Analisis Mutu Pelayanan Rawat Inap di Rumah Sakit An-Nisa Tangerang Berdasarkan Persepsi Pasien BPJS dengan Metode SERVQUAL-QFD

Nurusshohwah, Atikah

Abstrak

Mutu pelayanan rumah sakit merupakan salah satu faktor penting yang memengaruhi kepuasan pasien. Pengukuran mutu pelayanan berdasarkan persepsi pasien diperlukan untuk mengidentifikasi kesenjangan antara harapan dan pelayanan yang diterima serta menyusun prioritas perbaikan yang sesuai dengan kebutuhan pasien. Penelitian ini bertujuan menganalisis mutu pelayanan rawat inap di Rumah Sakit An-Nisa Tangerang berdasarkan persepsi pasien menggunakan metode SERVQUAL dan Quality Function Deployment (QFD). Penelitian ini menggunakan desain mixed methods dengan pendekatan kuantitatif dan kualitatif. Pengumpulan data kuantitatif dilakukan terhadap 101 pasien rawat inap menggunakan kuesioner. Pendekatan kualitatif dilakukan melalui workshop expert judgment menggunakan metode QFD untuk menyusun House of Quality (HoQ) dan menentukan prioritas perbaikan pelayanan. Hasil penelitian menunjukkan bahwa seluruh dimensi SERVQUAL memiliki nilai gap negatif dengan nilai gap total sebesar -2,47. Dimensi reliability memiliki nilai gap terbesar (-0,78), diikuti responsiveness (-0,59), empathy (-0,45), assurance (-0,42), dan tangible (-0,23). Terdapat perbedaan mutu pelayanan berdasarkan usia pada SERVQUAL total (p=0,017) dan dimensi reliability (p=0,009), berdasarkan tingkat pendidikan pada SERVQUAL total (p=0,034), dimensi assurance (p=0,011), dan dimensi empathy (0,038), Serta berdasarkan jenis perawatan pada dimensi tangible (0,013). Tidak terdapat perbedaan mutu pelayanan berdasarkan jenis kelamin, lama rawat inap, dan kelas perawatan. Hasil QFD menghasilkan tujuh prioritas technical response, yaitu optimalisasi peran perawat primer terkait informasi, orientasi pasien rawat inap terkait kebijakan dan tindakan di rumah sakit, monitoring NEPIL per 2 jam, standarisasi penyampaian informasi discharge planning, monitoring kepatuhan dokter jaga dan spesialis dalam edukasi dan informasi, penguatan monitoring kebersihan oleh koordinator ruangan, serta training petugas kebersihan. <hr /> Hospital service quality is one of the important factors influencing patient satisfaction. Measuring service quality based on patients' perceptions is necessary to identify the gap between expectations and the service received, as well as to establish improvement priorities that align with patients' needs. This study aims to analyze the quality of inpatient services at Annisa Hospital Tangerang based on patients' perceptions using the SERVQUAL method and Quality Function Deployment (QFD). This research employed a mixed-methods design combining quantitative and qualitative approaches. Quantitative data were collected from 101 inpatients using a questionnaire. The qualitative approach was carried out through an expert judgment workshop using the QFD method to construct a House of Quality (HoQ) and determine service improvement priorities. The results showed that all SERVQUAL dimensions had negative gap values, with a total gap value of -2.34. The reliability dimension had the largest gap value (-0.78), followed by responsiveness (-0,59), empathy (-0,45), assurance (-0,42), and tangible (-0,23). There were significant differences in service quality based on age for total SERVQUAL (p=0.017) and the reliability dimension (p=0.009); based on education level for total SERVQUAL (p=0.034), the assurance dimension (p=0.011), and the empathy dimension (p=0.038);

and based on type of care for the tangibles dimension (p=0.013). No differences in service quality were found based on gender, length of hospital stay, or ward class. The QFD results produced seven priority technical responses: optimizing the role of primary nurses in providing information, orientation for inpatients regarding hospital policies and procedures, monitoring of NEPIL every 2 hours, standardization of discharge planning information delivery, monitoring the compliance of on-duty and specialist physicians in providing education and information, strengthening cleanliness monitoring by ward coordinators, and training for cleaning staff.