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# 3<sup>rd</sup> ImCoSS

THE THIRD INTERNATIONAL MULTIDISCIPLINARY  
CONFERENCE ON SOCIAL SCIENCES

5 - 7 JUNE 2015

BANDAR LAMPUNG UNIVERSITY  
INDONESIA

## PROCEEDINGS

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# 3<sup>rd</sup> IMCoSS 2015

**THE THIRD INTERNATIONAL MULTIDISCIPLINARY  
CONFERENCE ON SOCIAL SCIENCES**

5, 6 June 2015  
Bandar Lampung University (UBL)  
Lampung, Indonesia

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## *PREFACE*

The Activities of the International Conference are in line and very appropriate with the vision and mission of Bandar Lampung University (UBL) to promote training and education as well as research in these areas.

On behalf of the **The Third International Multidisciplinary Conference on Social Sciences (The 3<sup>rd</sup> IMCoSS) 2015** organizing committee, we are very pleased with the very good response especially from the keynote speaker and from the participants. It is noteworthy to point out that about 112 technical papers were received for this conference.

I would like to express my deepest gratitude to the International Advisory Board members, sponsor and also to all keynote speakers and all participants. I am also grateful to all organizing committee and all of the reviewers who contribute to the high standard of the conference. Also I would like to express my deepest gratitude to the Rector of Bandar Lampung University (UBL) who give us endless support to these activities, so that the conference can be administrated on time

Bandar Lampung, 6 June 2015

**Mustofa Usman, Ph.D**  
Chairman of 3<sup>rd</sup> IMCoSS 2015

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## ANALYSIS OF THE QUALITY OF PUBLIC HEALTH FIELD

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**ABSTRACT** - Community Health Center (Puskesmas) as providers of health care for the basic level in Indonesian society serves to maintain and improve public health. Through professionalism in the health centers provide health services, is expected to satisfaction of the public, especially the patients can continue to increase. The problem in this research is: What is the quality of health services provided Inpatient Health Center Kedaton Bandar Lampung. The aim of this study is to determine the quality of health care provided Inpatient Health Center Kedaton Bandar Lampung. Metode research used in this research is quantitative descriptive. Data collection method in this research is by way of literature study, observation, interviews, questionnaires and documentation. In this study using the technique of importance and performance analysis and determined the  $\bar{X}$  (the average of the scores level performance) and  $\bar{Y}$  (average of score of the level of interest) to further test the hypothesis that through t test or t test. The results showed that the overall satisfaction of patients Inpatient Health Center Kedaton Bandar Lampung well, but found a gap in the patient satisfaction factors justice delivery of health services for all patients. Furthermore, factors such facilities properly implemented, the responsibility of the officer, speed of service, and friendliness of the clerk. But to factors such as the provision of means of communication, the implementation of the basic rate for the patients, and timeliness of services, execution performance and interest rated mediocre or quite as well as to the certainty factor schedule of service and courtesy clerk, the patient considers these factors are excessive because it actually does not are expected by the patient.

**keywords:** Services; Public; Health; Patients; Performance

### 1. INTRODUCTION

The realization of a healthy state is the will of all parties. Not only by individuals, but also by families, groups and even communities. In order to achieve optimal health status, then efforts must be undertaken, one of which is to organize health services. Health service delivery to the public at the basic level in Indonesia is through the Community Health Center (Puskesmas) which is a unit of functional organization of the District Health Department / Municipal and given responsibility for public health as the manager of each of the districts of the regency / municipality bersangkutan. Pelayanan health is a factor important to improve the health and well-being of every person in the whole world. Everyone has the right to obtain health services and the government responsible for the availability of all forms of quality health efforts, safe, efficient, and affordable by all segments of society (Article 19 of Law No. 36 of 2009) [1]. One of these efforts is to increase the availability and equitable distribution of basic health care facilities such as health centers in each region. (Bappenas, 2009) [2]. Community Health Centres (PHC) as the organizer of the first-level health efforts have a responsibility in providing health services to the entire community that is administratively domiciled in the working area. With the expected community health centers can obtain quality health services with the easiest access and affordable cost. (Bappenas, 2009) .In the era of globalization, the dynamics of the business world is getting harder and tighter, including in the field of health care in this clinic. The higher the level of education and socio-economic condition of society, the needs and demands of society would seem increasing health as well. To be able to meet the needs and demands, no other efforts that can be done, except

for health service delivery are the best of health institutions baiknya. Sebagai mission to improve public health, the health center has been instrumental in maintaining and improving public health. The trust given by the people and government on the health center is an honor and a heavy mandate and tasks that must be implemented in earnest and a heart full of sincerity, especially with the development of science and technology in the field of health, the health center is required even harder to try and improve professionalism in work, especially in providing health care to his patients. Services that have been applied in this health center is to give a smile, a greeting, greet, polite and courteous (5 S) to every patient who comes to the clinic, provide good service examination in any patient who comes to treatment so as to give the impression of a familiar and comfortable as well as do not give rise to a sense of concern for the patient against the illness and trying to provide the best treatment for the patient's illness, gave the service accurately and quickly to every pasien. Adanya shape health services provided by the health center patients are expected to be able to provide its own assessment to the health center. If the services are provided in accordance with the desired, then the patient will be satisfied, if the opposite happens, it will cause the patient to seek treatment to lose interest and this will cause the patient to have a negative image to the health center, which will result in decreasing the number of patients will ultimately lead to a reduction in profits. The quality level of service to patient satisfaction is a complete process, which in turn will involve the overall management of health centers. Then the concept of health centers need to be updated and improved, so that it can manifest quality health services, affordable, effective, and efficient, equitable.

So it can be said that in this era of globalization thinking scientists and practitioners focused on how to provide excellent service berkualitas. Pelayanan the demands of society, in line with the increased need and awareness in the life of the state and society as the impact of advances in information technology. High quality is a demand, not only in business activities, but also in the service activities of government institutions are resistant to the demands of service quality as well publik. Demikian Puskesmas Inpatient Kedaton Bandar Lampung, as one of the health centers in the city of Bandar Lampung who provide health services should maintain service quality to patients according to standards that have been set so that the level of satisfaction of patients can continue to increase. Based on the data obtained during the pre-authors of research, due to its strategic location then visit Inpatient Health Center Kedaton be quite crowded. This is evident from the data of patient visits Kedaton Inpatient Health Center in 2013, amounting to 67 222 people (profile Kedaton Inpatient Health Center in 2013) [3]. In addition, based on the observations of the authors in the pre-research, visible also from the aspect of health care quality outcomes standardization of input, process and output in real quantitative generally been in accordance with established standards.

However, the authors find there are still people who use community health centers are less satisfied with the capacity and quality of service received. It accordance with the results of the research centers Strategic Studies and Public Policy (Pussbik) Lampung from December 2012 until March 2013 mention of Bandar Lampung complained of health services that there is in this city devoted to the government-owned hospitals and private, and community health centers in the city of Bandar Lampung. The result of the study also found five criteria into public complaints against the health service that covers the high cost of treatment; the behavior of doctors, paramedics, and EMTs or health centers; limited health infrastructure; administrative procedures are cumbersome and lack of certainty of the time; as well as the requirements needed services tend bother some community. Based the above description, it appears the importance of service quality from the aspects of patient satisfaction as standardized achievement outcomes the focus of research by the author does. Based of it was the writers interested in writing a thesis titled "ANALYSIS OF THE QUALITY OF PUBLIC HEALTH" (Study on Inpatient Health Center Kedaton Bandar Lampung).

## 2. MATERIALS AND METHOD

Quality of service is measured by 5 (five) dimensions or indicators of service quality by Parasuraman, Zeithaml and Berry among them:

1. Tangibles,
2. Reliability,
3. Responsiveness),
4. Assurance (beliefs), and

## 5. Empathy .

Furthermore, the scale used to measure the quality of service or the performance of health services and patient satisfaction is an interval scale, the scale of which has a fixed base among respondents offered. The interval scale is a main scale used in the survey of the performance of health care and patient satisfaction. In the data analysis, a technique used importance vs performance analysis (interests vs. customer satisfaction / performance). The formula used is:

$$Tki = \frac{Xi}{Yi} \times 100\%$$

Where:

Tki = Suistability respondents

Xi = Score assessment of performance / quality of health center services Kedaton

Yi = the interest of patient assessment score

The level of conformity of respondents is what will affect the order of priority to improve the factors that influence satisfaction pasien. Selanjutnya, the horizontal axis (X) will be filled by a score of importance. In the simplification of the formula, then for each of the factors that affect customer satisfaction are:

$$\bar{X} = \frac{\sum Xi}{n}$$

$$\bar{Y} = \frac{\sum Yi}{n}$$

Where

$\bar{X}$  = Score average level of performance / quality of service

$\bar{Y}$  = Score average rate of interest

n = number of respondents

where X is the average of the scores and performance levels across the Y factor is the average of the scores level the interests of all the factors that affect customer satisfaction. Altogether there are 10 factors. Where K = 10.

$$\bar{X} = \frac{\sum_{i=1}^n \bar{X}_i}{K}$$

$$\bar{Y} = \frac{\sum_{i=1}^n \bar{Y}_i}{K}$$

Where K = number of factors that could affect customer satisfaction. Furthermore, these elements will be outlined and divided into four sections into Cartesian diagram as in Figure 3 below:

	Top Priority	Maintain Achievement
Y	A	B
X	C Maintain Achievement	D Excessive
	X Satisfaction	

Figure 1 Diagram Cartesian Y Interests

Specification:

- A. Shows considered factors affecting customer satisfaction, including elements of the services that are considered very important, but management has not done according to customer wishes. So disappointing or dissatisfied customers.
- B. Shows the basic service elements that have successfully implemented the organization / company, for it shall be maintained. Considered very important and very satisfying.
- C. Shows some factors that are less importance for the customer, implementation by the organization / company mediocre. Considered to be less important and less satisfying.
- D. Shows factors that affect customer is less important, but its implementation excessive. Considered to be less important but very satisfying.

### 3. RESULT AND DISCUSSION

#### 3.1. Assessment of Performance / Quality of Service (variable X)

##### 1. Tangibles

**Table 1 Respondents Assessment on the Quality of Health Care Facilities**

Scale	Frequency	Bobot	Skor
Excellent	16	5	80
Neither	72	4	288
Enough	19	3	57
Less than	5	2	10
Highly Less than	1	1	1
Total	113		436
Average score		3,86	

Source: Data processed, 2014

Based on Table 1 above shows that respondents who consider the variable quality of health care facilities are very good 16 patients, both 72 patients, 19 patients enough, less than 5 patients and 1 patient considers very less.

**Table 2. Respondents Assessment on the Quality of Provision of Communication Equipment Health Care Facilities**

Scale	Frequency	Weight	Sore
Excellent	20	5	100
Neither	47	4	188
Enough	25	3	75
Less than	20	2	40
Highly Less than	1	1	1
Total	113		404
Average score		3,58	

Source: Data processed, 2014

Based on Table 2 above shows that respondents who consider the variable quality of the provision of communications equipment of health care facilities are very good in 20 patients, both 47 patients, 25 patients enough, less than 20 patients and were regarded much less one patient.

**Table 3. Respondents Rate Application Rates Against Enforced Patients Association**

Scale	Frequency	Weight	Sore
Very Affordable	16	5	80
Affordable	58	4	232
Affordable enough	24	3	72
Less Affordable	14	2	28
Not Affordable	1	1	1
Total	113		413
Average Score		3,65	

Source: Data processed, 2014

Based on Table 3 above shows that respondents who consider the application of a variable base rate of patients who applied a very affordable 16 patients, 58 patients affordable, reasonably priced 24 patients, 14 patients less affordable and that consider unreachable 1 patient.

##### 2. Reliability

**Table 4. Respondents Assessment Officer Responsibility Performance Against Health Care**

Scale	Frequency	Weight	Sore
Excellent	12	5	60
Neither	67	4	268
Enough	30	3	90
Less than	4	2	8
Highly Less than	0	1	0
Total	113		426
Average score		3,77	

Source: Data processed, 2014

Based on Table 4 above shows that respondents who consider the variable performance of the responsibility of health care workers is very good in 12 patients, both 67 patients, only 30 patients, 4 patients and were less severely lacking assume nothing.

**Table 5. Respondents Rate Timeliness Performance Against Health Care**

Scale	Frequency	Weight	Sore
Excellent	17	5	85
Neither	53	4	212



Enough	41	3	123
Less than	1	2	2
Highly Less than	1	1	1
Total	113		423
Average score	3,74		

Source: Data processed, 2014

Based on Table 5 above shows that respondents who consider performance variable timeliness of health care is very good, 17 patients, 53 patients either, quite the 41 patients, less than 1 patient and which assumes much less one patient.

### 3. Responsiveness

**Table 6. Respondents Against Speed Performance Assessment Health Care**

Scale	Frequency	Weight	Sore
Excellent	21	5	105
Neither	65	4	260
Enough	16	3	48
Less than	9	2	18
Highly Less than	2	1	2
Total	113		433
Average score	3,83		

Source: Data processed, 2014

Based on Table 6 above shows that respondents who consider variable speed performance very good health 21 patients, both 65 patients, 16 patients enough, less than 9 patients and were regarded very less 2 patients.

**Table 7. Respondents Assessment Schedule Certainty Performance Against Health Care**

Scale	Frequency	Weight	Sore
Excellent	14	5	70
Neither	70	4	280
Enough	26	3	78
Less than	1	2	2
Highly Less than	2	1	2
Total	113		432
Average score	3,82		

Source: Data processed, 2014

Based on the table 7 above shows that respondents who consider performance variable schedule certainty excellent health services 14 patients, both 70 patients, 26 patients enough, less than 1 patient and who consider much less two patients.

### 4. Assurance

**Table 8. Respondents Against Decency Performance Assessment Officer Health Services**

Scale	Frequency	Weight	Sore
Excellent	22	5	110
Neither	61	4	244
Enough	24	3	72
Less than	6	2	12
Highly Less than	0	1	0
Total	113		438
Average Score	3,88		

Source: Data processed, 2014

Based on Table 8 above shows that respondents who consider performance variable courtesy excellent health care workers 22 patients, both 61 patients, 24 patients enough, approximately 6 patients and which considers there is no very less

**Table 9. Respondents Assessment Officer Hospitality Performance Against Health Care**

Scale	Frequency	Weight	Sore
Excellent	19	5	95
Neither	67	4	268
Enough	17	3	51
Less than	8	2	16
Highly Less than	2	1	2
Total	113		432
Average Score	3,82		

Source: Data processed, 2014

Based on Table 9 above shows that respondents who consider hospitality performance variable excellent health care workers in 19 patients, both 67 patients, 17 patients enough, less than 8 patients and which considers much less two patients.

### 5. Empathy

**Table 10. Respondents Rate Performance Against Health Care Provision Justice for All Patients**

Scale	Frequency	Weight	Sore
Excellent	13	5	65
Neither	64	4	256
Enough	27	3	81
Less than	9	2	18
Highly Less than	0	1	0
Total	113		420
Average Score	3,72		

Source: Data processed, 2014

Based on Table 10 above shows that respondents who consider the variable performance of the hospitality excellent health care workers 13 patients, both 64

patients, 27 patients enough, less than 9 patients and were regarded very less no.

### 1. 3.2 Evaluation of Interest (variable Y) Tangibles (

**Table 11. Respondents Importance Of Health Care Facilities**

Scale	Frequency	Weight	Sore
Excellent	82	5	410
Neither	27	4	108
Enough	4	3	12
Less than	0	2	0
Highly Less than	0	1	0
Total	113		530
Average Score	4,69		

Source: Data processed, 2014

Based on Table 11 above shows that respondents who consider the variables of health care facilities is essential 82 patients, 27 patients important, fairly important 4 patients, whereas that consider less important and unimportant nothing.

**Table 12. Respondents Importance Of Health Care Provision of Communication Tools**

Scale	Frequency	Weight	Sore
Excellent	70	5	350
Neither	39	4	156
Enough	3	3	9
Less than	1	2	2
Highly Less than	0	1	0
Total	113		517
Average Score	4,58		

Source: Data processed, 2014

Based on Table 12 above shows that respondents who consider the variable provision of health care communication tools is very important 70 patients, 39 patients important, quite important 3 patients, less important one person, who considers unimportant whereas no.

**Table 13. Respondents Importance Of Entry Basic Rate for Patients**

Scale	Frequency	Weight	Sore
Excellent	59	5	295
Neither	33	4	132
Enough	8	3	24
Less than	12	2	24
Highly Less than	1	1	1
Total	113		476
Average Score	4,21		

Source: Data processed, 2014

Based on Table 13 above shows that respondents who consider the application of a variable base rate is very important for patients 59 patients, 33 patients important, quite important 8 patients, 12 people less important, and not important 1 patient.

### 2. Reliability

**Table 14. Respondents Importance Of Health Care Officer Responsibilities**

Scale	Frequency	Weight	Score
Excellent	83	5	415
Neither	27	4	108
Enough	3	3	9
Less than	0	2	0
Highly Less than	0	1	0
Total	113		532
Average Score	4,71		

Source: Data processed, 2014

Based on Table 14 above shows that respondents who consider variables responsibility of health care workers is very important 82 patients, 27 patients important, quite important 3 patients, while that consider less important and unimportant nothing.

**Table 15. Respondents Importance Of Health Care Timeliness**

Scale	Frequency	Weight	Score
Excellent	69	5	345
Neither	41	4	164
Enough	3	3	9
Less than	0	2	0
Highly Less than	0	1	0
Total	113		518
Average Score	4,58		

Source: Data processed, 2014

Based on Table 15 above shows that respondents who consider variables timeliness of health care is very important 69 patients, 41 patients important, quite important 3 patients, while that consider less important and unimportant nothing.

### 3. Responsiveness

**Table 16. Respondents Importance Of Health Services Speed**

Scale	Frequency	Weight	Score
Excellent	83	5	415
Neither	23	4	92
Enough	7	3	21
Less than	0	2	0

Highly Less than	0	1	0
Total	113		528
Average Score	4,67		

Source: Data processed, 2014

Based on Table 16 above shows that respondents who consider variable speed health care is very important 83 patients, 23 patients important, quite important 7 patients, while that consider less important and unimportant nothing.

**Table 17. Respondents Importance Of Certainty Schedule Health Care**

Scale	Frequency	Weight	Score
Excellent	67	5	335
Neither	42	4	168
Enough	4	3	12
Less than	0	2	0
Highly Less than	0	1	0
Total	113		515
Average Score	4,56		

Source: Data processed, 2014

Based on Table 17 above shows that respondents who consider variable schedule certainty of health care is very important 67 patients, 42 patients important, fairly important 4 patients, whereas that consider less important and unimportant nothing.

#### 4. Assurance

**Table 18. Respondents Importance Of Modesty Officer Health Services**

Scale	Frequency	Weight	Score
Excellent	71	5	355
Neither	32	4	128
Enough	10	3	30
Less than	0	2	0
Highly Less than	0	1	0
Total	113		513
Average Score	4,54		

Source: Data processed, 2014

Based on Table 18 above shows that respondents who consider variable schedule certainty of health care is very important 71 patients, 32 patients important, quite important 10 patients, whereas that consider less important and unimportant nothing.

**Table 19. Respondents Importance Of Hospitality Officer Health Services**

Scale	Frequency	Weight	Score
Excellent	79	5	395
Neither	29	4	116
Enough	4	3	12
Less than	1	2	2
Highly Less than	0	1	0
Total	113		525
Average Score	4,65		

Source: Data processed, 2014

Based on Table 19 above shows that respondents who consider variable schedule certainty of health care is very important 79 patients, 29 patients important, fairly important 4 patients, less important one patient, who considers unimportant whereas no.

#### 5. Empathy

**Table 20. Respondents Importance Of Giving Fair Health Care for All Patients**

Scale	Frequency	Weight	Score
Excellent	80	5	400
Neither	28	4	112
Enough	4	3	12
Less than	1	2	2
Highly Less than	0	1	0
Total	113		526
Average Score	4,65		

Source: Data processed, 2014

Based on Table 20 above shows that respondents who consider variables equitable delivery of health services is very important for all patients 80 patients, 28 patients important, fairly important 4 patients, less important one patient, who considers unimportant whereas no.

**Table 21. At the level of Conformity Factors Affecting Patient Satisfaction**

No.	Factors Patient Satisfaction	Appraisal Performance	Appraisal Interest	Level Satisfaction (%)
1	Health Care Facilities	436	530	82,26
2	Provision of Health Care Communication Tools	404	517	78,14

3	Entry Base Rates for Patients	413	476	86,76
4	Responsibility Officer of Health Care	426	532	80,08
5	Timeliness of Health Services	423	518	81,66
6	Speed Health Services	433	528	82,01
7	Schedule certainty Health Services	432	515	83,88
8	Courtesy of Health Service Officers	438	513	85,38
9	Friendliness Officer Health Services	432	525	82,29
10	Granting Justice Health Care for All Patients	420	526	79,85
The average Level of Satisfaction				82,23

Source: Data processed, 2014

**Table 22. Calculation of Average Performance and Interests On Factors Affecting Patient Satisfaction**

No	Factors Affecting Patient Satisfaction	Performance $\bar{X}$	Interest $\bar{Y}$
<b>A</b>	<b>Tangibles</b>		
1	Health Care Facilities	3,86	4,69
2	Provision of Health Care Communication Tools	3,58	4,58
3	Entry Base Rates for Patients	3,65	4,21
<b>B</b>	<b>Reliability</b>		
1	Responsibility Officer of Health Care	3,77	4,71
2	Timeliness of Health Services	3,74	4,58
<b>C</b>	<b>Responsiveness</b>		
1	Speed Health Services	3,83	4,67
2	Schedule certainty Health Services	3,82	4,56
<b>D</b>	<b>Assurance</b>		
1	Courtesy of Health Service Officers	3,88	4,54
2	Friendliness Officer Health Services	3,82	4,65
<b>E</b>	<b>Empathy</b>		
1	Granting Justice Health Care for All Patients	3,72	4,65
<b>Total</b>		37,67	45,84

Source: Data processed, 2014

Where K = number of factors that could affect customer satisfaction. The obtained results:

By using the formula:

$$\bar{X} = \frac{\sum_{i=1}^n X_i}{K}$$

and

$$\bar{Y} = \frac{\sum_{i=1}^n Y_i}{K}$$

$$1) \text{ For } \bar{X} = \frac{37,67}{10} = 3,77$$

$$2) \text{ For } \bar{Y} = \frac{45,84}{10} = 4,58$$

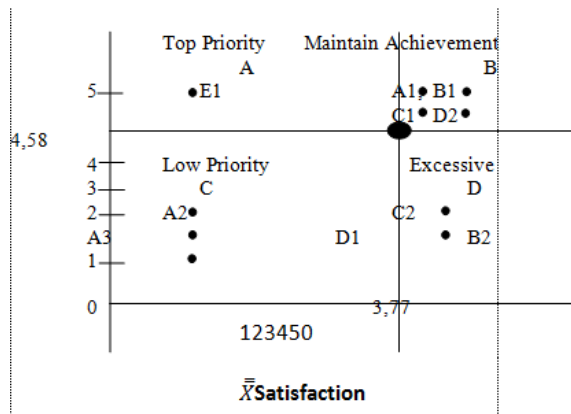


Figure 2 Diagram Cartesian

Based on Cartesian diagram above, then obtained the following results:

1. **Quadrant A**

Contained in this quadrant is:

- Justice Providing Health Care for All Patients (E1)

Factors which are in quadrant A handling this is a factor that needs to be prioritized by the Inpatient Health Center Kedaton Bandar Lampung, because the presence of this factor is considered very important by the patient, while the level of implementation has not been satisfactory.

2. **Quadrant B**

Contained in quadrant B are:

- Health Care Facilities
- Responsibility Officer Health Services Speed
- Health Services
- Hospitality Health Care Officer

The factors that are in quadrant B should be maintained, because the level of implementation has been in accordance with the interests and expectations of the patient, so as to satisfy the patient.

3. **Quadrant C**

Contained in quadrant C are:

- Provision of Health Care Communication Tools
- Application of Basic Rates for Patients
- Timeliness Health Services

The factors that are in quadrant C is the level of interest and performance rated mediocre or simply by patients Inpatient Health Center Kedaton Bandar Lampung.

4. **Quadrant D**

- Contained in quadrant D are:
- Certainty Schedule Health Care Courtesy Officer Health Services

The factors that are in quadrant D is considered excessive implementation, it is because the patient does not assume too important but implementation is done well.

Based on Cartesian diagram above, then obtained some findings as follows:

- The highest quality level is courtesy of health care workers with a score of 3.88.
- The level of the lowest quality is the provision of health care communication tool with a score of 3.58.
- The highest level of interest is the responsibility of the health palayanan officer with a score of 4.71.
- The lowest rate of interest is the application of the basic rate for patients with a score of 4.21.

In this research, hypothesis testing using t test, with the following formula:

$$t = \frac{\bar{X} - \mu}{S_{\bar{x}}}$$

$$S_{\bar{x}} = \frac{Sd}{\sqrt{n}}$$

$$Sd = \sqrt{\frac{\sum(x - \bar{X})^2}{n - 1}}$$

Specification:

t = critical areas

$\bar{X}$  = Score average level of performance / quality of service

$S_{\bar{x}}$  = Standard error

Sd = standard deviation Sample / sample standard deviation (average deviation score of the sample to the sample average)

$\sum(x - \bar{X})^2 = SS$  (sum of squares)

n = number of respondents

Known  $\mu$  based on the results of research Retno Dewi Indriaty Faculty of Economics, University of Diponegoro in 2010 about the *Analysis of Effect of Service Quality Health Center Patient Satisfaction* at an average patient satisfaction score was 16.81. Maka hasil perhitungan uji t adalah sebagai berikut :

Table 23.T test calculations

X	X - $\bar{X}$	(X - $\bar{X}$ ) <sup>2</sup>
436	398,33	158664,7
404	366,33	134195,8
413	375,33	140870,7
426	388,33	150798,2
423	385,33	148477,2
433	395,33	156283,8
432	394,33	155494,1
438	400,33	160262,1
432	394,33	155494,1
420	382,33	146174,3
4257	3880,274	1506715

Preparation of mathematical hypotheses:

$$H_0 : \mu_1 = 16,81$$

$$H_1 : \mu_1 \neq 16,81$$

Calculation of standard error:

$$Sd = \sqrt{\frac{1506715}{112}} = 115,98626$$

$$S_{\bar{x}} = \frac{115,98626}{10,630146} = 10,911069$$

Thus, t is:

$$t = \frac{37,67-16,81}{10,911069} = 1,912055 = 1,91$$

If consulted with t table at  $n = 113$ ,  $\alpha 0.10$  is 1.658, thus t is greater than t table ( $n = 113$ ,  $\alpha 0.10$ ), significantly. So  $H_0$  rejected and  $H_1$  accepted meaning that the quality of public services in the health sector Inpatient Health Center Kedaton against the sample can be generalized to the population so that it can be concluded that the quality of health care in health centers Inpatient Kedaton including both categories namely Patient Satisfaction Index by 82.23% in the interval (80% -100%).

#### 4. CONCLUSION

Based on the quantitative descriptive analysis that has been presented in the previous chapter, it can be concluded:

1. In general, patient satisfaction Inpatient Health Center Kedaton Bandar Lampung well, but found the gap in the form of patient satisfaction:

\* Justice Providing Health Care for All Patients  
2. Factors implemented Inpatient Health Center Kedaton Bandar Lampung well include:

- \* Health Care Facilities
- \* Responsibility Officer Health Services Speed
- \* Health Services
- \* Hospitality Health Care Officer

3. For factors such as:

- \* Provision of Health Care Communication Tools
- \* Application of Basic Rates for Patients
- \* Timeliness Health Services

Implementation of performance and interest rated mediocre or sufficient. Because Patient Inpatient Health Center Kedaton Bandar Lampung consider these factors the level of interest and mediocre performance.

4. Next to factors such as:

- \* Certainty Schedule Health Care
- \* Courtesy Officer Health Services

Patients consider these factors actually not too excessive because it is expected by patients Inpatient Health Center Kedaton Bandar Lampung.

#### REFERENCES

- [1] Law No. 36 of 2009 Article 19 On Health
- [2] 2. Bappenas. 2009. Chapter 28: Improving Public Access to Quality Health Care. available at [http://www.bappenas.go.id/files/9213/5022/6053/bab27\\_20090202204616\\_1756\\_28.pdf](http://www.bappenas.go.id/files/9213/5022/6053/bab27_20090202204616_1756_28.pdf) Accessed on September 11, 2013 at 11:48 pm.
- [3] Kedaton profile Inpatient Health Center in 20



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