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Hospital Services And Their Influence On Patient Satisfaction With Emotional Moderation

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ABSTRACT
The topic related to satisfaction with a service is an issue that is still interesting to study. Service quality in the service industry is closely related to the process of forming individual satisfaction. Many phenomena occur, especially in health services in hospitals. Apart from the existing phenomena, it turns out that several studies related to the quality of hospital services that have been conducted previously still found inconsistent results (Kim, 2011; Chandra et al., 2018; Ratnawati, 2020). The inconsistent relationship that has occurred so far requires further explanation related to the causal factors. This inconsistent phenomenon and relationship certainly requires further explanation related to the causal factors. Therefore, the current study was conducted to explain this by conceptualizing emotions as a moderating variable. The research method used was a survey conducted on patients at several private hospitals in Lamongan. Data collection was carried out through a questionnaire on 300 respondents. Furthermore, the data will be analyzed with Partial least Square (PLS). Research results explain that quality measured service with HCSQ Model has significant influence to satisfaction patient. On the side other, variable emo moderator said weaken interaction connection between quality service with satisfaction However No significant.

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INTRODUCTION

Service performance health in Indonesia until moment This Still become worthy issue For researched. Especially in quality services and how give Patient satisfaction. It was mentioned in a news report that patients had to queue for a long time because of the less than optimal service at the registration counter, procedures service Referral patients from health centers to higher health facilities such as hospitals that do not systematic with Good. In the news coverage, it states complaints from BPJS patients who have to go through unsystematic procedures, making patients spend a lot of time traveling just to get a referral letter in order to receive health check-up services (Khoiriah, 2021; Pattopoi, 2022). Of course, this should be of greater concern to the managers of both. The service system should be made more effective and efficient so as not to make things difficult for patients. Evaluation in the service distribution process must also always be carried out to increase the ease of patients in using health services.

With existence existing phenomena in the field can it is said that part big House sick

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in Indonesia still Not yet own standard that is standard related service to patients. Things that are detrimental patient This certainly triggers emotions and questions from patients about the reliability of the hospital. Hospitals and health care providers must certainly prioritize the interests of patients. Can concluded here that emotion patient appear when individual not getting the proper service when you need it so that impact on the formation process satisfaction even up to loyalty patient.

In fact, several studies related to the quality of hospital services have been conducted previously, but inconsistencies in the results are still found (Kim, 2011; Chandra et al., 2018; Ratnawati, 2020). The indication is because the setting research and background different respondents. However, the inconsistent relationship that has occurred so far requires further explanation related to the causal factors. This is because service quality and satisfaction are the spearheads of the service industry.

Through background behind said, then in study This expected capable test return How influence quality service from House Sick capable influence satisfaction patients. In addition That study this is also trying For test whether variable moderation emotion capable influence interaction connection between quality service with satisfaction patient.

METHOD

Research design used in this study is a quantitative research design. To get answers to the problems that have been raised, the approach in this study uses a survey method by distributing questionnaires. The questionnaire consists of two parts, namely demographic profiles and variable measurement items. For demographic profile items, they consist of gender, age, education, frequency visiting, patient status, type House hospital visited and duration service. For the measurement of this study using a five- point Likert scale (1 states strongly disagree to 5 strongly agree).

The population in this study were patients take care the road that is in the public polyclinic or specialist at home Sick private sector in the Regency Lamongan, East Java. Samples were taken from 300 respondents, with the consideration For fulfil condition in the statistical analysis used is PLS SEM.

DISCUSSION

Analysis Descriptive Respondents

Based on Data collection through questionnaires that have been distributed within a period of one month has received a response of 300 respondents. For results profile Respondent will shown in Table 1.

From table 1 we can see given an outline where the most Respondent 65.3 % are women. Respondent with age 25-34 years as much as 40% compared to with range age others. For Education most Respondent with The last education level is high school as much as 51.3%. Furthermore as many as 58% of respondents is patient take care less road from 1 year become patient at home the pain that becomes object research. If you look at from the amount frequency visit in six month Lastly, respondents Lots answered "2 times" as much as 61.1%. Then as many as 57% of respondents is patient general or without

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insurance and lastly Respondent answer " less " from 1 hour" for duration service patient.

Table 1 Description Respondents Study

Profile	Measurement	Amount Respondents (%)
Gender	Man	34.7%
	Woman	65.3%
Age	< 25	31.0%
	25-34	40.0%
	35-44	17.3%
	45-56	4.0%
	57 and above	7.7%
Education	SD	4.3%
	JUNIOR HIGH SCHOOL	6.0%
	SENIOR HIGH SCHOOL	51.3%
	D3	2.7%
	Bachelor	32.7%
	Other	3%
Length of time registered as a patient	Less than 1 year	58.0%
	1-2 years	11.0%
	More from 2 years	31.0%
Frequency of visits in the last six months	1 Time	2
	2 Time	1.3%
	3 Time	6 1.1
	More from 4 times	%
		10.3%
		7.3%
Patient Status	General (without insurance)	57.0%
	Insurance Government	38.7%
	Insurance Private	4.3%
Duration of Service	Less than 1 Hour	47.3%
	1-2 Hours	33.0%
	2-3 Hours	12.3%
	More from 3 Hours	7.3%

Source : Answer results respondents, data processed.

Results of Instrument Validity and Reliability Tests

Validity testing is used to test the indicators used to measure variables in study is good and able to measure the variables or not. This is the basis for the validity test to be carried out on each indicator. In research This validity test was carried out by testing the Convergent value validity. Convergence testing validity using outer test loading or loading factor of each indicator and test the Average value Variance Extracted (AVE) owned by each variable.

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Construct is said to be valid if the value loading outer > 0.4 and the value of AVE > 0.5 (Hair et all., 2010). Furthermore to test reliability, researchers using Composite Reliability (CR), with a CR value > 0.7 so that the construct test can be accepted according to Fornell and Larcker (1981). The CR and AVE values have shown in Table 2.

As shown in table 2 which informs the results of the validity test where mark loading factor > 0.4. This is means data from study This has met the criteria. Then for the AVE value of the quality variable service the result obtained is 0.545 next For variable satisfaction of 0.807, and the variable emotion of 0.824, so the AVE value is > 0.5 and has fulfil criteria.

For the reliability test, all construct variables met their reliability, where the CR value for the quality variable service obtained 0.939, variable satisfaction of 0.893, and the variable emotion of 0.949, so that can concluded that the data consistency is in accordance with the criteria that is CR value > 0.7.

Table 2 Loading Factor, AVE and Composite Values Reliability Research Model

Variables	Dimensions	Indicator	*Loading Factor*	AVE	CR
	Empathy	MP1	0.900	0.545	0.939
		MP2	0.930		
		MP3	0.899		
		MP4	0.902		
	Physical Evidence	T1	0.926		
		T2	0.911		
		T3	0.876		
Quality Service		T4	0.892		
(HCSQ model)		T5	0.850		
	Security	SFT2	0.923		
		SFT3	0.923		
		SFT4	0.894		
	Efficiency	EFC1	0.720		
		EFC2	0.903		
		EFC3	0.888		
		EFC4	0.884		
Satisfaction		SAT1	0.920	0.807	0.893
		SAT2	0.876		
Emotion		E1	0.913	0.824	0.949
		E2	0.936		
		E3	0.909		
		E4	0.872		

Source : respondent data processed

Discriminant Validity Test

Discriminant validity relates to the principle that different measures of a construct should not be highly correlated. Discriminant validity occurs when two different instruments measuring two constructs that are predicted to be uncorrelated produce scores that are in

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fact uncorrelated.

Criteria Discriminant testing validity is by looking at the fornell value lacker criterion. Fornell lacker criterion is the correlation of variables with the variables themselves, and the correlation with other variables. Fornell's criterion lacker The criterion is that the correlation value of a variable with the variable itself must not be smaller than the correlation value of the variable with other variables. Fornell value Lacker Criterion of The test results are shown in Table 3.

Table 3 Validity Discriminant with Fornell Lacker Criteria

	Quality of service	Satisfaction	Emotion
Quality service	0.671		
Satisfaction	0.618	0.898	
Emotion	0.513	0.597	0.908

Source : respondent data processed

Based on Table 3 it can be known that Fornell's value Lacker Criterion is valid. This can be seen from the correlation value between the variables themselves which is not smaller than the correlation value of the variable with other variables.

Coefficient Determination (R 2)

Coefficient of determination is an indicator used to describe how much variation is explained in the model. Based on the value R 2 can be used to determine the level of significance or suitability of the relationship between independent variables and dependent variables in linear regression.

The R square value is A value indicating how much big influence independent variable against variable dependent. R squared is a number ranging from 0 to 1 which indicates the magnitude of the combination of independent variables together affecting the value of the dependent variable.

Table 5 Square Value

Variables	Adjusted R Square
Satisfaction	0.587

Source: Data processing results using Smart PLS

As for the value R 2 resulting from in study This has shown in table 5. Based on Table 5 can it is concluded that the quality variable service as independent variables influence variable satisfaction 58.7 % while the remaining 41.3% influenced by other variables outside the variable quality service and satisfaction.

Testing Hypothesis

Main Effect Test

This test aiming For know connection between which variables can be seen from the output estimation results path coefficient (path coefficient) and value p- value. If T statistic value more from 1.6 then stated significant. Besides the influence of the structure between variables is said to be significant too seen from mark p- value < 0.01. The result of testing This shown in Table 6.

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Table 6 shows that existence connection positive and significant between quality service with satisfaction (SD= 0.051; t=8.416, p= 0.000 < 0.01). This is indicates that if provider service give quality service will get trust, perceived value, good reputation, satisfaction customers, and intentions and loyalty clear behavior (Chen et al., 2012; Hamzah et al., 2017; Huang et al., 2019; Meesala and Paul, 2018; Namin, 2017).

Table 6 Independent Variables on Objective Variables

	Standard Deviation	T Statistics	P Values
Healthqual -> Satisfaction	0.051	8,416	0,000 ***

Source : data processing via smart PLS, *** significant at *p-value* 0.01

Interaction Effect Testing

After conduct a main effect test, to know influence of moderating variables need done Interaction Effect Testing. In table 7 it is known that results testing to connection between quality moderated service and satisfaction emotion indicates relationship that is not significant (p- values= 0.995 > 0.05) with t-test value that is valuable positive. This is means emotion capable strengthen interaction between quality service with satisfaction However No with significant.

Table 7 The influence of independent variables on the objective variable

Hypothesis	Unconstrained				
	Original Sample	Sample mean	SD	T Statistics	P Values
KL->KP	0.248	0.258	0.082	3,013	0.003 ***
KL *EMOTION-> KP	0,000	0.010	0.013	0.007	0.995

Description : KL: Quality Service, KP: Satisfaction,
* significant at *p-value* 0.05
Source : data processing via smart PLS

CONCLUSION

After do stages research and testing can concluded that, the constructed model refers to the variables adopted from the research. previously revealed issues regarding quality service and satisfaction with involving variable emotion as moderation. Positive and significant relationship happens in quality service and satisfaction which means the more quality services provided to patients so satisfaction patient will increased. This is means quality service which are given House Sick capable be a good stimulus For increase satisfaction patient. Suggestions for further research are expected to add other variables such as variable loyalty and do testing indirect effect. Besides That consider for me add variable moderation other For test relationship that still No consistent. For study next also can develop connection variable emotion on loyalty and also atmosphere heart of loyalty good on object same research or to the provider service others. Lastly, for study furthermore expected use measurement more satisfaction complex especially If the stimulus is quality service.

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