

THE RELATIONSHIP WITH QUALITY OF OBSTETRIC PATIENTS MIDWIFERY SATISFACTION IN THE DELIVERY ROOM HOSPITAL LANNY JAYA DISTRICT PAPUA YEAR 2016

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ABSTRACT

Hospital in Lanny Jaya district as a health service facility that belongs to the District Government in implementing policies on maternal health service delivery. In the service are required to give satisfaction to the patient. To determine the relationship of the quality of obstetric care with patient satisfaction level in the delivery room hospital Lanny Jaya Regency. The study was conducted in hospitals Lanny Lanny Jaya regency and the time of the study carried out for 1 month in November-December 2016. The population is women who have maternity hospitals in the delivery room Lanny Jaya with a sample size of 63 individuals. The data were obtained using a questionnaire and analyzed using chi square and binary logistic regression. A variable that is not related to the level of patient satisfaction in the delivery room Lanny Jaya Hospital is reliability (reliability) (p-value = 0.537; RP = 1.314; CI95% = 0.709 to 2.433). While the variables-related patient satisfaction level in the delivery room hospital Lanny Jaya is the responsiveness (responsiveness) (p-value 0.013; RP = 2.491; CI95% = 1.213 to 5.117), assurance (assurance) (p-value 0.018; RP = 2,338 ; CI95% = 1.185 to 4.612), direct evidence (tangibles) (p Value-0,028; RP = 2.375; CI95% = 1.099 to 5.131) and attention (empathy) (p Value-0,008; RP = 2.438; CI95% = 1.314 - 4.521). The dominant factor related to the level of patient satisfaction in hospital maternity room Lanny Jaya is the responsiveness (responsive), assurance (assurance) direct evidence (tangibles) and attention (empathy).

Keywords: *quality of obstetric care, satisfaction levels.*

1. BACKGROUND

Maternal Mortality Rate (MMR) in Indonesiamasih including high Asia.DataSurvey Indonesian Demographic Health (IDHS) 2012 reported MMR at 359 per 100,000 births Indonesia alive.one of important factor is the quality of maternal mortality control mother at various attribute to service levels health (BPS, 2013).

Maternal Mortality Rate (MMR) in the province of Papua on the data SDKI in 2013 amounted to 575 per 100 thousand live births and IMR 54/1000 live births (DHO Prov. Papua, 2014). Meanwhile, in the District of Lanny Jaya AKI is 30 / 100,000 live births. The cause of AKI is bleeding (28%), eclampsia (24%), infection (11%), complications pueperium 8%, obstructed 5%, abortion 5%, trauma obstetric 5%, embolism 3%, and others 11% , while the neonatal mortality rate (0-6 days) caused by asphyxia (36.9%), prematurity (32.4%), sepsis (12%), hypothermia (6.8%), jaundice (6.6%). One of the government's

efforts to reduce MMR and IMR are with convening Obstetric and Neonatal Care EmergensiDasar (PONED) in the health center, and Obstetrics and NeonatalEmergensi Comprehensive Services (PONEK) Hospital District / City and house of Provincial Hospital.

Lanny Jaya Hospital District as-owned health care facilities for District Government in implementing policies about held maternal health services, providing those service such as in the emergency room (ER), Polyclinic and Genekologik Obstetrics (OB), and Inpatient Unit at the Maternity Hospital Kebidanan.Ruang Lanny Lanny Jaya Regency Jayaberdasakan there physical evidence examination room facilities, operate room (for mild and moderate clinical procedures), the treatment room consist of from the treatment room with an 8-bed facility, 5 baby box, cabinets patients, bathroom outside.According to reliability is given in the service

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covers the number and type of labor force in the delivery room doctor RSUD Lanny Jaya consist of 1

D.III (11 Contracts, 5 PNS) and DI obstetrics (PNS). To increase assurance in health care, patients in inpatient obstetrics derived from patient referrals or non referral consisting of general patients (pay for itself) and patients who use health insurance that Askes used olehPegawai Negri Civil (PNS) and Employees of Enterprises Government / Regions (state / local enterprises), JAMKESNAS or Jamkesda used by society classified as poor and labor insurance used by stuff or company.

In 2013 hospitals of Lanny Jaya getting complaints from the public on the quality of services they provided, especially in the delivery room that caused mothers delivered referred to hospitals Lanny Jaya due to the complications of bleeding and inadequate facilities and hospitalizations, while the baby deported to her parents do not included babies treated with the mother, the baby died a day later. It became a question on the quality of service provided Lanny Jaya Hospital. Besides of interviews in September 2016 on 10 mothers and families in the delivery room, the clerk complained of long delays and a lack of attention officer as information and complaints about officers responded by providing services.

Patients who were admitted to the unit obstetrics cases of illness variation among others, patients parturition normal, bleeding during pregnancy (abortion), prolonged labor, malpresentation or malposition, hypertension on pregnancy (pre / eclampsia), premature rupture of membranes, anemia in pregnancy, multiple pregnancy, action curetase , vacuum extraction, embriotomi, sectiosesarea), and the case lainnya.Deep providing care for patients, referring officer to standart care profession services respectively. On giving midwife obstetric care hospitalization refers to midwefery include methods, assessment, diagnosis, planning, action and evaluation of client participation. Nurses and midwife provide nursing care according to their services include assessment, diagnosis, planning, implementation and evaluation, as well as with doctors and other officers.

Data attainment indicators of obstetric care in patient unit in house midwifery Hospital Lanny Jayaberdasarkan *bed occupancy ratio* or number of bed use (BOR), *average length of stay* or the average

person SpOG civil servants, one force general practitioners (PNS) and 1 dentists, 17 midwives

length of patients treated (ALOS) and *turn over the interval* or rotations (TOI) in 2011 until with 2015 shows the magnitude of *bed Occupancy Ratio* (BOR) or function bed in the Delivery room Lanny Jaya year 2014 (60.32%) decreased compared BOR in 2013.

The decline BOR year 2013 (520) and in 2014 (390) and in 2015 (367) can caused by internal such as quality of service or quality accomodation unfavorable, where the quality of service that given as expected patient, for example patients as midwife or nurse being less friendly or relatives of patients in providing services, doctors SpesialisObstetrik genealogical serve patients in inpatient obstetrics unit, there is no place or difficult to be informed when the patient takes because still no external lain. Factors activities that competitors who provide maternal health service outside the hospital such as the doctor's office , practicals midwifery by providing service delivery or postpartum being done in *home care*. Services in these practices because it was thought more enjoying by patient services faster, longer consultation time, more careful examination, the doctor / midwife focusing.

Customer satisfaction is, the response of customers to the conformity of the level of interest or expectancy (expectation) customers before they receive services at or after the service they received satisfaction of users of healthcare services can be concluded sebgaiselish performance of health care institutions with the expectations of customers (patients or groups of people) (Muninjaya , 2011). Parasuraman, Zeithaml and Berry in Muninjaya (2011), analyzing the dimensions of service quality based on five aspects of quality components. The five components of quality of service known as *ServQual*. The fifth dimension according covering capability of quality (*reliability*), *responsiveness* (quick response), assurance (*assurance*), attention (*empathy*) and visible (*Tangible*). Nurjannah research results (2012), showed an association quality of services delivered in improving patient satisfaction that comes into the maternity ward, the patients get care in accordance with what is expected to begin on the availability of facilities and the professionalism of the officers in doing duties.

Research on patient satisfaction in the Delivery Room in hospitals ditelit Lanny Jaya had

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never been before, so the problem of low visits in the last 2 years should be assessed on patient satisfaction with hospital delivery room utilization Lanny Jaya. The purpose of research to know "Relationship

Quality Midwifery Care With Patient Satisfaction in Hospital Delivery Room Lanny Lanny Jaya regency"

2. RESEARCH METHODS

This research is descriptive analytic *cross-sectional study*, the data collection is done simultaneously to determine the correlation between the variables research. Researcher performed in hospitals Lanny Lanny Jaya regency and the time of the study carried out for 1 month on month in

November-December 2016. Population in this study were all patients in the maternity ward in August to September 2016. The sample size in this study was the total sample. Thus the total sample of 63 people who had been in hospital maternity Lanny Jaya with length of stay 2 days. Data gaining using a questionnaire and analyzed using chi square and binary logistic regression.

3. RESEARCH RESULT

Data retrieval respondent characteristics include age, education, occupation and income that can be seen in some of the tables below.

a. Age

Table 1. Distribution of respondents by age in Hospital Delivery Room Lanny Jaya District 2016

No.	Age	N	Percentage (%)
1	21-25 years	10	15.9
2	26-30 years	41	65,1
3	31-35 years	10	15.9
4	36-40 years	2	3.2
Amount		63	100

Based on Table 1 above shows that the age distribution of respondents are based in Sugiyono (2013) at the level of 5 years with the lowest age of

21 years and the highest age of 40 years with the highest number of respondents in the age group 26-30 years as many as 41 people (65.1%).

b. Education

Table 2. Distribution of Respondents by Education in Hospital Delivery Room Lanny Jaya District 2016

No.	Education	N	Percentage (%)
1	No school	10	15.9
2	elementary	2	3.2
3	Senior high school	9	14.3
4	High School	37	58.7
5	College	5	7.9
Amount		63	100

Table 2 shows that large responden mostly half high school education background as many as 37 people (58.7%).

c. Work

Table 3. Distribution of respondents by jobs in Hospital Delivery Room Lanny Jaya District 2016

No.	Work	N	Percentage (%)
1	Does not work	35	55.6
2	PNS	9	14.3
3	Private	17	27.0
4	Entrepreneur	2	3.2
Amount		63	100

Based on Table 3 shows that large respondensebagian not work as housewives or as many as 35 people (55.6%).

d. Income

Table 4. Distribution of respondents by Salary in Hospital Delivery Room Lanny Jaya District 2016

No.	Income	N	Percentage (%)
1	<IDR. 2.435 million	44	69.8
2	≥ IDR. 2.435 million	19	30.2
Amount		63	100

Based on Table 4 shows that large respondent more than half earns less than

minimum wage Lanny Jaya regency of <IDR. 2.435 million as many as 44 people (69.8%).

2. Quality of Services

Quality of service is composed of five indicators, namely *reliability* (reliability), *responsiveness* (responsiveness), *assurance* (assurance), *tangibles* (*physical*

evidence), *empathy* (attention) at the Maternity Hospital Lanny Jaya Regency.

Table 5. Distribution of respondents by Service Quality Indicators in Hospital Delivery Room Lanny Jaya District 2016

No.	Indicator	Quality of Services					
		Good		Not good		Amount	
		N	%	N	%	N	%
1	Reliability (<i>Reliability</i>)	36	57.1	27	42.9	63	100
2	Responsiveness (<i>Responsive</i>)	31	49.2	32	50.8	63	100

3	Assurance (<i>Assurance</i>)	32	50.8	31	49.2	63	100
4	Direct evidence (<i>Tangibles</i>)	30	47.6	33	52.4	63	100
5	Perhatian (<i>Empathy</i>)	24	38.1	39	61.9	63	100

Quality of service according to reliability (*Reliability*) mostly good as many as 36 people (57.1%), based on the Responsiveness (*Responsive*) a large part not good as 32 people (50.8%), based on the guarantee (*assurance*)

mostly good 32 people (50.8%), based on direct evidence (*tangibles*) the majority are not good as many as 33 people (52.4%) and by concern (*empathy*) mostly not good as many as 39 people (61.9%).

3. Level of Satisfaction

The level of patient satisfaction in hospitals Delivery Room Lanny Lanny Jaya district can be seen in Table 8 below.

Table 6. Level of Patient Satisfaction in Hospital Delivery Room Lanny Jaya District 2016

No.	Level of Satisfaction	N	Percentage (%)
1	Not satisfied	25	39.7
2	Satisfied	38	60.3
	Amount	63	100

Table 6 shows that the level of satisfaction of respondents are not satisfied as many as

25 people (39.7%) and satisfied many as 38 people (60.3%).

4. Analysis Bivariat

- a. Relationship quality of midwifery services by reliability (*reliability*) with the level of patient satisfaction

Table 7. Relationship midwifery according to reliability of service quality (*reliability*) with patient satisfaction level in the delivery room Lanny Jaya Hospital District Lanny Jaya 2016

No.	Reliability (<i>Reliability</i>)	level of Satisfaction				N	%
		Not satisfied		Satisfied			
		n	%	n	%		
1	Not good	14	45.2	17	54.8	31	100
2	Good	11	34.4	21	65.6	32	100
Total		25	39.7	38	60.3	63	100

p-value = 0.537; *RP* = 1.314; *CI95%* (0.709 to 2.433)

Table 7 shows that of the 31 people with the statement of reliability (*reliability*) is not good as many as 14 people (45.2%) are not satisfied and dissatisfied as many as 17 people (54.8%). Meanwhile, 32 people with a statement of reliability (*reliability*), both of 11 people (34.4%) are not satisfied and dissatisfied as many as 21 people (65.6%). The test results on the value of *chi square* statistic significance of 95% ($\alpha = 0.05$) was obtained *p-value* of 0.537 or $p > \alpha$ (0.05), thus there

is no relationship midwifery according to reliability service quality (*reliability*) with patient satisfaction level in the room maternity hospitals District of Lanny Jaya. When viewed from the *RP* = 1.314; *CI95%* (0.709 to 2.433) does not include the value of 1 is interpreted reliability (*reliability*) are not meaningful. Relationship quality midwifery service by the responsiveness of (*responsive*) to the level of patient satisfaction

Table 8. Relationship quality midwifery service by the responsiveness of (*responsive*) with patient satisfaction level in the delivery room Lanny Jaya Hospital District Lanny Jaya 2016

No.	Responsiveness (<i>Responsive</i>)	Level of Satisfaction				N	%
		Not satisfied		Satisfied			
		n	%	n	%		
1	Not good	18	56.3	14	43.8	32	100
2	Good	7	22.6	24	77.4	31	100
Total		25	39.7	38	60.3	63	100

p-value = 0.013; RP = 2.491; CI95% (1.213 to 5.117)

Table 8 shows that of the 32 people with the statement responsiveness (*responsive*) is not good as many as 18 people (56.3%) are not satisfied and dissatisfied as many as 14 people (43.8%). While the statement of 31 people with responsiveness (*responsiveness*), both of 7 people (22.6%) are not satisfied and dissatisfied as many as 24 people (77.54%). The test results on the value of *chi square* statistic significance of 95% $\square\square = 0.05$ was obtained *p-value* of 0.013 or $p < \alpha$ (0.05),

thus there is a relationship of service quality midwifery according to responsiveness (*responsive*) with patient satisfaction level in the delivery room Lanny Jaya Hospital. When viewed from the RP = 2.491; CI95% (1.213 to 5.117) which is interpreted that the quality of service based on responsiveness (*responsiveness*) which is not a good chance the patient is not satisfied 2.491 times greater compared with the responsiveness (*responsive*) which is not good.

c. Relationship quality midwifery services based Assurance (*Assurance*) with the level of patient satisfaction

Table 9. Relationships midwife according to service quality responsiveness (*responsive*) with patient satisfaction level in the delivery room hospital District of Lanny Jaya 2016

No.	Assurance (<i>Assurance</i>)	level of Satisfaction				N	%
		Not satisfied		Satisfied			
		N	%	N	%		
1	Not good	17	56.7	13	43.3	30	100
2	Good	8	24.2	25	75.8	33	100
Total		25	39.7	38	60.3	63	100

p-value = 0.018; RP = 2,338; CI95% (1.185 to 4.612)

Table 9 shows that in 30 people with a statement of assurance (*assurance*) is not good as many as 17 people (56.7%) are not satisfied and dissatisfied as many as 13 people (43.3%). While 33 people with the statement of assurance (*assurance*), both of 8 people (24.2%) are not satisfied and dissatisfied as many as 25 people (75.8%). The test results on the value of *chi square* statistic significance of 95% $\square\square = 0.05$

was obtained *p-value* of 0.018 or $p < \alpha$ (0.05), thus there is a relationship midwifery according to guarantee service quality (*assurance*) with the level of patient satisfaction in the delivery room district Lanny Jaya Hospital. When viewed from the RP = 2,338; CI95% (1.185 to 4.612) which is interpreted that the quality of service based on the guarantee (*assurance*) is not a good chance of patients dissatisfied 2,338 times greater compared with a guarantee (*assurance*) is not good.

d. Relationship quality of midwifery services by direct evidence (*tangibles*) with the level of patient satisfaction

Table 10. Relationship midwife according to direct evidence of service quality (*tangibles*) with patient satisfaction level in the delivery room hospital Lanny Jaya 2016

No.	Direct evidence (<i>Tangibles</i>)	level of Satisfaction				N	%
		Not satisfied		Satisfied			
		n	%	n	%		
1	Not good	19	52.8	17	47.2	36	100
2	Good	6	22.2	21	77.8	27	100
Total		25	39.7	38	60.3	63	100

p-value = 0.028; RP = 2.375; CI95% (1.099 to 5.131)

Table 10 shows that of the 36 people with direct evidence statement (*tangibles*) is not good totally 19 people (52.8%) are not satisfied and dissatisfied as many as 17 people (47.2%). While the statement of 27 people with direct evidence (*tangibles*) either as 6 people (22.2%) are not satisfied and dissatisfied as many as 21 people (77.8%). The test results on the value of *chi square* statistic significance of 95% $\square\square = 0.05$ was obtained *p-value* of 0.028 or $p < \alpha$ (0.05), thus there is a

relationship quality midwifery services by direct evidence (*tangibles*) with patient satisfaction level in Hospital delivery room Lanny Jaya Regency. When viewed from the $RP = 2.375$; $CI95\%$ (1.099 to 5.131) which is interpreted that the quality of service based on direct evidence (*tangibles*) is not a good chance the patient is not satisfied 2.375 times greater compared with direct evidence (*tangibles*) is not good.

e. Relationship quality of midwifery services by Per prudential (*Empathy*) with the level of patient satisfaction

Table 11. Relationship Attention midwife according to service quality (*Empathy*) with patient satisfaction level in the delivery room hospital district of Lanny Jaya 2016

No.	Attention (<i>Empathy</i>)	level of Satisfaction				N	%
		Not satisfied		Satisfied			
		N	%	N	%		
1	Not good	15	62.5	9	37.5	24	100
2	Good	10	25.6	29	74.4	39	100
Total		25	39.7	38	60.3	63	100

p-value = 0.008; RP = 2.438; CI95% (1.314 to 4.521)

Table 11 shows that of the 24 people with a statement of concern (*empathy*) is not good as many as 15 people (62.5%) are not satisfied and satisfied as much as 9 people (37.5%). While 39 people with a statement of concern (*empathy*) either as many as 10 people (25.6%) are not satisfied and dissatisfied as many as 29 people (74.4%). The test results on the value of *chi square* statistic significance of 95% $\square\square = 0.05$

was obtained *p-value* of 0.008 or $p < \alpha$ (0.05), thus there is a relationship of service quality midwife according to concern (*empathy*) with patient satisfaction level in the delivery room District Lanny Lanny Jaya Hospital. When viewed from the $RP = 2.438$; $CI95\%$ (1.314 to 4.521) which is interpreted that the quality of service based concern (*empathy*) that is not a good chance of patients dissatisfied 2,438 times greater compared with the attention (*empathy*) that is not good.

5. Multivariate analysis

Multivariate analysis is used to obtain answers to the factors which affect the level of satisfaction it is necessary to proceed on the bivariate and multivariate analysis. Modelling using bivariate logistic regression modeling begins with bivariate

using enter method in which each independent variable on the dependent variable tested.

Table 12. Bivariate Analysis Between Dependent and Independent Variables

No.	variable	p-value	OR	95% CI	
				Lower	Upper
1	Reliability (<i>Reliability</i>)	0.537	1.314	.709	2.433
2	Responsiveness (<i>Responsive</i>)	0,013	2.491	1,213	5.117
3	Assurance (<i>Assurance</i>)	0,018	2,338	1.185	4.612
4	Direct evidence (<i>Tangibles</i>)	0.028	2.375	1,099	5,131
5	Attention (<i>Empathy</i>)	0,008	2,438	1.314	4.521

Table 12. The above variable responsiveness (*responsive*), assurance (*assurance*) direct evidence (*tangibles*) and attention (*empathy*) in the category of p-

value <0.25, so get into the multivariate model and tested together with binary logistic test. Multivariat analysis results obtained p-value <0.05 as shown in Table 11 below.

Table 13. Variables Multiple Logistic Regression Analysis

No.	variable	B	p-value	OR	95% CI for Exp (B)	
					Lower	Upper
1	Responsiveness (<i>Responsive</i>)	2,569	0,005	13.048	2,174	78.322
2	Assurance (<i>Assurance</i>)	2.894	0,002	18.074	2,815	116.051
3	Direct evidence (<i>Tangibles</i>)	3,295	0,003	26.971	3.152	230.780
4	Attention (<i>Empathy</i>)	3,166	0,003	23.713	2.906	193.510
	Constant	-17.214	0,000			

Table 13 above, the responsiveness (*responsive*), assurance (*assurance*) direct evidence (*tangibles*) and attention (*empathy*) is a dominant factor on the level of patient satisfaction in hospital maternity room of Lanny Jaya.

4. DISCUSSION

1. Relationship quality of midwifery services by reliability (*reliability*) with the level of patient satisfaction

The results were obtained there is no relationship to midwife reliability service quality (*reliability*) with patient satisfaction level in the delivery room district Lanny Jaya Hospital (0.537). The results of this study are consistent with Nurjannah (2012) on client satisfaction in the District of Semarang city Banyumanik revealed that reliability is not related to patient satisfaction. According Muninjaya (2011), the ability to provide health services in a

timely and accurately in accordance with the offer. Of the five dimensions of service quality, *reliability* considered the most important by its customers a wide range of service industries. Due to the nature of service products *nonstandardized output*, and its products is also highly dependent on human activity so it will be difficult to expect a consistent output.

The result showed that repsonden statement about reliability (*reliability*) largely expressed either as many as 36 people (57.1%) and was not good as many as 27 people (42.3%), where 32

people with the statement of reliability (*reliability*) either by 11 people (34.4%) are not satisfied and dissatisfied as many as 21 people (65.6%). this shows that the reliability (*reliability*) is not too much attention respondents assumed that the respondents viewed that the reliability of respondents in accordance with the ability of officers each. Perception reliability midwifery services can be viewed from the capabilities officers provide services properly, such as skilled doctors to diagnose illness, heal or reducing complaints and ability to care for patients officer.

According to letter of Decision number 436 / Menkes / SK / VI / 1993 on Standards and Liability services to Hospital, all patients who were treated in room given medical care, nursing care or care midwifery best regardless care class (*Quality Of Care*). Therefore that all patients treated at the patient unit care examination or treatment according to the standard of care in a sustainable manner. Eg, doctor visit, basic screening: blood pressure, body temperature, pulse, respiration, and other indications. This situation felt by respondents and is expressed in the research results shown officers always do a physical examination of patients every day and the provision of appropriate indications for the treatment of patients.

According to its function as a hospital is a referral center and as neonatal emergency obstetric care providers comprehensive (PONEK), the complexity of the case and the handling of patients not too difficult for future treatment and healing process on a cases pointed (eg, heavy bleeding, severe eclampsia, sepsis) need more time longer.

This situation is felt by some respondents proven with the respondents' statements about officer capabilities in conducting relief to patients and analysis from doctors in providing exact treatment. In room had shows the ability (skill) midwifery care workers (physicians), because according to the direction health care policy maternal that willed the meaning of health should have professional officer and quality of service quality. It is the quality if only not realized at risk of morbidity Number even maternal mortality rate (MMR), according to the results of *the Millennium Development Goals* (MDG) that the delay in getting adequate health services in place of reference indirectly contribute to maternal morbidity and mortality.

2. Relationship quality midwifery service by the responsiveness of (*responsive*) to the level of patient satisfaction

The result showed that there was a relationship of service quality midwives responsiveness (*responsive*) with patient satisfaction level in the delivery room District of Lanny Jaya Hospital (*p-value* 0.013). The results are consistent with research Prafitir (2012), in RSI PKU Muhammadiyah Pekajangan Pekalongan that dimension affects responsiveness to client satisfaction. According Muninjaya (2011), patient satisfaction based on responsiveness (*responsiveness*) is the ability of health workers to help customers and readiness to serve in accordance with procedures and can meet customer expectations. This dimension is an assessment of the quality of service of the most dynamic. Customer expectations on service speed tends to increase over time in line with advances in technology and health information which is owned by the customer.

The analysis showed that based on the responsiveness of (*responsive*) more than half (50.8%) said that good, which of the 32 people with the statement responsiveness (*responsive*) is not good as many as 18 people (56.3%) are not satisfied and satisfied as much as 14 people (43.8%). This shows that the consistent of respondents are dissatisfied with the dimension of responsiveness (*responsiveness*) in hospitals Lanny Jaya. It is also evident from the value of RP = 2.491; CI95% (1.213 to 5.117) which is interpreted that the quality of service based on responsiveness (*responsiveness*) which is not a good chance the patient is not satisfied 2.491 times greater compared with the responsiveness (*responsive*) which is not good.

Results of the analysis showed responsiveness perception take it general perception officers in providing midwifery services has not met the expectations of patients as evidenced by the results of respondents who expressed no good (49.2%). The function of the hospital which requires first aid and immediate treatment without requesting a guarantee in advance, the obligation of the doctor did help as soon as humanity, priorities for problem solving in the care medicals or nursing care (obstetrics) by not distinguishing Nursing class (*Quality Of Care*), has felt both by respondents as if sooner officers on the

handling of the urgency of patients and follow-up aid gravity of the patient by the doctor.

Respondents expressed less well (35.9%) less responsive officer when replacing intravenous fluid that runs showed that the officer did not respond in infusapisien management and information given when there is a recipe or drugs that must be purchased (17.9%). whereas adequate infusion and administration of drugs is very important for patient requirement, for example, inadequate income infus fluids in patients experiencing bleeding will result in shokhipovolemik causing vascular collapse and eventual heart causing death occurred while the delay in the administration of drugs can prolong patient recovery. This indicates that the responsiveness of officers still felt very least by the patient.

3. Relationship quality midwifery services based Assurance (*Assurance*) with the level of patient satisfaction . The results showed that there was a relationship midwifery guarantee service quality (*assurance*) with the level of patient satisfaction in the delivery room JayaKabupaten Lanny Lanny Jaya Hospital (*p-value* 0.018). The results are consistent with research Herman (2010) at the Hospital Dr. H. Soemarmo Sosroatmodjo Bulungan East Kalimantan revealed that there is a relationship guarantee (*assurance*) with the level of patient satisfaction. For patients with good quality service normally associated with recovery from illness quickly, the clerk friendly, fast service and precise, and paying cheaper services and vice versa if the disease not healed, those with less friendly, waiting queues are long, treatment of patients slow and expensive rates would not say though professional quality. Thus it can be concluded that service quality is closely related to patient satisfaction (Anwar, 2010).

Results of the analysis showed that more than half of the respondents, or 32 people (50.8%) state guarantee (*assurance*) mostly done in hospitals Lanny Jaya. Of the 30 people with a statement of assurance (*assurance*) is not good as many as 17 people (56.7%) are not satisfied and dissatisfied as many as 13 people (43.3%). While 33 people with the statement of assurance (*assurance*), both of 8 people (24.2%) are not satisfied and dissatisfied as many as 25 people (75.8%).

Perception guarantee uncertain reviewed based on respondents' assessment of service which can deal with complaints of patients that health officer available who have the knowledge, skills / abilities and provide actions free from all danger, risk or doubt . According to observed in inpatient obstetric unit, analysing pressure of blood, temperature , pulse, respiration and state patients generally always done routinely for all patients at least doing one by a duty officer in the morning, one by the duty officer soledan one by the duty officer the night before the turn of guard duty, which refers to the standard evaluation of patients in midwifery care which is used as the standard of care service. However, these activities do not meet the expectations of the respondents proved by the respondents who stated that the officer does not always check the patient's health general conditions any time (23.1%).

The results of analysis of patients stating their consistency is not good, most of the states are not good (56.7%) are not satisfied. It is also evident from the value of $RP = 2,338$; $CI95\%$ (1.185 to 4.612) which is interpreted that the quality of service based on a guarantee (*assurance*) is not a good chance of patients dissatisfied 2,338 times greater compared with a guarantee (*assurance*) is not good.

Based on the Penal Code section 170 and the Minister of Health RI No. 924 / Menkes / SK / XII / 1986 on the enactment of a code of conduct hospital Indonesia for hospitals across Indonesia, the provisions relevant with rights and obligations of patients, doctors and hospitals are duties for doctors provide information adequate about the needed of medical actions concerned and the risk that they may cause and patients right get information about things concerning his illness. The provision is fully implemented by officers midwefery stuff, his is consistent with the statement of respondents who proclaim that officer gives a detailed explanation when doing medical interventions to patients (66.7%).

4. Relationship quality of midwifery services by direct evidence (*tangibles*) with the level of patient satisfaction .The results showed that there was a relationship quality midwifery services by direct evidence (*tangibles*) with patient satisfaction level in the delivery room Lanny Jaya Hospital District Lanny Jaya (*Value*-0.028).

The results are consistent with research Herman (2010) at the Hospital Dr. H. Soemarno Sosroatmodjo Bulungan East Kalimantan revealed that there is a connection direct evidence (*tangibles*) with the level of patient satisfaction. According to Azwar (2010), that satisfaction which refers to the implementation of all requirements of health services such as the availability of health services. Ties quality health services if health services are available. Based on the quality of tangibles (physical evidence) or physical evidence that the average - average patient expressed no good (52.4%) and good (47.6%). This shows that out of 36 people with a statement of direct evidence (*tangibles*) is not good as many as 19 people (52.8%) are not satisfied and dissatisfied as many as 17 people (47.2%). While the statement of 27 people with direct evidence (*tangibles*) either as 6 people (22.2%) are not satisfied and dissatisfied as many as 21 people (77.8%). It was proven that the value of $RP = 2.375$; $CI95\%$ (1.099 to 5.131) which is interpreted that the quality of service based on direct evidence (*tangibles*) is not a good chance the patient is not satisfied 2.375 times greater compared with direct evidence (*tangibles*) is not good.

Results analysis note that respondents responded that the tool - looms in the delivery room is less clean (23.15), 53.8% reacted poorly on tools - tools the basic needs of the patients, 84.6% said the shower / wc patients less clean and water flow is not smooth, and 87.7% felt less lighting. It fits the observation in the inpatient unit midwives obstetric care facilities in the rooms available the shower / wc as much as 2 bathrooms, but lighting, cleanliness and water that does not flow smoothly. In addition there is less clean water is yellow.

Support means are very important in determining patient health condition indirectly, for the tidakbersih environment will lead to new diseases (hospital-acquired infection) priority into mothers who received clinical procedures (surgery, curettage, labor, attached NGT, catheter, infusion and others).

5. Relationship quality of midwifery services by Per prudential (*Empathy*) with the level of patient satisfaction. The results showed that there was a relationship of service quality kebidananberdasarkan concern (*empathy*) with patient satisfaction level in the delivery room JayaKabupaten Lanny Lanny Jaya Hospital (p Value- 0,008). The results are consistent with

research Herman (2010) at the Hospital Dr. H. Soemarno Sosroatmodjo East Kalimantan Bulungan revealed that there is a relationship of concern (*empathy*) with the degree of patient satisfaction. According to Azwar (2010), satisfaction is created on having relations officer - a good patient is one of the ethical obligations. It is desirable if the nurses can and are willing to give enough attention to the patient in person, accommodating and listened to all the complaints, as well as answer and provide information that very clear about everything that want to be known by the patient.

Data analysis results that the majority of patients (61.8%) said both services provided in hospitals Lanny Jaya, where 24 people with a statement of concern (*empathy*) are not good as many as 15 people (62.5%) are not satisfied and satisfied as much as 9 people (37.5%). While 39 people with a statement of concern (*empathy*) either as many as 10 people (25.6%) are not satisfied and dissatisfied as many as 29 people (74.4%). This statistical has shown that patients who claim not well tended not satisfied with the services provided , This is evidenced from the value of $RP = 2.438$; $CI95\%$ (1.314 to 4.521) which is interpreted that the quality of service based concern(*empathy*) that is not a good chance of patients dissatisfied 2,438 times greater compared with the attention (*empathy*) that is not good.

Perception empathy midwifery services in terms of attention, caring officers include attitude in providing obstetric care, understand the patient's complaints or needs. As set forth in the code of conduct hospital (Kepmenkes No. 924 / Menkes / SK / XII / 1986), urge to give services to patients regardless of race, ethnicity, religion, sex and social status of patients (*duty of care*). The statute does not distinguish has create attendant for obstetric patients in giving service like answering respondents (92.3%) well that the clerk provide services without distinction to difference patients .Tasking other responders such as empathy officer agains patients suffering experienced by 92.3% as clerk when injecting drugs slowly - slowly and with feeling. But the results of respondents that officers when responding to complaints patients to sputter (71.8%). The attitude is not good officer can give feeling uncomfortable to the patient and can cause stress response is very detrimental stress.Respons ailing patient because unless aggravate declining reserves and endurance, increase muscle oxygen demand of the heart, affecting the functioning

respirasi with all its consequences, will also be occurs the tromboemboli risks, which in turn increases morbidity danmortalitas.

It shows belummaksimalnya care and attention attendant to the patient, another patient eventhough in the side need of attention and help from officer. One sample of respondents (64.1%) officer did not show empathy by stroking the area, but with a caress on the area of pain can change / relieve pain.

6. Factors dominan the level satisfaction of patients .Multivariate analysis showed that the responsiveness (*responsive*) , assurance (*assurance*) direct evidence (*tangibles*) and attention (*empathy*) is a dominant factor on the level of patient satisfaction in hospital maternity room Lanny Jaya. Satisfaction Patients were assessed based on the interpretation of respondents about society between expectations with accepted include speed / immediacy officers in providing help, accomodation and infrastructure required patient and hospitality given by officer obstetric care. Dissatisfaction patient to speed especially in first aid officers when patients experienced a serious complaints or emergency amounted to 94.2%, and checks when it arrived in room obstetrics 92.5%. it makes the patient's satisfaction because he felt he had been considered safe and well.

A standard of care used in services by officer, as an example of the midwifery profession has midwifery Standards, of which there are methods of patient assessment, diagnosis obstetrics, care plans, action that is based problem priority preferred in patients with urgency need help immediate handling. Although in terms of speed of officers have been according to expectations patients but in terms of hospitality, the attitude of officials in giving future midwifery, facilities and infrastructure midwifery services are provided still far of patient expectation, O is shown by the respondents' statements that is more than 50% of respondents stated that the clerk was not friendly and less help either the patient or the patient's family when giving service.

This is consistent with the results of research Trimumpuni (2009) assert that nurses who lack empathy in running task nursing at risk of client hospitalization is not satisfied by 2 times larger than nurses who did their duty with full of empathy and research results Tukimin (2005) states that

friendly officer is problems are still being experienced by half of patients, reflection of smile can be in the form of attitude and direct attitude personnel towards patients or patients who also glue fellow feeling next to the patient, or indirect treatment. Then another statement as more than 50% of respondents do not assert their waiting room is provided for families of patients and more than 40% of respondents stated that cleanliness and comfortable with obstetric care facility does not meet expectations.

According Pohan (2007) explains that aspects that might affect patient satisfaction among are stuff airport with courteous, friendly, responsive, room cleanliness and completely equipment used. According Muninjaya (2011), the dissatisfaction of a product / service depends on the evidence directly get as patient reception room were clean, comfortable, furnished with chairs, tiled floor, TV, complete office equipment, staff uniforms are neat, attractive and clean.

Research results in line with research Nurjanah (2012), that patient satisfaction is influenced also by the midwife services. In addition, research Herman (2010), that patient satisfaction for the majority of patients' perceptions both about the reliability, responsiveness, assurance, empathy, direct evidence and the variables that influence the empati and direct evidence. Patient satisfaction can be used as a benchmark of nursing services and is a reliable tool for use in planning the development of hospital services. When the patients were satisfied with the service received there is a possibility to re-use the health service next (Anwar, 2010). Thus we can conclude the omset of patient trust in the services provided.

Patient satisfaction is determined by the type service obtained by the customer as long as he uses the service a few steps. Dissatisfaction obtained to step beginning of the ministry creates a perception in the form of services quality bad at this stage of the next service, so the costumers are not satisfied with the service as a service overall. Situations of costumers associated with internal conditions affect the performance of services. Services depends of performance by waiters, process and environmental services phisically where services are provided (Rangkuti, 2006).

5. CONCLUSION

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

1. There is no relationship of service quality midwives reliability (*reliability*) with patient satisfaction level in the delivery room hospital Lanny Jaya Kabupaten Lanny Jaya (*p-value* = 0,537; *R P* = 1,314; *CI95%* = 0,709 - 2,433).
2. There is a relationship based on the quality of obstetric care responsiveness (*responsive*) with patient satisfaction level in the delivery room Lanny Jaya Hospital District Lanny Jaya (*p-value* 0.013; *RP* = 2.491; *CI95%* = the 1,213 - 5.117).
3. There is a relationship quality midwifery services by guarantee (*assurance*) with the level of patient satisfaction in the delivery room Lanny Jaya

Hospital District Lanny Jaya (*p-value* 0.018; *RP* = 2.338; *CI95%* = 1.185 - 4.612).

4. There is a relationship quality midwifery services by direct evidence (*tangibles*) with patient satisfaction level in the delivery room Lanny Jaya Hospital District Lanny Jaya (*p Value-* 0,028; *RP* = 2.375; *CI95%* = 1.099 - 5,131).
5. The results showed that there is a relationship based on the quality of obstetric care concern (*empathy*) with patient satisfaction level in the delivery room Lanny Jaya Hospital District Lanny Jaya (*p Value-* 0,008; *RP* = 2.438; *CI95%* = 1.314 - 4.521).
6. The dominant factor related to the level of patient satisfaction in the obstetric hospitals Lanny Jaya is the responsiveness (*responsive*), assurance (*assurance*) direct evidence (*tangibles*) and per prudential (*empathy*).

therapeutic communication, *customer service* and delivery of *reward or punishment*.

6. SUGGESTION

Conclusions based on the description above, it can be the authors suggest that health care has been given in the Delivery Room Lanny Jaya Hospital, still needs to be improved.

1. Reliability (*reliability*) necessary to test competency in accordance with their respective officers professions, include training of officers in handling cases of obstetrics, conduct case studies or seminars cases.
2. Responsiveness (*responsiveness*) need to improve the skills of midwives in the management of fluids infus manner competency test.
3. Guarantee (*assurance*) to improve education by giving the opportunity to continue their education to a higher level and to enable monitoring by the midwifery team.
4. Quality direct evidence needs to provide a waiting area for relatives of patients, procurement of equipment basic needs of patients (such as urinals, stekpan), the separation between the bathroom patients with a common bathroom, placement of officers specialized rooms were in charge of cleaning and supervising the hygiene unit
5. Empathy needs to put forward the hospitality personnel in providing midwifery services, be patient (grumble) in the face / respond to patient complaints. Such efforts can be made by officers in the training include the mastery of

BIBLIOGRAPHY

1. Asrinah (2010). *The concept of Midwifery* Graha Science. Jakarta.
2. Azwar S (2010). *Introduction to Health Administration*, Bina Arts Literacy, Jakarta.
3. BPS (2013). *Indonesian Demographic Health Survey*. The Central Bureau of Statistics, Jakarta.
4. Bustami, A (2011). *Manajemen activities Quality Health Care*, EGC, Jakarta.
5. Bungin, B *Quantitative Research Method*. Kencana Prenada Media Group, Jakarta.
6. Dewi and Sunarsih (2010). *Upbringing Pregnancy For Midwifery*, Medical Salemba, Jakarta.
7. Ginting, S (2010). *Comparison Satisfaction mother Haiml Terhadap Standard Antenatal Care in Rural Pueksmas Lalang and Ouskesmas Darussalam* Herman, R (2010). *Influence Persesepsi Tehradap Midwifery Service Quality Satisfaction in Inpatient Obstetrics at the Hospital Dr. H. Siemarno Sosroatmodjo Bulungan East Kalimantan*.
8. Kemenkes RI (2012). *Collecting and quality of their services Kajdian Keshetaan mother At Level Primary Health Care and Referral in Indonesia*.
9. Kusmiyati, I (2009). *Pregnancy Care*. Fitramaya, Jakarta

10. Manuaba, IBG (2010). *Obstetrics, Gynecology and Family Planning Education for Education Bidani*. EGC.
11. Muninjaya (2011). *Quality Management Services Kesehatan*, EGC, Jakarta.
12. Prafitri L. D (2012). *Inpatient Satisfaction Class III Space Postpartum Care in Obstetrics against RSI Pekajangan PKU Muhammadiyah Pekalongan*. www.stiemuhammadiyah.co.id. accessed October 29, 2016.
13. Nurjanah, S (2011). *Influence Delima Midwife Services Client Satisfaction in District Area Banyumanik Semarang*. Accessible 4 October 2016.
14. Romauli, 2011. *Midwifery Care 1. Basic Concepts Care Kehamilan*. Nuha Medika, Jakarta.
15. Saleha, 2009. *Midwifery Care Ruling*. Fitramaya, Jakarta.
16. Saifuddin, 2010. *Obstetrics*. YBP-SP, Jakarta.
17. Sugiyono, 2009. *Methods of Research Administration*. Alfabeta, Bandung.
18. Swarjana (2010). *Health Research Methods*. Bina Arts Literacy, Jakarta.
19. Tabisu Nimbrot, 2013. *Overview Patient Satisfaction Against Health Care Outpatient Di Poli Kanda Public Health Center Jayapura*. Uncen Jayapura.
20. A bailout, 2011. *Perceptions of Patient Satisfaction Or Families Against Quality Health Care In Abepura Hospital Emergency Room*. Uncen Jayapura.
21. Tresnawati, 2013. *Midwifery Care. Achievement Reader Publisher*, Jakarta.
22. Unicef, 2012. *Summary of Study of Maternal and Child Health*.
23. Yanuaria, 2013. *Preparation Efforts Antenatak Care Service Improvement Based on Voice Of The Customer*.