The Gap of Hospital Service Performance By Using Service Quality Analysis

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Abstract: *Patient is a customer of the Hospital whose satisfaction must be noticed. The satisfaction of patient is depended on the service performance which has been performed by the hospital. Service quality analysis is used to measure the expectations and the perceptions of respondents about service quality which has been provided by the hospital, so the occurred score gap can be known. The samples are 96 inpatients who have been selected by using accidental sampling method. The data collection has been carried out by using questionnaires. This research recommends that the hospital should find strategies in order to improve their service quality and to maintain consumer (consumer retention).*

Keywords: *service performance, servqual analysis*

I.   Background Of The Problem

Hospital services (RS), is a public service which is needed and important in order to fulfill the demand of health. There are many elements that contribute and support the function of hospital operational. One of the main elements is the intensive and high quality Human Resources (HR), and the awareness of the appreciation of the devotion to the interest of society, especially in the fulfillment of the needs of the health services. The next process in the service is to make the customer satisfied. Customer satisfaction has become the key concept in any business activity services.

Customers in this research are patients who have ever used medical services in hospitals, particularly the inpatient services. Satisfaction is an expression of feeling on the fulfillment of individual needs. Kotler and Keller (2009) defines satisfaction as the feeling of happy or upset which has been experienced by someone after he or she makes comparison between the perception of performance or the result of a product with its expectations. Customer expectations can be formed through the communication between the hospital party and customers. This expectations will increase or even decrease after consumers have a communication or interaction with other customers. Lovelock (2007) indicates that the presence of the gap between the expectation and service performance that has been provided. The management should comprehend completely the main influence of this gap toward the expectations and the perceptions about performance.

It has been expected that the research which has been carried out can show the service quality elements of the hospital, so the formulation of the problem is how far the gap quality level which has been received by the patients and the expectation of the patients on the inpatient service quality at Government General Hospital in Surabaya.

II.   Service

Kotler and Keller (2009) defines service is a performance that is offered by one party to other parties, which is basically immaterial and it does not make any ownership on something. In its production, service can or cannot correlate to the physical product. Munhurrun et al. (2010) states that service is not similar to real product that is produced and consumed in front of the customer and the service provider at the same time.

Tjiptono (2007) emphasizes the definition of service by intepreting service as activity, benefit, and satisfaction which is offered for sale. For example: garage, repairment, beauty salon, hotel, and hospital.

Service Quality

Payne (2007) states that relationship marketing concept combines quality, customer service and marketing. There are service companies which are not as success as they have expected in achieving customer focus through their marketing activities, many organizations fail to reach success in quality and customer service inniciative. Customer service level should be determined by the measurement of customer needs and the performance of competitors based on the research and should recognize the needs of various different market segment. Unlike Payne, Zeithaml et al, (1993) concludes that service quality is defined by customer. Service quality is defined as the contradiction between customer expectation and perception.

Service quality must be started and customer needs end on customer perception (Kotler and Keller, 2009). It means that good quality image is not based on the point of view or the perception of the service provider, but it is based on the point of view or the perception of the customer. It is the customer who consumes

and enjoys the service of the company, so it is the customer who should determine service quality. Customer perception to the service quality is the total assessment of service superiority. Nevertheless, it should be noticed that service performance mostly inconsistent, so customers have to use intrinsic and extrinsic service signal as the reference.

Gronroos (2007) states that in order to enhance the long term quality, customer expectation should be focused, expressed, and calibrated and customer should develop dynamic expectation model which describes that professional service quality has been developed in accordance with the relationship of the customer from time to time.

Customer Satisfaction

Lovelock (2007) states that customers experience various satisfaction or dissatisfaction level after receiving various services in accordance with how far their expectation fulfilled or exceeded. Satisfaction is an emotional condition, post-purchase reaction in the form anger, dissatisfaction, aggravation, neutrality, happiness, or pleasure. According to Kotler and Keller (2009) (2009) the definition of satisfaction is: someone who feels happy or dissapointed which comes from the comparison of his or her impression to the performance (or the result) of a product and his expectations.

Next, Zeithaml and Bitner (1996) explain that customer satisfaction will be fulfilled when the service delivery process from the service provider to the customer is in accordance with something that has been perceptioned by the customer. Therefore, various factors such as subjectivity of service provider, customer psychological condition and service provider, external environmental condition and so on are perceptioned by the customer in different ways.

Customer Expectation

Customers make expectation based on brand or product which will give satisfaction and benefit (Assael, 1998). Parasuraman, et.al. (1990) expectation is a customer's trust before he or she purchases a product and it becomes the reference in assessing the performance of the product.

Nabi (2012) explains that customer expectation is what customer wants to receive from services. It can be concluded that expectation is an uncontrollable factor which includes past experience, advertisement, customer perception by the time purchasing is conducted, background, behavior and brand image. Moreover, the influence of customer expectation is pre-purchasing trust, word of mouth, inividual needs, experienced customer, and other personal behaviors. Different customer has different expectation which is based on customer knowledge on products and services.

Consumer Perception

Customer perception itself may change as an accumulated experience of a company or product (Dutka, 1994). Perception assist individuals in selecting, managing, storing and interpreting the stimulus into a unified and meaningful description of the world. Therefore, a perception has a role in the way of how the acquisition of knowledge about an object or an event at a given time, then the perception occurs when the stimulus activates the senses. Since the perception involves the knowledge (cognitive) then the perception has a role in the receiving, organizing, and translating or interpreting the organized stimulus in order to influence the behavior and to form the attitudes (Gibson et al, 2011).

III. Servqual Analisis

Furthermore, Zeithaml and Bitner (1996) explains that customer satisfaction will be fulfilled when the process of delivering services from the service provider to customer is in accordance with what has been perceived by customer.
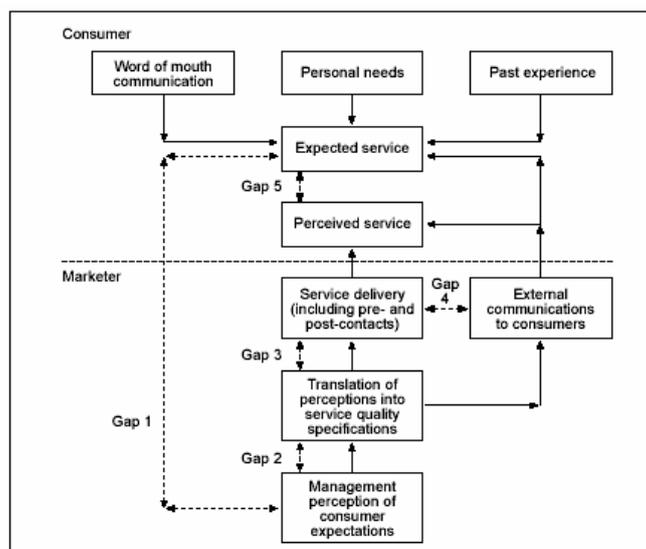
Figure 1: Service Quality Gap

The difference in the delivery of what has been perceived by customer includes five differences i.e.:
1. The gap between customer's expectations with management perception. This gap arises as the result of the ignorance of the management about what sort of real service qualities that have been given to the customer. Moreover, this ignorance brings the consequence to the impropriety of design and service standards.
2. The gap between management perception of consumer expectations and service quality specification arises. This gap arises because the managers establish service quality specification based on what they believe to be demanded by the customer.
3. The gap between service quality specification and actual served services arises. This gap primarily arises on the service which its delivery system is completely depend on employees. An accurate perception of customer expectations is important, but it is inadequate to ensure the presentation of the finest quality services.
4. The gap between actual service delivery and external communication to customer. Promises which have been uttered by service companies through advertising media, sales force and other communications may potentially not only will enhance the expectation which will be served as the standard of service quality which will be received by the customers, but it will improve the perception of the services that will be delivered to them as well.
5. The gap between the service which has been expected to be received accurately. This gap reflects the difference between the actual performance and the customer perception.

IV. Research Methods

Patient's Expectation. Expectation or hope is something that is normatively felt by the patient toward services and it is related to the service quality and patient satisfaction.

Patient's Interest. Patient's interest toward service quality is an opinion that is expressed about how important service quality that has been offered to the customers can satisfy them.

Patient's Performance. Patient's perception toward service is a comprehensive assessment of the advantages of a service which is also the performance of the hospital.

The total amount of the population is unknown, because the inpatients tend to be out. The amount of sample is determined by the formula:

$$n = \frac{Z.p.q}{d} = \frac{1,976 \times 0,5 \times 0,5}{0,10} = 96$$

Descriptions:
n = the number of samples
Z = normal standard price (1,976)
p = the estimator of population proportion (0,5)
d = deviation / interval (0,10)
q = 1 - p

Based on these calculations, the samples are 96 inpatients. The sample collection method which can represent the population will be carried out by using accidental sampling, the sample collection is based on accidental situation. Anyone who accidentally meet with researchers and he or she is considered to be feasible to be selected as a source of data.

The data collection techniques which has been applied in this research is done by issuing questionnaires, by asking a list of questions to the respondent and it is filled by the respondents with the purpose to gain the primary data that is required.

The instrument that has been used to collect the primary data that is required in this study is a closed-ended questionnaire, i.e.: a list of statements / questions that every statement has alternative answers / responses that can be selected when it is appropriate. The limit of the measurement that is used in the questionnaire is the interval, in which a measure relatively has the same distance so the nature of the measure is homogeneous.

This analysis is used to measure the expectations and the perceptions of respondents about service quality that has been provided by the hospital so the occurred gap scores can be found. The calculation of Servqual score is done by using the formula:

Servqual score = score of perception / performance - scores expectations

Service quality of five service dimensions can be obtained by taking the average value of servqual scores of the questions that have been asked. Thus the description of the assessment of the respondents toward service quality of the hospital can be known. The result of Servqual analysis can be divided into 3 (three) scores, i.e.:

a. Zero score (score = 0), indicates that the expectation of the members is exactly the same with the performance that has been generated by the service quality of local general hospital of Surabaya.

b. Negative score (score < 0), indicates that the expectation of respondents is greater than the performance when it is compared to the company that is being studied. This condition will make the respondents feel less satisfied or not satisfied.

c. Positive score (score > 0), indicates that the expectation of respondents is smaller than the performance that has been generated by the company that is being studied. This condition will make the respondents feel satisfied.

V.   The Result Of The Research

When the servqual score is getting larger (≥ 0 or positive), the satisfaction that has been felt by the respondents is getting larger as well, because the performance of the government general hospital in Surabaya is in accordance with or exceed what has been expected by the member. It works in the opposite way, when the servqual score is getting smaller (<0 or negative), the satisfaction that has been felt by the respondents is getting smaller as well, because the performance of the service has not met with what has been expected (the expectation of the respondents is greater than the performance of the company). It means that the service dimensions that is owned by the servqual services has the highest score which is the most satisfactory service dimension that has ever been felt by the respondents. The recapitulation of the average value of company performance, respondent expectation, and gaps are listed in the following table:

Table 1 The Average Weight Value of Expectation, Performance, and Gap for Every Atribute and Dimension

NO	ATRIBUTE	PERFORMANCE	EXPECTATION	GAP
TANGIBLES				
1	Equipments in used	4.48	4.38	0.10
2	Interesting physical facilities	4.46	4.32	0.14
3	Neat and kind Hospital employees	4.46	4.34	0.12
4	Interesting service information materials	4.25	4.35	-0.10
	Average tangibles	4.41	4.35	0.065
RELIABILITY				
5	The suitability of appoinment that has been given by the hospital	4.32	4.28	0.04
6	Patients' problem solving	4.07	4.40	-0.33
7	Services that are given at the same time	3.95	4.29	-0.34
8	Provide on time services	4.27	4.48	-0.21
9	Minimum mistakes in services	4.02	4.19	-0.17
	Average reliability	4.14	4.33	-0.18
RESPONSIBILITY				
10	Correct service announcement	4.36	4.36	0.00
11	Provide direct services to the patients	4.55	4.49	0.06
12	Always ready to help patients	4.09	4.07	-0.02
13	Always responsive to patients demand	3.91	4.17	-0.26
	Average responsibility	4.23	4.27	-0.045

	ASSURANCE			
14	Employees with good behavior	4.51	4.42	0.08
15	Sense of security that is felt by the patients at the moment they receive services	4.34	4.40	-0.06
16	Respectful manner to the patients	4.16	4.31	-0.15
17	Answering the question of the patient properly	4.22	4.16	0.06
	Average assurance	4.31	4.32	-0.018
	EMPHATY			
18	Special attention to the patient	4.36	3.97	0.39
19	Suitable operational hours for all patients	4.22	4.03	0.19
20	Employees' personal attention to the patients	4.35	4.65	-0.30
21	Understand the special needs of the patients	4.32	4.40	-0.08
	Average emphaty	4.31	4.26	0.05

From the table above, the negative gap in the service dimension can be detected, thus the total gap was negative. It means that the performance of Hospital services have not met the expectation of the respondents, in other words, expectations are still greater than the actual performance. The value gaps in each dimension when it is put in order from the smallest to the largest are: Empathy (0:05); Tangible (0065); Assurance (-0018); Responsibility (-0045); Reliability (-0.18).

Empathy service or attentive service dimension has positive value gap of 0.05. This result has made the respondents feel satisfied with the attention which has been given by the Hospital when they use inpatient medical services. Thus, the empathy dimension is the dimension that gives the largest contribution to the respondent total satisfaction level of the end-user hospital services.

Gaps tangible or embodiment also has a positive value although its value is lower than the empathy value that is 0.065. In this dimension, the respondents feel satisfaction in medical and health equipment which have been used in the hospital. Likewise, the physical facilities of the hospital have met the respondents' satisfaction according to their opinion. The apparel of nurses, doctors and hospital employees which is very neat has made the respondents feel satisfied to see it. However, the indicator of information of in-used materials, has not made the respondents feel satisfied, because the information materials indicator in the hospital is not clearly visible and it does not match with the sections of the hospital.

The indicators on the Assurance dimension has negative gap of -0.018. Assurance is the knowledge and the respect of nurses, doctors and hospital employees and their abilities to convey a sense of trust and confidence to the respondents. On the behavior item, all members of the organization Government General Hospitals in Surabaya and the attitude items of nurses, doctors and hospital employees in answering all questions of the patients have been answered properly, have positive gap. It means that the respondents feel satisfied on this question items. However, the respondents do not feel satisfied at the security items that is felt by the respondents when receiving services. This item requires attention from the hospital.

Responsiveness dimension has negative gap value of -0.048. It means that patient satisfaction in the responsiveness of the entire member of the hospital organization is felt not quite satisfactory for the respondent. On the notification item of the timeliness of the services which will be carried out has balanced value, it means that what is expected by the respondents is in accordance with the performance. But on the responsiveness item which means always responsive to any patients' requests although the medical officers have their own activities have been responded negative by the respondents, it means that on this item the respondents do not feel any satisfaction.

Reliability dimension is the ability of the hospital in fulfilling the promise that has been made has the largest negative gap among dimensions of -0.18. The respondents do not feel any satisfaction about the suitability of promise, good problem solving for each patient problems, the accuracy of service, and minimum errors in providing services.

VI.   Discussion

The discussion about the patient's expectations, patient's interests, and the performance of the hospital itself, currently is an important topic to be studied, regarding the hospital is a medical care service company for public. Likewise, the competition which occurs in hospital service industries is so competitive. The emergence of private hospitals which offer a wide range of attractive and proper services and facilities, has made challenge for local government general hospitals to contribute in improving the quality of its services, although the target segment is different from the private general hospital which generally choose the middle up class segment.

This research has generated the empathy (attention) which has the lowest gap when it is compared to other dimensions. In accordance with the observations that have been made by the researcher, that the hospital has tried to provide good and friendly service optimally to patients who come from any segment. The attention is given from the hospital to the patients is considered to be good by the respondents, which means that the inpatients have received the performance of the hospital satisfactorily. However, the circumstances that has been

described by the respondent, is an obligation for the hospital to maintain and to increase by noticing the indicators that have been stated in the dimension of empathy.

Tangible dimension or real evidence is in the second row that has small gap when it is compared to other dimensions. Real evidences which are included in physical evidence are the condition of the facilities and the inpatient room, toilets, waiting rooms, and sanitary that accompanies these facilities. Hospital is a place for someone to have medical treatment in order to heal, therefore, and the facility and the sanitary is the primary issues for the medical service company. In this case the patient assess that the performance of the hospital for this issues can be said to be good, but the interests and the expectations of the respondents for this dimension is high.

Assurance dimension ranks in the third position in the test gap analysis. The results which has been achieved in this dimension shows negative figures, so it can be concluded that the inpatients assess the performance of the hospital has not satisfactory yet. The assurance standard either on quality, safety and sanitary of the hospital has been possessed by the hospital, but this has not been responded positive by the respondents so it still has negative gap.

Responsiveness dimension is related to the quality and the attitude of the resources that is possessed by the hospital to the patient. The inpatients are the patients who use medical services facilities. Therefore, the treatment that has been received by the patients from the hospital is experienced by the patients. The inpatients assess the responsiveness of nurses, doctors and hospital employees and the result is not satisfactory. Responsiveness is still considered to be ordinary by the patients. In fact the patients expect to get a high response and interest that has a high interest value. Therefore, the hospital still needs to improve the responsiveness dimension.

Reliability dimension is the dimension that has the highest gap. The indicator of the compliance with appointments or information that has been given, the respondents give high appraisal of the performance of these indicators, and these indicators have a high level of importance. Although some indicators have been declared satisfactory by the patients, but on the whole the hospital should hold some improvements, particularly in this dimension to reduce the gap between expectation and performance that has been generated by the hospital.

VII. Conclusion

The research has concluded that empathy dimension has the smallest gap of 0.05, this means that customers are satisfied with these dimensions. Mean while the dimension which has the largest gap is reliability of -0.18 which means that the customer is not satisfied with this dimension. The gap dimensions of the other row is tangible or physical evidence (0.065), assurance or warranty (-0.018), and the responsiveness or the responsiveness (-0.045).

VIII. Suggestion

In order to improve competitiveness, especially in terms of quality of health services, there are some things that can be suggested as follows:
1. Improving the quality of human resources hospital should note, with training on the attitudes and the customer service that each personal able to serve patients well.
2. Subsequent research, it is advisable to examine also about the quality of care for outpatients so that can know the overall quality of care hospitals.

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