



Improving Service Quality Through Customer Satisfaction of Type D Hospital : A Phenomenological Approach

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ABSTRACT: Health is very important for all humans because without good health, every human being will find it difficult to carry out their daily activities. Hospitals as one of the health care facilities in general have a very important role in efforts to improve the health status of the Indonesian people. However, until now, there are still many complaints from the public regarding the services obtained from the hospital. This study aims to answer the question of how the quality of service in a type D hospital is, and how is patient satisfaction in this type of hospital. This study uses a phenomenological approach to explore customer's experience after being a patient in a type D hospital for 2 years. Data collection was carried out by means of in-depth unstructured interviews, in a very fluid atmosphere where the informants could tell their experiences freely. The results showed that the five aspects of service quality, namely tangibles, reliability, responsiveness, assurance and empathy, played a very important role in determining patient satisfaction in type D hospitals.

Keywords: Service Quality, customer satisfaction, type D hospital



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INTRODUCTION

In the framework of developing the economy and the quality of human resources, providing services for public health is the most important aspect in accordance with the indicators of the Human Development Index, which places health at the top besides education and income ([Masduki et al., 2022](#); [Ngoc et al., 2022](#); [Resce, 2021](#)). In general, the health condition of the Indonesian people is heavily influenced by environmental factors, the behavior of the people themselves and also the health services provided by health care institutions or institutions ([Mukti, 2016](#)). Providing optimal health services of the highest quality is part of the government's duties and responsibilities, which have been regulated in the Health Law. Article 10 of the Health

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Law states that in order to achieve optimal health status for the community, health efforts are carried out with approaches to maintenance, health promotion (promotive), disease prevention (preventive), disease healing (curative), and health recovery (rehabilitation), implemented in a comprehensive, integrated and sustainable ([Agustina, 2016](#); [Putri et al., 2022](#); [Suryaputri et al., 2019](#)).

The construction of Community Health Centers (Puskesmas) in various regions is one of the government's efforts to serve the community in the health sector ([Ainy et al., 2012](#); [Saputro et al., 2018](#); [Suryawati et al., 2019](#)). Even though the best service has been attempted, until now, there are still many community members who complain of problems with the service of officers at the Community Health Centers in addition to the location of the referral hospital which is far from the Community Health Centers, causing many patients who have been referred to the hospital to finally choose not to go there by themselves. The reason is the long distance and the high cost of transportation ([Albertha et al., 2020](#); [Muannisa et al., 2022](#)).

In this regard, the government, in this case the Ministry of Health Affairs, made several changes, namely by changing the Sub-District Health Center to a Type D Hospital. Regarding the classification of a hospital, this is stated in the Minister of Health Regulation Number 340 of 2011. The requirements for a hospital can become a type D hospital, including: it must have 2 specialist doctors from 4 diseases namely internal medicine, obstetrics, surgery and children. This type D hospital also has to have at least 40 beds and can receive 850-1000 patients per day ([Azza & Natalia, 2019](#); [Handayani & Bachtiar, 2021](#)).

Unfortunately, until now there are still many complaints from the public regarding the services provided by type D hospitals. The complaints also varied widely, ranging from problems with cleanliness in the Community Health Centers area, in the toilets, in the waiting room, problems with slow service, unfriendly and unresponsive health workers. During the Covid-19 period, patient complaints increased because many patients underwent independent isolation and did not receive proper attention from the hospital ([Priyotomo et al., 2022](#); [Sujarwo & Subekti, 2019](#)). Health services should be at the forefront as a reference that is first needed by the community when they experience health problems or accidents ([Nugraheni et al., 2018](#)). For this reason, good service is needed. The health services provided should have clear quality and standards, so that the health services received by the community are safe and appropriate for them according to their respective health conditions ([Ahmad et al., 2022](#)).

Complaints come because of dissatisfaction in service. Patient satisfaction with service is a comparison between his perception of the service received and his expectations before getting the treatment. If expectations are met, it means that the service has provided an extraordinary quality and will also lead to high satisfaction ([Sembel et al., 2014](#); [Wau & Purba, 2019](#)). Conversely, if the expectation is not achieved, it means that the quality of the service does not meet what is expected ([Kotler & Armstrong, 2018](#); [Kotler & Keller, 2016](#)). Satisfaction felt by customers will have a positive impact on the company, which will encourage the creation of customer loyalty and the company's reputation will be more positive for society, especially for

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customers. Therefore, every company needs to try to understand customer expectations for the products it produces or the services it provides. There are five important aspects that must be considered in the quality of services, namely Tangibles, Reliability, Responsiveness, Assurance, Empathy ([Parasuraman et al., 1988, 1991](#); [Tjiptono, 2014](#)).

Complaints from the community can vary because the satisfaction of the community from the provision of services provided can be interpreted differently by all communities, especially in the provision of Health Service Health Centers which are the services most often accessed by the community ([Imran et al., 2021](#); [Widodo, 2020](#)). Satisfaction or dissatisfaction is the customer's response to the perceived disconfirmation evaluation between initial expectations and perceived actual performance ([Tjiptono, 2014](#)).

Many factors cause patient dissatisfaction in hospitals and health centers, one of which is the communication factor from doctors and nurses. The level of patient satisfaction is very dependent on how the factors mentioned above can meet expectations. For example, the verbal and non-verbal communication factors of nurses in therapeutic communication, if implemented not in accordance with the spirit of the communication, the resulting response is dissatisfaction from the patient ([Yati, 2016](#)). Patients who feel dissatisfied will leave the health center or hospital and look for quality services elsewhere. Therefore, it is time for patient satisfaction to become an integral part of the mission and goals of the nursing profession due to the increasing intensity of global and domestic competition, as well as changing preferences and behavior of patients to seek higher quality nursing services ([Yati, 2016](#)).

This research will focus on Community Health Center located in the Bogor, Depok, and Cibinong areas to see how the quality of services provided to patients at type D hospitals in accordance to provide customer satisfaction and what complaints are perceived by patients at type D hospitals. The results of this study will contribute to the government, as well as stakeholders in the health sector to improve the quality of type D hospital services.

LITERATURE REVIEW

Definition of Type D Hospital

Type D hospitals are hospitals that provide the fewest medical facilities and capabilities among other class hospitals. Type D hospitals usually only provide an emergency room, and general medical services which include basic medical services such as dental and oral polyclinics. Meanwhile, there are two types of specialist medical services.

According to Minister of Health Regulation No. 56 of 2014 concerning Hospital Classification and Licensing, the criteria, facilities and capabilities of Class D General Hospitals include Medical Services, Pharmaceutical Services, Nursing and Midwifery Services, Clinical Support Services and Non-Clinical Support Services. Not all Community Health Centers (puskesmas) can be converted into type D hospitals. Apart from the requirements mentioned above, the road condition factor is also a consideration.

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When viewed from the number of beds, type D hospitals have at most class III beds, with the following provisions:

- a. The number of class III beds is at least 30% of the total beds, if this type D hospital belongs to the government.
- b. The number of class III beds is at least 20% of the total beds, if this type D hospital is privately owned.

Type D Hospital is a hospital that provides medical services including 24-hour emergency services. Hospital services in general, namely nursing, midwifery, clinical and non-clinical services and inpatient services are owned by type D hospitals. This type D hospital can be upgraded to a type C hospital, because this hospital is actually a transitional hospital.

Service Quality

In fact, evaluating service quality is more difficult than evaluating product quality ([Schiffman et al., 2009](#)). This is because services are intangible, different from products that can be seen. This is true because of the special characteristics of certain services: they are intangible, they are variable, they are perishable due to the maintenance of their reputation, and they are produced and consumed simultaneously ([Schiffman et al., 2009](#)).

If we talk about the quality of service, it cannot be seen from the side of the person serving, but also from the side of the person being served, because the people served are those who enjoy the service and can feel whether they are get satisfaction from the service provided or not ([Sirhan et al., 2016](#)).

Actual quality is a comparison between customer perceptions of perceived service and the quality of service expected by customers ([Parasuraman et al., 1988](#); [Purwani & Wahdiniwaty, 2017](#)). In measuring service quality, there are 5 important elements, namely: (1). Reliability, (2) Responsiveness, (3) Assurance, (4) Empathy, and (5) Tangible. Reliability is a reliable and accurate service that can be provided by a person or institution. Meanwhile, responsiveness is the provision of fast service and the desire to help customers. The third element is certainty, namely how services can be provided with the knowledge and courtesy of officers so that they can make customers trust. Empathy is how much the officer can pay attention to customers and Tangibles is something tangible, and can be seen, such as the appearance of physical facilities, equipment, facilities and infrastructure.

Customer Satisfaction

What is meant by customer satisfaction is an emotional response to the experience of consuming a product ([Tjiptono, 2014](#)). Meanwhile, another researcher, defines customer satisfaction as a customer's perception that his expectations have been fulfilled ([Susanto, 2013](#)). Satisfaction is the feeling that is built up after the customer compares his impression of the results of a product with his expectations ([Kotler & Keller, 2016](#)). Satisfaction is divided into 2 types, namely functional satisfaction, namely satisfaction obtained from a product used and psychological satisfaction, namely satisfaction obtained from the product's intangible attributes ([Washinta &](#)

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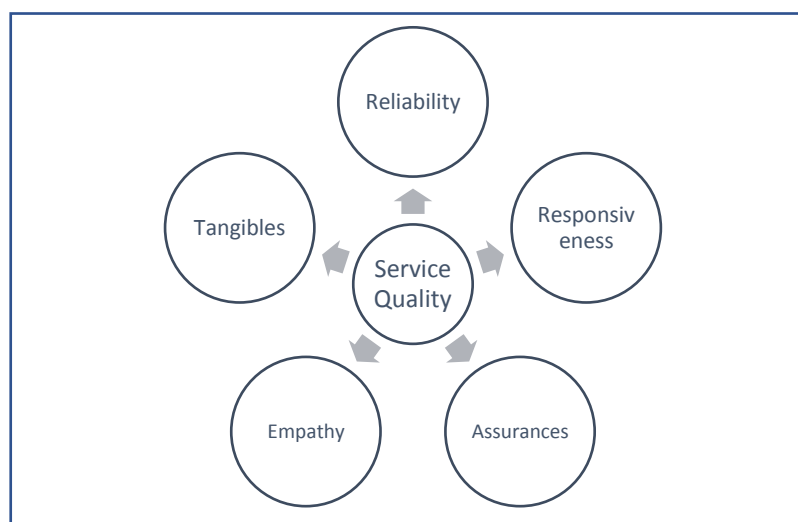
[Hadi, 2021](#)). The conclusion that can be drawn from the definitions above is that basically the notion of customer satisfaction includes the difference between expectations and perceived performance results. Customer satisfaction is the basis for the realization of loyal or loyal customers.

There are 5 main factors that need to be considered in measuring customer satisfaction ([Apriliana & Hidayat, 2020](#); [Lupiyoadi, 2011](#); [Lupiyoadi & Ahmad, 2012](#)), namely:

- a. Product quality
Consumer satisfaction will be obtained if the product used is of high quality.
- b. Quality of service
Consumer satisfaction will be obtained if the service received is in line with expectations.
- c. Emotional
Consumer satisfaction and pride will be obtained when using or using certain products with certain brands
- d. Price
Consumer satisfaction will be obtained if using high quality products but at affordable prices
- e. Cost
Customer satisfaction will be obtained if you can use a product or service without having to incur additional costs and do not need to waste time getting the service or product.

Service quality indicators according to [Kotler and Keller \(2016\)](#) can be described as shown in Figure 1.

Figure 1
Service Quality Indicators



Source: ([Kotler & Keller, 2016](#))

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In the picture above, it is known that there are 5 important elements in service quality, namely: (1). Reliability, the ability to perform reliable and accurate services. (2). Responsiveness, willingness to help customers and provide prompt service. (3). Assurances, knowledge and courtesy of employees and their ability to guarantee quality so that participants trust and believe. (4). Empathy, individual attention to customers. (5). Tangibles, the appearance of physical facilities, equipment, facilities and infrastructure ([Kotler & Keller, 2016](#)).

The conclusion that can be drawn from the definitions above is that basically the notion of customer satisfaction includes the difference between expectations and the results of perceived performance. This customer satisfaction is the basis for the realization of loyal or loyal customers.

To determine the level of customer satisfaction, there are five main factors that must be considered by the company. There are five factors are: a. Product quality, namely customers will be satisfied if their evaluation results show that the products they use are of high quality b. Service quality in which customers will feel satisfied if they get good service or what is expected. c. Emotional, in which customers will feel proud and have confidence that other people will be amazed by him when using a product or service with a certain brand which tends to have a higher level of satisfaction. d. Price, in which products or services that have the same quality but set a relatively low price will provide higher value to consumers. e. Cost, in which customers who do not need to incur additional costs or do not need to waste time to get a product or service tends to be satisfied with the product or service ([Apriliana & Hidayat, 2020](#); [Lupiyoadi, 2011](#); [Lupiyoadi & Ahmad, 2012](#)).

METHOD

This is a qualitative research with a phenomenological approach. Phenomena are anything that appears in consciousness ([Moustakas, 1994](#); [Robbiah et al., 2020](#)). Phenomenon, in Husserl's conception, is a visible reality, without a veil or curtain between humans and that reality. Phenomena are realities that reveal themselves to humans. Meanwhile, in dealing with this phenomenon, humans involve their awareness, and awareness always means awareness of something (reality) ([Qutoshi, 2018](#)). The phenomenological approach delays all judgments about natural attitudes until a certain basis is found ([Creswell, 2017](#); [Creswell & Creswell, 2018](#)). This delay is known as an epoche (timeframe). The concept of epoche is to distinguish the data area (subject) from the researcher's interpretation. The concept of epoche is central to where the researcher compiles and categorizes initial assumptions about phenomena to delay interpretation of what participants say. The phenomenological approach describes the meaning of a life experience of several people about a concept or phenomenon ([Creswell, 2017](#); [Polkinghorne, 1989](#)). People who are involved in dealing with a phenomenon explore the structure of consciousness of human life experience. The phenomenological approach is the right method for

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this research since the researcher want to explore the experience of informants related to the services provided by Tipe D hospital.

Researchers employed semi structured interview in data collection technique. Semi-structured interviews are a relatively free type of conversation. In this type of interview, the interviewer already has interview guidelines and instruments that have been prepared, but the questions that will be asked can develop along with the answers given by the informant ([Adams, 2015](#)). The purpose of this type of interview is to find problems more openly, where the parties invited to the interview are asked for their opinions and ideas ([Sugiyono, 2019, 2022](#)).

Researchers carry out the interviews to 30 patients of type D hospitals which consists of 10 patients of a type D hospital in Bogor, 10 patients in a type D hospital in Depok, and 10 patients in type D hospital in Cibinong. The criteria for informants are those who have been patients in type D hospitals for more than 2 years. This is intended to see how they experience after being a patient in a type D hospital for 2 years. In the interview process, the questions asked were in a fluid atmosphere. The researchers also will see the phenomena happens among all the patients of Tipe D hospitals. In order to make this research more objective, apart from interviewing patients, the researcher also interviewed an expert in excellent service with the aim of obtaining input regarding what factors should be done to improve services at Type D hospitals in order to meet patient satisfaction.

The data analysis techniques in phenomenological studies as follows: (a). The researcher fully describes the phenomena/experiences experienced by the research subjects. (b). The researcher then finds statements (interviews) about how people find the topic, details these statements and the treatment of each statement has an equal value, then the details are developed without repeating. (c). The statements are then grouped into meaningful units, the researcher details these units and writes a text explanation about the experience accompanied by careful examples. (d). The researcher then reflects on his thoughts by using imaginative variations or structural descriptions, looking for all possible meanings and through divergent perspectives, considering the frame of reference for the symptoms (phenomenon), and constructing how the symptoms are experienced. e. The researcher then constructs the entire explanation of the meaning and essence of his experience ([Creswell, 2017; Creswell & Creswell, 2018](#)).

RESULTS AND DISCUSSION

In conducting the analysis, researchers use service quality indicators, which consists of the following aspects: Tangibles, Reliability, Responsiveness, Assurance and Empathy ([Kotler & Keller, 2016; Purwani & Wahdiniwaty, 2017](#)). The results of researcher interviews with patients in type D hospitals are summarized in the following table.

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Table 1
Service Quality

No	Aspect	Patients of Type D Hospital (Bogor)	Patients of Type D Hospital (Depok)	Patients of Type D Hospital (Cibinong)
1.	Tangibles	<ul style="list-style-type: none"> a. The toilet is not clean b. Lack of clean water supply c. The parking area is not well organized d. The quality of drugs given to patients is more generic than patents 	<ul style="list-style-type: none"> a. The toilet is not clean b. Lack of clean water supply c. The parking area is not well organized d. The quality of drugs given to patients is more generic than patents 	<ul style="list-style-type: none"> a. The toilet is not clean b. Lack of clean water supply c. The parking area is not well organized d. There is often a loss of helmet in the parking lot
2.	Reliability	<ul style="list-style-type: none"> a. Employees provide different information 	<ul style="list-style-type: none"> a. The information conveyed to patients is often not in accordance with the services provided 	<ul style="list-style-type: none"> a. Employees provide different information b. Lack coordination Between morning, afternoon and night shift employees
3.	Responsiveness	<ul style="list-style-type: none"> a. Employees are not responsive b. Customer complaints are not responded to quickly 	<ul style="list-style-type: none"> a. Employees are not responsive b. Requests for blankets and pillows are not responded to quickly 	<ul style="list-style-type: none"> a. Employees are not responsive b. Customer complaints are not responded to quickly
4.	Assurance	<ul style="list-style-type: none"> a. The doctor didn't come on time b. Doctor is not communicative c. Unfriendly employees d. Employee 	<ul style="list-style-type: none"> a. Doctor is not communicative b. The doctor does not provide a detailed explanation of the patient's illness c. Unfriendly employees 	<ul style="list-style-type: none"> a. On Saturday, the number of patients in the clinic is limited b. The doctor didn't come on time c. Unfriendly employees
5.	Empathy	<ul style="list-style-type: none"> a. Doctors lack empathy for 	<ul style="list-style-type: none"> a. Doctors lack empathy for 	<ul style="list-style-type: none"> a. Doctors lack empathy for

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patients	patients	patients
b. Employees lack empathy for patients	b. Employees lack empathy for patients	b. Employees lack empathy for patients

The data obtained show that from 5 aspects of service quality in the three hospitals, it still does not show optimal service quality. From the tangible side, patients from these three type D hospitals thought that toilet hygiene was not maintained, clean water supply was also very limited and water faucets often jammed. This is certainly very far from the service criteria of a hospital. In addition, in the parking area, there is often a loss such as a helmet. It also shows that hospital safety is not a priority.

“The condition of toilets in this hospital is far from clean. In addition, the smell is also not good. The hospital should pay attention to this because this place is a health care place that should always be clean.” (EV- Patient of Bogor Type D Hospital).

“The parking area at this hospital is very unsafe and not well organized. I have lost my helmet twice in the parking area and I have informed my complaints but so far it seems that there has been no change in guarding system in the parking lot.” (DU- Patient of Depok Type D Hospital).

In terms of reliability, patients from the three hospitals said that employees provided different information, especially information provided by telephone and information when they directly met with staff at the hospital. Some patients also said that there seemed to be no good coordination between employees on night duty. So that patients often have to repeat their explanations to staff who have just changed shifts.

“The information provided between staff is often different. Earlier I asked about what components are not covered by BPJS in this hospital for cataract surgery. The staff of morning shift said that for cataract surgery, BPJS Insurance covered the entire cost including surgery and medicine, but when I asked another staff of the night shift, he said BPJS only covered of surgery, while medicines and glasses were borne by the patient.” (AR- Patient of Cibinong Type D Hospital)

In terms of responsiveness, patients from the three hospitals also said that the patient’s complaints or requests were not immediately responded to by the staff. Even one patient interviewed said that he was forced to take pillows and blankets from his own house because when his child had to be hospitalized, there were no pillows and blankets in the inpatient room.

“When my child had to be hospitalized in this hospital, it turned out that in his room there were no pillows and blankets. The nurse who took us to the room just said that soon another staff would come to bring it, it turned out that after a long wait nobody came. Finally, I went home and took pillows and blankets and brought them to the hospital.” (EH- Patient of Depok type D Hospital)

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Meanwhile, regarding the assurance aspect, the interviewees said that doctors at the hospital were unfriendly and uncommunicative. The doctor seemed to always want to hurry and quickly finish the examination of his patient and immediately leave the hospital. Patients suspect that doctors who work in type D hospitals also work in other hospitals.

“Doctors here are not friendly. When asked about illness, they don't want to give a detail answer, or maybe they think we are all uneducated so that we won't understand it even if they explain. Not only the doctors, all the staff as well. It's like they've never been trained.” (WW- Patient of Cibinong Type D Hospital)

From the results of interviews with informants, it is known that the staff and doctors do not have a sense of empathy for the patients.

“Patients have been waiting for a long time, even more than 4 hours, the doctor has not come. When we asked, the customer service staff just said 'please wait'. They don't think that we came to the hospital, of course with unwell condition or that we brought a sick family. They all lack of empathy.” (ER- Patient of Bogor type D Hospital)

Meanwhile, related to customer satisfaction, the researcher uses the theory which says that customer satisfaction is measured by 5 factors, namely: Product Quality, Service Quality, Emotional, Price, and Cost ([Apriliana & Hidayat, 2020](#); [Lupiyoadi, 2011](#); [Lupiyoadi & Ahmad, 2012](#)).

Table 2
Customer Satisfaction

No	Aspect	Patients of Type D Hospital (Bogor)	Patients of Type D Hospital (Depok)	Patients of Type D Hospital (Cibinong)
1.	Product Quality	a. Still far from expectations	a. Still far from expectations	a. Needs a lot of improvement
		b. Less satisfactory	b. Less satisfactory	b. Less satisfactory
2.	Service Quality	Less satisfactory	Not satisfactory	Less satisfactory
3.	Emotional	Have no pride	Do not have pride	Do not have pride
4.	Price	a. The price is quite affordable but the service is disappointing.	a. The price is quite affordable but the service is not satisfactory.	a. The price is quite affordable but the service is not satisfactory
		b. It's better if the price is adjusted to the service provided	b. It's better if the price is a little expensive but the service is satisfying	b. More the price is increased a little, and the service is good

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5. Cost	Even though they have used BPJS Health Insurance, patients are still asked for additional fees for other things	Even though they have used BPJS Health Insurance, patients are still asked for additional fees for other things	Even though they have used BPJS Health Insurance, patients are still asked for additional fees for other things
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In terms of patient satisfaction, the data from the interviews above indicate that patients are dissatisfied with the services provided by type D hospitals. From the aspect of product and service quality, the informants said that they are still far from expectations and there are still many improvements that need to be made. Emotionally, they also have no pride in being a patient at the hospital. Being a patient in a type D hospital just because you have to. The hospital is the closest hospital to their neighborhood. From the aspect of price, although it is quite affordable, the patients prefer good service. They hope that there will be improvements made to type D hospitals so that they can become hospitals that the community can rely on.

The results of the researcher's interviews with experts in the field of service excellence show that to improve the quality of service in an institution such as a hospital, serious efforts and commitment are needed from managers, hospital management teams, medical and paramedical personnel, administrative staff, cleaners to security staff. The results of interviews with Service Excellence experts are summarized in the following table.

Table 3
Efforts to improve Service Quality and Patient Satisfaction

No	Aspects	Action
1.	What aspects should be improved to improve service quality	Servqual: Tangible, Reliability, Responsiveness, Assurance, Empathy
2.	What strategies should be implemented to improve service quality	<ol style="list-style-type: none"> Training must be given regularly, both hard skills and soft skills to leaders, management, medical/non-medical personnel, administrative staff, cleaning service staff to security, Training can be in the form of in company training, workshops, seminars, or comparative studies
3.	How to measure patient satisfaction	<ol style="list-style-type: none"> Conducting survey. Surveys can be carried out to patients by giving questionnaires Checking how many customers complained. The higher the level of customer satisfaction, the fewer complaints received. Checking if the patients is coming back to the hospital

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The results of the interviews show that service quality must be improved from all aspects. The Servqual aspect consists of tangibles, reliability, responsiveness, Assurance and Empathy elements. These five things are in accordance with the statement put forward by [\(Kotler & Keller, 2016; Purwani & Wahdiniwaty, 2017\)](#). In addition to being able to implement the five Servqual components mentioned above, it is necessary to take serious action to train employees, starting from the leadership level, medical/non-medical personnel to cleaning and security staff. This training is held not only once a year or incidentally, but to continue to sharpen the abilities and skills of employees, training needs to be held regularly. This aims not only to hone employee skills but also to improve the quality of hospital services. To evaluate the quality of hospital services, the action that can be taken by hospital management is to make a survey and ask patients to fill it out. This is very important to provide assurance to the hospital regarding what needs to be improved and so that patient satisfaction can continue to increase, the hospital must continuously check what complaints are submitted by patients. All complaints must be followed up properly so that patients do not feel disappointed with the services provided [\(Apriliana & Hidayat, 2020; Lupiyoadi, 2011; Lupiyoadi & Ahmad, 2012\)](#).

CONCLUSION

From the analysis above, it can be concluded that based on the experience of the patients, the quality of service at the three type D hospitals is still not able to provide satisfaction in terms of various aspects, namely product quality, service quality, emotional, price and cost. Product quality, namely room quality, cleanliness of rooms and toilets, supporting facilities such as pillows and blankets are not available so that patients do not get what they are entitled to. In terms of human resources, the services received by patients have not met expectations because there are still many health workers who are not friendly, do not care about patients, are not attentive, and are not responsive to what patients complain about. Patients also have no pride in being a Type D hospital patient. Patients don't even mind if the price is higher than what is currently set, but the services provided are better, and in accordance with the patient's expectations as a hospital customer. The results of this study also show that even though patients already have BPJS, there are many components that are not covered by BPJS so that patients have to spend a lot of money. Based on the results of this study, the researchers conclude that there are still many aspects that must be improved by Tipe D hospitals in order to provide satisfaction to its patients. The low level of satisfaction is caused by the quality of service which is still far from expectations. Meanwhile, the results of this study also show that efforts to improve service quality can be carried out through training, seminars, workshops, or comparative studies. The limitation of this study is that it did not review in detail the training programs and methods carried out. Therefore, for further research, the researchers suggest that research related to training to improve the quality of human resources of Tipe D hospitals can be conducted to improve the service quality in order to meet the customers' expectations.

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