

THE ANALYSIS OF INPATIENTS SATISFACTION ON SERVICE QUALITY AT RUMAH SAKIT RESPIRA YOGYAKARTA

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ABSTRACT

Background: Health service quality is the level of perfection of health services that organized in accordance with the code of ethics and service standards, so as to give satisfaction for each patient. According to data report in 2016 at RS Respira Yogyakarta, the most of inpatients diagnosis is COPD, which is as much as 117. This study aims to determine the level of inpatientssatisfaction in the Pulmonology Department at RS Respira Yogyakarta. **Method:** Research mix method with case study design. Quantitative samples are questionnaires (March - April 2017, n = 8). Qualitative samples are lung specialists, nurses, nutritionists and people who are involved in patient satisfaction with purposive sampling technique. **Results and Discussion:** Aspect Input: There is inpatients satisfaction at RS Respira Yogyakarta. This hospital takes a role in the quality of health services. One way is to provide the amount of equipment in Inpatient Installation according to the needs of patients, both in quality and quantity. Process: Development of patient satisfaction has involved the health service quality team. There are still obstacles in fulfilling patient satisfaction including non-routine satisfaction surveys, uneven knowledge, lack of ownership, lack of attitude, evaluation of patient satisfaction is not done routinely. Output aspects: patients feel satisfied with service at RS Respira Yogyakarta. **Conclusions and suggestions:** Adding a specialist doctor because RS Respira Yogyakarta only has a Lung specialist doctor. The doctor is expected to provide an explanation of the disease to the patient regarding the diagnosis of the disease.

Keywords: patient satisfaction, service quality, COPD

INTRODUCION

Patients are sick people who are treated by doctors and other health workers in practice (Yuwono; 2003). While satisfaction is a feeling of pleasure someone originating from the comparison between pleasure to activity and a product with his expectations (Nursalam; 2011). According to Yamit (2002), customer satisfaction is the result (outcome) that is felt for the use of products and services, the same or exceeds the desired expectations. While Pohan (2007) mentions that patient satisfaction is the level of patient feelings that arise as a result of the performance of health services obtained, after the patient compares with

what is expected. Patient satisfaction is something important, without satisfaction in goods and services, then organizational expectations to continue to grow and survive will be very difficult to materialize. The customer satisfaction research gap refers to the McDougall and Levesquel studies which have so far been debated in research Patient satisfaction is important. In the absence of satisfaction in goods and services, the organization's expectation to continue to grow and survive will be very difficult to materialize. According to the 2016 data report at Respira Yogyakarta Hospital, there are 10 major Hospitalizations and the most number of patients, namely patients with

COPD, which is 117 .Based on the foregoing, the researcher is interested in from health institutions to lung sufferers which will affect the level of patient satisfaction while undergoing medical treatment in hospitalization at Respira Hospital which is one of the houses lung disease in Yogyakarta.

The quality of health services is the level of perfection of health services that is organized in accordance with the code of ethics and defined service standards, so as to generate satisfaction for each patient (Muninjaya, 2014). Quality service is very necessary because it is the right of every customer, and can provide an opportunity to win competition with other health care providers. Service quality and value have a direct impact on customers. Quality service is very necessary because it is the right of every customer, and can provide opportunities for win competition with other health care providers. Service quality and value have a direct impact on customers. According to the 2016 data report at Respira Yogyakarta Hospital, there are 10 major Hospitalizations and the most number of patients, namely patients with COPD, as many as 117 patients, and patients most of them are elderly patients (elderly). Based on the foregoing, the researcher is interested in further researching the factors of patient satisfaction with the quality of medical services at Respira Yogyakarta Hospital.

METHOD

This research is a study using the mixed method method, qualitative and quantitative methods. The qualitative method is the design of a case study in the inpatient unit of pulmonary disease in Respira Hospital Yogyakarta. Quantitative data is obtained by observing by taking a sample from a population and using a questionnaire as a research instrument and analyzing the results of the previous questionnaire data. aims to determine the factors of patient satisfaction with the

researching more about the quality of medical services quality of service at the hospital. Special inpatient services for Yogyakarta Respira Lungs.

In this study the subjects used were 2 nurses on duty in the ward, 1 ward head, 1 nutritionist, and the hospital director. The object of research is the subject of research (Indonesian Dictionary, 1989). According to Supranto (2000) the object of research is the set of elements that can be in the form of people, the organization reveals that the object of research, is the subject matter to be studied in order to get more directed data. Then the object in this study is the questionnaire data for inpatients at Respira Yogyakarta Hospital.

This research will be carried out by Yogyakarta Special Lung Respira Hospital on Panembahan Senopati street no. 4 Palbapang Bantul.

Quantitative Analysis Performed with descriptive analysis of observations to determine the factos of patient satisfaction with the quality of service at the hospital. Special hospitalization for Yogyakarta Respira Lungs.

Qualitative Analysis
The results of the questionnaire on the level of pulmonary inpatient-specific inpatient satisfaction were examined by researchers and adjusted to the actual situation and conditions by conducting in-depth interviews to clarify the level of satisfaction of pulmonary inpatients. That is by doing qualitative analysis, namely: Perform analysis to get the actual data and carried out continuously during the research period, Data is presented in narrative form, reduction, coding, and so on, Conclusions of the research results are determined by comparing the research questions with the results of the study.

RESULT

1. Satisfaction of Hospitalized Patients at Respira Yogyakarta Hospital

From the results of the study obtained results in the dimension of communication the level of satisfaction is that there are 80.83% satisfied, and there are 19.17% dissatisfied. Then in the dimension of tangibility the level of satisfaction is that there are 74.58% satisfied, 25.42% dissatisfied. The next dimension is responsiveness dimension, satisfaction level is 52.85% satisfied, 47.15% dissatisfied. Furthermore, the assurance level of satisfaction level is 65% satisfied, 35% dissatisfied, then at the fourth dimension the satisfaction level is 68.75% satisfied, while 31.25% is not satisfied. The last dimension is the reliability dimension, namely the level of satisfaction there are 56.57% satisfied, 41.43% dissatisfied.

2. Description of Responden

a) Description of Respondents by Gender

From the results of the study, it was found that most of the hospital inpatients at Respira Yogyakarta were male, as many as 19 respondents (63.33%). Respondents with female gender were 11 respondents (36.67%).

b) Description of Respondents by Age

From the results of the study it was found that as a large patient in Yogyakarta Respira Hospital had an age of over 60 years as many as 14 respondents (46.67%). While the least is age 20-29 years as many as 1 respondent (3.33%).

c) Description of Respondents

Based on Education Level From the results of the study, it is known that most respondents have a high school education level of 13 respondents (43.33%) and a small percentage have a college education level of 3 people (10%).

d) Description of Respondents by Work

From the results of the study it is known that most respondents (46.67%) of Respira Yogyakarta hospitals have jobs as entrepreneurs, as many as 30% have jobs as

private employees, as much as 16.67% as civil servants / ABRI, while as many as 6.67% do not work.

e) Respondents' Descriptions Based on Sources of Financing for Health Services

From the results of the study note that most patients use ASKES funding sources to get health services as much as 26.67%, and 30% use JAMKESMAS / poor cards and as much as 43.33% use public / pay for themselves.

f) Respondents' Descriptions Based on the Length of Treatment in the Hospital

The results of the study revealed that most patients (43.33%) were hospitalized for 4-5 days, 26.67% for 3 days of treatment, 23.33% for 6-7 days of treatment and 6.67% for > 7 days of treatment.

3. Input

1. Number of patients

The number of patients on average every month inpatient installation treated more than 45 patients. Obtained data on the number of inpatients in January to December 2017.

From the table above it is known in 2017 that the number of BOR patients in January was 25.62% and in February the percentage was 30.22%, in March the percentage was 30.97%, in April the percentage was 27.67%, in May the percentage was 31.80%, then in June the percentage was 20.17%, in July the percentage was 30.00%, in contrast to the previous months BOR in August to December the percentage was greater, however, in August the BOR presentation was far greater than the others, reaching 69.49%, this was due to the addition of new space, namely Isolation space, September percentage of 61.56%, October percentage of 62.17%, November the percentage is 62.83% and the last is in December the percentage is 58.06%. Percentage of BOR 60% -85% per year is the standard value of the Ministry of Health of the Republic of Indonesia. If the average

rate of use of a bed below 60% means that the bed available in the hospital cannot be used properly and if more than 85% then it will result in a bed that should be used for extraordinary events (KLB) will be fully charged so that the hospital will not be able to accommodate patients who will be treated with these extraordinary events (KLB). It also avoids the absence of time for cleaning the rooms of patients who are treated because almost all beds are more than 85 percent a day so that it can cause an increase in HAI infection (Healthcare Associated Infections).

4. Proses

Based on the results of interviews with all respondents, there were several obstacles in patient satisfaction as in the table below:

Obstacles

AxialCoding

Knowledge:

1. Patient satisfaction surveys are not conducted periodically.
2. Not all understand the indicators of good service quality
3. The doctor does not provide the opportunity to ask the patient
4. The doctor does not explain the diagnosis to the patient

Attitude:

1. There are still some content of patient dissatisfaction with hospitals
2. The doctor's attitude is not good in the delivery

Theme

Knowledge:

1. Routine satisfaction surveys
2. Uneven knowledge
3. Lack of ownership
4. Lack of attitude

5. Output

From the research conducted to determine the level of satisfaction in patients with special pulmonary inpatients at Respira

Hospital, Yogyakarta, the results were obtained as follows:

In the dimension of communication the level of satisfaction in receiving information on the condition of the patient is that there are 73.33% satisfied, while 26.67% are not satisfied. Furthermore, the level of satisfaction in receiving information on care is the presentation of 80.00% satisfied, and 20% dissatisfied, then the level of satisfaction in the procedure of the percentage of action is 83.33% satisfied, while 16.67% is not satisfied, the next is the level of satisfaction on the information of the action termination is far greater than 86.67% satisfied, and 13.33% dissatisfied.

In the tangibility dimension, the level of satisfaction on the cleanliness of the room is 73.33% satisfied, 26.67% dissatisfied, then the level of satisfaction in the comfort of the presentation room is 76.67% satisfied, and 23.33% less satisfied, then the level of satisfaction in medical equipment is 90% and 10% are not satisfied. Furthermore, the level of satisfaction at the doctor's appearance was 83.33% satisfied, and 16.67% were dissatisfied, the next was the level of satisfaction in the appearance of nurses, namely the percentage of 80% satisfied, 20% dissatisfied. Then the level of satisfaction in the availability of Cart, the percentage of 53.33% satisfied, 46.67% dissatisfied. Furthermore, the level of satisfaction in the cleanliness of the bed is 70% satisfied while 30% are dissatisfied, the latter is the percentage of 70% satisfaction in eating utensils cleanliness, 30% dissatisfied.

In the Responsiveness dimension, the satisfaction level in the queue setting for the presentation of the presentation was 40% satisfied, and 60% were not satisfied. Furthermore, the level of satisfaction on the percentage of administrative staff's response was 43.33% satisfied, 56.67% dissatisfied. Furthermore, the level of satisfaction when the doctor asked the patient for a percentage of complaints was 33.33% satisfied, and

66.67% were dissatisfied. Then the level of satisfaction in the doctor gives the opportunity to ask the patient, the percentage is 30% satisfied, 60% are not satisfied. Furthermore, the level of satisfaction in the doctor explained the diagnosis to the patient, the percentage was 30% satisfied, 70% were dissatisfied. Furthermore, the level of satisfaction in nurses is friendly to patients 76.67% satisfied, and 23.33% dissatisfied, the latter is the level of satisfaction in nurses responding to complaints about patients percentage of 70% satisfied, 30% less satisfied.

In the dimensions of Empaty, the level of satisfaction on the health-friendly attitude of the percentage was 83.33% satisfied, 16.67% dissatisfied. While the level of satisfaction at fair for all patients the percentage of 76.67% satisfied, 23.33% dissatisfied, then the level of satisfaction at the time of giving a percentage greeting reached 80% satisfied, 20% dissatisfied. Then the level of satisfaction in the language that is easily understood is 63.33% satisfied, 36.67% dissatisfied. The level of satisfaction on the percentage of gratitude was 80% satisfied, 20% dissatisfied, then the level of satisfaction in calming the patient's anxiety was 66.67% satisfied, 33.33% dissatisfied. Then the level of satisfaction with the availability of the consultation time was 33.33% satisfied, 66.67% dissatisfied, then the level of satisfaction in entertaining patients, the percentage was 66.67% satisfied, 33.33% dissatisfied.

In the Dimensions of Reliability the level of satisfaction with fast in the acceptance of patients, the percentage of 70% satisfied, 30% dissatisfied, then the level of satisfaction to the doctor on time was 36.67% satisfied, 63.33% dissatisfied. Furthermore, the level of satisfaction in the readiness of the doctor, the percentage was 50% satisfied, 50% dissatisfied, then the satisfaction rate of the doctor's rapid action was 53.33% satisfied, 46.67% less satisfied,

then the level of satisfaction with the nurse's readiness was 70% satisfied, 30% less satisfied, then the level of satisfaction with the coordination between nurses and doctors is 73.33% satisfied, 26.67% less satisfied. Next is the level of satisfaction in the procedure of drug administration, the percentage is 56.67% satisfied, 43.33% less satisfied.

In the Assurance dimension the percentage of satisfaction levels is the greatest, namely the confidentiality of patients whose percentage is 80%, while the percentage level of dissatisfaction is in the performance of doctors, namely the percentage reaches 63.33%

DISCUSSION

Parasuraman, Zeithaml, and Berry in Muninjaya (2014), analyze the dimensions of service quality based on five aspects of quality components. Five aspects of service quality are known as Servqual (Service Quality). Servqual has a contribution in identifying problems and determining the initial steps of service providers to evaluate the quality of service (Emin Babakus, 1992).

Quality dimensions according to Parasuraman et al. Consist of five dimensions.

1. Physical Proof (Tangibles)

The quality of service can be felt directly on the appearance of physical facilities and supporting supporters in the service. From the results of the research Tangibility level of satisfaction in room cleanliness is the percentage of satisfaction of 73% satisfied that means it is good, then the level of satisfaction in the comfort of the room is also good, because the percentage of satisfied is 77%. then the level of satisfaction in medical equipment is very good percentage of satisfaction that is equal to 90%. Furthermore, the level of satisfaction in the appearance of the percentage of physicians is very good, namely 83% satisfied. The next is the level of satisfaction in the appearance of nurses,

namely the percentage is very good at 80% satisfied. Then the level of satisfaction in the availability of Trolleys, the percentage was 53% satisfied. Furthermore, the level of satisfaction in the cleanliness of the bed was 67% of the percentage was satisfied. The last was the level of compliance with the dish hygiene percentage was 70% satisfied. From the results of the above research it can be concluded that the tangibility dimension of patient satisfaction is very good.

2. Reliability

namely the ability to provide services on time and accurately according to what is set. In the Dimensions of Reliability the level of satisfaction with fast in the acceptance of patients, the percentage of 70% satisfied, 30% dissatisfied, then the level of satisfaction to the doctor on time was 36.67% satisfied, 63.33% dissatisfied. Furthermore, the level of satisfaction in the readiness of the doctor, the percentage was 50% satisfied, 50% dissatisfied, then the satisfaction rate of the doctor's rapid action was 53.33% satisfied, 46.67% less satisfied, then the level of satisfaction with the nurse's readiness was 70% satisfied, 30% less satisfied, then the level of satisfaction with the coordination between nurses and doctors is 73.33% satisfied, 26.67% less satisfied. Next is the level of satisfaction in the procedure of drug administration, the percentage is 56.67% satisfied, 43.33% less satisfied. From the results of the above research it can be concluded that in the dimension of Reliability the level of patient satisfaction is good.

3. Responsiveness

In the Responsiveness dimension the level of satisfaction in the queue setting registration presentation is 40% satisfied, and 60% dissatisfied, this means that the level of dissatisfaction is more than the level of satisfaction. Respira Hospital must further improve the queue regulation system for registration. According to Herjanto Queue

theory is an analytical method used to evaluate the cost and effectiveness of a queuing system. If the service facility is more than the optimal amount, this means that it requires a large investment, but on the contrary, if the amount of non-optimal costs, the result is a service delay. In implementing the queuing system, hospital management must also consider several factors such as number of employees, costs incurred, time needed in service and provision of supporting facilities in the smooth operation to provide optimal services. In addition, service facilities can also support and support the hospital in working properly and optimally in providing services to patients in checking their health. (Syaifullah 2010)

Furthermore, the level of satisfaction on the percentage of administrative staff's response was 43.33% satisfied, 56.67% dissatisfied. Furthermore, the level of satisfaction when the doctor asked the patient for a percentage of complaints was 33.33% satisfied, and 66.67% were dissatisfied. Staff responsiveness relates to aspects of alertness of officers in meeting patients' needs for services that are desired. The level of alertness of the administrative officers in providing services to patients is one aspect that can affect the patient's assessment of the quality of services provided by the Hospital.

Then the level of satisfaction at the doctor gives the opportunity to ask the patient, the percentage is 30% satisfied, 60% dissatisfied the level of dissatisfaction is much greater because the doctor does not provide the opportunity to ask the patient, even though if the doctor's communication with the patient is an important foundation in the diagnosis process, therapy or prevention of disease. Communication occurs through the delivery of messages from the sender to the recipient. Message is a meaning (ideas and feeling) obtained by someone from another person, an activity, room or anything related to that person. Patient Doctor Communication must be

maintained and maintained by both parties so that they are well established in order to obtain this meaning. Some patients complained about doctor's services not because of the doctor's lack of ability but because he felt that he was not being cared for and there was no opportunity to express what was felt to cause dissatisfaction with the patient. The doctor's willingness to provide sufficient time is needed to establish good communication between the Patient Doctor. Patients will feel reluctant to communicate well with doctors who are always busy, seem hasty and look reluctant to communicate.

Furthermore, the level of satisfaction in the doctor explained the diagnosis to the patient, the percentage was 30% satisfied, 70% dissatisfied this meant the level of patient dissatisfaction was much greater than the percentage of satisfaction caused by the patient not getting an explanation of the diagnosis of the disease from the doctor. Research conducted by Aulia at all (2014) The results of the relationship test state that there is no relationship between the diagnosis of the disease and the level of satisfaction. Generally patients who come with a sick state want to quickly cure, besides sick patients tend to want more attention. in the field that there are not many complaints from health workers. The humanitarian aspect is prioritized by the hospital so that it can cause a lack of relationship because respondents have felt good treatment with the SEC and the appropriate cure rate so that the sick factor is not the main thing in determining satisfaction. From the results of research conducted by Aulia, researchers do not agree because Diagnosis in general is an attempt to find out or identify a type of disease or health problem suffered or experienced by a patient or sufferer, meaning if the doctor explains what the patient is actually suffering from, then of course the patient will not wonder what is the actual illness, and vice versa, if the

doctor explains the diagnosis of a patient's disease, the patient will not ask questions. What exactly is the disease, because there is an explanation from the doctor, so that the patient will be more extra in paying attention to or maintaining his health.

Furthermore, the level of satisfaction in nurses is friendly to patients 76.67% satisfied, and 23.33% dissatisfied, the latter is the level of satisfaction in nurses responding to complaints about patients percentage of 70% satisfied, 30% less satisfied. From the results of the above research it can be concluded that in the Responsiveness dimension the level of patient satisfaction is not good.

4. Assurance

That is related to the sense of security and comfort of the patient because of the trust in the officers who have the right competence, credibility and skills in providing services and patients obtain a guarantee of safe and comfortable services. From the results of the study, it was found that in the Assurance dimension the percentage of satisfaction level was the greatest, namely the confidentiality of patients whose percentage was 80%, while the percentage level of dissatisfaction was found in the performance of doctors, namely the percentage reached 63.33%.

5. Empathy (empathy)

that is relating to the care and attention of the officers to each customer by listening to complaints and understanding needs and providing convenience for all customers in contacting the officers. In the Emphaty dimension, the level of satisfaction in the health-friendly attitude of the percentage reached 83.33% satisfied, 16.67% dissatisfied. While the level of satisfaction at fair to all patients the percentage of 76.67% satisfied, 23.33% dissatisfied, then the level of satisfaction in nurses always give a percentage greeting reached 80% satisfied, 20% dissatisfied.

Then the level of satisfaction in the language that is easily understood is 63.33% satisfied, 36.67% dissatisfied. The level of satisfaction on the percentage of gratitude was 80% satisfied, 20% dissatisfied, then the level of satisfaction in calming the patient's anxiety was 66.67% satisfied, 33.33% dissatisfied. Then the level of satisfaction with the availability of the consultation time was 33.33% satisfied, 66.67% dissatisfied, then the level of satisfaction in entertaining patients, the percentage was 66.67% satisfied, 33.33% dissatisfied. From the results of the above research it can be concluded that in the Emphaty dimension the level of patient satisfaction is good.

6.Communication

(Communication)DimensionThe level of satisfaction in receiving information on the patient's condition is that there are 73.33% satisfied, while 26.67% are not satisfied. Furthermore, the level of satisfaction in receiving information about care is the presentation of 80.00% satisfied, and 20% dissatisfied, then the level of satisfaction in the procedure of the percentage of action is 83.33% satisfied, while 16.67% is not satisfied, and the next is the level of satisfaction on the information on the termination of the action far greater that reached 86.67% satisfied, and 13.33% dissatisfied. From the results of the above research it can be concluded that the communicatin dimension of patient satisfaction is good.

Description of Respondents

1. Patient satisfaction based on gender

Based on the results of the study it was found that most of the hospital inpatients at Respira Yogyakarta were male, as many as 19 respondents (63.33%). Respondents with female gender were 11 respondents (36.67%). Statistical data shows that the most satisfied with nursing services are male respondents (87.2%). Gender has an influence on the views of the services

provided. Women see more in appearance, while men do not heed it. How to manage relationships for men, they tend to be more indifferent to the things raised by women, therefore they are considered more flexible than women (Gunarsa, 2008). Determinants of the level of customer satisfaction or customer satisfaction are also influenced by the characteristics of these consumers which are the characteristics of a person or the distinctiveness of a person who distinguishes one person from another. These characteristics are in the form of name, age, gender, educational background, ethnicity, religion, occupation, etc. (Sangadji & Sopiah, 2013)

2. Patient Satisfaction based on Patient Age

From the results of the study, it was found that the level of satisfaction of most of the Respira Yogyakarta Hospital patients had an age of over 60 years, as many as 14 respondents (46.67%). Whereas at least the age of 20-29 years is 1 respondent (3.33%). Gunarsa (2008) revealed that increasing a person's age can affect his health, where there is a decline in the structure and function of organs, so that older people tend to use health services more than young people. Just as in elderly patients, who experience musculoskeletal disorders, will experience a decline in function in bone recovery, which can lead to long limitations, so that it can increase dependence on others. Then, because of emotional influence, some of the older people with chronic diseases are more quickly accept physical limitations from younger people. This is because older people are generally more open, so that older patients have lower demands and expectations than young patients. This causes elderly patients to be more satisfied than young patients. This is also in accordance with the research conducted by Gamayanti on patients at Sardjito Hospital, in the productive age (adult) unhealthy lifestyles often occur, because unhealthy

habits, they usually do activities until night, rest less, eat no food healthy and lack of exercise, while at the age of children and or adolescents they have no right to decide something for themselves, in this age it is mentioned that a person is in the stage of growth in terms of physical, psychological / emotional and sexual towards the adult phase they still often change due to the influence of people around him based on the reference of people around him in giving his opinion about any matter and usually they will be assisted by the involvement of adults (parents / family) that are around him

3. Patient Satisfaction Based on Education Level

The results showed that the satisfaction level of most respondents had a high school education level of 13 respondents (43.33%) and a small percentage had a college education level of 3 people (10%). Research conducted by Wike Diah (2009) states that a person's level of education will influence in giving a more rational response to the information that comes and will think how far the benefits might be derived from the idea. In this case the higher one's education, the more opportunity he gets to obtain information and knowledge, where through the length of education pursued through the school level, the respondent in this case the patient will also get information from various sources.

4. Patient Satisfaction Based on work

Most respondents (46.67%) of Respira Yogyakarta hospitals have jobs as entrepreneurs, as many as 30% have jobs as private employees, as many as 16.67% as civil servants / ABRI, while as many as 6.67% do not work. In Mellyana's research (2009), it was stated that the work of factory workers and the TNI / POLRI was no different, but the way they sought information could be different, but what happened was that when the work produced low income more was used to meet family

needs, rather than seeking information what is important for the disease. This is reinforced by Green's theory, where knowledge has a direct effect on one's specific attitudes and behavior.

5. Patient Satisfaction Based on Sources of Financing to Get Health Services

The results showed that most patients (43.33%) used public funding / paid for themselves. to get health services, as many as 30% use JAMKESMAS / poor cards and as much as 26.67% ASKES. According to Widia Susanti (2008) There are different ways of paying, so the administrative procedures for obtaining services are also different. For patients who pay through health insurance prior to receiving hospital service, they must complete the administrative requirements that have been determined. For general patients, the provision does not exist. Health care for participants is carried out in stages ranging from primary services to specialist services through a referral system so that maintenance is guaranteed. health includes first-level outpatient care, advanced level outpatient care, first-level inpatient care and advanced hospitalization. The payment mechanism establishes incentives for service providers that will affect the relationship between service providers and patients. Incentives received by health providers from health insurance patients are smaller compared to incentives obtained from general patients. Research conducted by Widia Susanti (2008) Non-Askes patients or general patients are more satisfied with health services compared to Askes patients. The average general patient feels more satisfied. This is probably caused by differences in administrative procedures that must be taken by Askes patients. The Government in 1991, that the Askes participants to obtain services at the hospital must carry out the administrative procedures that have been determined. Whereas for non-Askes patients can immediately get

services in the hospital without administrative procedures which are complicated the direct method of payment is directly paying individuals to health care providers in hospitals, health care centers and private practices (Azwar, 1998).

6. Patient Satisfaction Based on the Length of Treatment in the Hospital

The results showed that most patients (43.33%) were hospitalized for 4-5 days, 26.67% for 3 days of treatment, 23.33% for 6-7 days of treatment and 6.67 % for > 7 days of treatment. Duration of treatment is not only based on the type of disease but also other factors. Patients with the same type of disease, it is very possible to have a different length of treatment, it is affected emotionally how the patient's self-acceptance of the disease. In Anjaryani's research (2009), it was stated that the length of time a patient was treated was seen from 2 approaches, namely the disease suffered by the patient did take a long time (could be more than a week) and the patient felt at home in treatment. This arises because things are psychological and administrative in accordance with patient expectations.

CONCLUSION

1. Input Aspect

There is Satisfaction of Inpatients in Respira Yogyakarta Hospital Respira Yogyakarta Hospital Hospital plays a role in the quality of health services.

The number of equipment in Yogyakarta Inpatient Installation is in accordance with the needs of patients, both in quality and quantity.

2. Process Aspects

Development of patient satisfaction has involved the health service quality team.

There are still obstacles in fulfilling patient satisfaction including non-routine satisfaction surveys, uneven knowledge, lack of ownership, lack of attitude

Evaluation of patient satisfaction is not done routinely

3. Output Aspect

Satisfaction of Inpatients at Respira Yogyakarta Hospital.

SUGGESTION

- a. Adding a specialist doctor, because at Respira Hospital only has 1 Lung specialist doctor.
- b. Doctors are expected to provide an explanation of the disease to the patient regarding the diagnosis of the disease
- c. Doctors are expected not to rush or give patients the opportunity to ask questions or consult about their illness.
- d. Respira Yogyakarta Hospital needs to improve services in the registration queue setting.
- e. The service quality team needs to conduct regular evaluations related to patient satisfaction.
- f. Respira Yogyakarta Hospital needs to improve patient satisfaction such as the comfort of the environment in the waiting room area because it does not meet the large number of patient visits

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