THE FACTORS AFFECTING THE SATISFACTION OF THE SERVICE USERS AT PERTIWI MOTHER AND CHILD RSKD

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Abstract:This research aimed to investigate the effect of the service quality, facilities, and location on the satisfaction of the service users at Pertiwi Mother and Child RSKD. The research used the Regression Equation. The objects researched on were the 160 users of Pertiwi Mother and Child RSKD, who were chosen using the incidental sampling technique. The data were collected using the technique of distributing questionnaires to the patients as the users of the services at Pertiwi Mother and Child RSKD. The research results indicated that the service quality, tariff, facilities and location had a positive and significant effect on the satisfaction of the service users.

Keywords: service quality, tariff, facilities, location, satisfaction of service users

Introduction

Services in Law Number 25 of 2009 are activities or series of activities in fulfilling the need according to the regulation for every citizen and population for goods, services, or administrative services made available by the organizer of public services. Public services become the bench mark of apparent government performance. The community can directly evaluate the government performance based on the quality of public service received since the impact is directly felt by many people. The success in building an effective, efficient, professional, and accountable public service will improve the positive image of government in the community (Mukarom and Laksana, 2015).

One of the forms of public service which becomes the government responsibility in the field of health is the availability of health facilities for the community to have health level through prime health services. In compliance with the improvement of the community standard of living, the community demand for health values also improves. This phenomenon is a special attraction for the development of the hospital. In relation to that investors try to compete with

one another to invest their fund through the development of hospitals in the regions which is valued as strategic. This means it is not only the government that is responsible to build hospitals.

The promising benefit is one of the main reasons for the private parties to take part. But the participation does not contribute in the improvement of the community health, but it causes sufferings and profound disappointment for the service users/patients and even spread to family and relative. The benefit makes a number of hospital management does not play a real role or deviate from the real function.

The Pertiwi Maternity and Infant Regional Special Hospital of South Sulawesi is one of the centers for maternity and infant referral health which has a role to meet the need of the community in accelerating the improvement of health level optimally. Nevertheless, the hospital should give satisfaction to patients because what is offered is basically not real nor produce anything. Only feeling and impression that can be possessed by customers for the services provided.

The Colgate and Danaher (2000) research results show that the quality of employee's service to the customers affect asymmetrically the customer satisfaction. The bad customer will have a greater effect on the customer satisfaction than the impact due to good services. Bei and Chiao (2001) recommends in their study that further investigation is needed on the effect of tangible and intangible factors in service quality on the customer satisfaction.

The related complaint to the service quality such as the health provider doing the health services, facilities used in treatment and nursing, medical service and medical support begin from diagnosis up to treatment action and nursing and administrative service (Pohan 2006). There are some complaints from patients and their family received by the hospital directly or indirectly. The complaint is about the hospitality of doctors and nurses, delay in providing services, slow administrative service and security guard who is unfriendly. The common reason used by the hospital is the unavailability of rooms and facilities in handling it.

The other factor also affects the satisfaction is the tariff regulation. The tariff regulation plays a very important role in influencing the feeling and preference of customers or consumers. Swastha (2009) explains that in order to achieve the goal of the company good marketing, appropriate marketing strategy is needed including the cost regulation by paying attention to the change of consumer behavior. Tariff/price is one of the determining variables of the customer satisfaction besides service of quality (Bei, 2001; Han & Ryu, 2009) because tariff/cost is assumed to be able to provide satisfaction to customers or vise versa. Tariff is an

important aspect since this element affects the patient viewed from finance spent and usually if the cost for treatment is more expensive, the patient has a greater hope.

Besides tariff and service quality factors, facility and location also are also important factors in determining the consumer satisfaction. Sufficient facility as one factor in choosing the product of service will give and make the consumer satisfied to the product used. Besides that, location often determines the successful of a service because it is closely related to the potential market of a company. The hospital location is an important factor in determining the consumer choice of a hospital. For instance, hospital in general is in a wide area and closed to the densely populated area aims to serve public widely (Tjiptono, 2007). This study will analyze factors affecting the level of patient satisfaction using services at the Pertiwi Hospital in Makassar.

Review of the Literature

Service Quality

Good service is one of the efforts of the company to create satisfaction for its consumers. If the consumer feels to have good service, it means that the company is also able to provide a good service. On the contrary, service cannot be explained objectively as a product but it is a social interaction with subjectivity depending much on value, feeling, and behavior.

Quality problem in the world of business is like cost that must be paid by the company in order the business to survive. The improvement of quality is motivated by the competition condition between the companies, advancement of technology, economic stage, and history of the community. Good quality is not based on perception of service provider but is based on customer perception because the customer consumes and enjoys the service so that the consumer should determine the service quality provided by the service provider.

Surface quality is a measurement of how extent is the service provided that can fulfill the hope of customer (Assegaf, 2009). Each costumer has its own hope when deciding to choose a place for service provider needed. According to Kotler and Amstrong (2008), the customer's hope is formed based on consumer experience shopping in the past, friend's opinion and relative, information, and promises of the company and competitors.

According to Fandy Tjiptono (2011), there are some criteria as the basis for consumer evaluation to services:

1) Tangibility related to attraction of physical facilities, equipment, and material used by the company and employee's performance.

2) Reliability related to the capacity of company to provide accurate services since the first time without making any mistake and provide its service according to time agreed such as providing services according to what is promised, can be reliable in handling consumer's service problem, provide services correctly, provide services according to time promised, keep recording or document without mistakes.

3) Responsiveness related to the availability and ability of employees to help costumers and responds to their demand and informs when the service will be provided and then provides services appropriately.

4) Assurance of employees' behavior is able to make the customer belief to the company and the company can create safety for its customers. Assurance also means that the employees always act politely, and master knowledge and skill needed to handle each question or customer problem.

5) Empathy in which the company understands the customer problem and act for the sake of customer and provide personal attention to customers which really give priority to customer interest and has comfortable operation hours.

Satisfaction

Satisfaction is derived from the Latin *satis* means good enough, sufficient and *facio* means do or make. Satisfaction also means as an effort to fulfill something (Tjiptono, 2007). According to Dictionary of Psychology, satisfaction is a subjective good feeling after an objective has been achieved physically or psychologically (Budiardjo, 1991). Oxford Advanced Learner's Dictionary in (Tjiptono & Gregorius, 2005) defines satisfaction as good feeling when you get something or when you want something or when something you want does not happen, action to fulfill the need or want. The customer satisfaction for a product or service is something really difficult to obtain if the service company or the industry does not really understand what is expected by the consumer.

Lupioyadi (2006) defines satisfaction or dissatisfaction of customer as a response to disconfirmation evaluation felt between previous expectation and actual performance of product felt after using it. The consumer satisfaction is the whole attitude shown by consumer for good or service after they get and use it. This is an evaluative research of post-selection caused by special purchase selection and experience using the good or the service (Mowen and Minor, 2002). Kotler (2009) states that satisfaction is the level of someone's feeling after comparing performance or felt result compared to his expectation. The consumer satisfaction is individual perception to performance of a product or service related to the consumer

expectation. (Sciffman and Kanuk, 2004); Fandy Tjiptono (2011) states that satisfaction or dissatisfaction of customer is a customer response to disconfirmation evaluation or is confirmed between previous expectation (other performance norm) and performance of actual product felt after its use.

Giese & Cote (2000) state that although there are many definitions of consumer satisfaction, but in general it leads to three main components:

a) Response. Type and intensity of consumer satisfaction is an emotional response and also cognitive. Its response intensity begins from very satisfied and like the product up to apathetic attitude to certain products.

b) Focus. Focus on object performance is suited with several standards. This standard value is directly related to product, consumption, shopping decision, seller and store.

c) Response time. Response occurs at a certain time: after consumption, after product or service selection based on accumulative experience. The length of satisfaction leads to how long the satisfaction response ends.

Stauss & Neuhaus (Tjiptono & Gregorius, 2005) distinguish three types of satisfaction and two types of dissatisfaction:

a) Demanding customer satisfaction

This type is an active satisfaction. The existence of positive emotion from consumer: optimism and belief.

b) Stable customer satisfaction

Consumer with this type has passive aspiration level and demanding behavior. His positive emotion to the service provider with steadiness characteristic and trust is in cultivated relation at present. The consumer wants everything to be the same.

c) Resigned customer satisfaction

Consumer of this type is also satisfied; however, his satisfaction is not caused by the fulfillment of hope, but more is based on impression that it is not realistic to expect more.

d) Stable costumer dissatisfaction

Consumers of this type are not satisfied with their performance, but they tend to not do anything.

e) Demanding dissatisfaction

This type has active aspiration level and demanding behavior. At the level of emotion, his dissatisfaction causes protest and opposition.

Based on the Decree of the Minister of the Empowerment of State Apparatus Number: KEP/25/M.PAN/2/2004 on the General Guide for the Arrangement of Index of Community Satisfaction, Service Unit of Government Institution, the community satisfaction index is data and information on the satisfaction level of community obtained from the quantitative and qualitative measurement of the community opinion in getting service from the apparatus of public service by comparing between expectation and their need.

Based on the service principle as has been set up in the Decree of the Minister of the Empowerment of State Apparatus Number 63/KEP/M.PAN/7/2003 which was then developed into 14 elements which are relevant, valid, and reliable as minimal elements that must exist for the basis of measurement of satisfaction index of community as follows:

1) Service procedure is the easiness of stage of service provided to the community viewed from simplicity side of service flow;

2) Service requirement is technical and administrative requirement needed to get service according to the type of its service.

3) Service provider existence is the existence and assurance for health worker in providing service (name, position and authority and responsibility);

4) Disciplinary of health worker is the seriousness of the health worker in providing service especially to consistency of working time according to affective regulation;

5) Responsibility of health provided is the clarity of authority and responsibility of health worker in the organization and fulfillment of service;

6) Ability of health worker is the level of expertise and skill owned by the health worker in providing/completing service to the community;

7) Quick service is the target of service time that can be completed in the fixed time by the service organization unit;

8) Justice in getting service is the organization of service irrespective of group/ status of community under service;

9) Politeness and hospitality of health worker is the attitude and behavior in providing service to the community politely and kindly with mutual respect and honor;

10) Appropriateness of service cost is the ability of community to the amount of cost fixed by service unit;

11) Fixed cost of service is the suitability between cost paid and fixed cost;

12) Fixed service schedule is the implementation of service time according to fixed regulation;

13) Environmental comfort is the condition of facility and clean infrastructure service, tidy, and ordered so that it can give comfort to the receiver of service;

14) Service security is the assurance of environmental safety level of service unity or facility used so that the community feels calm to get service to the risks due to the service implementation.

Research Method

Research Design

The type of research used was explanatory research method aimed to explain the position of variables studied and relationship between one variable and another variable (Sugiyono, 2007) that is tariff and quality of service to patient satisfaction at the Pertiwi Maternity and Infant Hospital in South Sulawesi Province. This study was conducted in one stage: the researcher made a descriptive survey in a single period (single cross-sectional design) through the distribution of questionnaire directly. The questionnaire was filled in by the respondent himself/herself (self administered questionnaire).

This study was conducted at the Pertiwi Maternity and Infant Hospital, South Sulawesi Province. The study was conducted for two months that is from October to November 2017.

Research Variables and Operational Definitions

The variables used in the study are: service quality, facilities, and location as independent variables, and patient satisfaction as a dependent variable.

Operational definitions of each variable are as follows:

1) Service quality is something refers to the level of service of health worker viewed from five dimensions: reliability, responsiveness, assurance, empathy, and tangibility.

2) Tariff is cost at the Pertiwi Maternity and Infant Hospital, South Sulawesi.

3) Facility is a device or infrastructure available at the hospital in providing service to consumer or patient.

4) Location is the place where the hospital does the activities.

5) Patient satisfaction is an evaluation of someone's feeling whether or not the service provided to patient is satisfactory or dissatisfactory.

Population and Sample

Population is a collection of all elements in which we will draw several conclusions (Copper & Schinder, 2008). The population of this study is all patients examined and treated at the Pertiwi Maternity and Infant Hospital, South Sulawesi Province.

The technique used to choose samples is incidental sampling in which the people who came for treatment at the hospital are taken as respondents. The sample size of this study refers to Ghozali (2006) who says that the number of samples can be counted from the size of parameter multiplied by 5 to 10; therefore, this study used 5 variables of which the number of its indicators is 32 so that the number of samples needed in this study is 32 x 5 = 160.

Types and Method of Data Collection

There are two types of data collection.

1. Primary Data

   Primary data are data collected by the researcher himself from the first source or where the object of study is conducted (Siregar, 2010). In this case the researcher used questionnaire to collect the data.

2. Secondary Data

   Besides the primary data, the writer also used secondary data. Secondary data were collected from two external data: data obtained from publication, on line database, internet, directory, statistical data, etc. (Malhotra, 2007).

Research Instrument

The research instrument used in this study was questionnaire about the effect of tariff and service quality on the patient level of satisfaction in which the questionnaire was prepared by the researcher himself. In order to find out the questions asked in the questionnaire whether they have done the measurement function, validity test was done to find out the consistence of the questions asked, the reliability test was conducted. The questionnaire consists of five parts:

1. Service quality questionnaire

   The data are related to the patient level of satisfaction to the service provided. The data are needed to find out the patient satisfaction after using the service at the hospital. The service quality was evaluated by using five measurement categories: category 1: not very good, category 2: not good, category 3: doubtful, category 4: good, and category 5: very good. The questionnaire questions are divided into 5 dimensions: reliability, responsiveness, assurance, empathy, and tangibility (adopted from Fandy Tjiptono, 2011).

2. Tariff questionnaire

   The data are related to the level of patient satisfaction to the application of tariff at the hospital. The tariff was evaluated by using five categories: category 1: very unreasonable, category 2: not reasonable, category 3: doubtful, category 4: reasonable,

and category 5: very reasonable. The questionnaire questions are divided into 4 indicators (adopted from Sutrisno et al., 2016; Juhana et al., 2015; Amrizal et al., 2014; Kitapei et al. 2014; Tambor et al., 2014; Patayawati et al., 2013; Isyanto et al., 2013; Mahmud et al., 2013; Gunawan and Djati, 2011; Parasuraman et al., 1998; Wydianingtyas, 2010: 1. Cost reasonability; 2.Suitability of cost and benefit received; 3. Suitability of cost and facility; 4. Suitability of cost and distance.

3. Facility questionnaire

The data are related to the level of patient satisfaction to available facility used. The data are needed to find out the patient satisfaction after using the service at the hospital. The facility was evaluated by five categories: category 1: not very good, category 2: not good, category 3: doubtful, category 4: good, category 5: very good. The questionnaire questions are divided into 5 dimensions adopted from Kertajaya (2003); Paul (2000) and Tjipono (2004), namely 1) completeness, cleanliness, and tidiness of facility offered, 2) condition and function of facility offered, 3) easiness in using the facility offered, 4) completeness of tools used.

4. Location questionnaire

The data are related to the level of patient satisfaction to the hospital location. The location was evaluated by using five categories: category 1: not very strategic, category 2: not strategic, category 3: doubtful, category 4: strategic, category 5: very strategic. The questionnaire questions are divided into 5 dimensions (adopted from Tjiptono, 2007): 1) access, 2) traffic, 3) visibility, 4) wide and secure parking lot, 5) environment.

5. Patient satisfaction questionnaire

The data are collected to find out the satisfaction felt by patient after having service at the hospital. The patient satisfaction analysis was evaluated by using five categories: category 1: very dissatisfactory, category 2: dissatisfactory, category 3: satisfactory, category 4: very satisfactory. The questionnaire questions are divided into 5 indicators (adopted from Sutrisno et al. (2016); Juliana et al. (2015); Kitapei et al. (2014); Footman et al. (2013); Mahmud et al. (2013); Patayawati et al. (2013); Kotler and Keller (2009) and the decree of Minister of the Empowerment of State Apparatus Number: 63/KEP/M.PAN/7/2003 on service procedure, clarity of health worker service, disciplinary of health service, responsibility of health worker, ability of health worker, promptness of service, assurance of service cost, politeness and hospitality of health worker, promptness of service, justice in getting service, appropriateness of service cost, assurance of service schedule, environmental comfort, and service safety.

Technique of Data Analysis

The data were analyzed by using statistical analysis of SPSS program for window version 21.00 with the following test stages:

1. Descriptive Analysis

    This analysis was used to describe the percentage of each variable, namely service quality, tariff, facility, location, and satisfaction. The measurement of the variables was done by using Likert scale.

2. Test of Data Quality

    Before the test was done to research hypothesis, the data quality test was done first by validity test and reliability test. Validity test was done to make sure that each question really represents the existence of the variable. The reliability test was done to find out the consistence of the measurement result of the variable. The validity test could be done by using Pearson correlation and reliability test by Cronbach Alpha. An item in a variable is aid to be valid when the loading factor of its items is greater than 0.3 (Sugiyono, 2007). An instrument is said to be reliable if it has Cronbach Alpha more than 0.6 (Sugiyono, 2007).

Results and Discussion

Results

This study involves five variables: service quality (X1), tariff (X2), facility (X3), location (X4) and patient satisfaction (Y). The five measured variables used Likert scale of 5 levels. The following is the description of each research variable to find out the description of condition and studied variables based on frequency distribution of respondent's answer and mean with the criteria shown in Table 1.

Table 1. Description of Service Quality Variable (X1)

Item	Frequency of Answer Choice					Mean
	STS	TS	N	S	SS	
X1.1	0	1	116	40	3	3.28
X1.2	0	3	89	64	4	3.43
X1.3	0	3	95	58	4	3.39
X1.4	0	11	103	41	5	3.25
X1.5	0	6	89	64	1	3.38
X1.6	0	2	101	56	1	3.35
X1.7	0	5	71	81	3	3.51
X1.8	0	2	84	73	1	3.46
X1.9	0	1	121	35	3	3.25
X1.10	0	3	99	55	3	3.36
					Average	3.37

Source: Processed Primary Data, 2017

Table 1 shows that the mean value of three out of ten indicators is in the high category (mean between 3.41 and 4.20; whereas, the seven others are at the moderate category (mean between 2.61 and 3.40). In general the respondents perceive service quality variable (X1) with mean 3.37 (moderate category). This indicates that service quality (X1) owned by respondents belongs to high category

In part two, the description of tariff variable (X2) is presented. This variable is measured by four indicators as shown in Table 2.

Table 2. Description of Tariff (X2) Variable

Item	Frequency of Answer Choice					Mean
	STS	TS	N	S	SS	
X2.1	0	5	113	41	1	3.24
X2.2	2	2	97	55	4	3.36
X2.3	0	2	86	64	8	3.49
X2.4	0	8	108	41	3	3.24
					Average	3.33

Source: Processed Primary Data, 2017

Table 2 shows that the mean value of the four items is perceived in high category (mean between 3.41 and 4.20); whereas, the other three indicators is perceived moderate (mean between 2.6 and 3.40). In general the respondents perceive tariff variable (X2) with mean 3.33 (moderate category). This indicates that tariff (X2) owned by respondents belongs to moderate category.

At the third part the description of facility variable (X3) is presented. This variable is measured by four indicators as shown in Table 3.

Table 3. Description of Facility Variable (X3)

Item	Frequency of Answer Choice					Mean
	STS	TS	N	S	SS	
X3.1	0	4	103	50	3	3.33
X3.2	0	6	80	68	6	3.46
X3.3	0	3	112	44	1	3.27
X3.4	0	5	99	56	0	3.32
					Average	3.34

Source: Processed Primary Data, 2017

Table 3 shows that the mean value of one of the four indicators is perceived high (mean between 3.41 and 4.20); whereas, three other indicators are perceived moderate (mean between 2.61 and 3.40). In general the respondents perceive facility variable (X3) with mean 3.34 (moderate category). This indicates that facility (X3) owned by respondents belongs to moderate category.

At the forth part the description of location variable (X4) is presented. This variable is measured by five indicators as shown in Table 4.

Table 4. Description of Location Variable (X4)

| Item	Frequency of Answer Choice					Mean
	STS	TS	N	S	SS	
X4.1	0	0	116	42	2	3.29
X4.2	0	1	91	67	1	3.43
X4.3	0	0	98	58	4	3.41
X4.4	0	9	105	41	5	3.26
X4.5	0	6	90	64	0	3.36
					Average	3.35

Source: Processed Primary Data, 2017

Table 4 shows that from the mean value two out of five indicators is perceived high (mean between 3.41 and 4.20); whereas, three of the indicators are at the moderate category (mean between 2.61 and 3.40). In general the resp0ndents perceive location variable (X4) with mean 3.35 (moderate category). This indicates that location (X4) owned by respondents belongs to high category.

At part five the description of patient satisfaction (Y) variable is presented. This variable is measured by 13 indicators as shown in Table 5.

Table 5. Description of Patient Satisfaction (Y) Variable

Item	Frequency of Answer Choice					Mean
	STS	TS	N	S	SS	
Y.I	0	1	103	56	0	3.34
Y.2	0	5	72	83	0	3.49
Y.3	0	2	84	74	0	3.45
Y.4	0	1	121	35	3	3.25
Y.5	0	2	99	45	14	3.44
Y.6	0	4	118	36	2	3.23
Y.7	0	3	101	54	2	3.34
Y.8	0	1	90	64	5	3..46
Y.9	0	8	111	39	2	3.22
Y.10	0	5	102	51	2	3.31
Y.11	1	8	79	64	8	3.44
Y.12	0	3	111	44	2	3.28
Y.13	1	4	100	54	1	3.31
					Average	3.35

Source: Processed Primary Data, 2017

Table 5 shows that of the mean value of the thirteen indicators is perceived high (mean between 3.41 and 4.20); whereas, the other eight indicators are perceived moderate (mean 2.61-3.40). In general the respondents perceive patient satisfaction (Y) variable with mean 3.35 (moderate category). This indicates that patient satisfaction (Y) owned by respondents belongs to moderate category.

Hypothesis Testing

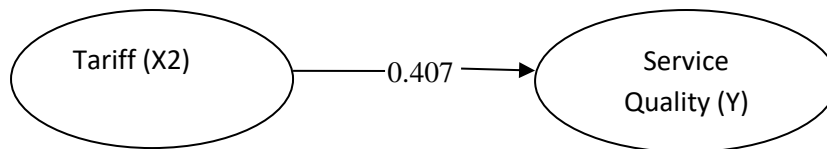Direct Effect of Service Quality (X1) on Patient Satisfaction (Y)

The hypothesis testing between the relationship of service quality (X) and patient satisfaction (Y) is presented graphically as follows:
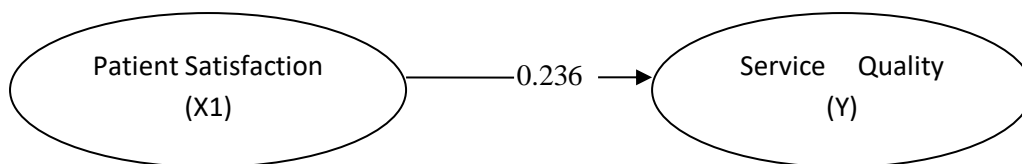
Based on the result of analysis, correlation coefficient between service quality (X1) and patient satisfaction (Y) is 0.236 with p-value 0.000. Therefore the p-value < 0.05 indicates that service quality (X1) is significant to patient satisfaction (Y) because coefficient marks positive indicates parallel correlation. This means the higher the value of service quality (X1) the higher the value of patient satisfaction (Y).

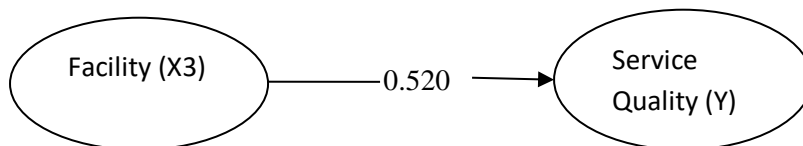**Direct Effect of Tariff (X2) on Patient Satisfaction (Y)**

Hypothesis testing of the relationship between tariff (X2) and patient satisfaction (Y) is presented graphically as follows:

Based on the analysis result, correlation coefficient between tariff (X2) and patient satisfaction (Y) is 0.407 with p-value 0.000. Therefore the p-value <0.05 indicates that tariff (X2) has a significant effect on patient satisfaction (Y), because the coefficient marks positive indicates parallel relationship. This means the higher the value of tariff (X2), the higher the patient satisfaction (Y).

Direct Effect of Facility (X3) on Patient Satisfaction (Y)

Hypothesis testing of the relationship between facility (X3) and patient satisfaction (Y) is presented graphically as follows:

Based on the result of analysis, correlation coefficient between facility (X3) and patient satisfaction (Y) is 0.520 with p-value 0.000 because the p-value <0.05 indicates that facility (X3) is significant to patient satisfaction (Y) because coefficient marks positive indicates parallel correlation. This means the higher the value of facility (X3), the higher the value of patient satisfaction (Y).

Direct Effect of Location (X4) on Patient Satisfaction (Y)

The hypothesis testing of the relationship between location (X4) and patient satisfaction (Y) is presented graphically as follows:
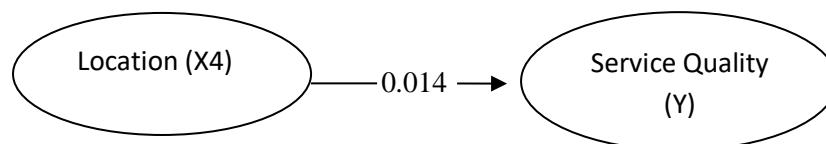
Based on the result of analysis, correlation coefficient between location (X4) and patient satisfaction (Y) is 0.014 with p-value 0.029 because the p-value < 0.05 indicates that that location (X4) has a significant effect on patient satisfaction (Y) because the coefficient marks positive indicates parallel correlation. This means that the higher the value of location (X4), the higher the value of patient satisfaction(Y).

Discussion

Discussion of the research result will be done in the next part. First, this study finds out that service quality (X1) has an effect on patient satisfaction (Y). Coefficient with positive mark indicates that high service quality will have high effect on patient satisfaction (Y1).

Service quality is focused on the fulfillment of need and want and appropriate deliver to balance patient expectation. There are two factors affecting the service quality: expected service (customer need) and perceived service (customer perception). Therefore the quality must begin from the customer need and think of the customer perception. This means that good quality image is not based on point of view or customer perception because it is the customer/consumer that evaluate whether the service provided is good or not.

According to Barata (2004: 38), service quality is a service activity provided to customer according to principles: easier, better, quicker, appropriate, accurate, and kind according to customer expectation. Therefore, the better the service quality provided, the higher the satisfaction received by the patient. Satisfaction depends on the gap between expectation and reality. The greater the gap, the smaller the satisfaction. On the contrary, the smaller the gap, the greater the satisfaction. Patient satisfaction is the realization of health service which fulfills the need and patient demand.

Second, this study finds out that tariff (X2) has an effect on patient satisfaction (Y). Coefficient which has positive mark indicates that high tariff will affect on the high patient satisfaction (Y1).

Tariff is an important aspect, but it is the most important thing in determining the quality to achieve patient satisfaction. Nevertheless this element influences patient from the cost point of view. The higher the cost of nursing, the higher the patient expectation. The hospital of the same quality but low cost provides higher value to patient.

The higher the tariff of health service, the higher the service is expected and the better the service of the hospital, the higher the satisfaction it provides to the patient.

Third, this study finds out that facility (X3) has an effect on patient satisfaction (Y1). Coefficient which has positive mark indicates that high facility will have high effect on patient satisfaction (Y1).

The facility in the study is the availability of tools and infrastructure since these will fully support the improvement of service quality and support the patient satisfaction that comes to the hospital for treatment. Facility and infrastructure are very important to support service to patient, safety, comfort, and ease to access various needs of patient, family, and visitor. The more complete the health facility in a hospital, the more satisfaction of the patient.

Fourth, this study finds out that location (X4) has an effect on patient satisfaction (Y). Coefficient which has positive mark indicates that high location will have high effect on patient satisfaction (Y1).

The hospital location also has an effect on patient satisfaction in which the near location will make the patient easily gets health service. Service is a spear head of the effort to provide customer satisfaction and it is a must that has to be optimized by both individual and organization providing the service. Service is said to be qualified if it is in compliance with expectation/want or need of service receiver. The general service quality must be measured and evaluated for the comfort of service user.

Comfort is an enjoyment, free from the feeling of discomfort especially of environmental condition in which we are, need or worry, or whatever related to location, that is uncomfortable. According to Tjiptono (1996: 56), the characteristics or attributes in service quality are: 1) comfort in getting service, related to location, service room, parking lot, availability of information, etc. The supporting attributes are air conditioned room, cleanliness, etc. 2) Easiness to get service, for example, the number of health workers who serve and the number of supporting facilities such as computer,3) On time service consists of waiting time and process time, 4) politeness and kindness in providing service.

Conclusions

1. There is a direct significant effect of service quality on patient satisfaction, realizing that the coefficient of regression which has positive mark indicates that the correlation of both is positive. This means the higher the service quality, the higher the patient satisfaction.

2. There is a direct significant effect of tariff on patient satisfaction, realizing that the coefficient of regression which has positive mark indicates that the correlation of both is positive. This means that the higher the tariff, the higher the patient satisfaction.

3. There is a direct significant effect of facility on patient satisfaction, realizing that coefficient of regression which has positive mark indicates that the correlation of both is positive. This means the higher the facility, the higher the patient satisfaction.

4. There is a direct and significant effect of location on patient satisfaction, realizing that coefficient of regression which has positive mark indicates that the correlation of both is positive. This means that the higher the location, the higher the patient satisfaction.

Suggestions

1. The director of hospital should emphasize on the improvement of working discipline of employees especially those directly involve with patient, namely doctor, nurse,

midwife, and other medical worker who are on duty and are responsible at the nursing room.

2. The environmental comfort should be paid attention to and made calm and not noisy, cleaner and healthier.

3. Dissatisfactory service quality should be the special attention of hospital management to improve so that it can attract patient interest and bring profit to the hospital.

4. There must be a common commitment between the hospital management and health workers (doctor, nurse, and others) to provide service oriented to patient satisfaction.

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