

THE EFFECT OF EXECUTIVE CLINIC SERVICES ON OUTPATIENT SATISFACTION AT RSUD MAJALAYA

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Abstract. This study aims to determine the effect of executive clinic services on outpatient satisfaction at RSUD Majalaya. The research method used is a quantitative approach. Based on the research results, the executive clinic services influenced **outpatient satisfaction** by 82.81%, with the remaining 17.19% affected by other factors not examined by the author. The issues identified include: (1) The lack of comprehensive information regarding the **executive clinic services**, (2) Limited access to the executive clinic as only certain individuals can benefit from it, and (3) Not all outpatients feel satisfied with the executive services. Recommendations include: (1) Hospital management should frequently conduct outreach to prospective patients and listen to patient feedback, so the hospital is aware of areas needing improvement to ensure patients feel comfortable and satisfied with the services provided. (2) Management should remind staff consistently to deliver optimal service to patients, enhancing the hospital's image through patient satisfaction, which signifies success. (3) Supervision of service delivery is necessary, as it greatly affects patient satisfaction.

Keywords: *Executive Clinic Services; Outpatient Satisfaction*

Introduction

The rapid development of times has increased the demand for information, making society more critical of what happens to them, including the growing need for health information. This has now become one of the efforts to improve healthcare quality, as

outlined in the Minister of Health Regulation No. 269/MENKES/PER/III/2008 regarding Medical Records, which states: "*The improvement of healthcare quality must be accompanied by adequate supporting facilities, including the implementation of medical records in every healthcare service facility.*"

According to Law No. 44 of 2009 on Hospitals, a hospital is an institution providing comprehensive healthcare services (including promotive, preventive, curative, and rehabilitative services), offering inpatient, outpatient, and emergency services. A general hospital, as defined in the law, is a hospital providing healthcare services for all fields and all types of diseases. Meanwhile, a specialized hospital is one that primarily offers services in a specific field or type of disease, based on discipline, age group, organ, disease type, or other specializations. A general hospital is a healthcare facility that provides services to the community for all types of diseases, ranging from basic healthcare services to subspecialty care, according to its capabilities.

In hospitals, there are various units or healthcare services, including the Emergency Unit, Inpatient Unit, Medical Support Unit, and other service units, including the Outpatient Service Unit or Polyclinic. Inpatient care is a personal healthcare service that includes observation, treatment, nursing care, and medical rehabilitation, where the patient stays in the inpatient room at government and private hospital facilities, as well as health centers and maternity homes, due to the necessity of hospitalization for their illness (Syafi'i, 2004:30). Information regarding services, procedures, and treatments during the patient's care period is recorded in the Inpatient Medical Record File. Medical records are "*files containing notes and documents about the patient's identity, examinations, treatments, actions, and other services provided to the patient at healthcare facilities.*" (Hatta, 2011: 73).

A hospital is one of the healthcare facilities that organizes health efforts. Health efforts refer to any activity aimed at maintaining and improving health, with the goal of achieving optimal health for the community. Health efforts are carried out through approaches that include maintenance, health promotion (promotive), disease prevention (preventive), disease treatment (curative), and health recovery (rehabilitative), implemented in a comprehensive, integrated, and continuous manner.

Minister of Health Regulation No. 269 of 2008 states that "*an executive clinic refers to an outpatient service facility provided at RSUD Majalaya in response to the high public demand for outpatient medical services with fast service standards, comprehensive care, and the option to choose a doctor based on the patient's preferences.*" The label "executive" is intentionally applied because this clinic provides healthcare services by specialist doctors, which are considered superior to general outpatient services. At the executive clinic, patients can choose the specialist doctor they prefer, such as for cardiology services.

There are several specialist doctors who practice with different working hours. This means that patients and their families can choose the doctor based on their preferences. The schedule of the doctors' practice can be found in the available announcements. Each specialist doctor has a different practice schedule.

One of the specific advantages of this service clinic is that the waiting time is not as long compared to general outpatient clinics. This shorter waiting time is because patients can choose when to visit based on the schedule of the specialist doctor they prefer. Currently, the executive clinic is managed by 45 specialist doctors providing medical services. To accommodate this, the management has been forced to utilize 10 pavilion treatment rooms, which have been repurposed into rooms for specialist doctor consultations.

A service is considered of good quality if the application of all service requirements can satisfy the patients. Service quality is oriented towards the implementation of ethical codes and service standards, as well as satisfaction, which refers to the fulfillment of all service requirements. Programs that maintain service quality are those implemented before healthcare services are provided. The improvement of service quality has become increasingly prominent and is even a demand from patients. To meet these needs and demands, the only effort that can be made is to provide the best possible healthcare services. If the service provided meets the patients' expectations, they will feel satisfied. However, if the opposite occurs, it will lead to a loss of interest in seeking treatment and cause patients to form negative perceptions of the healthcare services provided by the facility.

We can observe that the quality of satisfaction in healthcare is a recurring issue, as generally, the demand for satisfaction stems from the services provided. When healthcare services become a concern in society or among healthcare recipients, it often relates to the perception of satisfaction attached to all aspects of the service. Therefore, healthcare facilities are required to provide quality services to patients or the public in order to enhance service satisfaction. Service quality can be assessed by comparing patients' or consumers' perceptions of the services received with the actual services they expect. In this study, the researcher examines one of the services at RSUD Majalaya, specifically the outpatient reception. Within this service, issues have arisen regarding the quality of care provided by the staff at RSUD Majalaya, which leads to dissatisfaction with the services. The problem identified by the researcher is the many patient perceptions of receiving less-than-optimal service.

This issue falls under the responsibility of the management and service providers at RSUD Majalaya to improve their services, so that patient satisfaction in outpatient care, including treatment and health information, can be achieved.

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And from the problem statement above, the following research questions can be formulated :

- a. How is the Executive Clinic Service at RSUD Majalaya?
- b. How is the Outpatient Satisfaction at RSUD Majalaya?
- c. How does the Executive Clinic Service affect Outpatient Satisfaction at RSUD Majalaya?
- d. What are the issues regarding the effect of Executive Clinic Service on Outpatient Satisfaction at RSUD Majalaya?
- e. What efforts are being made to address the issues regarding the effect of Executive Clinic Service on Outpatient Satisfaction at RSUD Majalaya?

Basic Theory

According to the World Health Organization (WHO), a hospital is part of the medical and social organization that functions to provide comprehensive healthcare services to the community, with activities and services that extend to families and the hospital's surrounding environment. A hospital is also a center for training healthcare professionals and conducting research in biology, psychology, social sciences, economics, and culture.

According to the Republic of Indonesia Law No. 44 of 2009, Article 1, regarding Hospitals, it states that a hospital is a healthcare institution that provides comprehensive individual healthcare services, including inpatient, outpatient, and emergency services.

1. Hospital Duties

According to Law No. 44 of 2009, Article 4, regarding the duties of hospitals, it states that "*A hospital has the duty to provide comprehensive services.*"

2. Hospital Functions

According to Law No. 44 of 2009, Article 5, regarding the functions of hospitals, it states that a hospital has the following functions:

- a. Providing medical treatment and health recovery services in accordance with hospital service standards.
- b. Maintaining and improving individual health through comprehensive healthcare services at secondary and tertiary levels, according to medical needs.
- c. Organizing education and training for human resources to enhance their ability to provide healthcare services.
- d. Organizing research and development while considering the ethical standards of healthcare-related scientific fields.

3. Hospital Objectives

According to Law No. 44 of 2009, Article 3, regarding the objectives of hospitals, the regulation of hospital management aims to:

- a. Facilitate public access to healthcare services.
- b. Provide protection for patient safety, the public, the hospital environment, and human resources at the hospital.
- c. Improve quality and maintain hospital service resources.
- d. Provide legal certainty to patients, the public, human resources at the hospital, and the hospital itself.

4. Hospital Classification

According to the Minister of Health Regulation No. 340 of 2010, the classification of hospitals is as follows:

a. General Hospital Class A

A general hospital class A must have facilities and medical service capabilities that include at least 4 basic medical specialist services, 5 supporting medical specialist services, 12 other specialist medical services, and 13 subspecialist medical services.

The criteria, facilities, and capabilities of a general hospital class A include:

1. General medical services
2. Emergency medical services
3. Basic specialist medical services

4. Supporting medical specialist services
5. Other medical specialist services
6. Dental and oral specialist medical services
7. Subspecialist medical services
8. Nursing and midwifery services
9. Clinical and non-clinical supporting services

b. General Hospital Class B

A general hospital class B must have facilities and medical service capabilities that include at least 4 basic medical specialist services, 4 supporting medical specialist services, 8 other specialist medical services, and 2 subspecialist medical services.

The criteria, facilities, and capabilities of a general hospital class B include:

1. General medical services
2. Emergency medical services
3. Basic specialist medical services
4. Supporting medical specialist services
5. Other medical specialist services
6. Dental and oral specialist medical services
7. Subspecialist medical services
8. Nursing and midwifery services
9. Clinical and non-clinical supporting services

c. General Hospital Class C

A general hospital class C must have facilities and medical service capabilities that include at least 4 basic medical specialist services and 4 supporting medical specialist services.

The criteria, facilities, and capabilities of a general hospital class C include:

1. General medical services
2. Emergency medical services
3. Basic specialist medical services
4. Supporting medical specialist services
5. Dental and oral specialist medical services
6. Nursing and midwifery services

7. Clinical supporting services
8. Non-clinical supporting services

d. General Hospital Class D

A general hospital class D must have facilities and medical service capabilities that include at least 2 basic medical specialist services.

The criteria, facilities, and capabilities of a general hospital class D include:

1. General medical services
2. Emergency medical services
3. Basic specialist medical services
4. Nursing and midwifery services
5. Clinical and non-clinical supporting services

e. Specialist Hospital

Specialist hospitals include: maternity and child hospitals, heart hospitals, cancer hospitals, orthopedic hospitals, lung hospitals, dental hospitals, dental and oral hospitals, eye hospitals, leprosy hospitals, psychiatric hospitals, and ENT hospitals.

Based on facilities and service capabilities, specialist hospitals are classified into:

1. Specialist Hospital Class A
2. Specialist Hospital Class B
3. Specialist Hospital Class C
4. Specialist Hospital Class D

According to the Kamus Besar Bahasa Indonesia (2015:646), the definition of "service" is as follows:

- a. The matter or method of serving.
- b. Effort to meet the needs of others in exchange for a reward (money) or services.
- c. Convenience provided in relation to the sale of goods or services.

From the definition of service in the KBBI, we can conclude that service is an activity provided by an individual or an organization to meet the needs of others.

The definition of service according to several experts is as follows:

According to Kotler (2012:83), *"Service is any action or activity that one party can offer to another party, which is essentially intangible and does not involve ownership. Its production may or may not be linked to a physical product, thus service is the behavior of the producer in fulfilling the needs and desires of consumers in order to achieve consumer satisfaction."*

According to Yazid (2014:3), *"Service includes all economic activities whose outputs are not physical products or constructions, which in general, both consumption and production occur simultaneously, and the value added is in the form of comfort, entertainment, speed, and health, which are essentially intangible to the first buyer."*

Meanwhile, according to Groomroos (2014:27), *"Service is defined as an intangible activity that occurs as a result of interaction between consumers and employees or the facilities provided by the service organization intended to solve the problems of the community being served."*

From several definitions by experts, it can be concluded that service is as follows:

1. Service is a convenience arising from the purchase and sale of goods and services.
2. Service has elements of intangibility, but some parts are tangible.
3. Service is a "process of fulfilling needs" through activities or actions of others.
4. The subject of service is the "customer," who may react differently to services that seem the same.

Other more complete characteristics that can be used to understand the meaning of service are presented by Collins & McLaughlin, cited by Ratminto & Atik Septi Winarsih (2015:3), regarding the characteristics of service, as outlined below:

1. Consumers have memories. These experiences or memories cannot be sold or given to others.
2. The purpose of providing service is uniqueness. Every consumer and interaction is 'special.'
3. A service occurs at a certain time, and it cannot be stored in a warehouse or delivered, for example.
4. Consumers are 'partners' involved in the production process. Consumers control quality by comparing their expectations with their experiences.
5. If a mistake happens, the only way to correct it is to apologize.

6. Employee morale plays a crucial role.

According to the Minister of State Apparatus Utilization Decision No. 63 of 2003, service is defined as any form of public service activity carried out by the central government institutions, regional governments, and state-owned or regional-owned enterprises in the form of goods or services, both in fulfilling community needs and in implementing statutory provisions.

Next is the types of services themselves, which can be divided into the following categories:

a. Verbal Service

Verbal service refers to services that are tasked with providing explanations or information to anyone who requires it.

b. Written Service

Written service is the most prominent form of service in carrying out tasks. In this information age, service systems use remote service systems in the form of writing.

c. Service by Action

Generally, services in the form of actions are performed by officers who have expertise and skills. In everyday reality, these services often combine with verbal services, so services by action and verbal services often overlap.

The term "service" in English is defined as follows by Moenir (2012:26):

"Service is an activity carried out by an individual or a group of people based on certain foundations, where the level of satisfaction can only be felt by the one who provides or receives the service, depending on the service provider's ability to meet the user's expectations."

Service, in essence, is a series of activities because the service process takes place routinely and continuously, encompassing the entire life of the organization within society. The process is carried out in relation to the mutual fulfillment of needs between the service receiver and the service provider.

According to Sugiarto (2014:216), service is *"the maximum effort provided by service personnel from an industrial company to meet the expectations and needs of customers, thereby achieving satisfaction"*.

According to Sistaningrum (2014:28), *"Service is the action of one party to another in fulfilling the needs and desires of the other party in the purchase of a product."*

The definition of service, as stated by Rahmayanty (2015:95), is "*the place where money and work meet.*"

According to Gonroos in the book by Ratminto and Winarsih (2015:2), the definition of service is as follows:

"Service is an activity that is intangible (cannot be touched) that occurs as a result of an interaction between the consumer and the employee or other elements provided by the service company, which aims to solve the consumer's or customer's problems."

From these definitions, it can be understood that service is an action performed by the service provider (employee) to the service recipient (consumer) provided by the service organization to meet the expectations and needs of customers, thereby achieving satisfaction. The goal of service delivery is uniqueness because every consumer is special. The more loyal customers there are, the higher the company's profitability. Consumers are partners involved in the production process. Consumers perform quality control by comparing their expectations. If a mistake occurs, the only way to fix it is by apologizing.

The term "poli" or poly in english, which is a prefix, comes from the Greek word πολύ (polú or polý), meaning "many." "Poli" itself, according to the Indonesian dictionary, refers to a bound form. The term "poli" indicates a form of many things that are bound together into one unit.

Often, we encounter the use of the term "poli" that is not correct. For example, Poli Anak (Pediatric Clinic), Poli Mata (Ophthalmology Clinic), Poli Bedah (Surgical Clinic), and other similar terms that mention the type of specialty. The correct term should be Klinik Anak (Pediatric Clinic), Klinik Mata (Ophthalmology Clinic), Klinik Bedah (Surgical Clinic), and so on. "Klinik" itself means a place for treatment.

Correct usage examples of "poli" include:

- a. Poliklinik = which means multiple clinics bound together as one or a collection of several clinics.
- b. Poligami = which means having many wives.
- c. Polisemi = which means a word with multiple meanings or interpretations.

Let's use the term "poli" correctly, especially in the healthcare world. Examples of correct usage:

- a. Polyclinic
- b. Pediatric Clinic
- c. Internal Medicine Clinic
- d. Ophthalmology Clinic

- e. And other clinics.

Thus, it can be concluded that the definition of "poli eksekutif" is a type of outpatient service facility provided in every hospital to cater to the high public demand for outpatient medical services with quick, comprehensive service standards, where patients can choose the doctor they prefer.

The term "eksekutif" is intentionally added because this poli offers specialist healthcare services that are of a higher standard than general poli services. In the poli eksekutif, patients can choose the specialist doctor they wish to consult, such as for cardiology.

There are several specialist doctors with different working hours. This means that doctors can be chosen according to the preferences of the patients and their families. Patients can check the schedule for practicing doctors through the available announcements. Each specialist has a different schedule.

One specific advantage of this service clinic is that the queue is not as long compared to general clinics. The shorter queue is due to patients being able to choose when to visit according to the schedule of the desired specialist doctor. Currently, the executive clinic is managed by 45 specialist doctors providing medical services. To address this, the management has had to utilize 10 pavilion treatment rooms, repurposing them into examination rooms for specialist doctors.

According to Kotler (2015:53), satisfaction is the level of satisfaction a person experiences after comparing the performance or results felt with the expectations.

Therefore, satisfaction or dissatisfaction is the conclusion of the interaction between expectations and the experience after using the service or product provided. If the performance is below expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied, and if the performance exceeds expectations, the customer will be very satisfied or pleased.

According to Oliver (2003:135), satisfaction is defined as the level of a person's feelings after comparing the performance or results felt with the expectations.

According to Wijono (2015:135), satisfaction is the level of condition experienced by someone as a result of comparing the perceived performance or outcome of a product in relation to their expectations.

There are three levels of satisfaction: when performance is below expectations, the customer is dissatisfied. When performance matches expectations, the customer is satisfied. When performance exceeds expectations, the customer is highly satisfied or pleased.

According to Muninjaya (2014:28), satisfaction is the level of satisfaction a person experiences after comparing the performance or results felt with the expectations.

Therefore, satisfaction or dissatisfaction is the conclusion of the interaction between expectations and experiences after using the service or product. Efforts to achieve total customer satisfaction are not easy. Mudie and Cottom state that customer satisfaction is accountable. In addition, medical staff at hospitals can avoid malpractice lawsuits. (Depkes:2006:79)

Outpatient Care is medical service provided to a patient for observation, diagnosis, treatment, rehabilitation, and other healthcare services, without requiring the patient to be hospitalized. The benefit is that the patient does not need to incur the cost of staying overnight.

The goal of outpatient care is to ensure the patient's recovery and optimal rehabilitation through accountable procedures and actions (Hospital Service Standards).

The Outpatient Installation is a healthcare institution that provides healthcare services with an approach to maintenance, health improvement (promotive), disease prevention (preventive), disease cure (curative), and health recovery (rehabilitative). Therefore, the role of the outpatient installation in providing medical services and supporting medical services cannot be limited to the above approaches, but it must also provide the best healthcare service with high personal contact and ensure customer satisfaction.

According to Article 3, Paragraph (1) of the Ministry of Health Regulation No. 269/Menkes/Per/III/2008, medical records for outpatient care at healthcare facilities must at least include:

- a. Patient's Identity
- b. Date and time
- c. Results of anamnesis, including at least complaints and medical history
- d. Results of physical and supporting medical examinations
- e. Diagnosis
- f. Treatment plan
- g. Medication and/or actions taken
- h. Services provided to the patient
- i. For dental cases, supplemented with a clinical odontogram
- j. Consent, if necessary

According to Feste (Azwar, 2010: 75), "*Outpatient care is a form of medical service required by patients, where hospitals provide rooms (clinics) for outpatient treatment.*"

After the patient undergoes an examination, it will be determined whether they can go home immediately or need to be admitted to the hospital."

According to Boy Sarbaguna (2014: 90), *"Outpatient care is one form of care that complements inpatient care, so the quality of service must be maintained and developed. In addition to follow-up patients (control), inpatient patients will be transferred to outpatient care, thus the service quality must be continuous to prevent the patient from being dissatisfied."*

Outpatient care also involves a large number of patients at relatively the same time, so time management and speed will play an important role. The staff, consisting of doctors from various disciplines, will work together, so supporting arrangements and the speed of services that are acceptable must be provided.

According to the Ministry of Health of the Republic of Indonesia (Depkes RI, 2006: 54), medical record forms used in outpatient services are usually in the form of patient examination cards, where information about the patient's identity, diagnosis, and the actions taken on the patient such as anamnesis and therapy are recorded in the card. For outpatient care, a summary sheet of the clinic, commonly called the identity and clinic summary, should be made.

According to the Indonesian Dictionary (2015:849), it states that "influence" is the power that exists or arises from something (a person or object) that shapes someone's character, beliefs, or actions.

Meanwhile, Surakhmad (2015:2) states that influence is the force that comes from an object or person, and also a phenomenon that can bring changes to what is around it.

WJS Poerwadaminta argues that influence is the power that exists or arises from something, whether a person or an object, that has authority and influence over others (Poerwadaminta, 2014:731).

From the definitions above, it can be concluded that influence is a force that arises from something, either a person or an object, that can cause a change in belief about what is around it.

Methodology

According to Sugiyono (2017:82), "*Research methods are essentially scientific ways to obtain data with specific purposes and uses.*" The method used in this research is a quantitative research method with a descriptive approach.

According to Notoatmodjo (2010: 138), descriptive research is "*a research method conducted with the main goal of providing a description or objective portrayal of a situation.*"

According to Sugiyono (2017:68), quantitative research is "*a research method based on positivist philosophy, used to study specific populations or samples, where data collection uses research instruments, and data analysis is quantitative/statistical with the purpose of testing hypotheses.*"

The data collection in this study aims to obtain scores that serve as a direction for the influence of executive clinic services on patient satisfaction in outpatient care at RSUD Majalaya. To obtain valid data in this study, it is necessary to determine the appropriate data collection techniques. In this case, the author uses the following data collection techniques:

- a. **Observation** According to Notoatmodjo (2015:93), observation is a planned procedure, which includes recording the quantity and activities related to the issues being researched. This method is used to collect data from field studies by directly observing the Executive Poli Services and Outpatient Satisfaction at RSUD Majalaya.
- b. **Questionnaire (Survey)** According to Prof. Dr. Sugiyono (2016:162), a questionnaire is a data collection technique that is done by giving a set of written questions or statements to the respondents to answer. Thus, the data collection is carried out by distributing questionnaires to the relevant personnel closely associated with the issues to be discussed. The questionnaire used in this research is a closed questionnaire with predefined answers, so the respondents only need to select their response. In this study, there are two types of questionnaires: one for Executive Poli Services and one for Outpatient Satisfaction. This is aimed at understanding the influence of Executive Poli Services on outpatient satisfaction at RSUD Majalaya.
- c. **Literature Study** According to Nazir (2015:93), a literature study is a data collection technique involving the review of books, literature, notes, and reports related to the problem to be solved.

According to Sugiyono (2016:31), "*A research variable is an attribute or characteristic or value of a person, subject, or activity that has a certain variation set by the researcher to be studied and then concluded*".

According to Sarwono (2016:67), according to Setiadi (2017:165), "*Operational definition is an explanation of all variables and terms to be used in the research in an operational way, so that it ultimately makes it easier for the reader to interpret the*

meaning of the research." In this study, there are 2 (two) variables that will be examined, namely:

- a. Independent Variable (Variabel Bebas). According to Sugiyono (2018:39), an independent variable is a variable that influences or causes the change or emergence of the dependent variable.
- b. Dependent Variable (Variabel Terikat). According to Sugiyono (2018:40), a dependent variable is a variable that is influenced or is the result of the presence of the independent variable.

Results and Discussion

Here are the result and some discussion regarding the research:

1. Population

Population is the generalization area consisting of: objects/subjects that have certain qualities and characteristics determined by the researcher to be studied and then draw conclusions.

Thus, population is not just people, but also objects and other natural things. Population is not just the number of objects/subjects studied, but also encompasses all the characteristics/traits owned by the subject or object.

In English, population refers to the total number of people. Sugiyama (2015:115) defines "*Population as a group of individuals who have certain characteristics determined by the researcher or the entire object limited by specific criteria.*"

The number of patients in RSUD Majalaya is 100 people. The population taken for this study is the entire 100 people.

2. Sample

According to Sugiyono (2016:81), a sample is a part of the number and characteristics possessed by the population.

According to Sugiyono (2016:156), a saturated sample is a sampling technique where all members of the population are used as the sample. This is often done when the population size is relatively small, less than 30 people, or when the research aims to make generalizations with minimal error. Another term for saturated sample is census, where all population members are used as samples. Saturated samples are also often referred to as maximum samples, where adding more members won't change the representation.

According to Arikunto (2017:116), The sampling determination is as follows:

"If the population is less than 100, it is better to take all so that the research is a population study. If the number of subjects is large, 10-15% or 20-25% can be taken."

Based on these criteria, for a population of 100 people, 30% of them are taken, resulting in a sample of 30 people.

3. Research Instruments

Research instruments are tools used to collect or measure data during a study. According to Sugiyono (2016:140), research instruments are tools used to measure natural and social phenomena being observed. The instruments used in this study are:

- a. The instrument used is a closed-ended questionnaire method, where the possible answer choices have already been predetermined, and the respondents are not provided with alternative answers.
- b. The indicators for these variables are broken down by the author into a series of questions, resulting in quantitative data.

In general, the technique used to score the questionnaire in this research is the Likert scale technique. According to Sugiyono (2016:132), the Likert scale is used to measure the attitudes, opinions, and perceptions of an individual or a group about social phenomena.

Sugiyono (2016:135) states that there are different types of measurement scales, which can be nominal, ordinal, interval, or ratio scales. From these scales, nominal, ordinal, interval, and ratio data can be obtained. This study uses the ordinal scale. According to Sugiyono (2016:98), the ordinal scale is a measurement scale that not only states categories but also indicates the construct being measured.

Next is the discussion of the data processing techniques used in this research, including data analysis, validity test, and reliability test.

Data analysis is the process of systematically searching and compiling data from interviews, field notes, and other materials so that they can be easily understood and the results can be communicated to other people (Bogdan in Sugiyono, (2016:224)

The SPSS (Statistical Product and Service Solution) program for Windows version 20.0 was used in this study. The evaluation method is based on the mean and standard deviation using an ordinal scale.

A validity test means that you can trust that the data is true and corresponds to reality. According to Sugiyono (2016:172), valid means that the instrument can be used to

measure what it is intended to measure. Valid shows the degree of accuracy between the data that actually occurs on the object and the data that researchers can collect.

The validity test in this research uses item analysis, i.e. h. the correlation of each item's score with the total score, which is the sum of the individual item scores. If an item does not meet the requirements, the item will not be further investigated. According to Sugiyono (2016:179), these conditions must be met, namely meet the following criteria:

- a. If $r \geq 0.30$, then the question items from the questionnaire are valid
- b. If $r \leq 0.30$, the question items from the questionnaire are invalid

The aim of reliability testing is to show the extent to which a measuring device is consistent or stable in its use when two or more measurements of the same phenomenon are made with the same measuring device, both from time to time and from one condition to another. The reliability technique used in this research is Cronbach's Alpha. According to Sugiyono (2016:184), the reliability testing criteria are as follows:

- a. If Cronbach's alpha value is \geq constant (0.6), then the question is reliable.
- b. If the Cronbach's alpha value is $<$ constant (0.6), the question is not reliable.

Next, correlation analysis between variables. Correlation is used to determine the closeness of the relationship between variables. The partial correlation analysis formula uses the Pearson Product Moment correlation formula Sugiyono, (2016:79). Meanwhile, the criteria for testing the correlation results use a two-tailed test with a significance level of 0.05. Test criteria are as follows:

- a. If the significance is < 0.05 , the relationship between the variables is significant
- b. If the significance is > 0.05 , the relationship between the variables is not significant.

Then, there is simple linear regression analysis. The author chose a simple regression analysis because this study aims to find out what influence several independent variables (X), namely Executive Poly Services, have on the dependent variable (Y), namely outpatient satisfaction. The simple linear regression equation uses the following formula:

$$Y = a + bx$$

Then, there is analysis of the determination coefficient. In correlation analysis, there is a number called the coefficient of determination, the size of which is equal to the square of the correlation coefficient. This coefficient is called the coefficient of determination because the variance that occurs in the dependent variable can be resolved by the

variance that occurs in the independent variable Sugiyono, (2016:183). To find out what impact Executive Poly's services have on the satisfaction of outpatients. With the formula:

$$KD = r^2 \times 100\%$$

A hypothesis is a temporary answer to a problem or sub-problem proposed by the researcher, explained on a theoretical basis or a literature review and still to be tested for truth. Through scientific research, a hypothesis is rejected or accepted. This hypothesis test is used to test the significant influence of the variable "Executive Poly Services" (X) on the dependent variable "Outpatient Satisfaction" (Y).

The t-test is used to determine whether each independent variable has a significant influence on the dependent variable. Next, in this test, the formula is used to get the tcount value:

$$t = \frac{rs \sqrt{n-2}}{\sqrt{1-rs^2}}$$

Conclusion

Based on the discussions presented in each chapter regarding the influence of executive clinic services on outpatient satisfaction at RSUD Majalaya, the author can draw the following conclusions:

- a. Based on the questionnaire results on executive clinic services at RSUD Majalaya, it can be said to be "Good".
- b. Based on the questionnaire results on outpatient satisfaction at RSUD Majalaya, it can be said to be "Good".
- c. The executive clinic services have an influence on outpatient satisfaction at RSUD Majalaya, accounting for 82.81%, and the remaining 17.19% is influenced by other factors not examined by the author.
- d. The issues that arise from the influence of executive clinic services on outpatient satisfaction at RSUD Majalaya are as follows:
 1. There is no comprehensive announcement about the executive clinic services.
 2. The executive clinic services are limited because only certain individuals can access them.

3. Not all outpatients are satisfied with the executive services. E. The efforts to address the issues in the influence of executive clinic services on outpatient satisfaction at RSUD Majalaya are as follows:
4. The hospital should provide information, both through social media and announcements within the hospital, so all patients are aware of the availability of executive clinic services.
5. The hospital should implement the executive clinic services for all levels of society, allowing lower-income patients to access it.
6. The hospital should consider setting the executive clinic service fees at an affordable rate, enabling less affluent patients to benefit, which will also have a positive impact on the hospital.

Based on the above conclusions, the author would like to make suggestions that hopefully can be used as positive inputs for Majalaya Regional Hospital. The suggestions that would like to be conveyed are:

- a. It is best for managers to frequently engage with the patients seeking treatment and listen to the complaints of the patients so that the hospital knows what factors need to be considered to make the patients feel comfortable and satisfied with the services provided.
- b. Managers should always remind their employees that patients seeking treatment must receive the best possible service so that the image of the hospital remains good. Only when they are satisfied with the services provided will success be achieved.

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