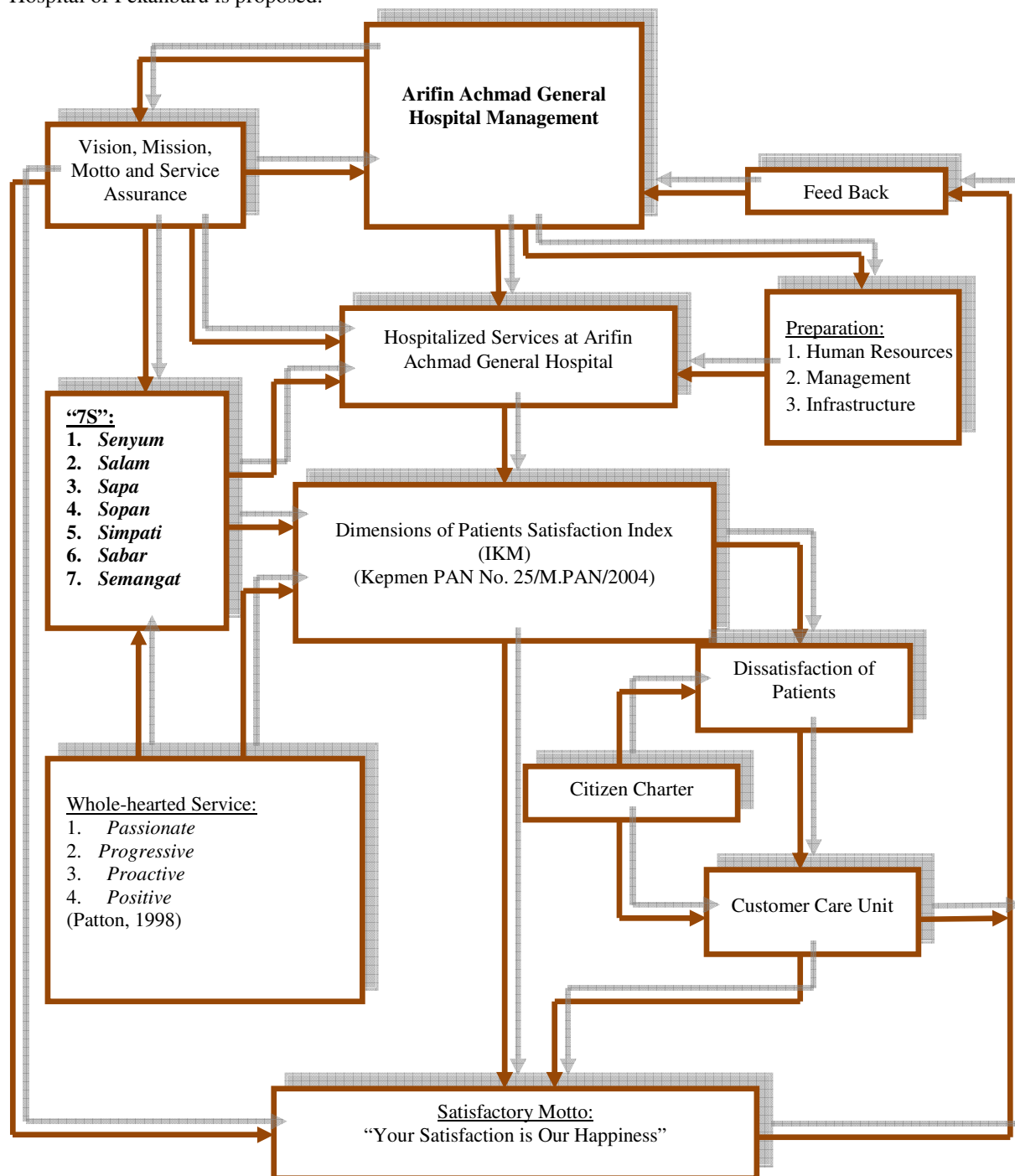


Figure 2. Recommended Model of Health Care Service at Arifin Achmad General Hospital

Note:

→ : Service direction

6. Concluding Remarks

Regarding the collected and analyzed data, findings of the study, discussions and the health care models both existing and recommended models, some concluding remarks of this research are drawn, as follow:

1. Organizational commitment has been fulfilled in the most direct action when health care workers dealing with patients, but has not been fully animated and realized by some officers that organizational commitment should always be restored through good communication and transparency between the management and all employees in Arifin Achmad General Hospital in Pekanbaru, Riau Province of Indonesia;

2. Perceived service satisfaction of hospital patients based on the existence of organizational commitment embodied in the actions of direct services provided to patients. A widening gap between the "satisfactory" and "not satisfactory" service perceived by patients is occurring. The research found only 4 (four) dimensions stated as "satisfied" by patients out of a total of 14 dimensions. In general, hospitalized-patients at Arifin Achmad General Hospital in Pekanbaru felt quite satisfied with the health services received. The study found that a new dimension, "healing" of "cured" is the key patient satisfaction;
3. Health care services are implemented based on organizational commitment, the dimensions of patient satisfactory and service model that would consider the complaints and compliments from patient and persistently conduct regular evaluation by involving all stakeholders and parties who receive the services (patients) in order to achieve a satisfying health care service; and
4. Health Service Models applied in Arifin Achmad General Hospital Pekanbaru can be a frame of reference of service delivery satisfactory. The formulation and application of the model is still arguable because the fulfillment of patients' satisfaction is still not being fully met. There are major weaknesses in the implementation of the service model in Arifin Achmad General Hospital in Pekanbaru, namely: feedback from patients which has not been performing well due to the lack of response of patients with the services provided by the hospital related to '5S' service values, values-oriented services, and patient satisfaction. Thus the meaning of whole-hearted service has not been embraced as the core of public service-oriented interests of the whole society.

References

- Agosta, Lucie J. (2005). *Patient Satisfaction with Nurse Practitioner Delivered Primary Health Care Service*. University of Texas Health Science Center. Houston.
- Arif, Saiful. (2006). Kualitas Birokrasi dan Pelayanan Publik. *Suara Karya Newspaper*. Edition 18th March 2006.
- Bateman, T. and Strasser, S. (1984). A Longitudinal Analysis of The Antecedents of Organizational Commitment. *Academy of Management Journal* **21**: 95-112.
- Buchanan, B. (1974). Building Organizational Commitment: The Socialization of Managers in Work Organizations. *Administrative Science Quarterly* **19**: 533-546.
- Cheng S. H. *et al.* (2003). Patient Satisfaction with and Recommendation of a Hospital: Effects of Interpersonal and Technical Aspects of Hospital Care. *International Journal for Quality in Health Care* **15** (4).
- Denhardt, Janet V. and Denhardt, Robert B. (2007). *The New Public Service: Serving not Steering*. Expanded Edition. M. E. Sharpe. New York.
- Frederickson, G.H. (1997). *The Spirit of Public Administration*. Josey-Bass Publishers. San Francisco.
- Giddens, Anthony. (2003). *Jalan Ketiga dan Kritik-kritiknya*. Translated Edition. Imam Khoiri (Translator). IRCiSoD. Yogyakarta.
- Islamy, M. Irfan. (1998). *Agenda Kebijakan Reformasi Administrasi Negara*. Faculty of Administrative Sciences of Brawijaya University. Malang.
- Islamy, M. Irfan. (2007). *Menggapai Pelayanan yang Bermutu*, Faculty of Administrative Sciences of Brawijaya University. Malang.
- Health Ministry of Indonesia. (2012). *Profil Data Kesehatan Indonesia Tahun 2011*. Jakarta.
- Kurniawan, Agung. (2005). *Transformasi Pelayanan Publik*. Pembaruan. Yogyakarta.
- Lita, Ratni Prina. (2003). *Pengaruh Sistem Penyampaian Jasa terhadap Citra Rumah Sakit dan Dampaknya terhadap Kepercayaan Pelanggan pada Rumah Sakit Umum di Sumatera Barat*. Padjadjaran University. Bandung.
- Miles, B. Mathew and Huberman, A. Michael. (1994). *Qualitative Data Analysis: A Source Book of a New Methods*. London..
- Mishbahuddin. (2007). Masih Adakah Rumah Sakit di Riau? *Riau Pos Newspaper*. Edition 1st September 2007. Pekanbaru
- Osborne, David and Gaebler, Ted. (1992). *Reinventing Government*. Penguin Books Inc. New York.
- Patton, Patricia. (1998). *EQ: Pelayanan Sepenuh Hati*. Translated Edition. Hermes (Translator). Pustaka Delapatra. Jakarta.
- Pohan, I. S. (2007). *Jaminan Mutu Layanan Kesehatan: Dasar-Dasar Pengertian*. Kesaint Blanc. Bekasi.
- Robbins, S. P. (1996). *Perilaku Organisasi: Konsep, Kontroversi, Aplikasi*. PT. Prenhallindo. Jakarta.
- Simon, H. A. (1957). *Administrative Behavior*. 2nd Edition. Free Press. New York.
- Thoha, Miftah. (2003). *Birokrasi dan Politik di Indonesia*. PT. Raja Grafindo Persada. Jakarta.
- Wahab, Solichin Abdul. (2000). *Globalisasi dan Pelayanan Publik dalam Perspektif Teori Governance*. Pidato Pengukuhan Guru Besar. Faculty of Administrative Sciences of Brawijaya University. Malang.
- Zauhar, Soesilo. (2002). *Reformasi Administrasi: Konsep, Dimensi dan Strategi*. Bumi Aksara. Jakarta.

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:
<http://www.iiste.org>

CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

Prospective authors of journals can find the submission instruction on the following page: <http://www.iiste.org/journals/> All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: <http://www.iiste.org/book/>

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digital Library, NewJour, Google Scholar

