

## The Relation of Education Level and Seksio Caesarea BPJS Patient Perception Towards the Service of Obstetrics Gynecology Specialist Physician at Ibnu Sina Hospital

<sup>1</sup>Abdul Rahman Rauf, <sup>1</sup>Haedar Akib, <sup>2</sup>Jasruddin and <sup>3</sup>Andi Muh. Zainuddin

<sup>1</sup>Department of Public Administration,

<sup>2</sup>Department of Mathematics, Universitas Negeri Makassar, Makassar, Indonesia

<sup>3</sup>Department of Medicine, Universitas Hasanuddin, Makassar, Indonesia

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**Abstract:** This study aims to view whether there is any correlation between the level of education as a demographics component of the cesarean section patient's perception on specialist doctor services in obstetrics and gynecology at Ibnu Sina Hospital in Makassar. This study uses a method of an analytic observational study conducted at Ibn Sina Hospital in Makassar. The samples included 50 respondents taken by purposive sampling. Respondents were given a questionnaire to obtain demographic data and assess the patient's response to the tangible attributes, responsiveness, assurance, empathy and reliability. Correlation of education and the level of patient satisfaction partial correlations were tested using the test of SPSS statistics 24, correlations were considered significant if  $p < 0.05$ . The results of this research that the majority of respondents were patients with criteria for junior and senior secondary education as much as 60%, then DIV and undergraduate (S1 and S2) as much as 22%. The rest are not patient and primary schools as much as 12% and as much as 6% of patients diploma. Educational differences have no significant correlation to the patient's perception of tangible attribute with a value of  $p > 0.05$  (0.055), responsiveness value of  $p > 0.05$  (0.248), assurance value of  $p > 0.05$  (0.636), empathy  $p > 0.05$  (0.824) and reliable with a value of  $p > 0.05$  (0.807). Differences in patient education cesarean section did not have a significant correlation to the patient's perception of service quality obstetrician and gynecologist who include tangible, responsiveness, assurance, empathy and reliable.

**Key words:** Education, perception of patients, quality of health service, assurance, empathy

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### INTRODUCTION

Hospital constitutes a kind of company or corporate which is urged and encouraged to be able to win the tough competition now a days. Therefore, the hospitals are supposed to be able to provide the best and render the high quality health services to the patients. Quality health service rendered and provision constitutes the main crucial issue in order to win the competition in terms of hospital and patients now a days (Hafizurrachman, 2009).

Indonesia applies the National Social Protection System (JKN) which is conducted and carried out through mandatory social health insurance mechanism which based on the Constitutional Law, i.e., the Constitution No. 40 years 2004 on National Social Protection System (JKN). National Social Protection System (JKN) is conducted and carried out by the National Social Protection Bureau (BPJS) for health in which provides services by cooperating and associating with other health agencies and bureaus throughout Indonesia.

With big number of people and its dense population, Indonesia possesses very complex health problems. Around half million of women and a million and a half of new born babies suffer from very complex health problems particularly on giving birth or baby delivery. The ease of access and the punctuality or rendering the medical health services and facilities in order to gain and attain the services, assistance and encouraging in obstetric health matters or problems especially for new born babies, it is very crucial and vital as well as urgent to save both lives from the threat of complex health problems (Honda *et al.*, 2011). One of the obstetrical emergency services which often conducted in order to save the lives of the babies and the mothers is seksioesarea (Vyas *et al.*, 2011).

The General Hospital Ibnu Sina, Makassar is one of the few hospitals in Makassar which provide excellent obstetrical emergency services and acton as well as the parameter for this health action. This can be viewed as a potential opportunity for the General Hospital of Ibnu Sina, Makassar. Therefore, any strategic plans of action should be managed, set up and carried out properly. In

this regard, it's very paramount important and crucial to render the best excellent medical health services to the patients so as to keep their trust and maintain their loyalty. Therefore, customer satisfaction should be the No. 1 priority for the hospitals to think about and to take into account.

Based on the initial observation conducted by the general hospital of Ibnu Sina, Makassar, it is found that the data of the number of sexiosesarea patients in the year 2012 as many as 268 patients in the year 2013 the number of patients increased for many as 276 patients in the year 2014, the number of patients dropped and decreased to 184 patients and in the year 2015, the patients increased for as many as 221 patients. According to the rapid and increasing number of average sexiosesarea generally as well as what occurred in the year 2014 as the beginning of program realization of the National Social Protection Bureau (BPJS) nationally it's found that in the first year of system realization of the National Social Protection Bureau (BPJS), the number of sexiosesarea patients in the general hospital of Ibnu Sina was decreased however, it was increased again in the second year.

The patient's satisfaction is the main priority and paramount important for the health service provider. In this modern age, hospitals should innovate and improve their service quality and customer satisfaction if they still want to survive competing with other hospitals. Customer satisfaction is indeed a way of satisfying the patients hope and expectation and understanding their needs (Hafizurrachman, 2009). The hospitals are urged and demanded to the patients of the National Social Protection Bureau (BPJS) that the treatment given is pure professional without any diversity and discrimination between the status of the patients whether they are general or the National Social Protection Bureau (BPJS) ones.

The effort that can be undertaken and done in terms of improving the service to meet the customer's satisfaction is to fix and to enhance the service quality ranging from reliability, assurance, empathy, responsiveness and tangible (Suhartanto, 2001). It can be concluded that poor quality performance affects the customer satisfaction and the dissatisfied patients and will lead to other consequences, i.e., the profit loss of the hospital inasmuch as the hospital lose its patients. (Wijono, 1999). The parameter and measurement of the service quality could be undertaken by giving several questions which are asked to measure the perception of the customers on the quality of services.

Parasuraman stated that service quality covers 5 dimension, they are reliability, i.e., the capability to

render the services promised as quickly as possible, accurate and satisfying. Responsiveness, i.e., the ability of the employees to assist and help the customers as well as render the responsive services assurance, i.e., the ability, courtesy and attitude posses by the staffs, free from danger and risks as well as doubt. Empathy, i.e., the ease of associating and interacting with the customers tangible, refers to the physical or obvious facilities possessed ranging from inventory of the employees or staffs and communicating tools or facilities.

Laksanawati in Budiman argued that for the majority of the people, proper health service standard is something they can never clearly understand. They can only judge things based on what they see such as cleanliness, friendly staffs, fast responses services, not that long queue, etc. However, the real correct standard of the services are something beyond their comprehension. This statement and argument triggered and motivated the researcher to find out whether or not the relation between the levels of education as a demographic component toward the patient's perception.

In this regard, the patients the National Social Protection Bureau (BPJS), i.e., the sexiosesarea patients toward the service quality of the obstetric gynecology specialized doctors conducted in the general hospital of Ibnu Sina, Makassar cooperating with the National Social Protection Bureau (BPJS) for health. This research is expected to be able to give suggestions and critics to the government, public health services and the National Social Protection Bureau (BPJS) so that, they could render better health services for the people as well as enhancing the system of the existing National Health Protection (JKN).

## **MATERIALS AND METHODS**

This research is categorized as analytic observation with the cress sectional design conducted in the general hospital of Ibnu Sina, Makassar. The number of respondents sample is determined by purposiveness sampling method collected from 50 respondents with the criteria of inclusion; the hospitalized patients particularly the patients of sexiosesarea in the general hospital of Ibnu Sina, Makassar during the period of the research; patients are aware and could communicate well; the respondents aged are above 17 years old; not possessed by anything; descent mindset; the type of leasing of National Social Protection Bureau (BPJS; willing to be interviewed; exclusive criteria; the patients who have relations or connection with the member of the staff of the hospital.

Data were taken and collected collectively using questionnaires. The respondents were told to fill out the questionnaires given. The data collection could be undertaken for each attribute; reliability responsiveness assurance empathy tangible with the type of scale, i.e., the periodic scale. The score of each answer is absolutely agree unknown disagree highly disagree after the questionnaires is filled out completely. Afterwards, the result recapitulation is carried out.

In order to find out whether or not the questionnaires given really meet the expectation, i.e., on the customer satisfaction, the questionnaires are then tested its validity using the method product moment pearson with valid criteria if the result of significance  $p \leq \alpha$  (0.05) and the reliability test using the Cronbach's alpha method with the criteria reliable if the value or score of Crombach's alpha  $> 0.6$ , so as to get each of them 10 questions for every valid attribute in order to find out the perception of service quality of each attribute, average score of each question converted into perception category with the following equations:

$$\text{Scale range} = \frac{\text{Maximal average} - \text{Minimal average}}{\text{The number of category}}$$

$$= 5 - 1 = 0.8$$

Then, the scale range applied started from the lowest average score. Therefore, the category limit that can be formulated is as follows;  $1.00 \leq \text{average score} \leq 1.80 \leq \text{average score} \leq 2.60 = \text{disagree}$  (2)  $2.60 \leq \text{average score} \leq 3.40 = \text{unknown}$  (3)  $3.40 \leq \text{average score} \leq 4.20 \leq \text{disagree}$  (4)  $4.20 \leq \text{average score} \leq 5.00 = \text{absolutely agree}$  (5).

The analysis of multivariate is used to find out the relation or connection among the level of education and patients perception by contributing the age variable, religion, parity and job. It's considered having significant correlation if the score of  $p < 0.05$ .

**RESULTS**

Education in this study was classified into four categories including no schooling and elementary school, junior school and senior school, diploma and DIV and degrees (S1 and S2).

Most respondents were patients with the criteria from junior and senior secondary education as much as 60%, then DIV and university graduate (S1 and S2) as much as 22%. The rest are patient with no school and primary schools as much as 12% and as much as 6% of diploma patients (Table 1). Cross tabulation between the education level of the perception of service quality attributes shown in Table 2.

Table 1: Respondents characteristics by level of education

Education	Frequency (n)	Percentage
Non schooling and elementary	6	12
Junior high and senior high	30	60
Diploma	3	6
DIV and graduates (S1 and S2)	11	22
Total	50	100

Based on the data in Table 2 on tangible attributes, can be seen that all educational criteria respondents give a positive response to all the attributes of questions. Appearance attribute that gets a poor response was found in T5 attributes doctor on duty to be polite in giving service. Strongly disagree and disagree responses in a row by junior high and high school respondents (14 and 8%), DIV and bachelor (10 and 2%) and nonschooling and elementary school (2 and 4%).

Table 3 shows the responsiveness of the attributes of all the educational criteria respondents generally gives a positive response to the question attributes. Still found an attribute that gets poor response, i.e., an attribute R5 and R6. Respondents stated strongly agree and agree related to the operating schedule is are not on time (R5) to the percentage of junior high and senior high (16 and 22%), DIV and Bachelor (10 and 8%), no school and elementary school (8 and 2% ) as well as diploma (6 and 0%). The condition where the patient must be waiting for a long time in the operating room because of waiting for a specialist to begin an operation (R6), junior and senior high school (and 20%), DIV and degree (2 and 10%), no school and elementary school (2 and 2%) as well as diploma (and 0%).

Table 4 shows that there are at least three of a total of 10 attributes dimensions of quality assurance which received negative responses from respondents. The third attribute is the A5-A7. Respondents responded strongly disagree and disagree certainty doctors explain the risks of labor the following (A5) with the percentage of junior high school and senior high school (8 and 16%), DIV and Degree (4 and 12%) and not the school and SD (0 and 8%). Responses strongly disagree and disagree doctors explain when the time control ultrasonography (USG) back (A6), junior and senior high school (12 and 12%), DIV and degree (4 and 4%), no school and elementary school (2 and 2%) as well as diploma (0 and 2%). The response strongly disagree and disagree doctor gave an explanation of the ultrasound examination (A7), junior and senior high (10 and 8%), DIV and Bachelor (8 and 6%), no school and elementary school (2 and 6% ) as well as diploma (0 and 2%).

From Table 5, it can be seen that the dimensions of empathy are the dimension with the most negative responses were found in 5 of the total 10 question

Table 2: Cross tabulation between education and respondents with existence (tangible)

T	Items	Education	Response										N
			STS		TS		TT		S		SS		
			n	%	n	%	n	%	n	%	n	%	
1	Doctors always give greeting in the checkup room	Non school and ElementaryJunior and senior high diploma DIV and graduates	1400	2800	2113	4226	1202	2404	0921	01842	21405	424010	630311
Total			5	10	7	14	5	10	12	24	21	42	50
2	Doctor visits by using a neat white coat	Non school and elementary junior and senior high diploma DIV and graduates	1202	2404	1310	2620	1404	2808	21121	42242	11004	22008	630311
Total			5	10	5	10	9	18	16	32	12	24	50
3	Doctor visits using t-shirts, jeans, sandals (no formal attire)	Non school and elementary junior and senior high diploma DIV and graduates	1201	2402	1916	218212	1710	21420	2712	41424	1502	21004	630311
Total			4	8	17	34	9	18	10	24	8	16	50
4	I ever met a doctor responsible patient during treatment	Non school and elementary junior and senior high diploma DIV and graduates	200	0400	2512	41024	1512	21024	21414	42828	1403	2806	630311
Total			2	4	10	20	9	18	21	42	8	16	50
5	The doctor on duty was polite in providing services to the patients	Non school and elementary junior and senior high diploma DIV and graduates	1705	214010	2401	4802	0711	01422	1822	21644	2402	4804	630311
Total			13	26	7	14	9	18	13	26	8	16	50
6	Before the examination the doctor is always introduce themselves	Non school and elementary junior and senior high diploma DIV and graduates	31005	620010	1103	2206	1621	21242	1611	21222	0701	01402	630311
Total			13	36	5	10	10	20	9	18	8	16	50
7	I never knew the name of the doctor who operated me	Non school and elementary junior and senior high diploma DIV and graduates	21004	42008	2701	41402	2503	41006	06211	01242	0212	0424	630311
Total			16	32	9	18	10	20	9	18	5	10	50
8	Before conducting the examination the doctor always ask permission from the patient	Non school and elementary junior and senior high diploma DIV and graduates	1400	2800	0301	0602	1501	21002	21023	42046	2816	416212	630311
Total			5	10	4	8	7	14	17	34	17	34	50
9	Doctors always wash hands before performing the examination	Non school and elementary junior and senior high diploma DIV and graduates	0501	01002	1301	2602	2102	4204	2933	41866	11204	22408	630311
Total			6	12	5	10	5	10	17	34	17	34	50
10	Every doctor examining the patient is always accompanied by on duty midwives	Non school and elementary junior and senior high diploma DIV and graduates	1101	2202	2903	41806	1523	21046	2913	41826	0601	01202	630311
Total			3	6	14	28	11	22	15	30	7	14	50

Table 3: Cross tabulation between education and respondents with rapid response (responsiveness)

R	Items	Education	Response										N
			STS		TS		TT		S		SS		
			n	%	n	%	n	%	n	%	n	%	
1	Doctors give clear information to the patients	Non school and elementary junior and senior high diploma DIV and graduates	1612	21224	21004	42008	1614	21228	2411	4822	0400	0800	630311
Total			10	20	16	32	12	24	8	16	4	8	50
2	Doctors always provide treatment information in an easily understandable language	Non school and elementary junior and senior high diploma DIV and graduates	1303	2606	2714	41428	2402	4804	01022	02044	1600	21200	630311
Total			7	14	14	28	8	16	14	28	7	14	50
3	Doctors quick responsive in resolving the patient complaints	Non school and elementary junior and senior high diploma DIV and graduates	1201	2402	0600	01200	0601	01202	31235	624610	2404	4808	630311
Total			4	8	6	12	7	14	23	46	10	20	50
4	Doctor visit is on schedule	Non school and elementary junior and senior high diploma DIV and graduates	1401	2802	0104	0208	2302	4604	1920	21840	21314	42628	630311
Total			6	12	5	10	7	14	12	24	20	40	50
5	Surgery schedules are not on time	Non school and elementary junior and senior high diploma DIV and graduates	0402	0804	1200	2400	0500	01000	4835	816610	11104	22208	630311
Total			6	12	3	6	5	10	20	40	16	32	50
6	Patients should be longer in the operating room, waiting for a specialist to come to start operations	Non school and elementary junior and senior high diploma DIV and graduates	1301	2602	1201	2402	2413	4826	11121	22242	11005	220010	630311
Total			5	10	4	8	10	20	15	30	16	32	50
7	I did not wait long to get services	Non school and elementary junior and senior high diploma DIV and graduates	2200	4400	1301	2602	0934	01868	2702	41404	1904	21808	630311
Total			4	8	5	10	16	32	11	22	14	28	50
8	I feel comfortable in getting treatment by a gynecologist	Non school and elementary junior and senior high diploma DIV and graduates	1201	2402	1403	2806	1513	21026	11023	22046	2901	41802	630311
Total			4	8	8	16	10	20	16	32	12	24	50
9	Doctors who deal with the patient is also constantly visited the patient during care	Non school and elementary junior and senior high diploma DIV and graduates	2103	4206	0315	06210	1510	21020	21111	42222	11002	22004	630311
Total			6	12	9	18	7	14	15	30	13	26	50
10	Doctors have always come in accordance with the practice schedule	Non school and elementary junior and senior high diploma DIV and graduates	1500	21000	1401	2802	1813	21626	3814	61628	0513	01026	630311
Total			6	12	6	12	13	26	16	32	9	18	50

Table 4: Cross tabulation between education and respondents with certainty (assurance)

A	Items	Education	Response										N
			STS		TS		TT		S		SS		
			n	%	n	%	n	%	n	%	n	%	
1	Doctors who deal with me, continually explaining the symptoms that I experienced nicely	Non school and elementary junior and senior high diploma DIV and graduates	1503	21006	1402	2804	3410	6820	11224	22448	0502	01004	630311
Total			9	18	7	14	8	16	19	32	7	14	50
2	Patients were briefed on the results of patients physical examinations that conducted by the doctors	Non school and elementary junior and senior high diploma DIV and graduates	2402	4804	0401	0802	0513	01026	2823	41646	2902	41804	630311
Total			8	16	5	10	9	18	15	30	13	26	50
3	The doctor assured the patient in delivering action	Non school and elementary junior and senior high diploma DIV and graduates	2311	4622	2703	41406	1603	21206	1613	21226	0811	01622	630311
Total			7	14	12	24	10	20	11	22	10	20	50
4	Doctors do not have to completely explain the recipe he wrote	Non school and elementary junior and senior high diploma DIV and graduates	0601	01202	0511	1022	1303	2606	41424	82848	1202	2404	630311
Total			7	14	7	14	7	14	24	48	5	10	50
5	The doctor explained the risk of the following deliveries	Non school and elementary junior and senior high diploma DIV and graduates	0402	0804	4806	816012	1531	21062	0802	01604	1500	21000	630311
Total			6	12	18	36	10	20	10	20	6	12	50
6	Patients receive an explanation regarding when is the time to come back for ultrasound control	Non school and elementary junior and senior high diploma DIV and graduates	1602	21204	1612	21224	2903	41806	0823	01646	2101	4202	630311
Total			9	18	10	20	14	28	13	26	4	8	50
7	I got an explanation about ultrasonography checkup (USG)	Non school and elementary junior and senior high diploma DIV and graduates	1504	21008	3413	6826	1602	21204	11402	22804	0120	0240	630311
Total			10	20	11	22	9	18	17	34	3	6	50
8	Physicians rarely explain the side effects of medical treatment that patients receive	Non school and elementary junior and senior high diploma DIV and graduates	11305	226010	4101	8202	1812	21624	0622	01244	0201	0402	630311
Total			19	38	6	12	12	24	10	20	3	6	50
9	Physicians rarely explained the following delivery risk	Non school and elementary junior and senior high diploma DIV and graduates	1504	21008	1501	21002	1623	21246	2810	41620	1603	21206	630311
Total			10	20	7	14	12	24	11	22	10	20	50
10	Patients know that she still has a chance to have a normal delivery with her previous history of surgery (cesarean section)	Non school and elementary junior and senior high diploma DIV and graduates	0804	01608	3402	6804	0312	0624	2722	41444	1801	21602	630311
Total			12	24	9	18	6	12	13	26	10	20	50

Table 5: Cross tabulation between the respondent education level and empathy (empathy)

E	Items	Education	Response										N
			STS		TS		TT		S		SS		
			n	%	n	%	n	%	n	%	n	%	
1	The doctor apologized when he comes late	Non school and elementary junior and senior high diploma DIV and graduates	0711	01422	0402	0804	1410	2820	2911	41822	3607	612014	630311
Total			9	18	6	12	6	12	13	26	16	32	50
2	The doctor did not ask my condition during a visit to the patient	Non school and elementary junior and senior high diploma DIV and graduates	1401	2801	0504	01008	1412	2824	21421	42842	2303	4606	630311
Total			6	12	9	18	8	16	13	26	16	32	50
3	Doctor listen carefully to every patient's complaints	Non school and elementary junior and senior high diploma DIV and graduates	0305	06010	2402	4804	1621	21242	11212	22224	2501	41002	630311
Total			8	16	8	16	0	20	16	32	8	16	50
4	Doctors pay attention to the patient according to their complaint	Non school and elementary junior and senior high diploma DIV and graduates	2602	41204	0412	0824	2612	41224	1603	21206	1812	21624	630311
Total			10	20	7	14	1	22	10	20	12	24	50
5	Doctors uses polite language	Non school and elementary junior and senior high diploma DIV and graduates	0300	0600	1513	21026	3722	61444	1603	21206	1903	1806	630311
Total			3	6	10	20	14	28	10	20	13	26	50
6	Doctors are treating without discriminating patient's social status	Non school and elementary junior and senior high diploma DIV and graduates	1312	2624	1202	2404	0410	0820	31502	63004	1615	212210	630311
Total			7	14	5	10	5	10	20	40	13	26	50
7	The doctor did not ask the patient's complaints during a visit to a patient	Non school and elementary junior and senior high diploma DIV and graduates	1502	21004	3311	6622	1703	21406	11123	22246	0402	0804	630311
Total			8	16	8	16	11	22	17	34	6	12	50
8	The doctor did not ask the patient feeling while visiting	Non school and elementary junior and senior high diploma DIV and graduates	3304	6608	1202	2404	0721	01442	21303	42606	0511	01022	630311
Total			10	20	5	10	10	20	18	36	7	14	50
9	Doctors do not give hope for cure from the patient's disease	Non school and elementary junior and senior high diploma DIV and graduates	2701	41402	2413	4826	1401	2802	01124	02248	1402	2804	630311
Total			10	20	10	20	6	12	17	34	7	14	50
10	The doctor did not explain the pain management after surgery	Non school and elementary junior and senior high diploma DIV and graduates	1403	2806	0311	0622	31003	62006	1622	21244	1702	21404	630311
Total			8	16	5	10	16	32	11	22	10	20	50

attributes in this dimension. Half of the total attribute meant in the question is an attribute E2 (Doctors do

not ask my condition during a visit to the patient), E7 (Doctors do not ask for the patient's complaints during a

visit to the patient), E8 (Doctors do not ask the patient feeling during a visit), E9 (Doctors do not give hope of healing disease patients) and E10 (Doctors do not explain the pain management after surgery). Of the five categories, more than half of respondents in each category of education responded to agree and strongly agree with the exception of the attributes E8 where 2 of 3 respondents diploma category responded do not know.

There are three of a total of 10 attributes of reliability (reliable) which received unfavorable responses from the respondents. These attributes are Re3 doctors provide a detailed explanation of the results of ultrasound examinations that received responses strongly disagree and disagree in sequence of respondents junior high and senior high (16 and 10%), DIV and bachelor (8 and 8%), no school and SD (2 and 6%) as well as diploma (0 and 2%). Attributes Re8 doctor examining a patient by means

of ultrasound three-dimensional, junior and senior high (18 and 10%), DIV and bachelor (6 and 2% and no school and elementary school (2 and 2%). While the attribute Re9 doctor perform surgery with the doctor who examined the patient, junior and senior high (18 and 8%), DIV and bachelor (10 and 4%), no school and elementary school (4 and 4%) as well as diploma (0 and 2%) (Table 6).

The correlation between education and the patient's perception of the services quality performed by Partial Correlations test using SPSS Statistics 24. The other demographic factors such as age, religion, parity and work served as a controlled variable to avoid bias correlation. The complete data can be seen in Table 7.

Education and tangible does not have a significant correlation with the value of  $p > 0.05$  (0.055). Education and responsiveness did not correlate significantly with the value of  $p > 0.05$  (0.248). Education and assurance also did

Table 6: A cross tabulation between the education level and reliability (reliable)

RE	Items	Education	Response										N
			STS		TS		TT		S		SS		
			n	%	n	%	n	%	n	%	n	%	
1	Doctors provide treatment to patients in a timely manner	Non school and elementary junior and senior high diploma DIV and graduates	0211	0422	1500	21000	0610	01220	31013	62026	2707	414014	630311
Total			4	8	6	12	7	14	17	34	16	32	50
2	OBGYN doctor checked me in accordance with their competence	Non school and elementary junior and senior high diploma DIV and graduates	0904	01808	2400	4800	3413	6826	1923	21846	0401	0802	630311
Total			13	26	6	12	11	22	15	30	5	10	50
3	Doctors give a detailed explanation of the results of the ultrasound examination	Non school and elementary junior and senior high diploma DIV and graduates	1804	21608	3514	61028	1810	21620	1511	21022	0402	0804	630311
Total			13	26	13	26	10	20	8	16	6	12	50
4	Doctors provide services rapidly	Non school and elementary junior and senior high diploma DIV and graduates	2604	41208	1410	2820	1412	2824	11114	22228	1501	21002	630311
Total			12	24	6	12	8	16	17	34	7	14	50
5	Doctors have good skills in using 3-dimensional ultrasound to the patient	Non school and elementary junior and senior high diploma DIV and graduates	0803	01606	1619	212218	2508	410016	26111	412222	15111	210222	630311
Total			11	22	9	18	8	16	11	22	11	22	50
6	Doctors operated on me very well	Non school and elementary junior and senior high diploma DIV and graduates	2704	41408	1511	21022	0701	01402	3622	61244	0503	01006	630311
Total			13	26	8	16	8	16	13	26	8	16	50
7	I was taught how to care for the surgical wound after returning home	Non school and elementary junior and senior high diploma DIV and graduates	0712	01424	2301	4602	2401	4802	0822	01644	2806	416012	630311

Table 6: Continue

RE	Items	Education	Response										N
			STS		TS		TT		S		SS		
			n	%	n	%	n	%	n	%	n	%	
Total			10	20	6	12	7	14	11	22	16	32	50
8	Physicians examining the patient by means of three-dimensional ultrasound	Non school and elementary junior and senior high diploma DIV and graduates	1903	21806	1501	21002	3504	61008	1721	21442	0412	0824	630311
Total			13	26	7	14	12	24	11	22	7	14	50
9	The doctor who performed the surgery is the same with the doctor who examined the patient	Non school and elementary junior and senior high diploma DIV and graduates	2905	418010	2412	4824	1311	2622	1703	21406	0710	01420	630311
Total			16	32	9	18	6	12	11	22	8	16	50
10	I was told when to control the surgical wound after return	Non school and elementary junior and senior high diploma DIV and graduates	1401	2802	0503	01006	1413	2826	21421	42842	2303	4606	630311
Total			6	12	8	16	9	18	19	38	8	16	50

STS: strongly disagree; TS: disagree; TT: do not know; S: agree; SS: strongly agree

Table 7: The correlation between education level and the patient's perception by controlling the variables of age, religion, parity and jobs

Control variables	Correlations	Education	Tangible	Responsiveness	Assurance	Empathy	Reliable
<b>Age, religion, parity and jobs</b>							
Education	Correlation	1.000	0.285	0.174	0.072	-0.034	0.037
	Significance (2-tailed)	0.000	0.055	0.248	0.636	0.824	0.807
	df	0.000	44.000	44.000	44.000	44.000	44.000
Tangible	Correlation	0.285	1.000	0.759	0.634	0.497	0.462
	Significance (2-tailed)	0.055	0.000	0.000	0.000	0.000	0.001
	df	44.000	0.000	44.000	44.000	44.000	44.000
Responsiveness	Correlation	0.174	0.759	1.000	0.885	0.686	0.694
	Significance (2-tailed)	0.248	0.000	0.000	0.000	0.000	0.000
	df	44.000	44.000	0.000	44.000	44.000	44.000
Assurance	Correlation	0.072	0.634	0.885	1.000	0.812	0.739
	Significance (2-tailed)	0.636	0.002	0.000	0.000	0.000	0.000
	df	44.000	44.000	44.000	0.000	44.000	44.000
Empathy	Correlation	-0.034	0.497	0.686	0.812	1.000	0.729
	Significance (2-tailed)	0.824	0.000	0.000	0.000	0.000	0.000
	df	44.000	44.000	44.000	44.000	0.000	44.000
Reliable	Correlation	0.037	0.462	0.694	0.739	0.729	1.000
	Significance (2-tailed)	0.807	0.001	0.000	0.000	0.000	0.000
	df	44.000	44.000	44.000	44.000	44.000	0.000

Correlations partial test SPSS statistics 24 significant if p<0.05

not have a significant correlation with the value of p>0.05 (0.636). Likewise, education and empathy that showed no significant correlation with the value of p>0.05 (0.824). And the latest education and reliable that does not have a significant correlation p>0.05 (0.807).

### DISCUSSION

Manifestation (tangible) is the dimension of survive quality ranging from physical appearance of faculties, employee's inventories and communication tools. This research showed that from all the criteria of education from the respondents, they generally responded

positively to the questions attribute called "tangible" this emphasize that the obstetric gynecology specialized doctors of the General Hospital of Ibu Sina, Makassar have been able to show their professionalism and quality service and this affects the image of the hospitals in the public point of view. However, there are still some attributes which receives poor responses from the society in general and the patients in particular.

There is even bigger number of dissatisfying patients on the treatment and quality services given, i.e., the Responses on the courtesy and hospitality of the doctors in charge or the specialist ones in rendering the service to the patients (TS). Courtesy or politeness is an attitude

and manner shown either in words or in behavior in everyday lives. The hospitality of norms is relative which means that an attitude of politeness in certain area might not be polite and courtesy in other area and time. The indicators of courtesy and politeness or hospitality are as follows; respecting the older people, do not say dirty words, rude and boasting, not interrupting in not appropriate time, treat everybody else as you want to be done by (the regulation issued by the minister of religious affairs).

The responsiveness is the service quality on the willingness to help the customers or patients and to provide the quick and fast service. The respondents generally gave positive feedback and responses from all of the education criteria toward the questions attribute related to the responsiveness of the doctors in dealing and treating the patients. The facts and the findings of the research showed that the patients think that the obstetric gynecology specialized doctors of the hospital of Ibnu Sina have shown their responsiveness in responding to the patients and their needs or complaints.

Nevertheless, there are still some attributes of responsiveness which received poor responses, i.e., the R5 and R6. The gap and score is big with the lateness of surgery time and schedule and the situation in which the patients have to wait for long time as the doctors haven't come yet to start the surgery. Many of the respondents stated their support and agree or pro on the case that there was a situation in which the schedule or surgery was canceled inasmuch as the doctors have other things to do.

In the point No. 5 "the vow of doctors" stated that "I will always prioritize the health of my patients" based on this promise and commitment, the most probable situation that the doctors postpone the schedule is that there is other patient as well who needs more assistance and help to take action soon. In this age of National Social Protection Bureau (BPJS) right now, the researcher as one of the obstetric gynecology specialized doctors in daily lives at times face such situation as well. The surgery action is medical treatment in team which involves several disciplines of science. In this regard, the collaboration among the obstetric gynecology specialized doctors and the high demand of surgery medical action and treatment in this era of National Social Protection Bureau (BPJS) could affect the responsiveness factors. This should be a considering factor and evaluation for each hospital that cooperates with National Social Protection Bureau (BPJS).

Assurance is a quality service including the knowledge and hospitality of the employees and their ability to gain and faith, courtesy and reliability as well as belief, hospitality and trust possessed by the staffs, free from danger, risk or doubt. In this research, there are at least 3 out 10 total attribute of quality assurance gaining

negative response from the respondents, i.e., attribute A5, A6 and A7. The majority of the patients responded to disagree and totally disagree on the doctor explanation on the risk of next delivery, when to control the Ultrasonographs (USG). Education category with the responses generally based on the category of junior high school, senior high school, diploma and bachelor degree who possess the biggest frequency from the research responses distribution.

Even though, 7 other attributes receive positive appreciation from the patients, the fact of this research indicated that obstetric gynecology specialized doctors of general hospital of Ibnu Sina need to provide more information about things the patients should do after surgery of sexiosesarea. According to Smet (1994) the information given on the disease suffered from is very vital and crucial as it might affect the obedience of the patients and suggestions given by the doctors. Obedience of drinking the medicine and possibility to recover. The information on prevention, contagion and treatment in more details orientation other than just giving information, contagion and treatment in more details orientation other than just giving information on vital sign, i.e., blood pressure and temperature checking as well as affect the satisfaction of the patients (Hendriyani, 2006).

Empathy is a quality service factor which includes attention and understanding on the customers as an individual, ease of good communicating and understanding the need of customers. Based on this research result empathy are an attitude and an attribute which emerges most negative responses found in 5 out of 10 total attributes of the questions in this attribute. Half of the total attributes meant in this research were E2, E7, E8, E9, E10. From these 5 categories, more than half of the respondents in each category of education provide responses of agreeing or totally agree, except in attribute E8 where 2 out of 3 respondents in diploma category stated their unknown responses.

Thus, it can be meant generally that the patients of sexiosesarea in the general hospital of Ibnu Sina, Makassar still show less appreciation on the obstetric gynecology specialized doctors service particularly on the empathy of the doctors especially on the attribute of the doctors where they did not even ask the condition of the patients, their complaint, their feeling when visiting the patients as well as not saying the hope or expectation for recovery of the patients and didn't explain the pain treatment after surgery. This fact indicated that the obstetric gynecology specialized doctors in the general hospital of Ibnu Sina should show more empathy in rendering the health service.

Many experts stated and argued that the measurement of product or service is quality. Quality is the number one factor, i.e., the quality according to the

customer's perception and their satisfaction. No matter how high the education the employees possess, no matter how sophisticated the doctors equipment they might have, if the customers say "I'm not satisfied" then the service provider is considered failed and not showing quality service yet. Thus, the reality demanded in this research is not the sophistication or education the employees possess, it might be true that the customers want to be served sophisticatedly through technology or high tech but it also true that they want to be treated nicely and friendly as a human being or high touch while the tools and instruments or inventories provided are not their main priority.

Reliability is a quality service in the form of rendering service promised consistently and accurately (dependable). In this regard, there are 3 out of 10 total attributes having poor performance from the respondents. The attributes are Re3 of doctors giving more explanation in detail on the result of USG checking, Re 8 doctor checked the patients using the instrument called 3D USG and Re 9 doctor conducting the same surgery as the checking doctors. The disagree and totally disagree responses take big share on these 3 attributes especially on the category of junior high school, senior high school, diploma 4 and bachelor degree where in frequency terms this is the biggest number of respondents of all. The existence of those 3 respondents who received lack of appreciation and attention indicated that the obstetric gynecology specialized doctors of the general hospital of Ibnu Sina, Makassar need to enhance the reliability on rendering the best quality service. Reliability according to many experts play very vital crucial role. According to Kotler and Keller (2008) if those aspects are arranged and managed in the basis of interest, then the order of importance would be; reliability, responsiveness, assurance, empathy and tangible.

The correlation between the education criteria and the sexioses area patients perception on service quality toward the service of the obstetric gynecology specialized doctors showed that education diversity doesn't show any significant consideration toward tangible, responsiveness, reliability, assurance, empathy, etc., Suhartono (2001) argued that it is very important to make any effort on enhancing and improving the quality services to meet the customer's satisfaction.

One of them is by fixing and rendering best service quality covering reliability, responsiveness, assurance, empathy and tangible. The correlation between service quality and customer's satisfaction is convinced by Wijono (1999). He concluded that poor quality will always lead to dissatisfaction of the patients and profit loss and of the hospitals in as much as it loses its patients. According to many experts in terms of the correlation between service quality and patients

satisfaction doesn't go identically with what Suryawati opinion. She argued that the patient's satisfaction is depended upon the patients characteristics, i.e., age, education, job, ethnic, social economy and disease diagnose.

The result of this is also contrast with the research of (Schoendfelder *et al.*, 2010) who concluded demographic factors which relates significantly on the customer's satisfaction such as sex, age, social status, education, where age and education show strong relation with the patient's satisfaction. According to Stefan patients demography, i.e., education and income possess meaningful relation with the patients satisfaction when receiving the services from the public health center (Puskesmas).

The nature of the education constitutes enhancing and improving a person's ability to receive and understand the information. However, even though a person possess high level of education but if he or she never have any idea on what a National Social Protection Bureau (BPJS) actually is then she or he would not understand or comprehend it as well. And this will lead to any different interpretation on the National Social Protection Bureau (BPJS) different one another.

## CONCLUSION

The sexiosesarea patients in the general hospital of Ibnu Sina, Makassar were dominated by the patients with the educational criteria such as Junior High School and Senior High School. All criteria of the sexiosesarea patient's education generally tend to give positive responses toward the service given by the obstetric gynecology specialized doctors toward in the general hospital of Ibnu Sina, Makassar. The difference in education of the sexiosesarea patients doesn't show any significant correlation toward the perception of the patients on the service quality of the obstetric gynecology specialized doctors ranging from tangible, responsiveness, assurance, empathy and reliable.

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