

The Corelation Influence With Quality of Service Gynecology To Satisfaction Patien At Gynecology Room Abepura Public Hospital

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Abstract-Background: Public hospital Abepura is facility health service of government minded papuan Province to implementation of health maternity to up service quality, but not optimal in felt patient, so the hospita got the complain.

Target of research: to know the corelationinfluence with quality of service gynecology to satisfaction patien at Gynecology Room Abepura Public Hospital.

Method Research : Analytic descriptive with approach of conducted study crossectional in monh January 24 – february 24 on 2018 by total sampel as much 76 people. Data approach used questionnaire and analysed to use square chi and regresi logistics binary.

Result of research : There is corelation of quality service reliability (p-value 0,004; RP = 1,955; CI95% (1,258 – 3,038), responsive (p-value 0,004; RP= 1,964; CI95% (1,279 – 3,015), assurance (p-value 0,045; RP= 1,621; CI95% (1,073 – 2,448) and empathy (p-value 0,006; RP= 2,895; CI95% (1,258 – 2,854) to satisfation patient at room gynecology Abepura Public Hospital. However is not corleation quality service tangibles to satisfation patient at room gynecology Abepura Public Hospital (p-value 0,064; RP= 1,581; CI95% (1,013 – 2,467). The dominant factor is empathy variable and assurance variable is interaction variabel, so Abepura public hospital ti up yhelath srevice quality to gived by patient.

Keywords: Satisfaction, Patient, Gynecology Room, Abepura Public Hospital.

I. INTRODUCTION

Maternal Mortality Rate (MMR) in Indonesiamasih is high in Asia.DataSurvey Indonesia Health Demography (SDKI) 2016 reports AKI in Indonesia 305 per 100,000 live births. One important factor contributing to maternal mortality is the quality of maternal health care at various levels of healthcare (MoH RI , 2016). The rate of maternal mortality (MMR) in Papua Province from SDKI data of 2016 is 380 per 100,000 live births and IMR of 13/1000 live births (Provincial Health Office, 2016). One of the government's efforts to reduce MMR and IMR is through the implementation of Basic Emergency Obstetric and Neonatal Services (PONED) at Puskesmas, and Comprehensive Emergency Obstetric and Neonatal Services (PONEK) at Provincial and District Hospital and Provincial Hospital. RSUD Abepura as a health service

facility owned by the Papua Provincial Government in implementing policies on the provision of maternal health services, providing services in the emergency unit (ER), Obstetric and Obstructive Polyclinics, and Inpatient in Midwifery Unit. Maternity Ward at Abepur Hospital is provided with physical evidence of inspection room facilities, action room (for mild and moderate clinical procedures), treatment room consisting of treatment room with 8 bed facilities, 5 baby boxes, patient cabinet, outdoor bathroom. Based on the reliability given in the service include the number of personnel and the type of manpower in the maternity wards Abepuras hospitals as many as 2 obgyn specialists, 1 general practitioner and 34 midwives (Abepura Hospital Profile, 2016).

In order to increase the guarantee in health service, the patient in the midwifery care unit comes from the referral patient or non-referral consisting of the general patient (self-pay) and the patient using health insurance ie Askes is used by Civil State Employee (PNS) and Civil Servant Employee State / Region (BUMN / BUMD), Jamkesmas or Jamkesda used by the community are categorized as poor and employment insurance is used by private or company employees.

Data on medical records in Abepura Maternity Hospital in 2015, 1,638 babies born and 2016 babies born as many as 1417 babies and infants. These data indicate that there is a decrease in the number of patient visits from 2015 when compared to 2016.In August 2017 from the interviews in the delivery room Abepura Hospital got complaints from the community on the quality of services provided, especially in the delivery room caused by the mother who was referred to Abepura Hospital because of complications of bleeding and inadequate facilities and hospitalization, and the presence of rejection in patients. It becomes a question of the quality of service provided by the Abepura District Hospital. In addition, from the results of interviews of 5 mothers and families in the delivery room, complained about the slowness of officers and lack of attention officers such as information and complaints submitted less responded by the officer in providing services. Patients treated in the midwifery unit of the disease case vary widely, among normal, partus patients, pregnancy bleeding

(abortion), prolonged labor, malpresentation or malposition, hypertension in pregnancy (pre / eclampsia), premature rupture of membranes, anemia in pregnancy, multiple pregnancy, curetase action, vacuum extraction, embryotomy, sectio cesarean), and other cases. In providing services to patients, officers refer to the standards of care of their respective professions. Midwives in providing midwifery care services refer to midwifery care including methods, assessment, diagnosis, planning, action, client participation and evaluation. Nurses and bidna provide services referring to care nursing include assessment, diagnosis, planning, execution and evaluation, as well as with doctors and other officers. Data achievement of midwifery service indicator in abdominal inpatient unit of RSUD Abepura based on bed occupancy ratio or bed use (BOR) , average length of stay (ALOS) and turn over interval or turning rate (TOI) in 2015 to 2016 show the amount of Bed Occupancy Ratio (BOR) or bed utilization in Maternity Room Abepura Hospital 2015 (61.23%) decreased compared to BOR in 2016 (60.86%).

The decrease in BOR can be caused by internal factors such as quality of service or quality of infrastructure facilities that are not good, where the quality of services provided not in accordance with the expected patient, for example the patient said the midwife or nurse to be less friendly to patients or family patients in providing services, Obstetric Genetology that serves patients in midwifery care unit, is unavailable or difficult to contact when the patient is needed because there are other activities. External factors are competitors who provide maternal health services outside the hospital such as doctor's practice, midwife practice by providing delivery service or pospartum done in home care. The services in these practices are more desirable because, according to the patient's presumption of faster service, longer consultation time, more thorough examination, the doctor / midwife is more concerned.

Customer satisfaction is the customer's response to the suitability of the customer's level of importance or expectation before they receive the service after the service they receive. The health service user's satisfaction can be summarized as the performance of the health service institution in the expectation of the customer (patient or community group) (Muninjaya , 2011). Based on the above problems, so researchers interested in conducting research with the title "The effect of quality dimensions of midwifery services on patient satisfaction in delivery room Abepura Hospital"

II. MATERIALS AND METHOD:

Descriptive analysis with cross-sectional approach conducted on January 24 to February 24, 2018 with a total sample of 76 people with a total population of 76 people. Data were obtained using questionnaires and analyzed using chi square and logistic binary regression.

III. RESEARCH RESULTS

3.1. Respondent's characteristic

The data collection of respondent characteristics includes age, education, occupation and income which can be seen in the table below.

Table 1. Distribution of Respondents Based on age, education, employment and producer in Abepura Maternity Room in 2018

No	Characteristics	n	(%)
1	Age		
	20-25 year	12	15,8
	26-35 year	62	81,6
	36-45 year	2	2,6
2	Education		
	Not school	10	13,2
	Basic school	3	3,9
	Junior high school	12	15,8
	Senior high school	44	57,9
3	Higher education	7	9,2
	Occupation		
	Not working	42	55,3
	Civil servan	11	14,5
	Private staff	21	27,6
4	Business	2	2,6
	Earning		
	< Rp. 3.000.000	55	72,4
	≥ Rp. 3.000.000	21	27,6
Total		76	100

Based on the above table shows that the age distribution of respondents is based on the MOH RI (2009), namely the respondents who are adult ages early (20-25 years) as many as 12 people, middle adult (26-35 years) as many as 62 people (81.6% and older adults (36-45 years) as many as 2 people (2.6%). Based on education, most of the respondents had high school education as many as 44 people (57.9%) and slightly educated elementary school as many as 3 people (3.9%). Based on the work most of the respondents did not work as many as 42 people (55.3%) and few in the respondents as self-employed as many as 2 people (2.6%). Most respondents have family income of less than Rp. 3.000.0000 according to minimum wage standard of 55 people (72,4%).

3.2 Quality of Service

Quality of service consists of five indicators, namely reliability, responsive, assurance, tangibles (physical evidence), empathy (attention) in the Maternity Room of Abepura Regional Hospital of Papua Province.

Table 2. Distribution of Respondents Based on Service Quality Indicators in Maternity Room Abepura Hospital Year 2018

No	Indicators	Service quality					
		Not good		Good		Number	
		n	%	n	%	n	%
1	Reliability	33	43,4	43	56,6	76	100
2	Responsive	31	40,8	45	59,2	76	100
3	Assurance	29	38,2	47	61,8	76	100
4	Tangibles	37	48,7	39	51,3	76	100
5	Empathy	28	36,8	48	63,2	76	100

Quality of service in five indicators mostly said in good category, namely reliability (reliability) as many as 43 people (56.6%), responsiveness (45 persons) (59.2%), assurance (47) (61,8%), tangibles 39 people (51,3%) and attention (empathy) 48 people (63,2%).

3.3. Level of Satisfaction

The level of patient satisfaction in Maternity Room Abepura Regional Hospital of Papua Province can be seen in Table 9 below.

Table 3. Patient Satisfaction Rate in Maternity Room Abepura Hospital Year 2018

No	Satisfaction level	n	(%)
1	Not satisfy	40	52,6
2	Satisfy	36	47,4
Number		76	100

Table 3 shows that the level of satisfaction of respondents in the space of Bersaln RSUD Abepura in the category of dissatisfied as many as 40 people (52.6%) and satisfied as many as 36 people (47.4%).

3.4 Bivariate Analysis

a. Quality relationship of midwifery service based on reliability (reliability) to the level of patient satisfaction

Table 4. Quality relationship of midwifery service based on reliability (reliability) to satisfaction level of maternity room maternity Abepura Hospital 2018

No	Reliability	Satisfaction level				n	%
		Not Satisfy		Satisfy			
		N	%	n	%		
1	Not good	24	72,7	9	27,3	33	100
2	Good	16	37,2	27	62,8	43	100
Total		40	52,6	36	47,4	76	100

p-value = 0,004; RP = 1,955; CI95% (1,258 – 3,038)

Table 4 shows that out of 33 people with reliable reliability statements, 24 (72.7%) were unsatisfied and 9 (27.3%) satisfied. Whereas from 43 people with reliability statement (reliability) good, as many as 16 people (37.2%)

are not satisfied and as many as 27 people (62.8%) are satisfied. The result of chi square statistic test at significance value 95% (0,05) obtained p-value 0,004 or $p < \alpha$ (0,05), thus there is relation of quality of midwifery service based on reliability (reliability) to patient satisfaction level in space Maternity Hospital of Abepura Provinsi Papua Province. When viewed from the value of RP = 1.955; CI95% (1,258 - 3,038) interpreted that respondents whose reliability is not good are not satisfied 1.955 times higher than respondents who stated good reliability.

b. Quality relationship of midwifery service based on responsiveness to patient satisfaction level

Table 5. Quality relationship of midwifery service based on responsiveness to satisfaction level of Maternity Hospital Abepura Hospital 2018

No	Responsive	Satisfaction level				n	%
		Not Satisfy		Satisfy			
		n	%	n	%		
1	Not good	23	74,2	8	25,8	31	100
2	Good	17	37,8	28	62,2	45	100
Total		40	52,6	36	47,4	76	100

p-value = 0,004; RP = 1,964; CI95% (1,279 – 3,015)

Table 5 shows that 31 people with responsive statements are not good, as many as 23 people (74.2%) are not satisfied and as many as 8 people (25.8%) are satisfied. Whereas from 45 people with responsive statements good, as many as 17 people (37.8%) are not satisfied and as many as 28 people (62.2%) are satisfied. The result of chi square statistic test at significance value 95% (0,05) obtained p-value 0,004 or $p < \alpha$ (0,05), thus there is relation of quality of midwifery service based on responsiveness to patient satisfaction level in space Maternity Hospital of Abepura Provinsi Papua Province. When viewed from the value of RP = 1.964; CI95% (1,279 - 3,015) interpreted that the quality of service based on responsiveness that is not good chance of respondent is not satisfied 1,964 times bigger compared with responsive (responsive) good.

c. Quality relationship of midwifery services based on Assurance on patient satisfaction level

Table 6. Quality relationship of midwifery service based on responsiveness to satisfaction level of maternity room maternity Abepura Hospital 2018

No	Assurance	Satisfaction level				n	%
		Not Satisfy		Satisfy			
		n	%	n	%		
1	Not good	20	69	9	31	29	100
2	Good	20	42,6	27	57,4	47	100
Total		40	52,6	36	47,4	76	100

$p\text{-value} = 0,045$; $RP = 1,621$; $CI95\% (1,073 - 2,448)$

Table 6 shows that out of 29 people with assurance statements are not good, as many as 20 people (69%) are dissatisfied and 9 (31%) satisfied. Whereas from 47 people with assurance statement (good assurance), as many as 20 people (42,6%) not satisfied and as many as 27 people (57,4%) are satisfied. The α result of chi square statistic test at significance value 95% (0,05) obtained p-value 0,045 or $p < \alpha (0,05)$, thus there is relation of quality of midwifery service based on assurance to patient satisfaction level in space Maternity Hospital of Abepura Provinsi Papua Province. When viewed from the value of $RP = 1.621$; $CI95\% (1,073 - 2,448)$ interpreted that the quality of services based on improper assurance has a chance of unsatisfied respondents 1,621 times greater than the assurance (assurance) is good.

d. Quality relationship of midwifery service based on direct evidence (tangibles) on patient satisfaction level

Table 7. Quality relationship of midwifery service based on direct evidence (tangibles) on satisfaction level of maternity room maternity Abepura Hospital 2018

No	Tangibles	Satisfaction level				n	%
		Not Satisfy		Satisfy			
		n	%	n	%		
1	Not good	24	64,9	13	35,1	37	100
2	Good	16	41	23	59	39	100
Total		40	52,6	36	47,4	76	100

$p\text{-value} = 0,064$; $RP = 1,581$; $CI95\% (1,013 - 2,467)$

Table 7 shows that out of 37 people with tangibles were not good, 24 (64.9%) were dissatisfied and 13 (35.1%) were satisfied. Whereas from 39 people with statement of direct evidence (tangibles) good, as many as 16 people (41.2%) are not satisfied and as many as 23 people (59%) are satisfied. The α result of chi square statistic test at significance value 95% (0,05) obtained p-value 0,064 or $p > \alpha (0,05)$, thus there is no correlation of quality of midwifery service based on tangibles to patient satisfaction level in the delivery room of Abepura Regional Hospital of Papua Province. When viewed from the value of $RP = 1.581$; $CI95\% (1,013 - 2,467)$ interpreted that the quality of service based on the bad evidence (tangibles) is not satisfied respondent 1,581 times greater than the good tangibles.

e. Quality relationship of obstetric care based on Attention (Empathy) on patient satisfaction level

Table 8. Relationship quality of obstetric care based on Attention (Empathy) on satisfaction level pasiendi Maternity Room Abepura Hospital Year 2018.

No	Empathy	Satisfaction level				n	%
		Not Satisfy		Satisfy			
		n	%	n	%		
1	Not good	21	75	7	25	28	100
2	Good	19	39,6	29	60,4	48	100
Total		40	52,6	36	47,4	76	100

$p\text{-value} = 0,006$; $RP = 2,895$; $CI95\% (1,258 - 2,854)$

Table 8 shows that out of 28 people with empathy statements are not good, as many as 21 people (75%) are not satisfied and as many as 7 (25%) are satisfied. Whereas from 48 people with the statement of attention (empathy) good, as many as 19 people (39.6%) are not satisfied and as many as 29 people (60.4%) are satisfied. The α result of chi square statistic test at significance value of 95% (0,05) obtained p-value 0,006 or $p < \alpha (0,05)$, thus there is relation of quality of midwifery service based on attention (empathy) to patient satisfaction level in space Maternity Hospital of Abepura Provinsi Papua Province. When viewed from the value of $RP = 2.895$; $CI95\% (1,258 - 2,854)$ interpreted that the quality of service based on poor empathy has a chance of unsatisfied respondents 2,895 times greater than good empathy.

3.5 Multivariate analysis

Multivariate analysis was used to obtain the answer of which factor that influence to level of satisfaction hence need to do bivariate analysis and continued on multivariate test. Bivariate modeling using logistic regression test begins with bivariate modeling using enter method where each independent variable is tested against dependent variable.

Table 9. Bivariate Analysis Between Dependent and Independent Variables

No	Variables	p-value	RP	95% CI	
				Lower	Upper
1	Reliability	0,004	1,955	1,258	3,038
2	Responsive	0,004	1,964	1,279	3,015
3	Assurance	0,045	1,621	1,073	2,448
4	Tangibles	0,064	1,581	1,013	2,467
5	Empathy	0,006	1,895	1,258	2,854

Table 9. above the variables reliability, responsiveness, assurance, tangibles and attention (empathy) fall into the category of p-value < 0.25 , thus entering into the multivariate model and tested together with a logistic binary test. The result of multivariate analysis obtained p-value $< 0,05$ as in Table 14 below.

Table 10. Multiple Logistic Regression Variable Analysis

No	Variabel	B	P-value	OR	95% C. I. for	
					Exp (B)	Lower Upper
1	Reliability	1,943	0,004	6,977	1,882	25,864
2	Responsive	1,899	0,006	6,677	1,741	25,607
3	Assurance	0,746	0,243	2,109	0,603	7,384
4	Tangibles	1,322	0,040	3,752	1,063	13,237
5	Empathy	2,114	0,003	8,279	2,059	33,297
	Constant	-12,998	0,000	0,000		

Table 10 above, then the assurance is removed from the multivariate test again with the results in Table 11.

Table 11. Analysis of Multiple Logistic Regression Variables

No	Variables	B	P-value	RP	95% C. I. for	
					Exp (B)	Lower Upper
1	Reliability	1,841	0,005	6,301	1,756	22,619
2	Responsive	1,896	0,005	6,661	1,776	24,980
3	Tangibles	1,497	0,016	4,468	1,320	15,127
4	Empathy	2,146	0,002	8,550	2,184	33,473
	Constant	-11,925	0,000	0,000		

Table 11 shows that the lowest value of p-value is 0.002 on the attention variable (empathy) which is the most dominant factor whereas assurance variable is the interaction variable that influences reliability, responsiveness, tangibles, and attention (Empathy).

IV. DISCUSSION

4.1. Quality relationship of midwifery service based on reliability (reliability) on the level of patient satisfaction

The result of the research shows that there is correlation of quality of midwifery service based on reliability (reliability) on patient satisfaction level in delivery room Abepura Provincial Hospital of Papua (p-value = 0,004). The result of the research shows that the respondents statement about reliability mostly stated as good as 43 people (56,6%) and dissatisfied (37,2%) and respondent which reliability is not good as 33 people (43,4 %), (72.7%) are not satisfied. This shows that the reliability (reliability) is considered respondents who assumed that respondents see that the reliability of respondents in accordance with the ability of each officer - each. The perception of the reliability of midwifery services can be seen from the ability of the officer to provide services properly, such as the ability of doctors in diagnosing the disease, cure or reduce complaints and the ability of caring for patients in patient examination is not timely, long service time.

Based on Decree No. 436 / Menkes / SK / VI / 1993 on Hospital Service Standards and Hospital Obligations, all hospitalized patients must be given the best medical care, nursing care or midwifery care regardless of the treatment class (Quality Of Care). Therefore all patients admitted to midwifery care unit are examined or treated according to the standard of care continuously. For example visite doctor, baseline examination: blood pressure, body temperature, pulse, respiration and other as indicated. This situation has been felt by the respondents and disclosed in the results of the study showed that the officers always perform physical examination of patients every day and the provision of patient treatment as indicated by the amount.

As the function of the hospital is as a referral center and as a provider of comprehensive emergency neonatal obstetric care (PONEK), the complexity of cases and the handling of difficult patients result in the treatment and healing process in certain cases (eg heavy bleeding, severe eclampsia, sepsis) long. This situation is felt by some respondents as evidenced by the presence of respondents' statement about the ability of officers in doing help to patients and the ability of doctors in providing appropriate treatment. This fact shows the skill of midwifery service officer (doctor), because according to the direction of policy of health service of maternal who want health facility should have professional officer and quality service quality. This is where the quality improvement is not realized at risk of high morbidity and even maternal mortality rate (AKI), according to the results of susitanable Development Goals (SDG) that the delay in obtaining adequate health services at the reference point indirectly contribute to maternal mortality and morbidity.

4.2. Quality relationship of midwifery services based on responsiveness (responsive) to the level of patient satisfaction.

The result of the research shows that there is correlation of quality of midwifery service based on responsiveness to patient satisfaction level in delivery room Abepura Provincial Hospital of Papua (p-value 0,004). The result of perception analysis of responsiveness shows that in general the responsiveness of the officers in providing midwifery service has not fulfilled the patient's expectation with the result of the respondent's answer that is not good (40,8%) .It is also proved from RP = 2,491; CI95% (1,213 - 5,117) interpreted that the quality of service based on responsiveness that is not good the chance of the respondent is not satisfied 2,491 times bigger compared with responsive (responsive) good. Hospital functions requiring immediate relief and treatment without the need for advance guarantees, the duty of the physician to provide immediate relief as a duty of humanity, the priority of problem solving in medical care or nursing care by not distinguishing the class of care (Quality Of Care), has felt both by respondents such as the immediacy of the officer

against the handling of the patient's gravity and follow-up of the patient's emergency treatment by the doctor.

Respondents (35.9%) were less responsive when replacing the infusion fluids that showed that the officers were not responsive in the management of patient infusions and information provided when there were prescriptions or medications to be purchased (17.9%). while adequate intravenous administration and drug administration are essential for patients in need, for example, inadequate infusion of intravenous fluid in patients with hemorrhage will result in hypovolaemic shock resulting in vascular collapse and resulting in cardiac failure eventually death while delay of drug administration can prolong the healing patient. This indicates that the responsiveness of the officers is still felt very less by the patient.

4.3 *Quality relationship of obstetric care services based on Assurance on the level of patient satisfaction*

The results showed that there was a correlation of quality of midwifery service based on assurance to the level of patient satisfaction in delivery room Abepura Provincial Hospital of Papua (p-value 0,045). The analysis results obtained that the statement of respondents about assurance (assurance) is not good as much as 69% not satisfied and satisfied as much as 31%. While the respondents who assured assurance (good as much as 42.6% not satisfied and satisfied as much as 57.4%. Assurance perceptions are reviewed based on respondents' assessment of service certainty that can overcome the patient's complaints, namely the availability of health workers who have knowledge, skills / abilities and provide free action from any hazards, risks or hesitations. According to observations in midwifery care unit, blood pressure, body temperature, pulse, respiration and general condition of patients are routinely performed on all patients at least once by morning duty officer, once by night duty officer and once by night duty officers ahead of turnover, which refers to the standard of patient evaluation in midwifery care used as a service upbringing standard. However, these activities have not fulfilled the respondent's expectation as evidenced by the respondents who stated that officers do not always check the general condition of patient's health at all times (23.1%).

The results of the analysis revealed the existence of the patient's conscience that states not good, almost most states are not satisfied (69%). This is also evidenced from the value of $RP = 1.621$; $CI95\% (1,073 - 2,448)$ interpreted that the quality of services based on improper assurance has a chance of unsatisfied respondents 1,621 times greater than the assurance (assurance) is good. Based on the Criminal Code article 170 and the Decree of the Minister of Health of the Republic of Indonesia Number 924 / Menkes / SK / XII / 1986 regarding the validity of the Indonesian hospital's code of conduct for hospitals

throughout Indonesia, provisions concerning the rights and obligations of patients, doctors and hospitals ie doctors must provide information adequate concerns about the need for appropriate medical action and the risks it may incur and the patient is entitled to information on matters concerning his illness. The provisions are fully implemented by midwifery service personnel. This is in accordance with the respondent's statement stating that the officer gave a detailed explanation when will perform medical action to the patient (66.7%).

4.4 *Quality relationship of midwifery services based on direct evidence (tangibles) on the level of patient satisfaction*

The results showed that there was no correlation between the quality of care in midwife service based on the direct evidence (tangibles) on the level of patient satisfaction in delivery room Abepura Provincial Hospital of Papua (p-value 0,064). Analytical results note that respondents responded that the weavers in the maternity ward were less clean (23,15), 53,8% poorly responded to the basic needs of the patient, 84.6% said the patient's bathroom was poor and water flowing is not smooth and 87,7% of lighting is felt less. This is according to the results of the observation in midwifery care unit that is in the midwifery treatment room there are 2 bathrooms / wc, but the lighting, cleanliness and water does not flow smoothly. In addition the water is less clean yellow. Respondents who stated tangibles are not good as much as 64.9% dissatisfied and satisfied as many as 13 people (35.1%). While the statement of respondents about direct evidence (tangibles) either as much as 41.2% not satisfied and satisfied as much as 59%. This indicates that direct evidence indirectly has a chance to satisfy respondents that the bad evidence (tangibles) is not good, the chance of the respondent is not satisfied 1.581 times bigger compared with the good evidence (tangibles) is good. this indicates that the patient's satisfaction is influenced by the service of doctors and health personnel and the supporting physical facilities are not paid attention by the respondent but have an effect on the patient's satisfaction.

Support of facilities is very important in determining the patient's health condition indirectly, because with the unclean environment will trigger the emergence of new diseases (nasokomial infection), especially in mothers who get clinical procedures (surgery, curettage, labor, attached NGT, catheters, infusions and others).

4.5. *Quality relationship of obstetric care based on Attention (Empathy) on patient satisfaction level*

The results showed that there was a correlation between the quality of midwifery service based on attention (empathy) on the level of patient satisfaction in maternity ward Abepura District Hospital of Papua Province (p-value 0,006). Analysis result got that most respondents (63,2%)

stated good service given in RSUD Abepura, where satisfied respondents reached 74.4% when compared to non-satisfied 26.6%. This is evidenced from the value of $RP = 2.895$; $CI95\%$ (1,258 - 2,854) interpreted that the quality of service based on poor empathy has a chance of unsatisfied respondents 2,895 times greater than good empathy.

The perception of empathy of midwifery services in terms of attention, caring officers include attitudes in providing midwifery services, understanding complaints or patient needs. As regulated in the code of conduct of the hospital (Kepmenkes RI Number 924 / Menkes / SK / XII / 1986), to provide services to patients regardless of race, religion, sex and duty of care. These provisions have made the officers not to distinguish patients from providing midwifery services such as respondents' responses (92.3%) either that the officers provide services without discriminating the patient. Other respondents' statements such as the empathy of the officer against the suffering experienced by the patient is 92.3% officers when injecting drugs slowly and emotionally. However, the results of respondents' answers that officers when responding to complaints patients while grumbling (71.8%). Bad attitude of the officer can cause feelings of discomfort in the patient and can cause stress response. This stress response is very detrimental to patients who are sick because besides will aggravate the decline in reserve and endurance, increase the need for oxygen of the heart muscle, interfere with respiratory function with all the consequences, also will invite the risk of thromboembolism which in turn increases morbidity and mortality. It shows not the maximum awareness and attention of officers to the patient, while on the other hand the patient is in need of attention and assistance officers. For example, the responses of respondents (64.1%) officers did not show empathy by stroking the waist to the back, whereas with a touch on the area of pain can *mennggal* / reduce pain.

4.6 Dominant factors on the level of patient satisfaction

The result of multivariate analysis showed that reliability, responsiveness, tangibles, attention (empathy) are dominant factor and attention (empathy) is the highest dominant factor to patient satisfaction level in midwifery room of Abepura Hospital while assurance variable (assurance) is an interaction variable. Patient satisfaction is assessed based on the interpretation of respondents about the suitability between expectations and the acceptance includes the speed / willingness of the officers in providing assistance, the availability of facilities and infrastructure needed by the patient and the hospitality of the officers in providing midwifery services. The patient's satisfaction with the speed of the officer, especially in doing the relief when the patient suffered serious complaint or emergency happened 94,2%, and checking when arrived at midwifery

room equal to 92,5%. this makes the patient feel satisfied because he feels safe and well cared for.

There are standards of care that officers use in providing services, for example midwife professions have midwifery standards, such as methods of patient review, midwifery diagnosis, care plan, action that is based on priority of priority problem in patients with emergency or require immediate treatment. the speed of the officer has been in accordance with the expectations of the patient but in terms of hospitality, the attitude of officers in providing midwifery services, facilities and infrastructure of obstetric care provided is still far from patient expectations, this is indicated by the respondent's statement that more than 50% of respondents stated that officers are not friendly and less good toward patients or families of patients while providing services.

V. CONCLUSION

Based on the results of research, it can be concluded as follows

- 5.1. There is a correlation of quality of midwifery service based on reliability (reliability) on patient satisfaction level in delivery room Abepura Provincial Hospital of Papua (p-value 0,004; $RP = 1,955$; $CI95\%$ (1,258 - 3,038).
- 5.2. There is a correlation of quality of midwifery service based on responsiveness to patient satisfaction level at delivery room of Abepura Provincial Hospital of Papua (p-value 0,004; $RP = 1,964$; $CI95\%$ (1,279 - 3,015).
- 5.3. There is a correlation of quality of obstetric care service based on assurance on patient satisfaction level in maternity ward Abepura Regional Hospital of Papua Province (p-value 0,045; $RP = 1,621$; $CI95\%$ (1,073 - 2,448).
- 5.4. There is no correlation between the quality of midwifery service based on direct evidence (tangibles) on the level of patient satisfaction in delivery room Abepura Provincial Hospital of Papua (p-value 0,064; $RP = 1,581$; $CI95\%$ (1,013 - 2,467).
- 5.5. There is a correlation between the quality of obstetric care based on the attention (empathy) on the level of patient satisfaction in delivery room Abepura Provincial Hospital of Papua (p-value 0,006; $RP = 2,895$; $CI95\%$ (1,258 - 2,854).
- 5.6. The dominant factors related to patient satisfaction level in midwifery room of Abepura Hospital are reliability (p-value = 0,005, $RP = 6,301$ $CI 95\% = 1,756-22,619$), responsive (p-value = 0,005; $RP = 6,661$ $CI 95\% = 1,776-24,980$), tangibles (p-value = 0,016; $RP = 4,468$ $CI 95\% = 1,320-15,127$), attention (empathy) (p-value = 0,002; $RP = 8,550$ $95\% CI = 2,184-33,473$) and attention (empathy) is the highest dominant factor to patient satisfaction level in midwifery room of Abepura Hospital while assurance variable is interaction variable.

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