

## Analysis of Services on wait and Time Patient Satisfaction in Prof. dr. Soekandar Hospital

### ABSTRACT

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Patient satisfaction is the main thing that a hospital needs to prioritize in order to survive compete and maintain what has happened because the hospital is a business entity engaged in health services. This type of research is quantitative research with observational analytic design with cross-sectional approach. The sample size in this study is 103 respondents taken by simple random side. Data were collected using questionnaires and observation sheets, then analyzed using logistic regression test. Simultaneously administration, medical and pharmacy services have a significant effect on waiting time with Sig 0.005 < 0.05, while partially only administrative service variables that affect the waiting time with a p-value of  $0.036 < \alpha = 0.05$ . Taken together the administrative services (x1) of medical services (x2) and pharmacy services (x3) are not related to Satisfaction (Y2). While partially there is no effect on satisfaction variables. There is a significant influence between waiting time and patient satisfaction. The results show that if the waiting time is fast then the patients will tend to be 9,435 times more likely to be satisfied. Satisfaction is greatly influenced by waiting time, therefore the hospital must always innovate by utilizing technology to shorten patient waiting time. shorten patient waiting time.

**Keywords** : Service, Waiting Time, Satisfaction

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## INTRODUCTION

Today, competition between hospitals is getting stronger, especially with the increasingly critical thinking of the people, so that the demands of the community for the quality of service are increasingly high, the services provided by the hospital must be truly quality and satisfying.

One patient's satisfaction is thought to be influenced by service waiting time. Waiting time for service is a problem that often causes patient complaints in several hospitals. The length of time the patient waits reflects how the Hospital manages the service components that are tailored to the patient's situation and expectations. Good and quality service is reflected in friendly, fast, comfortable service (Utami, 2015).

Waiting time is the time that is used by the patient to get outpatient services and hospitalization from the place of registration until entering the doctor's examination room. Patient waiting time is one component that has the potential to cause patient dissatisfaction.

The category of distance between waiting time and check time that is expected to satisfy or not satisfy the patient is, among others, when the patient comes from registering at the counter, waiting in line and waiting for general poly calls to be planted and examined by a doctor, nurse or midwife for more than 90 minutes (old category), 30 - 60 minutes (medium category) and  $\leq 30$  minutes (fast category).<sup>4</sup> The waiting time in Indonesia is determined by the Ministry of Health (Kemenkes) through minimum service standards. Each hospital must follow a minimum service standard regarding this waiting time. Minimum service standards in outpatient care are less or equal to 60 minutes. (Kemenkes Nomor 129/Menkes/SK/II/2008).

Based on data from the medical records of Prof. RSUD Dr. Soekandar for 1 month (May 2018) with a total of 8747 outpatients. And based on the final report of the community satisfaction survey, RSUD Prof. Dr. Soekandar in 2017 obtained the lowest score of 71.89. According to the answers expressed by visitors, the length of service to visitors, especially in the taking part of the drug and also because they have to wait for the doctor's practice, causes visitors to complain often that they have to wait too long to get service. (SKM report of RSUD Prof. Dr. Soekandar, 2017).

Based on the above background and until now there has been no written report about the waiting time for outpatient services at the RSUD Prof. Dr. Soekandar Kab. Mojokerto reported, the researchers conducted quantitative research on "Analysis of services on waiting time and patient satisfaction in Prof. Dr. Soekandar Kab. Mojokerto" This study aims to analyze administrative services, and pharmacy on waiting time and patient satisfaction at RSUD Prof. Dr. Soekandar Kab. Mojokerto.

## MATERIALS AND METHODS

This type of research is quantitative research with observational analytic design, that is research trying to find the relationship between variables and analyzing or approaching the formulated hypothesis (Sugiyono, 2016). In this study using a cross-sectional approach, namely measuring the dependent and independent variables (Notoatmodjo, 2005).

The method of this research is analytic correlation, which is a study that aims to determine the relationship of two or more variables, with a cross sectional approach, that is, the independent and dependent variables are measured simultaneously and done for a moment or once, with all populations Population is the whole of the research object that will be studied (Notoatmojo, 2005). The population in this study were all BPJS patients who were outpatient without action and supporting examinations at Prof. Dr. Soekandar Kab. Mojokerto. In this study which is an independent (free) variable are the factors that influence waiting time (Y1) and patient satisfaction (Y2) in administrative services, (X1) medical personnel (X2), and pharmacy (X3). Data were collected using a questionnaire and then analyzed using logistic regression test with a significant level of  $\alpha = 0.05$ . This study has passed the ethical test by the Commission on Ethics of Health Research, Surya STIKes Mitra Husada Kediri, democrats No: 232 / KEPK.XII / 2017.

## RESULT

### A. Analisa Data

#### Logistic Administration Service Variable Regression (X1), Medical Services (X2) and Pharmaceutical Services (X3) with Waiting time (Y1)

Table 1 Results of simultaneous logistic regression test

Variables in the Equation						
	B	S.E	Wald	df	Sig	Exp(B)
Step 0						
Constant	,579	205	7,941	1	,005	1,784

Table 1. shows the joint correlation  $x_1, x_2$  and  $x_3 \square Y$  (simultaneous correlation) with variables in equation obtained Sig 0.005 < 0.05 means that together the administrative services ( $x_1$ ) of medical services ( $x_2$ ) and pharmacy services ( $x_3$ ) are related to Waiting Time ( $Y_1$ ).

#### Administrative Service Logistics Variables (X1), Medical Services (X2) and Pharmacy Services (X3) with Satisfaction (Y2)

Table 2 Simultaneous results of logistic regression

Variables in the Equation						
	B	S.E	Wald	df	Sig	Exp(B)
Step 0						
Constant	1,552	259	35,79	1	,000	4,722

Table 2. shows the joint correlation  $x_1, x_2$  and  $x_3 \square Y_2$  (simultaneous correlation) with variables in equation obtained Sig value 0.000 < 0.05 means that together administration services ( $x_1$ ) medical services ( $x_2$ ) and pharmacy services ( $x_3$ ) are not related with Satisfaction ( $Y_2$ ).

#### Partial correlation of Administration Service Variables (X1), Medical Services (X2) and Pharmacy Services (X3) with Satisfaction (Y2).

Table 3. Results of partial logistic regression test

Variables in the Equation							0% c for Exp(B)	
	B	S.E	Wald	df	Sig	Exp(B)	Lower	Uper
Step admin	1,247	708	3.104	1	,078	3,479	869	13,927
Medis	-064	1,189	,003	1	957	938	091	9,648
Farmasi	-992	1,112	796	1	372	371	0042	3,280
Constant	1,454	1,628	798	1	372	4,280		

Table 3. Shows the results of the logistic regression analysis showing the following probability values:

1. Administrative service variables ( $X_1$ ) obtained p-value of  $0.078 > \alpha = 0.05$ , so that  $H_0$  is accepted and  $H_1$  is rejected. This means that administrative service variables have no effect on patient satisfaction in Prof. Dr. Soekandar Mojosari, Mojokerto Regency.
2. Medical service variables ( $X_2$ ) obtained p-value of  $0.957 > \alpha = 0.05$ , so that  $H_0$  is accepted and  $H_1$  is rejected. This means that the variable medical service does not affect patient satisfaction in RSUD Prof. Dr. Soekandar Mojosari, Mojokerto Regency.
3. Pharmacy service variable ( $X_3$ ) obtained p-value of  $0.3720 > \alpha = 0.05$ , so that  $H_0$  is accepted and  $H_1$  is rejected. This means that the pharmacy service variable has no effect on patient satisfaction in Prof. Dr. Soekandar Mojosari, Mojokerto Regency. Interpretasi Odds Ratio.

#### This Odds ratio is also provided

By the table "Variables in the Equation" in the Exp (B) column. Based on the results above we can interpret the Odds ratio as follows:

1. If the administration service is good, the patient will be 3,479 times more satisfied
2. If medical services are good, the patient will be 0.398 times more satisfied.
3. If the pharmaceutical service is good, the patient will tend to be 0.371 times more satisfied
3. Analysis of Waiting Time ( $Y_1$ ) with Satisfaction ( $Y_2$ )

**Table 4. Logistic regression test variable waiting time (Y1) with satisfaction (Y2)**

Variables in the Equation									
		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
Step 1 <sup>a</sup>	Waiting time	2,244	,617	13,220	1	,000	9,435	2,814	31,635
	Constant	,496	,339	2,145	1	,143	1,643		

a. Variable(s) entered on step 1: waiting time

The results of logistic regression test with error level ( $\alpha$ ) 0.05 obtained a significance value of 0.000 < 0.05, meaning that H<sub>0</sub> is rejected and H<sub>a</sub> is accepted so that there is a significant relationship between waiting time and patient satisfaction.

Interpretasi Odd Ratio / Risk Estimate

#### Odd Ratio / Risk Estimate interpretation

Odd ratio interpretation value can be seen from the Exp (B) value of 9,435 which means that if the waiting time is fast then the patients will tend to be 9,435 times more likely to be satisfied.

## DISCUSSION

### Administrative services at RSUD Prof. Dr. Soekandar

Based on the table above shows that out of 103 respondents the most data are respondents who stated good administrative service and fast waiting time, that is 62 respondents (60.2%).

According to the researchers, with the achievement of the number 89.3% the community stated well, it indicated that the quality of service in the administration was excellent even though there were still many things that needed to be addressed so that the figure above 90% could be achieved.

Based on the interview and the results of the researchers in depth the waiting time of patients regarding service time is known that the implementation of outpatient services begins when the patient is called to the registration counter according to the queue number. The obstacles that occur during this process are, among others, when the patient is called to the registration counter and the patient is a BPJS participant, often the files that are brought are incomplete (not photocopied, photocopied but less) so they have to go to the photocopy first and then return to the registration counter to be served, the patient does not carry a patient identification card (old patient), or there is also a patient carrying a referral letter that is no longer valid. In addition, there are obstacles in making SEP because there is an internet connection disruption and there is an error in storing the patient's medical record file (human error), there are officers who are not on time in carrying out the task.

According to the researchers, and the results of observations made can be concluded that the waiting time at RSUD Prof. Dr. Soekandar is still relatively long (> 60 minutes). This is due to the large number of patients, disruption of internet connection, distribution of late medical record files.

### Medical services at RSUD Prof. Dr. Soekandar

According to researchers, the public's response to medical services reached 95.1% indicating that the quality of medical services was very good. If explored further through the results of questionnaires that have been distributed to respondents. The most positive response from respondents is that doctors provide therapy or treatment according to their complaints or illness. This shows that patients or families are smart in responding to actions taken by doctors, they already believe in the actions taken by doctors and nurses because they are within the scope of government hospitals. Another response is that nurses serve quickly and thoroughly.

Although in general the quality of medical services gets a good response, there is still something that needs to be improved. According to the results of the questionnaire there were 7 patients showing patient waiting time between 100-200 minutes (2 - 3 hours) to get medical services, starting from the arrival of the patient to take the queue number until getting a check by a doctor. Not infrequently patients immediately submit their complaints because they wait too long to get an examination by a doctor, where the meeting time to be examined by a doctor is felt too short if compared to the time spent waiting for the call to be examined by a doctor.

Other factors that influence the waiting time for patient care at RSUD Prof. Dr. Soekandar Kab. Mojokerto Regency based on the results of the study, such as lack of discipline in starting and ending

services to patients in outpatient care, a lack of sense of cooperation between officers in carrying out outpatient services (medical record officers, polyclinic officers, nurses, doctors) as well as awareness. The officer will understand the importance of waiting time for patient care in outpatients. Overcoming these problems can be done by increasing the discipline of officers so that cooperation can be established between officers (medical record officers, polyclinic officers, nurses, doctors) in carrying out outpatient services to their patients. Fast service to patients cannot be separated from cooperation between officers in the hospital.

### **Pharmaceutical services at RSUD Prof. Dr. Soekandar**

According to researchers, the public's response to pharmaceutical installations is still under medical service. The waiting time standard for prescription concoction services according to SPM (minimum service standard) is 60 minutes, while the standard non-concoction prescription service is 30 minutes. The average waiting time for services in pharmacy is 60 minutes 59 respondents (57.3%) fast.

Lack of energy causes the process of service to patients is not optimal because of the many prescriptions so that employees tend to be rushed in serving patients, this causes delay, especially at the stage of prescription verification. Power shortages also occur at the stage of giving etiquette and drug delivery. This is definitely done by pharmacy officers. In providing services, patients assess that pharmacy officers have explained in an easy-to-understand language providing services according to procedures and providing equal and fair service to all patients, none of whom are hand in hand, all in accordance with the provisions. If you use the available medicine, the service will be faster, if you have to mix it first, it will take a little longer.

### **Waiting time at RSUD Prof. Dr. Soekandar**

Waiting time is the time that is used by the patient to get outpatient services and hospitalization from the place of registration until entering the doctor's examination room (Depkes RI, 2008). Waiting time is a sensitive thing, in the sense that waiting time is risky causing the quality of health services in a hospital to decrease.

According to the researchers, waiting time in patient administration services stated fast 60 minutes (1 hour) amounting to 62 respondents (60.2%), waiting time in medical services patients stated fast 90 minutes ( $\leq 1.5$  hours) as many as 61 respondents (59, 2%) and the waiting time at the pharmacy service patients stated fast 90-120 minutes ( $\leq 2$  hours) as many as 59 respondents (57.3%). The number of patients who have BPJS users must be served, medical services less than 2 hours are considered fast by the patient, but the most felt slow by the patient is the waiting time at taking more than 120 minutes ( $\leq 2$  hours).

### **Patient Satisfaction in RSUD Prof. Dr. Soekandar**

Based on the results of the study showed that out of 103 respondents almost all respondents expressed satisfaction as many as 85 people (82.5%) and from the results of cross tabulation showed respondents who stated good administrative services and satisfied as many as 78 respondents (75.7%), respondents who stated that the medical service was good and satisfied, namely 81 respondents (78.6%), the respondents who stated that the pharmacy service was good and satisfied were 75 respondents (72.8%),

According to researchers, the overall level of patient satisfaction that showed a result of 82.5% was good enough, but still very much needed to be improved. When referring to the community satisfaction index (IKM) of MENPAN the figure is in good category

Patient satisfaction depends on the quality of service. Services are formed based on 5 principles of Service Quality namely reliability, responsiveness, assurance, empathy, and tangibles. A service is said to be good by the patient, if the services provided can meet the needs of the patient, by using the patient's perception of service (Tjiptono, 2007).

### **Influence of Administrative Services on Waiting Time in Outpatient Hospital Prof. Dr. Soekandar Kab. Mojokerto**

Administrative service variables (X1) obtained p-value of  $0.036 < \alpha = 0.05$ , so  $H_0$  is rejected and  $H_1$  is accepted. This means that administrative service variables affect the waiting time at Prof. Dr.



Soekandar Mojosari, Mojokerto Regency. If administrative services are good, the tendency of the patient's view of the waiting time increases to 4,621 faster.

Based on the results of the study showed that of the 103 respondents the most data were respondents who stated good administrative services and fast waiting times as many as 62 respondents (60.2%).

Administrative service variables (X1) obtained p-value of  $0.036 < \alpha = 0.05$ , so  $H_0$  is rejected and  $H_1$  is accepted. This means that administrative service variables affect the waiting time at Prof. Dr. Soekandar Mojosari, Mojokerto Regency. If administrative services are good, the tendency of the patient's view of the waiting time increases to 4,621 faster.

According to researchers, every administrative service it certainly takes time for implementation, and the waiting time depends on the readiness of the patient or prospective patient in completing the files. The waiting time can be very long and problematic if there are many patients who are also having problems in completing their files. This will certainly hamper the administration time so that it takes longer.

The results showed that administrative services had a significant relationship with waiting time. The emphasis of the relationship found that administrative services will be fast if the patient carries complete files so as to reduce waiting time.

### **Effect of Medical Services with Waiting Time on Outpatient Hospital Prof. Dr. Soekandar Kab. Mojokerto**

Medical service variables (X2) obtained p-value of  $0.999 > \alpha = 0.05$ , so that  $H_0$  is accepted and  $H_1$  is rejected. This means that medical service variables do not affect patient waiting time at Prof. Dr. Soekandar Mojosari, Mojokerto Regency. If medical services are good, the tendency of the patient's view of waiting time does not increase (0,000).

Waiting cannot be avoided in obtaining health services there is a hospital, because none of the services health that can prepare yourself perfectly to be able to prepare yourself perfectly to be able to provide the needs of the patient shortly after the patient arrives. However, however waiting time is a failure of a service, because waiting time will certainly lead to inconvenience for the patient. Although waiting in a doctor's waiting room is a common thing to happen, patients still don't like it. (Bustami, 2011). According to the researchers, the results of a study showing the absence of a relationship between medical services and waiting time can be explained because, medical services cannot be equated with the production process of all things. When the implementation must be done carefully, precisely accurate so as to produce a diagnosis that is really appropriate with the disease and will get the right therapy. So it is not true that in conducting a medical examination, you must hurry or catch up on time. It was also realized by respondents, they were willing to wait to get quality medical services and good handling.

### **Influence of Pharmacy Service with Waiting Time at Outpatient Hospital Prof. Dr. Soekandar Kab. Mojokerto**

IFRS services have a major influence on the development of the hospital, because almost all services provided to patients at the hospital intervene with the availability of pharmaceuticals or health supplies. Responsible for managing and controlling the availability of pharmaceuticals or health supplies, ranging from planning, selection, specifying specifications, procurement, quality control, storage, and dispensing, distribution and so on, are all tasks, functions and responsibilities of hospital pharmacy installations (Muninjaya, 2004).

According to the researchers, the results of the study which showed that there was no influence between pharmacy services on waiting times showed that the speed of pharmacy services did not affect respondents' perception of waiting time. Respondents understand that BPJS users are so many that many pharmacy units must be served, especially if the drug is an indirect drug in the form of a pill or capsule.

Pharmacists must weigh and smooth in powder form and should not be wrong at all. The process requires a longer time plus the number of recipes that must be completed making the waiting time longer but the respondent is aware of it.

### **Influence of Administrative Services with Satisfaction of Waiting Time in Outpatient Hospital Prof. Dr. Soekandar Kab. Mojokerto**

Administrative service variables (X1) obtained p-value of  $0.078 > \alpha = 0.05$ , so that  $H_0$  is accepted and  $H_1$  is rejected. This means that administrative service variables have no effect on patient satisfaction in Prof. Dr. Soekandar Mojokerto, Mojokerto Regency. If the administration service is good, the patient will be 3,479 times more satisfied.

Patient satisfaction is the main thing that needs to be prioritized by the hospital in order to stay afloat, compete and maintain the market that is already because the hospital is a business entity engaged in health services. To achieve service quality that is in line with market standards, a number of hospitals always prioritize customer satisfaction through continuous improvement of service quality with the implementation of correct practices, increasing the competence of human resources (HR) and the application of adequate technology.

According to researchers, based on the results of the study showed that administrative services did not affect patient satisfaction. This means that the good and bad of administrative services do not affect the patient, but still satisfied with the services obtained. However, referring to the results of administrative service research the majority have received good responses.

### **Influence of Medical Services with Satisfaction in RSUD Prof. Dr. Soekandar Kab. Mojokerto**

Medical service variables (X2) obtained p-value of  $0.957 > \alpha = 0.05$ , so that  $H_0$  is accepted and  $H_1$  is rejected. This means that the variable medical service does not affect patient satisfaction in RSUD Prof. Dr. Soekandar Mojokerto, Mojokerto Regency. If medical services are good, patients will tend to be 0.398 times more satisfied.

Sri (2006) argues serpa, namely patient satisfaction is a form of evaluation of patients on a product or service that they get in accordance with what is expected even to exceed their expectations.

According to researchers, not always medical services are not always related to patient satisfaction, such as research findings. This can be explained that all that is done by health workers both doctors and nurses in conducting medical actions is an effort or effort, they cannot cure patients because healing is the will of Allah SWT. However, the respondent's hope is the recovery from the efforts of the doctor or nurse, and not all efforts made by doctors or nurses bear fruit in an instant. This fact shows that there is nothing wrong with the actions of doctors or nurses because they have tried as much as possible in trying to cure patients, but patients are also not wrong if they hope for recovery from the efforts of health workers. But sometimes expectations and reality cannot be in line and this results in the absence of a relationship between medical services and patient satisfaction.

### **The Influence of Pharmacy Services with Satisfaction in RSUD Prof. Dr. Soekandar Kab. Mojokerto**

Pharmaceutical service variable (X3) obtained p-value of  $0.3720 > \alpha = 0.05$ , so  $H_0$  is accepted and  $H_1$  is rejected. This means that the pharmacy service variable has no effect on patient satisfaction in Prof. Dr. Soekandar Mojokerto, Mojokerto Regency. If the pharmaceutical service is good, the patient will tend to be 0.371 times more satisfied.

Pharmaceutical services in hospitals are an integral part of the hospital health care system that is oriented towards patient services. One form of pharmacy services in hospitals is assessment and prescription services. Pharmaceutical services besides being a demand for professionalism can also be seen from factors that evaluate patient satisfaction. Pharmaceutical services include pharmaceutical installation facilities and infrastructure, information and education communication, speed of drug services and hospitality of pharmacy installation officers.

According to the researchers, when referring to the data, the cause of the absence of a relationship between pharmacy services and satisfaction is that many respondents gave good statements to the pharmacy services but they expressed dissatisfaction with the overall service. This can be explained that the speed of service which is the point they are not satisfied even though in the majority they consider the pharmacy service is good. This is understandable because in the pharmaceutical service there is often a buildup of prescriptions, especially during rush hours such as between 10:00 a.m. and 12:00 p.m. so that long queues often occur at these hours. However, this has been followed up by the management by separating outpatient pharmacies from inpatients so that it can parse the prescription buildup and reduce patient waiting time.

### **The dominant factor that most influences the patient's waiting time**

Shared correlation  $x_1, x_2$  and  $x_3 \square Y$  (simultaneous correlation) with variables in equation obtained Sig 0.005 < 0.05 means that together the administrative services ( $x_1$ ) of medical services ( $x_2$ ) and pharmacy services ( $x_3$ ) are related to waiting time ( $Y_1$ ). The logistic regression determinant coefficient is 0.120 so that it can be said that the contribution of variables  $x_1, x_2$  and  $x_3$  to  $Y_1$  is 12%.

While the most influential variables are administrative service variables ( $X_1$ ) obtained by p-value of 0.036 <  $\alpha = 0.05$ , while other variables have no effect as medical service variable variables ( $X_2$ ) obtained p-value of 0.999 >  $\alpha = 0.05$  and the pharmaceutical service variable ( $X_3$ ) obtained p-value of 0.750 >  $\alpha = 0.05$ .

Waiting time is the time that is used by the patient to get outpatient services and hospitalization from the place of registration until entering the doctor's examination room. Patient waiting time is one component that has the potential to cause patient dissatisfaction. The patient's waiting time reflects how the hospital manages the service components that are tailored to the patient's situation and expectations. The category of distance between waiting time and check time that is expected to satisfy or not satisfy the patient is, among others, when the patient comes from registering at the counter, waiting in line and waiting for general poly calls to be planted and examined by a doctor, nurse or midwife for more than 90 minutes (old category), 30 - 60 minutes (medium category) and  $\leq 30$  minutes (fast category).<sup>4</sup> The waiting time in Indonesia is determined by the Ministry of Health (Kemenkes) through minimum service standards. Each hospital must follow a minimum service standard regarding this waiting time. Minimum service standards in outpatient care are less or equal to 60 minutes. (Ministry of Health No. 129 / Menkes / SK / II / 2008).

According to researchers based on the results of the study, the waiting time was significantly influenced by administrative services while the medical and pharmacy service factors did not have a significant effect. This can be explained because the administration services all depend on the completeness of patient data, sometimes patients and families carry incomplete requirements so they have to complete and it takes time. While the factors of medical and pharmacy services are all carried out by hospital staff who already have SOPs and work as well as possible. The delay in medical and pharmacy services is more than a lack of energy when there is a buildup of patients.

### **The dominant factor that has the most influence on satisfaction**

Joint correlation  $x_1, x_2$  and  $x_3 \square Y_2$  (simultaneous correlation) with variables in equation obtained Sig 0.000 < 0.05 means that together administration services ( $x_1$ ) medical services ( $x_2$ ) and pharmacy services ( $x_3$ ) are not related to satisfaction ( $Y_2$ ). The logistic regression determinant coefficient is 0.056 so it can be said that the contribution of variables  $x_1, x_2$  and  $x_3$  to  $Y_2$  is 5.6%.

The results showed that there were no dominant administrative, medical and pharmaceutical services affecting patient satisfaction. It can be explained that all services performed by health workers are an effort and effort, health workers cannot guarantee recovery from patients. However, patient satisfaction is a form of desire to realize the hope of recovery from what has been paid. And this point usually does not meet where hope and effort do not produce the same thing, namely the recovery of the patient. However, efforts to improve administrative, medical and pharmaceutical services remain as well as possible and also enhanced by using the latest technologies. Such as the administration service has been applied SIM RS and also ERM that can increase the speed of service, while for medical services strived to use new technology to better diagnose and also therapy.

### **Effect of Waiting Time ( $Y_1$ ) with Satisfaction ( $Y_2$ )**

The results of logistic regression test with error level ( $\alpha$ ) 0.05 obtained a significance value of 0.000 < 0.05, meaning that  $H_0$  is rejected and  $H_a$  is accepted so that there is a significant effect between waiting time and patient satisfaction. The odd ratio interpretation value can be seen from the Exp (B) value of 9,435 which means that if the waiting time is fast then the patients will tend to be 9,435 times more likely to be satisfied.

One patient's satisfaction is thought to be influenced by service waiting time. Waiting time for service is a problem that often causes patient complaints in several hospitals. The length of time the patient waits reflects how the Hospital manages the service components that are tailored to the patient's



situation and expectations. Good and quality service is reflected in friendly, fast, comfortable service (Utami, 2015).

Service or service companies, customer expectations and satisfaction are influenced by customer waiting time for service. Through (pre-processing wait), waiting can occur before the service process begins (in-process wait), service companies must be creative and to and try to find various breakthroughs so that customers who wait to be served still feel comfortable. The impact of waiting time on customer satisfaction is found that customer satisfaction is not only influenced by the length of waiting time, but is also influenced by customer expectations in the waiting time and the duration of waiting. According to the researchers, there is a match between the theory and the facts in the field where waiting time has a significant effect on patient satisfaction, where patients who wait longer cause them to be dissatisfied.

## CONCLUSION

The most influential variable with waiting time is the administrative service variable (X1) obtained by the p-value value of  $0.036 < \alpha = 0.05$ , while other variables have no effect as medical service variable variables (X2) obtained p-value of  $0.999 > \alpha = 0.05$  and pharmacy service variable (X3) obtained p-value value of  $0.750 > \alpha = 0.05$ . Overall all service variables do not have a significant effect on satisfaction, but there is still a little influence that is equal to 5.6% and the most influential although not significant is the administrative service variable.

The results of logistic regression test with error level ( $\alpha$ ) 0.05 obtained a significance value of  $0.000 < 0.05$ , meaning that  $H_0$  is rejected and  $H_a$  is accepted so that there is a significant effect between waiting time and patient satisfaction. Odd ratio interpretation value can be seen from the Exp (B) value of 9,435 which means that if the waiting time is fast then the patients will tend to be 9,435 times more likely to be satisfied.

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