

Strategy To Improve Service Quality Based On Patient Experience Using Importance Performance Analysis On Inpatients At Beriman Hospital, Balikpapan

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ABSTRACT

Improving the quality of health services is an ongoing process that requires commitment from all levels of the organization. This involves regular evaluation of existing procedures, implementation of the latest technology, and ongoing training for staff. This study aims to analyze the Strategy for Improving the Quality of Service Based on Patient Experience using Importance Performance Analysis in Inpatients at Beriman Balikpapan Hospital. The type of research conducted is quantitative research using observational studies with a cross-sectional study design. The sample in this study were nurses at Beriman Balikpapan Hospital totaling 376 respondents. The results of the study showed that the dimensions of Communication with nurses, Responsiveness and Physical Comfort were considered unsatisfactory, the dimensions of Communication with doctors, Care Transition, Communication Of Drugs and Discharge Communication dimensions were considered satisfactory. It is recommended that hospital management consider the three dimensions that are unsatisfactory, namely Communication with nurses, Responsiveness and Physical Comfort by holding routine training for nurses on effective communication techniques, including how to listen actively to patients, use simple language, and convey medical information clearly and accurately. by conducting training for all staff, including doctors, nurses, and administrative staff, on the importance of responsiveness to patient needs. by maintaining the cleanliness and tidiness of the hospital area, including patient rooms, waiting rooms, and public facilities. Good cleanliness can provide a sense of comfort and safety for patients and visitors.

Keywords: Patient Experience, Importance Performance Analysis, service quality, hospital

INTRODUCTION

Improving the quality of health services is an ongoing process that requires commitment from all levels of the organization. This involves regular evaluation of existing procedures, the implementation of the latest

technology, and ongoing training for staff. Health care facilities also need to be responsive to patient feedback and continue to adapt to evolving health standards. By focusing on quality improvement, health care facilities can improve patient outcomes, reduce medical errors, and ultimately make a positive contribution to overall public health (Pakpahan, 2015).

Hospitals today are required to maximize value for patients, namely, to achieve the best results at the lowest cost while considering patient preferences (Nagurney & Li, 2015). With the background of increasing competition between health care facilities, service quality becomes an important differentiator in the strategy of health care organizations. Therefore, in order to remain successful, a new paradigm is needed in the implementation in hospitals (Stone, 2008). Hospitals that are able to survive are hospitals that try to establish closeness with patients or consumers. This is due to the increasing bargaining power of consumers and the diversity of health care providers that have emerged. The growth of this hospital has created increasingly tight competition and customers have increasingly selective choices. Therefore, a "new model of care" is needed in the implementation of hospital services to improve the quality and standard of service in order to remain successful, both at the operational, managerial, and strategic levels (Pakpahan, 2015). One of them is by developing service quality that focuses on patients (patient-centered care).

According to Harrison, et al. (2015) service quality improvement activities depend on specific data regarding the nature of the events experienced by patients, this can only be obtained through patient experience data. Using patient experience measurements can provide information on what events occur when receiving services at health facilities, measuring aspects that are important to patients or seeing the patient's perspective that can improve the quality of service (Lavela & Gallan, 2014). Based on research conducted by Salisbury and Wallace (2010), the results of satisfaction surveys that can be used as service improvement strategies are only 4.6%, while for patient experience surveys more than 20% of responses can be used as strategies by hospitals. Therefore, the use of patient experience surveys is better than patient satisfaction. By using patient experience, the data produced will be unique, where each individual will have their own preferences. This supports the increase in the role of patients in determining policies because the input used comes from their own opinions (LaVela & Gallan, 2014). In describing patient experience factors, there are several methods that are often used, but the IPA (Importance Performance Analysis) method is believed to have advantages when compared to other methods. IPA can show attributes that need to be improved or reduced to maintain patient satisfaction and the results provided by IPA are interpreted using a Cartesian diagram that is easy to understand without having to spend a lot of money (Miranda, et al., 2010). The IPA method is a calculation of performance scores and interests given by patients, where the results are obtained based on the number of calculations from all respondents for one variable and then the average value is taken. The level of suitability value will be taken using a comparison of the level of performance and the level of importance.

The average patient satisfaction over the past 4 years (2021-2023) meets the standards at Beriman Balikpapan Hospital 85.19%. This shows that the level of patient satisfaction has not met the standards of the Minister of Health Decree No. 129 of 2008 concerning Minimum Hospital Service Standards, which requires patient satisfaction in the Inpatient Installation to be $\geq 90\%$. However, in reality, patient satisfaction surveys have not changed much about the way hospitals provide services. Hospitals are able to carry out good patient satisfaction surveys and reports, but hospitals still have difficulty changing the way they provide services that involve patients and learn from experience (ACSQHC, 2010). So far, measuring patient satisfaction has been a common practice if health care facilities want to obtain information as a basis for improving quality. However, exploring patient satisfaction is considered to have several weaknesses, including the concept being too broad so that it cannot be defined properly. Patient satisfaction surveys often contain questions that fail to accurately describe the patient's care experience (Harrison et al, 2015). Although RSUD Beriman has focused on service quality based on patient satisfaction through surveys, in recent years there has been an evolution in the approach to health service quality. This approach has shifted from simply measuring patient satisfaction to a more holistic concept, namely "patient experience". A service is said to

be good by patients, determined by the fact that the services provided can meet the needs of patients. Based on the above problems, the researcher chose the patient experience variable using Importance Performance Analysis (IPA) as a basis for determining the service quality development strategy at the Inpatient Installation at RSUD Beriman Balikpapan.

MATERIALS AND METHODS

Research Location and Design

This study analyzes the dimensions of Patient Experience using the Importance Performance Analysis (IPA) method using the Mixed Method approach which aims to not only use data on patient experience but also conduct Focus Group Discussions with stakeholders to develop service quality strategies. This research will be conducted at Beriman Balikpapan Hospital in June-July 2024.

Population and Sample

The population in this study were patients at Beriman Hospital Balikpapan totaling 6166 people. The sample determination used simple random sampling and the sample size can be calculated using the Slovin formula, namely 376 respondents.

Data Collection Method

The instrument used in data collection is a questionnaire. The questionnaire used in this study was first tested for validity and reliability. Based on the results of the validity and reliability test using the SPSS program where from the statement items in the questionnaire, all statements were declared valid and reliable.

Data Analysis

Univariate analysis was conducted to obtain an overview of the research problem by describing each variable used in the study and the characteristics of the respondents. Univariate analysis consists of descriptive analysis of respondent characteristics, descriptive analysis of research variables and cross-tabulation analysis between respondent characteristics and research variables. After analyzing the quantitative data using the Importance Performance Analysis method, the researcher validated the problem against the results obtained using the FGD method. This activity was carried out in each hospital by involving related parties. The results of the FGD obtained were concluded together with the participants.

Result

1. Frequency Distribution of Common Characteristics of Respondents

The respondents of this study amounted to 376 respondents. These characteristics aim to assess some of the general characteristics of the sample including age, gender, occupation, education, distance, inpatient class, source of cost, visits. The general characteristics of respondents can be seen in the following table:

Table 1. Distribution of Respondents Based on Respondent Characteristics

Beriman Hospital Balikpapan

Characteristic	Research Sample	
	N	%
Gender		
Man	142	37.8
Woman	234	62.2
Sum	376	100.0
Age		
17-25 years old	28	7.4
26-35 years old	163	43.4
36-45 years old	127	33.8
46-55 years old	26	6.9
>55 years	32	8.5
Sum	376	100.0
Last Education		
SD	36	9.6
JUNIOR	53	14.1
SMA	144	38.3
DIII	77	20.5
S1	66	17.6
Sum	376	100.0
Work		
Student	13	3.5
Student	53	14.1
Civil servants	104	27.7
Private Employees	105	27.9
Self employed	101	26.9
Sum	376	100.0
Distance		
<5KM	155	41.2
>5 KM	221	58.8
Sum	376	100.0

Characteristic	Research Sample	
	N	%
Number of Visits		
< 3 times	138	36.7
infinite	238	63.3
Sum	376	100.0

Source: Primary Data, 2024

Table 6 above shows that in terms of gender, most of the respondents are female, namely 234 respondents (62.2%). Judging from the age, most of the respondents were at 26-35 years old, as many as 163 respondents (26-35 years old). Judging from the last education, most of the high schools were 144 respondents (38.3%). Judging from employment, most of the private employees were 105 respondents (27.9%). Judging from the distance, most of them were at >5km as many as 221 respondents (58.8%). Judging from the number of visits, most of the patients were 238 respondents (63.3%).

4.2.2 Analysis of Hospital Performance and Interests

To determine the level of satisfaction of inpatients at Beriman Balikpapan Hospital, the researcher used patient *experience dimensions* consisting of *communication with nurses, communication with doctors, responsiveness, physical comfort, care transition, communication of drugs, and discharge information*. In this section, each element of the dimensions and attributes owned by the patient experience is discussed, accompanied by the results of the performance assessment and the interests of the hospitals studied. The presentation will use the following table:

Ket:

X = Performance Level/Reality

Y = Importance/Expectation Level

Table 2. Distribusi Answer Service Quality Performance of RSUD Beriman Balikpapan

Dimension	Indicators	STB	TB	B	SB	n	Mean
Communication with nurses	X1	0	116	239	21	376	1062.75
	X2	0	123	191	62		
	X3	0	126	181	69		
	X4	0	127	170	79		
Communication with doctor	X5	0	27	137	212	376	1212.33
	X6	0	25	146	205		
	X7	0	171	146	59		
	X8	0	141	169	66	376	1055.50

Responsiveness	X9	0	130	186	60		
	X10	0	145	164	67		
	X11	0	140	163	73		
Physical Comfort	X12	0	146	169	61	376	1047.20
	X13	0	130	188	58		
	X14	0	150	170	56		
	X15	0	135	168	73		
	X16	0	158	151	67		
Care transition	X17	0	89	180	107	376	1131.50
	X18	0	99	189	88		
Communication of drugs	X19	0	92	167	117	376	1143
	X20	0	97	177	102		
Discharge information	X21	0	96	185	95	376	1127.60
	X22	0	94	185	97		
	X23	0	91	176	109		
	X24	0	102	185	89		
	X25	0	102	181	93		

Source: Primary Data, 2024

Based on the description of table 7 above, it shows that the dimensions have an average value, including: communication with nurses (1062.75), communication with doctor (1212.33), responsiveness (1055.50), physical comfort (1047.20), care transition (113.50), communication of drugs (1143), and discharge information (1127.60).

Table 3. Distribution of Answers to Service Quality Expectations of Beriman Hospital Balikpapan

Dimension	Indicators	STP	TP	P	SP	N	Mean
Communication with nurses	Y1	0	128	193	55	376	1077.25
	Y2	0	99	216	61		
	Y3	0	108	211	57		
	Y4	0	98	221	57		
Communication with doctor	Y5	0	78	219	79	376	1130.33
	Y6	0	67	216	93		
	Y7	0	94	208	74		
	Y8	0	129	185	62	376	1049.25

Responsiveness	Y9	0	149	161	66		
	Y10	0	136	173	67		
	Y11	0	154	164	58		
Physical Comfort	Y12	0	140	182	54	376	1042
	Y13	0	165	149	62		
	Y14	0	138	165	73		
	Y15	0	154	166	56		
	Y16	0	136	182	58		
Care transition	Y17	0	122	188	66	376	1077.5
	Y18	0	111	199	66		
Communication of drugs	Y19	0	124	197	55	376	1066
	Y20	0	107	217	52		
Discharge information	Y21	0	113	213	50	376	1072
	Y22	0	109	204	63		
	Y23	0	113	210	53		
	Y24	0	109	210	57		
	Y25	0	122	191	63		

Source: Primary Data, 2024

Based on the description of table 8 above, it shows that the dimensions have average values, including: *communication with nurses* (1077.25), *communication with doctor* (1130.33), *responsiveness* (1049.25), *physical comfort* (1042), *care transition* (1077.5), *communication of drugs* (1066), and *discharge information* (1072).

Comparison of Performance and Expectations of the Patient Experience Dimension

Table 4. Comparison of Performance and Expectations of Patient Service Quality in the Patient Experience Dimension of Beriman Hospital Balikpapan

No.	Dimension	Average Performance	Average Expectations	Axis X	Y axis	Conformity (%)	Information
1	Communication With Nurses	1062.75	1077.25	2.83	2.87	98.65	Not Satisfactory

No.	Dimension	Average Performance	Average Expectations	Axis X	Y axis	Conformity (%)	Information
2	Communication With Doctor	1212.33	1130.33	3.22	3.01	107.25	Satisfying
3	Responsiveness	1055.50	1049.25	2.81	2.79	100.60	Not Satisfactory
4	Physical Comfort	1047.20	1042	2.79	2.77	100.50	Not Satisfactory
5	Care Transition	1131.50	1077.50	3.01	2.87	105.01	Satisfying
6	Communication Of Drugs	1143	1066	3.04	2.84	107.22	Satisfying
7	Dicharged Communication	1127.60	1072	3.00	2.85	105.19	Satisfying
AVERAGE SUM		1111.41	1073.48	2.96	2.85	103.49	

Source: Primary Data, 2024

Based on the results of the analysis of the dimension of the experience of inpatients at Beriman Balikpapan Hospital in the table, it is known that of the 7 element dimensions, there are 3 dimensions that patients think are not satisfactory because of the level of conformity (%) of the < dimensions of the overall average level of conformity. While the other 4 elements were declared satisfactory because of the level of conformity (%) of the dimensions > the average of the overall level of conformity. The results of the overall average score are known that the overall average performance (X) is 1111.41 > from the overall average Y of 1073.48 with a percentage of 103.49%. Thus, it can be concluded that in general, the services at Beriman Balikpapan Hospital based on the patient's experience are considered satisfactory.

Patient Experience Analysis Based on Importance Performance Analysis (IPA) in the Inpatient Installation of South Sulawesi Provincial Hospital

Based on the research data, the value of the performance level and expectations of inpatients will be presented so that the level of suitability can be known by comparing the performance score and the expected score. From the average level of conformity in the seven dimensions of each hospital, a limit will be found that can determine whether the dimension is considered satisfactory or unsatisfactory. In addition, it is also necessary to determine the values of the X and Y axes so that the dimensions can be plotted in a Cartesian diagram. A cartesian diagram is a figure divided into four parts bounded by two lines that intersect perpendicularly on the X and Y axes, where X is the average of the average performance level score and Y is the average of the average expected level score. After the placement of each quadrant, the hospital can determine strategies for developing service quality in each dimension.

Table 5. Patient Experience Suitability Level at Beriman Hospital Balikpapan

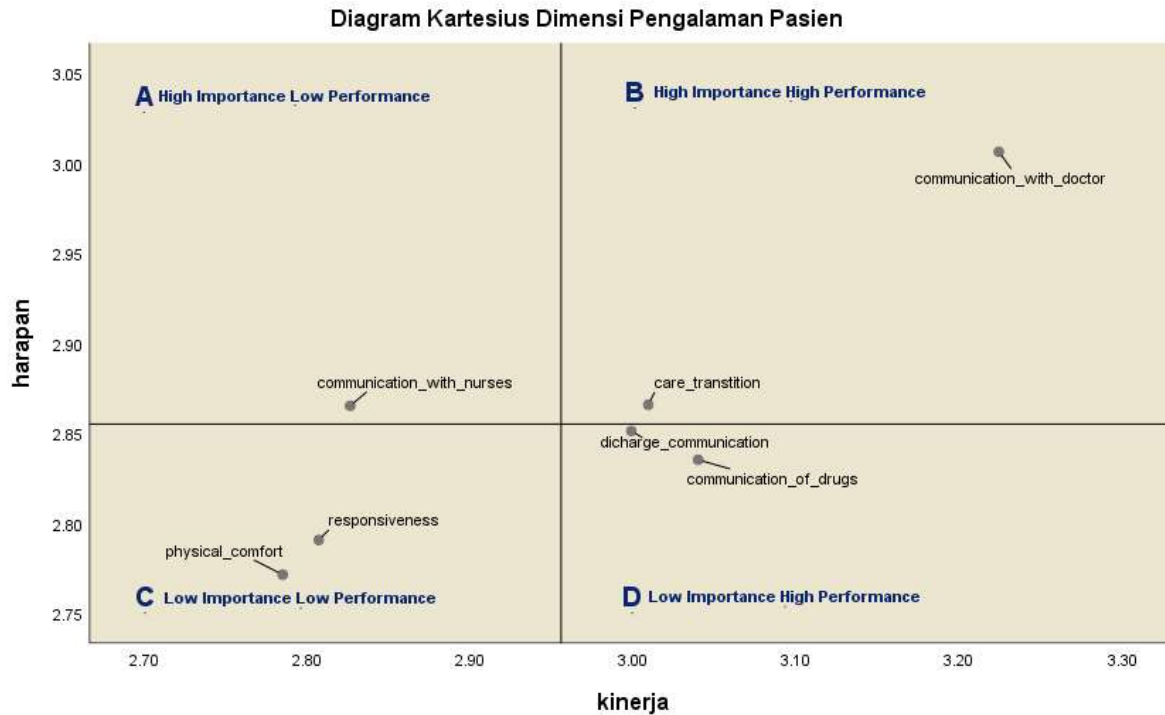
No.	Dimension	Average Performance	Average Expectations	Axis X	Y axis	Conformity (%)	Information
1	Communication With Nurses	1062.75	1077.25	2.83	2.87	98.65	Not Satisfactory
2	Communication With Doctor	1212.33	1130.33	3.22	3.01	107.25	Satisfying
3	Responsiveness	1055.50	1049.25	2.81	2.79	100.60	Not Satisfactory
4	Physical Comfort	1047.20	1042	2.79	2.77	100.50	Not Satisfactory
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AVERAGE SUM		1111.41	1073.48	2.96	2.85	103.49	

Source: Primary Data, 2024

Based on the results of the analysis of the dimension of the experience of inpatients at Beriman Balikpapan Hospital in the table, it is known that of the 7 element dimensions, there are 3 dimensions that patients think are not satisfactory because of the level of conformity (%) of the < dimensions of the overall average level of conformity. While the other 4 elements were declared satisfactory because of the level of conformity (%) of the dimensions > the average of the overall level of conformity. The results of the overall average score are known that the overall average performance (X) is 1111.41 > from the overall average Y of 1073.48 with a percentage of 103.49%. Thus, it can be concluded that in general, the services at Beriman Balikpapan Hospital based on the patient's experience are considered satisfactory.

4.2.4 Cartesian Diagram of Patient Experience Dimension Elements at Beriman Balikpapan Hospital

Based on the calculation table of the average performance and level of importance on each element of the *Patient Experience* dimension of Beriman Balikpapan Hospital, it is described as follows:



Picture 1. Cartesian Diagram of Elements of Patient Experience Dimensions at Beriman Hospital Balikpapan in 2024

Quadrant	Number of Attributes	Attribute
Quadrant B	7	P5= get friendly service from nurses P6= get clarity of information related to disease conditions P17= Doctors and nurses work together in providing services P18= Nurses cooperate with each other during hand overs/shift changes P20= get an explanation of the time to take the medication and dosage P22= Before going home, do you receive an explanation from the doctor about the do's and don'ts when you go home? P24= Before going home, receive an explanation from the nurse, the schedule and how to take the drug & its effects
Quadrant C	10	P1= get friendly service from nurses P8= get help when cleaning yourself and getting dressed by a nurse when you need it P9= get help when going to the toilet by a nurse when you need it P10= get help at meals and drinks by a nurse when you need it P11= easy to call a nurse when needed. P12= Treatment room is always clean P13= Bathrooms and toilets are always clean P14= Tranquility of the inpatient area at night P15= Safe hospital building condition P16= Availability of hand sanitizer for patients and visitors

Quadrant	Number of Attributes	Attribute
Quadrant D	4	P19= get an explanation of the type, use of the patient's drug, and Side Effects of the drug P21= improved condition after receiving treatment at Beriman Hospital P23= Before going home, receive an explanation by the doctor/nurse regarding the control time to return to the hospital P25= your return procedure is on time

DISCUSSION

The dimension of *Communication with nurses* at Beriman Balikpapan Hospital shows that it is not satisfactory, this is seen from the value of the level of conformity lower than the overall average score. *Communication with nurses* refers to the verbal and non-verbal interactions that occur between nurses, as well as between nurses and patients, patients' families, doctors, and other staff in a hospital or health facility environment. Good and effective communication among nurses is very important to ensure smooth work coordination, prevent medical errors, and improve the quality of health services and patient satisfaction.

According to *The Joint Commission* (2015), communication failures are the leading cause of patient safety incidents, including errors in medication administration and medical procedures. This study shows that 70% of patient safety incidents in hospitals are caused by ineffective communication between healthcare staff, including nurses (Burgener, 2020). A study by Aiken (2014) found that good communication between nurses and patients is strongly correlated with patient satisfaction levels. Patients who felt heard and clearly informed about their condition and treatment reported higher levels of satisfaction.

In the dimension of *Communication with doctors*, it is considered satisfactory at Beriman Balikpapan Hospital. This is seen from the value of the level of conformity higher than the overall average score, so it is concluded that the service is satisfactory. *Communication with doctor* can be described as Effective communication means that the doctor provides information in a way that is easy for the patient to understand. This includes clearly explaining the diagnosis, treatment options, and next steps. When patients understand their medical condition, they feel more in control of their health, which positively impacts their overall experience. Patients appreciate doctors who listen to their concerns, show compassion, and treat them as individuals, not just cases. Research shows that patients who consider their doctor empathetic tend to report higher satisfaction with their treatment.

Face-to-face communication between patients and doctors has a positive and direct effect on online communication between patients and doctors in the future. In addition, patient trust and patient satisfaction both positively moderate the relationship between face-to-face and online patient-provider communication. The results of this study emphasize the important role of patient-centered communication and patient-provider relationships in the process of the eHealth and mHealth movement, especially in China's healthcare system (Jiang, 2020).

In the dimension of Responsiveness, it is considered unsatisfactory at Beriman Balikpapan Hospital, this is seen from the value of the level of suitability lower than the overall average value. This is seen from the value of the level of conformity higher than the overall average score, so it is concluded that the service is satisfactory. Responsiveness can be described as referring to how quickly, effectively, and responsive healthcare facilities

and staff are responding to patient needs and requests. Research on *patient experience* with the dimension of *responsiveness* in the context of health services reveals several key factors that affect patient perception of responsiveness. One of the most commonly used frameworks for evaluating *responsiveness* comes from the WHO, which includes aspects such as quick attention, good communication, privacy, and patient dignity. In the Ethiopian study, *responsiveness* was assessed by dividing it into seven domains, including quick attention, quality of basic facilities, and freedom of choice. Patient responsiveness scores are usually measured based on a scale of perception of the quality of services received as well as their satisfaction with interactions with healthcare staff and service response times (Khan, 2021).

In the dimension of *Physical Comfort*, it is considered unsatisfactory at Beriman Balikpapan Hospital, this is seen from the value of the level of conformity lower than the overall average score. *Physical Comfort* can be described as referring to how healthcare facilities and services ensure the physical comfort of patients during treatment. This dimension is very important in creating a positive experience for patients because it is directly related to their physical well-being while in a hospital or health facility. Patients need easy access to amenities such as bathrooms, walkers, or beds that are easily positioned. Ensuring patients have this access without difficulty will help them feel more comfortable physically. Patients with limited mobility, for example, need to get adequate help so that they do not feel stressed or uncomfortable during the recovery process (Rumintjap, 2024). A clean, comfortable, and quiet physical environment is the main factor affecting patient comfort. Patients are more likely to feel safe and comfortable when the room or treatment room is free from excessive noise, has good lighting, and provides adequate facilities such as comfortable beds, clean toilets, and temperature-regulated rooms according to the patient's needs (Eijkelenboom, 2022).

In the dimension of *Care transition*, it is considered satisfactory at Beriman Balikpapan Hospital. This is seen from the value of the level of conformity higher than the overall average score, so it is concluded that the service is satisfactory. *Care transition* can be described as referring to the quality and smoothness of the patient's transition process from one stage of care to the next, whether it is within the hospital or when being discharged to home or other facilities. This dimension is particularly important because it reflects how well the healthcare team coordinates to ensure patients receive continuous, safe, and effective care during and after the transition.

During the transition, patients often switch from one provider to another, such as from doctor to specialist or from hospital to home care. Good coordination between the medical team and other providers is essential to ensure there are no gaps in treatment that could lead to complications or confusion for patients. When patients are transferred from one unit of care to another or discharged from a hospital, they must receive clear and timely information about their condition, treatment plans, medications, and next steps they need to take at home. Lack of clarity or lack of instructions can leave patients feeling confused and anxious, which in turn negatively impacts their recovery (Schmidt, 2020).

In the dimension of *Communication on drugs*, it is considered satisfactory at Beriman Balikpapan Hospital. This is seen from the value of the level of conformity higher than the overall average score, so it is concluded that the service is satisfactory. *Communication on drugs* can be described as focusing on how well the healthcare provider communicates with the patient about the use of drugs during treatment. Effective communication regarding medication is essential because it can affect patient adherence to medication, their safety in taking medication, and overall treatment outcomes.

The medical staff must explain to the patient about the medication given, including the name of the drug, its purpose, and how to use it. This information helps patients understand why they need to take certain medications and how they will help in their recovery process. Failure to provide a clear explanation can lead to non-compliance or confusion regarding dosage and use. Patients should know the exact dosage of the medication as well as when and how they should take the medication. This includes an explanation of the time of consumption, frequency, and whether the medication should be taken before or after meals. A clear

understanding of the medication schedule is important to avoid overdose or underdose, which can affect the effectiveness of treatment (Ilardo, 2020).

In the Discharge *information dimension*, it is considered satisfactory at Beriman Balikpapan Hospital. This is seen from the value of the level of conformity higher than the overall average score, so it is concluded that the service is satisfactory. *Discharge Communication* is information provided to patients before leaving the hospital after undergoing medical treatment. This information contains various things that patients need to know regarding their health conditions, treatment plans, and how to take care of themselves after being discharged from the hospital. Currently, patients in hospitals are usually only done when the patient is about to go home by providing a resume of the patient returning home and brief information related to the patient's control schedule, medications, and diet that must be followed. However, it is better to *carry out discharge planning rules* continuously from the time the patient enters to the time he or she goes home. If the implementation is not effective, then the sustainability of patient care at home may not be maintained, which can result in the deterioration of the patient's condition or the appearance of more severe disease complications.

The dimension in quadrant A is the *communication with nurses dimension*. This dimension does need to be prioritized at Beriman Balikpapan Hospital, because these dimensions are often considered important by patients. **Communication with nurses** refers to verbal and non-verbal interactions between nurses and patients, as well as patients' families. This communication is crucial in the process of delivering information related to medical care, understanding patients about their condition, and creating a supportive environment for patients to feel heard and valued during the treatment period. Newell's study (2015) shows that good communication between nurses and patients is directly related to increased patient satisfaction during hospitalization. Patients who felt clearly informed and emotionally supported reported better experiences. A study by Jahanshahi (2017) examined how empathy in nurse communication can improve patients' emotional well-being. The study found that patients who felt their caregivers cared personally about their condition reported lower levels of anxiety and better treatment outcomes.

In quadrant B, the dimensional position has *high importance, high performance*. This means that the dimensions contained in this quadrant have service performance that is in accordance with patient expectations so that it has an impact on patient experience satisfaction with these attributes. The attributes of service quality contained in the B quadrant must be maintained or even improved, because the attributes in this quadrant show high satisfaction and value. At Beriman Balikpapan Hospital, which is in quadrant B is *communication with doctor and care transition*.

Thornton 's (2011) study found that effective communication between doctors and patients is a key factor in improving patient satisfaction. Patients who felt their doctor listened, explained clearly, and showed empathy reported more positive experiences. Weir's study (2019) reviews various studies on the impact of care transition on patient outcomes. It was found that a well-managed transition was associated with improved quality of care, decreased patient anxiety levels, and improved overall satisfaction. Murtagh's research (2022) identified the challenges faced by patients and healthcare providers during the transition process. These challenges include poor communication, lack of clear information, and differing expectations between patients and doctors.

The dimensions in Quadrant C are *Responsiveness and Physical Comfort*. In this dimension, the implementation is considered less important and the service performance is mediocre and has not satisfied patients at Beriman Balikpapan Hospital. **Responsiveness** is one of the important dimensions in **patient experience** which refers to the extent to which healthcare services can respond to patients' needs, preferences, and expectations quickly and appropriately. In the context of health services, this dimension measures how health care providers respond to patients quickly, both in handling complaints, providing care, and in answering questions asked by patients and their families.

Taylor (2014) research found that hospitals that have a quick response system to patient requests and are able to provide timely care tend to score higher in patient satisfaction surveys. This research emphasizes the importance of organizational infrastructure and culture in improving the responsiveness dimension. Smith's (2016) research found that hospitals with faster responses to patient needs had lower readmission rates, as many patient problems could be identified and addressed earlier.

The dimensions located in quadrant D at Beriman Balikpapan Hospital are *Discharge Communication* and *Communication Of Drugs*. The dimensions located in this quadrant are dimensions that are considered less important but in their implementation can already satisfy patients. Quadrant D is a dimensional position that has *Low Importance, High Performance*. This means that the quality or performance of the service attribute is not so important according to the patient, but the service is very satisfactory. So it can be said that this dimension seems excessive and does not need a quality improvement strategy, but it is enough to maintain it to increase patient loyalty and patient interest in returning to the hospital because its performance exceeds patient expectations. Hansen (2011) found that a more personalized approach to communication, including involving the family in discharge discussions, resulted in higher patient satisfaction and lower readmissions. More detailed and repeated education about health conditions and home care measures has been proven to improve the understanding of elderly patients and reduce confusion after discharge (Vashi, 2011).

CONCLUSIONS AND SUGGESTIONS

The results of the study showed that the dimensions of *Communication with nurses*, *Responsiveness* dimension and *Physical Comfort* dimension were considered unsatisfactory, *Communication with doctor dimension*, *Care Transition dimension*, *Communication Of Drugs* dimension and *Discharged Communication* dimension considered satisfactory. It is recommended to the hospital management to consider the three dimensions that are not satisfactory, namely *Communication with nurses*, *Responsiveness* and *Physical Comfort* by organizing regular training for nurses on effective communication techniques, including how to actively listen to patients, use simple language, and convey medical information clearly and precisely. By holding training for all staff, including doctors, nurses, and administrative staff, about the importance of responsiveness to patient needs. by maintaining the cleanliness and tidiness of the hospital area, including patient rooms, waiting rooms, and public facilities. Good hygiene can provide a sense of comfort and safety for patients and visitors.

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