



Influencing Factors on Patient Contentment: Digitalization's Moderating Role in East Java's Health Office

Ervita Indra Sari^{1*}, Eddy Yunus², Slamet Riyadi³

Faculty of Economics and Business, Dr. Soetomo University Surabaya, Indonesia¹

Faculty of Economics and Business, Dr. Soetomo University Surabaya, Indonesia²

Faculty of Economics and Business, Dr. Soetomo University Surabaya, Indonesia³

Corresponding Email: ervitain160284@gmail.com*

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Abstract

This research aims to analyze the role of service quality on patient satisfaction in the East Java Provincial Health Service. The study involved 400 patients at the Outpatient Health Center within the East Java Provincial Health Service. The results showed that Organizational Management had a negative and insignificant effect on patient satisfaction, while Work Culture had a negative and insignificant effect. The physical work environment had a positive and significant effect on patient satisfaction, while Service Quality had a positive and insignificant effect. System digitalization moderated service quality, influencing patient satisfaction. Organizational Management had a negative and insignificant effect on patient satisfaction, while Work Culture had a negative and significant effect. The study highlights the importance of quality health services in achieving patient satisfaction, as it is a level of patient feeling that arises from the performance of the health service they receive. The study also highlights the role of the physical work environment in influencing patient satisfaction through service quality. Overall, the study highlights the importance of addressing the factors that influence patient satisfaction in the East Java Provincial Health Service.

Keywords: Digitalization System, Organizational Management, Patient Satisfaction, Physical Work Environment, Service Quality

Introduction

Health development is the main activity carried out by all sectors of the Indonesian people, which aims to increase the knowledge, motivation and ability to live healthy of all citizens to achieve a high level of public health health as an investment in development. Service quality refers to the evaluation made by consumers regarding the level of service the have gotten, with a specific emphasis on whether the service meets or surpasses the expectations

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(Widarso & Krisprimandoyo, 2023). Socially and economically effective human resources (Vira et al., 2022) The higher the quality of health services, the higher the patient satisfaction (Pasalli & Patattan, 2021). The quality of health is an important factor in achieving patient satisfaction. Patient satisfaction is the "product" of health care. Optimal health is crucial for enhancing the overall well-being of individuals. Life would greatly improve if humans could consistently maintain a feeling of a healthy life (Sufa et al., 2017). For improving the quality of healthcare. We need to improve the capabilities, skills and knowledge of nurses, as well as the responsibility of health management from a professional perspective. Health promotion is a way of increasing the knowledge, interest and ability of all people to live healthy to improve people's health.

Patattan (Patattan, 2021) and Pardede (Pardede, 2020) emphasize the importance of high-quality medical services for patient satisfaction. Outpatient services, which include observation, diagnosis, treatment, and medical rehabilitation, are provided by hospitals, puskesmas, and clinics (Pardede, 2020; Pasalli & Patattan, 2021). The Outpatient Department (RJ) is an operational hospital department that handles all diagnostic and treatment procedures. Wahyuni et al. (2019) predict that outpatient care will account for most hospital medical services in the future (Wahyuni et al., 2019).

New patients require a referral from Fake 1 Medical Facility or Puskesmas, and they must enter personal information and details through the registrar. The old patient register is divided into two parts: making an appointment with a doctor and undergoing a test and receiving treatment without making an appointment. The influx of elderly patients can cause issues with registration lines, physician selection, outpatient billing requirements, and limited waiting rooms.

The patient-independent integration platform (RAJA AMPAT) requires ID or phone address in reservation applications. Patients tap on the independent platform on a set date, receive transaction certification, and go directly to the exam room after choosing a doctor. Doctors can order through their EMR or RME app using data from all hospital services. Mobile phones can be used to self-record subsequent treatments on the platform machine.

These health services in this case are Puskesmas, were developed with a focus on providing services to the general community to ensure good health and well-being, without neglecting the quality of services provided to individuals (Dinkes Prop. to provide services to Indonesian society (Luthfia and Community Health Centers were established in all parts of Indonesia. However, if the population is large and the need for health services is high, the sub-district can establish several health service centers. According to records from the Directorate of Population and Population Registration (Dukcapil) of the Ministry of Interior, the population of East Java is 40,994,615 people. The imbalance between the number of health workers and the population is one of the reasons for the low quality of the services provided, which ultimately leads to little or no patient satisfaction. In 2021, the number of sepsis cases in East Java Province is 971 cases (A. In 2021, the number of sepsis cases has changed to 2020, from the previous 968 cases to 971 cases (data from the East Java Provincial Health Directorate in 2021).

The average number of visits per day is 100 (Source: Basic Health Services Section of the East Java Provincial Health Service, 2021). This increase in Community Health Centers reflects the efforts of the government to provide primary health care services. Good basic health service needs can be seen from the ratio of community centers to roads. By 2021, the ratio of community health centers to divisions will be 1.5. The ratio of Community Health Centers in each sub-district can show the community's access to primary health services. In addition to the minimum of 1 Puskesmas per road, community access is also influenced by various factors, including geography, area size, availability of basic facilities and infrastructure, socio-economic and regional progress. (Basic Health Services Section of East Java Provincial Health Service, 2021). As the guardians of prevention and promotion, Community Health Centers play an important role in this JKN era and are able to provide quality services to the community. This is because the higher the quality of services provided by the Community Health Center, the greater the satisfaction of the community. This was reported by many patients in the hospital in the first study conducted by the author in this field. It's a problem for parents when they ask to get phone number through computer (sorry) can't work/touch computer, there should be an officer get angry and say ((*latihan dewe ben mandiri, ben ra tergantung karo petugas terus*) and years of service.

Another report submitted by Mrs Hj Anawiyah, Mrs Ratna and Mr Eddy Widodo (2023) waiting for health services at the Meranti Gersik Community Health Center said that the staff did not care about the patients, they are kind and can't help but provide service. services that are needed by the community, so that people are not satisfied every time they come to the Community Center for treatment. Hadi Vitmoko and Mrs. Nurhasana were there at that time (2023), the patients at the Sidorzo Community Health Center in Sidorzo said that the patients were registered online and on the list, but did not wait during the great time. register, the officer says that the system is being adjusted, because the patients have to register manually and queue again, and the services will take a long time to complete, so you will be reluctant to go to the facility seminar. According to Health Law No. 36 of 2009, the provision of safe, quality and affordable health services to sepsis patients must rely heavily on information (Koswara, 2018). Information systems can be used as a strategic way to provide services that focus on customer (patient) satisfaction. Currently, there is not enough information about the quality of services in community health centers and other health centers in our country. An important indicator of successful information system development is the satisfaction of end users. Therefore, user satisfaction plays an important role in the success of information systems (Sabdana, 2019).

Lack of patient comfort in medical services, such as courtesy and respect from staff when providing services to patients, delays in handling patient complaints, long wait times for patients to wait at the registration desk and pick up medicines, by taking numbers, etc., the shopkeeper asked . The patient had to write on the list by hand, but the wait took a long time. Soldiers said the list was taken online and officials did not stay at the drug collection office for a long time. Serve the lack of key personnel in delivering healthcare often leads to patient dissatisfaction (Herawati & Qomariyah, 2017). Additionally, patients are dissatisfied with the medical services provided due to lack of health care providers or staff in health centres. The staff of Puskesmas and finally the officials have poor attitude or bad attitude in providing health services due to which the patients are not satisfied with the services provided. Therefore, in

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some areas where long-term medical care is required, some experts recommend good health status as an indicator of patient satisfaction (Chairil, 2017). Providing quality services to patients is a difficult task and therefore ultimately involves the management of the entire Puskesmas.

Improving the quality of health care in Puskesmas to increase the well-being of the community should always address the concerns. Patient satisfaction reflects the quality of health services (Fatrida & Saputra, 2019). If patients are not satisfied with the quality of the services provided, they decide not to visit the Puskesmas facilities. The quality of healthcare services refers to the provision of healthcare services that will satisfy the heart of every patient. The Puskesmas is one of the health facilities and is expected to provide quality services. The problem with the Puskesmas is that it often does not provide the high level of service expected by the users/Paisen of the service.

In other words, measuring patient satisfaction is an inseparable process from measuring the quality of medical services. The result of these considerations is that patient satisfaction is one of the most important aspects of care quality. Patient satisfaction with health services can be measured using the WHO health care quality dimensions, which have six dimensions: effectiveness, efficiency, accessibility and patient-centeredness, justice and safety (Mendrofa, 2022). By measuring these variables, it is necessary to identify and implement new strategies to improve the quality of health care, especially patient satisfaction. Likewise, Puskesmas, the organization's highest achievement goal, is to improve service quality and patient satisfaction. Good Puskesmas organizations can manage the satisfaction of users of health services, i.e. patients. Puskesmas If the organization is well managed, a good work ethic will result. Community health centers need good organizational support to provide a variety of health, individual and community health services. With good working conditions in the Puskesmas environment, the quality of health services will increase and the patient will be more satisfied.

Based on the results of the author's first preliminary study (2023), the work culture in some Puskesmas of East Java Health Department has not yet been able to change employee behavior, so employee performance is still not effective. You can see that it's not. This is the result of several Puskesmas, namely his three Puskesmas Dinaskesehan Jawa Timur (Puskesmas Baron Bendo Sidoarjo, Puskesmas Modung Bangkalan, Puskesmas Menur Surabaya with an average number of employees up to 31) seen in the introduction of a sub-optimal work culture. People around Puskesmas. There are still many Puskesmas employees who do not maintain time discipline. This is evidenced by the fact that most employees are late after their breaks. That percentage is 70%. This is evidenced by the absentee announcement of the Puskesmas Office of the East Java Health Department. 2. At 60%, employees still make the most of their working time, filling it up by relaxing and acting as if they have no meaningful work to do. This situation is also consistent with the study on the influence of work culture on employees' work efficiency in Garut Regency Health Office. It can be seen that the work culture of Garut Regency Health Office office is still not able to change the behavior of the employees and hence the performance of the employees is still not effective. This can be seen in the implementation of a work culture in the Garutto Regency Health Department, which was not optimal (Patoni et al., 2022).

The satisfaction level of BPJS and non-BPJS APM users belongs to the “very satisfied” category (Marliana et al., 2023). There is a difference in APM user satisfaction between BPJS and non-BPJS. There are a number of studies investigating the quality of health services, using patient satisfaction and service digitalization systems as moderating variables, and also using exogenous variables in the form of nursing competency and performance. Some studies look at the environment. In this study, there is a service quality variable as an intervening variable and patient satisfaction as a variable associated with the digitization system as a moderating variable. The purpose of the digitalization system is to enhance service quality so that Puskesmas can provide feedback to patients after receiving medical services. In this regard, it focuses on the improvement of the quality of medical services and the digitalization system with emphasis on patient satisfaction in Puskesmas, East Java, with a little focus on organizational management, work culture and physical working environment. It's about improvement. By examining the variables that influence patient satisfaction, including management, work culture and physical work environment in the East Java Health Service, the quality of health services will be improved thereby increased tolerance, especially throughout East Java Province. Based on this background description, the author proposed the research title "East Java Provincial Health Service uses digital systems as a moderating variable to influence patient satisfaction through service quality."

The study reveals that respondents in East Java Provincial Health Offices (BPJS) and Non-BPJS APM users are satisfied with the digitalization system, despite issues with registration and internet connectivity. The study highlights the importance of organizational management, work culture, and physical work environment in enhancing patient satisfaction. The digitalization system aims to improve service quality and patient recovery after treatment, fostering better communication and empathy. By focusing on these variables, the study aims to enhance the quality of health services and patient satisfaction in East Java.

The study investigates the impact of organizational management, work culture, physical work environment, service quality, and digitalization system on patient satisfaction at the East Java Provincial Health Office. The research also explores the influence of service quality on patient satisfaction and the role of digitalization in this process. This research aims to analyze the impact of organizational management, work culture, physical work environment, service quality, digitalization system, and service quality on patient satisfaction at the East Java Provincial Health Office. It also examines the influence of digitalization on service quality and the physical work environment. This study provides benefits for East Java Provincial Health Office, researchers, and universities by providing input on digitalization, service quality, and government policy strategies. This research aims to contribute to organizational theory in the East Java Provincial Health Office, focusing on patient satisfaction and service quality. The study aims to understand the impact of organizational management, work culture, and physical work environment on patient satisfaction and service quality. The systematics of writing include an introduction, literature review, research methods, results and discussion, and conclusions and suggestions.

Literature Review

Understanding Organization Management

Organizational management involves planning, organizing, actuating, and controlling activities to achieve organizational targets (Syahputra & Aslami, 2023). It encompasses activities such as staffing, directing, coordinating, reporting, and budgeting (Ermawati et al., 2022). HR plays a crucial role in this process, with the HR division facing the biggest challenge in talent acquisition (Bucăța, 2018). The HR division must consider the ability of prospective workers to carry out their work to achieve company targets. Another issue is that in growing companies, there are gaps in the company's human resource skills, which can prevent the company from achieving its goals. As a human resource or manager, it is your responsibility to select the right person based on skills, especially when that person holds a position in the organization (Vulpen, 2024).

Understanding Strategy Management

Management is a multi-step process involving planning, organizing, implementing, monitoring and controlling activities to meet all the needs of an organization. Although it means the ability to utilize the organization's skills and resources in good conditions to achieve its goals through a good relationship with the environment (Kartika & Tarigan, 2022). This process aims to understand what the company does and what it does to achieve the goals it wants to achieve (Budiono et al., 2019) (D. So we can say that strategy is the marketing strategy of selecting products based on the company's strengths and the opportunities of the work environment to help achieve the company's goals. (2017) describe quality management as the art and science of formulating, implementing, and evaluating decisions of diverse groups that enable an organization to achieve its goals (Herlina, 2022).

Understanding Work Culture

Work culture is a set of beliefs, values, and norms that employees develop in an organization, reflected in their attitudes, behaviors, beliefs, ideals, opinions, and actions (Imawan et al., 2023). It is a philosophical statement that can function as binding demands on employees and can be formally formulated in company rules and regulations. Work culture is a system of meaning related to work, work interaction, and daily work life, and is a manifestation of life encountered in the workplace. Its objectives include creating a clear distinction between organizations, bringing a sense of identity, promoting social stability, guiding employee attitudes and behavior, addressing main problems of the company, preparing company planning, and serving as a means of communication. It is a philosophical statement that can function as binding demands on employees and can be formally formulated in various company rules and regulations.

Work culture is a set of beliefs, attitudes, behaviors, work environment, and work tools that guide employees and groups in an organization (Mangkunegara, 2019). It is created and developed by the leader, and it helps address problems such as external adaptation and internal integration. Indicators of work culture include discipline, openness, mutual respect, and cooperation. There are several types of work culture, including rational, ideological, consensus,

and hierarchical. These cultures focus on performance objectives, revitalization, cohesion, and continuity. Leaders play a crucial role in creating and developing work culture, while employees share values and learn from each other. Adapting to environmental changes and promoting open communication are essential aspects of a successful work culture.

Understanding the Physical Work Environment

The physical work environment refers to all physical conditions around the workplace that can affect employees directly or indirectly (Sedarmayanti & Rahadian, 2018). It includes lighting, air temperature, space, security, hygiene, and music. Compensation, organizational communication, and career path have a significant simultaneous effect on employee performance. The physical work environment can be divided into two categories: direct environment (work centers, chairs, tables) and intermediate environment (work environment affecting human conditions). To minimize the influence of the physical environment on employees, it is essential to study human physical and behavioral relationships and consider appropriate physical environments. Factors such as color, lighting, air, noise, movement space, security, and hygiene are crucial for creating a comfortable and conducive work environment.

Understanding Service Quality

The quality of health services is crucial for meeting patients' needs and ensuring satisfaction. It is determined by the health service profession and desired by patients and the community (Hayati et al., 2024). Quality assurance involves continuous monitoring and improvement of health service quality. The SERVQUAL model measures health service quality, including technical competence, affordability, effectiveness, efficiency, continuity, security, comfort, information, punctuality, and human relations.

Azwar (2006) identifies eight main conditions for health services to achieve desired goals: availability, continuity, acceptance, fairness, achievement, affordability, and quality of services (Azwar, 2006). Poor service quality can be caused by input, environment, and process elements. Factors causing poor service quality include simultaneous production and consumption, high labor intensity, inadequate internal customer support, and communication gaps.

Health service quality can be assessed on various dimensions, such as responsiveness, suitability, and efficiency. Quality is related to responsiveness, smooth communication, and hospitality for health service users. For healthcare providers, quality is related to suitability and professional autonomy, while for healthcare funders, quality is related to efficient use of funding sources, fairness, and the ability to reduce losses.

Understanding Patient Satisfaction

Patient satisfaction is a subjective value influenced by the quality of services provided to patients. Factors affecting patient satisfaction include product or service quality, price, service quality, emotional factors, price, and cost. Hospitals that provide high-quality services at low prices or without additional costs tend to be more satisfied.

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Customer satisfaction is a crucial factor in purchasing decisions, affecting parents' decision-making (Indrasari et al., 2018). It is determined by the perceived benefits of a product compared to what customers expect. Factors considered include product quality, service quality, emotional factors, product prices, and ease of obtaining products or services. Cognitive models of consumer satisfaction include the Expectancy Disconfirmation Model, Equity Theory, Attribution Theory, and the Affective Model. Measuring patient satisfaction involves various methods, such as complaints and suggestions systems, customer satisfaction surveys, ghost shopping, lost customer analysis, and customer satisfaction surveys. These methods provide a more specific and consistent understanding of customer satisfaction, allowing for more accurate and effective feedback.

Prioritizing patient satisfaction in hospitals can lead to benefits such as medical recommendations, a positive image, increased social and economic benefits, and increased trust from insurance companies. Service quality is closely linked to customer satisfaction, as satisfaction helps consumers revise their perceptions of a company's services. However, measuring service quality is challenging due to its intangibility. Customer satisfaction should be the ultimate goal for all companies, as it reduces positive processes and heavily depends on consumer satisfaction.

Understanding Digitalization System

Digitalization of health services is crucial due to rapid technological advancements and patient demands (Sutabri et al., 2023). It allows for faster access to services, improved medical care, and improved decision-making based on patient data. However, digitalization also presents challenges such as data security, lack of digital literacy, and inefficient governance. The Indonesia Health Service (IHS) platform, SATUSEHAT, aims to connect public health data, improve coordination between facilities, and facilitate communication between doctors. The Smart Clinic Application, a provider of Electronic Medical Records, has been registered with the Ministry of Communication and Information and has successfully obtained a compliance assessment of the Personal Data Protection Law with high results of 96%. Despite these challenges, digitalization offers numerous benefits, including improved health quality, improved communication, and better administration of clinics.

Research Mindset and Conceptual Frameworks

This study examines factors affecting patient satisfaction in East Java Provincial Health Office through Service Quality and Digitalization System (Rispawati & Herianto, 2019). It collects, analyzes, and interprets data to determine the influence of organizational management, organizational culture, physical work environment, and service quality.

The research framework consists of direct, indirect, moderation, and mediation hypotheses. It suggests that organizational management has a positive and insignificant effect on patient satisfaction at the East Java Provincial Health Office. Work culture, including professional competence, leadership style, and education level, positively influences patient satisfaction in the office environment. Communication attributes, such as Total Quality Management (TQM), have a significant impact on customer satisfaction.

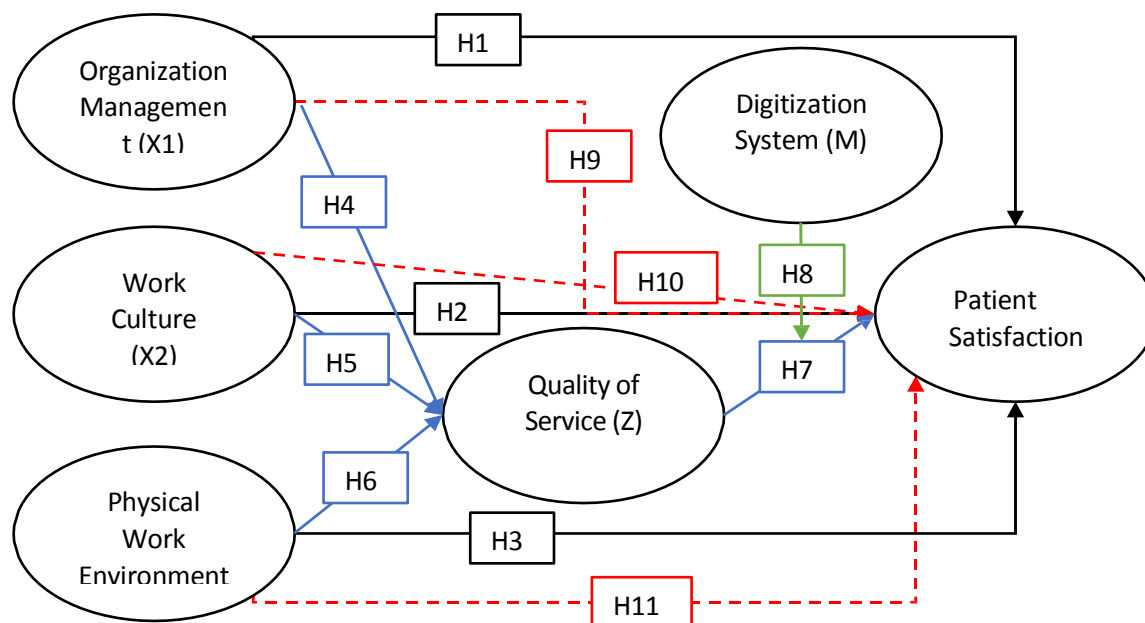


Figure 1. Research Conceptual Framework

The study examines the impact of physical work environment, organizational management, and work culture on patient satisfaction in the East Java Provincial Health Office. Previous research has shown that physical work environment has a positive and significant effect on patient satisfaction. Organizational management, which involves planning, organizing, mobilizing, and controlling HR, has a positive effect on customer satisfaction. Work culture, including professional competence, leadership style, and education level, has a positive and significant effect on service quality.

The study also examines the impact of the physical work environment on employee performance at UPTD Puskesmas Pesantren I Kediri and the relationship between physical work environment and communication. The results show that the physical work environment and communication have a significant influence on employee performance by 39.7%.

The study concludes that the digitalization system, organizational management, and work culture all play a role in enhancing patient satisfaction within the East Java Provincial Health Office. Quality management, reliability, responsiveness, and empathy positively influence inpatient satisfaction at RSUD Karanganyar, while partial quality management, reliability, and responsiveness also affect satisfaction. Improving the work culture at Kertosono Health Center can increase patient satisfaction.

Research Method

The study employs a positivist approach, which is a quantitative research method that combines the logic of deduction with empirical observation of individual behavior to find and confirm causal laws that can be used to predict general patterns of human activity (Qamar, 2021). This research is part of the descriptive research type, which is a causal correlation study, focusing on the variables that affect patient satisfaction through service quality with the digitalization system as a moderation variable in the East Java Provincial Health Office.

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The dependent variable (Y) is the variable that is the center of attention of the researcher, while the intervening variable (Z) is an intervener variable that theoretically influences the relationship between the independent variable and the dependent variable. The intervening variable used in this study was Service Quality. The moderation variable (M) is the second independent variable that affects the relationship between the independent and dependent variables. The Digitalization System (M) is the moderation variable used in this study. The independent variables (X) are variables that affect the dependent variable, either positively or negatively. The independent variables used in this study are Organization Management (X1), Work Culture (X2), and Physical Work Environment (X3). These variables are essential for understanding the relationship between the dependent and independent variables and their impact on patient satisfaction.

Operational Definition of Variables and Their Measurements

This study focuses on the operational definition of a variable, which includes indicators for measuring it. The operational definition includes organizational management, work culture, physical work environment, quality of service at Puskesmas at the East Java Provincial Health Office, digitalization system, and customer satisfaction. Organizational management involves planning, organizing, mobilizing, and controlling HR to achieve an organization's vision and mission. Indicators for work culture include discipline, openness, mutual respect, cooperation, competency, and working system.

The physical work environment includes color, illumination, security, cleanliness, and modern equipment. Quality of service at Puskesmas at the East Java Provincial Health Office is measured by technical competency, affordability, effectiveness, healthcare efficiency, healthcare continuity, security, comfort, information, punctuality, and human relationships dimensions. Digitalization of health services is measured by service queue number, drug queuing service, medical record services, and referral services. Patient satisfaction is measured by satisfaction with access to health services, quality of health services, healthcare process, and healthcare system.

The instruments used to measure respondents' responses are the Likert scale, which uses ordinal criteria with levels of agreement, disagreement, and strongly disagree. The study aims to understand the factors affecting the quality of service at Puskesmas at the East Java Provincial Health Office and improve its performance.

Data Collection Methods

This study uses a questionnaire method to collect data from patients in Puskesmas within the East Java Provincial Health Office. Primary data is obtained directly from the object of research, such as interviews and questionnaires. Secondary data is obtained from records or written reports related to the problem under study. Data collection techniques include interviews, questionnaires, observation, and documentation. The population is all patients in all Puskesmas within the East Java Provincial Health Office, with a total population of 21,592,565 people in 1 year divided by the number of puskesmas in East Java. The sample size is 400 respondents, with respondents being at least 17 years old and visiting the puskesmas at

least two times. The study uses purposive sampling techniques, ensuring that the patients are selected based on criteria that meet the study's criteria.

Data Analysis Methods

Data analysis methods in a study involve testing instruments, such as the validity and reliability tests, to determine the reliability of the research instrument. Validity tests measure the extent of data variables obtained from questionnaire distributions, while reliability tests indicate the instrument's trustworthiness.

Structural Equation Modeling (SEM) analysis is used in this study to identify construct dimensions and measure the influence of factors. The analysis technique includes testing Modeling in SEM, which includes Measurement Model and Structural Model. Goodness of fit criteria include χ^2 – Chi-Square Statistics, Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), and relative Chi-Square. Analysis of direct, indirect, and total effects is also conducted. The overall model is considered good when the development of a hypothetical model is conceptually and theoretically supported by empirical data. The overall model goodness-of-fit test uses the Chi-square test with a tolerance level of $\alpha = 10\%$. The computerized process for SEM analysis involves preparing input data using SPSS Release 20 software and calculating data using AMOS Release 2 software.

Results and Analysis

East Java Province, located in Indonesia, has a land area of 47,803.39 km² bordered by the Java Sea, Indian Ocean, Central Java Province, and Bali Strait. The province has 29 districts, nine cities, 666 sub-districts, and 8,501 villages/kelurahan.



Figure 2. Map of the Distribution of the Number of Puskesmas in East Java Province in 2021

In 2021, East Java Province had a population of 40,156,672, with Surabaya City having the largest population and Mojokerto City having the least. The Dependency Ratio indicates population productivity, with 43.48 dependent expenses in the province. The Minister of Health Regulation Number 43 of 2019 regulates Puskesmas, health service facilities that organize public health and individual health efforts. As of 2021, there are 971 Puskesmas in East Java Province, with an increase since 2017, demonstrating the government's efforts in providing primary health services.

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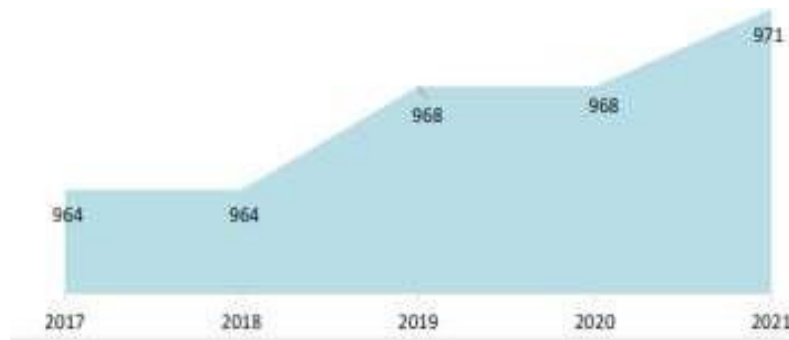


Figure 3. Number of Puskesmas in East Java in 2017 – 2021

The increase in Puskesmas since 2017 illustrates the government's efforts to fulfill access to primary health services. The ideal ratio of Puskesmas to sub-districts in East Java is 1.5, but it is necessary to pay attention to the distribution of these Puskesmas in all sub-districts. The ratio of Puskesmas to sub-districts in East Java in 2021 is 1.5, which indicates that the ideal ratio of Puskesmas to sub-districts, which is at least 1 Puskesmas in one sub-district in East Java has been met. However, it is necessary to pay attention to the distribution of these Puskesmas in all sub-districts. The ratio of Puskesmas per sub-district can describe the community accessibility to primary health services.

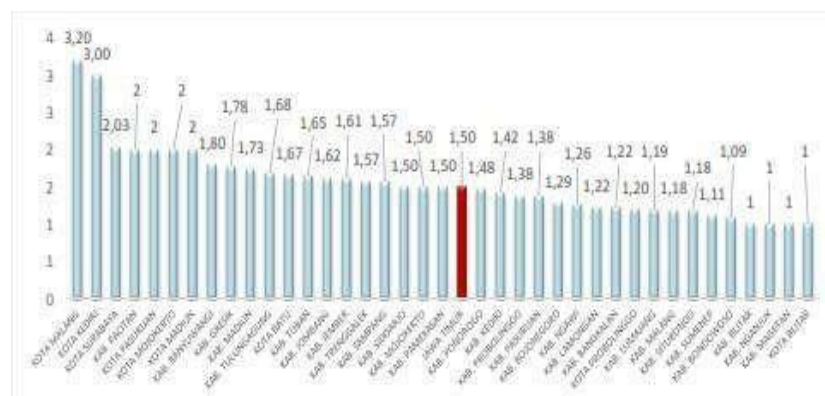


Figure 4. Ratio of Number of Puskesmas per sub-district in East Java in 2021

Puskesmas accreditation is a crucial aspect of the governance system of community health centers (Puskesmas) in Indonesia. It acknowledges the quality of services provided by Puskesmas, which is expected to improve governance through institutional, program, risk, and quality management. Accreditation must be carried out periodically at least once every three years to improve the quality of Puskesmas services. In 2021, the number of accredited Puskesmas in East Java is the same as in 2020, with a distribution of 531 (54.9%), intermediate graduation status, 71 (7.3%) primary graduation status, 316 (32.6%) leading graduation status, and 45 (4.6%) plenary graduation status.

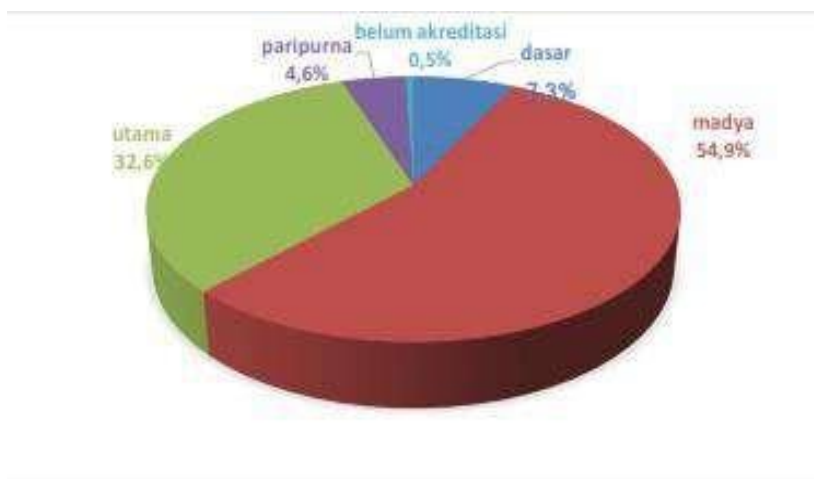
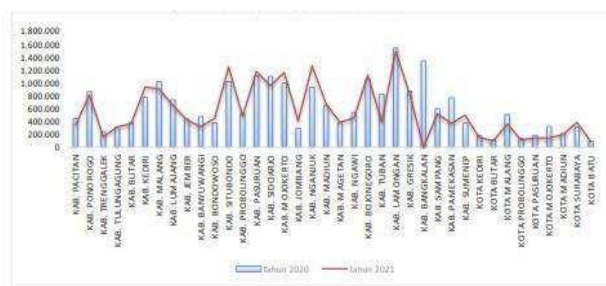


Figure 5. Percentage of Puskesmas Accreditation in East Java Province in 2021

Puskesmas service networks and health facility networks are essential for improving service accessibility. The Puskesmas service network consists of Auxiliary Puskesmas, Mobile Puskesmas, and village midwives, while the health service facility network consists of clinics, hospitals, laboratories, and other health service facilities. Puskesmas auxiliaries provide permanent health services within the working area of the Puskesmas, while the number of auxiliary health centers in East Java is 2,234. Puskesmas Keliling delivers mobile health services to improve the reach and quality of services for the community in the Puskesmas work area that has yet to be reached by services in the Puskesmas building.



Gambar 2.12 Perkembangan Jumlah Kunjungan Rawat Inap di Puskesmas Provinsi Jawa Timur Tahun 2020 – 2021

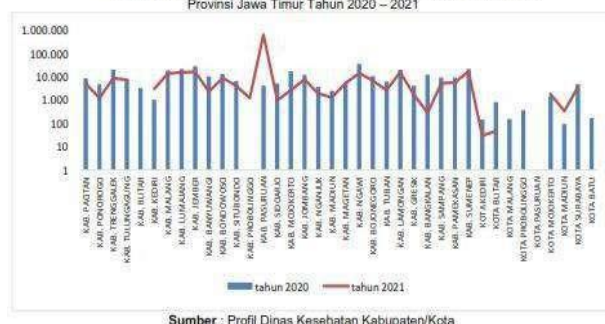


Figure 6. Development of the Number of Outpatient and Inpatient Visits at East Java Provincial Health Centers in 2020-2021

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Outpatient and inpatient visits at East Java Provincial Health Centers have fluctuated over the last two years. Outpatient visits decreased due to the COVID-19 pandemic, while inpatient visits increased due to the pandemic's impact. The community also conducts outpatient and inpatient visits at other FKTPs besides Puskesmas and in FKTP networks, such as primary clinics, independent doctor practices, independent dentist practices, and independent midwife practices.

Analysis Research Result

This study investigates puskesmas in East Java Province, the largest province on Java Island, with 38 regencies and cities. Researchers identified the main puskesmas in East Java, focusing on routine health hypertensive disease, wound care, and hospital referrals. The study also examined health care services provided by various health centers in Indonesia, including Sukomoro, Lumajang, Nagomulyo, Pacitan, Teja, Pasuruan, Kandang Sapi, Kuman, Sampang, Kamoning, Sidoarjo, Situbondo, Sumenep, Sukosari, Tuban, Kebonsari, Tulungagung, Beji, Surabaya City, Mangunharjo, Mangunharjo, Mojokerto, Mentikan, and Sanen Wetan.

The study also included a survey of patients aged 21-30 years, providing valuable insights into their health care needs. The survey included 400 respondents, with the majority aged 51-60 years. The study found that compliance and awareness of health were primarily done by women, with 215 respondents (54.3%) being females. Educational background was also a significant factor in respondents' health behaviors, with high school students having the highest educational background (25.0%). The study emphasizes the importance of understanding and addressing health disparities in healthcare settings and the impact of educational background on compliance and awareness of health.

Descriptive Research Analysis

This study used a questionnaire distributed to outpatients at the East Java Provincial Health Center, consisting of 45 indicators. The questionnaire consisted of seven indicators from the Organization Management variable, seven from the Work Culture variable, five from the Physical work environment variable, ten from the Service Quality variable, and twelve from the Patient Satisfaction variable.

The descriptive analysis of these variables was conducted through seven questions, with the mean score of 23.91 (Organization Management) and the mean score of 34 (Work Culture). The standard deviation used to measure the level of deviation in the data was 4,328, indicating that the distribution of data on respondents' perceptions of organizational management is relatively unchanged or tends to be homogeneous.

Table 4. 5. Description of Organization Management Variables (X1)

Statistics Organization Management

N	Valid	400
	Missing	0
Mean		23.91
Median		25.00
Mode		23
Std. Deviation		4.328
Variance		18.728
Range		24
Minimum		10
Maximum		34
Sum		9562

Processed primary data sources 2023

The results of the study on the Work Culture variables were also analyzed through six questions. The mean score for the Work Culture variable was 20.82 (Work Culture), with a standard deviation of 5.027, indicating that the distribution of data on respondents' perceptions of work culture is relatively unchanged or tends to be homogeneous.

Table 4. 6. Description of Work Culture Variables (X2)

Statistics Work Culture

N	Valid	400
	Missing	0
Mean		20.82
Median		22.00
Mode		24
Std. Deviation		5.027
Variance		25.274
Range		24
Minimum		6
Maximum		30
Sum		8329

Processed primary data sources 2023

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The Physical Work Environment variable was measured through five questions, with the mean score of 17.49 (Physical Work Environment) and a standard deviation of 3.214, indicating that the distribution of data on respondents' perceptions of the Physical Work Environment is relatively unchanged or tends to be homogeneous.

Table 4. 7. Description of Physical Work Environment Variables (X3)
Statistics Physical Work Environment

N	Valid	400
	Missing	0
Mean		17.49
Median		18.00
Mode		19
Std. Deviation		3.214
Variance		10.331
Range		17
Minimum		7
Maximum		24
Sum		6994

Processed primary data sources 2023

In conclusion, the study found that the distribution of data on respondents' perceptions of the Physical Work Environment is relatively unchanged or tends to be homogeneous. The questionnaire provided valuable insights into the factors influencing employees' perceptions of their work environment, which can help inform future strategies and practices.

Table 4. 8. Description of Service Quality Variable (Z)
Statistics Quality of Service

N	Valid	400
	Missing	0
Mean		35.78
Median		37.00
Mode		40
Std. Deviation		6.113
Variance		37.368
Range		34
Minimum		13
Maximum		47
Sum		14310

Processed primary data sources 2023

The descriptive analysis of research variables was conducted to understand respondents' responses to the Service Quality and Digitization System variables. The Service Quality variable was measured through ten questions, with a mean score of 35.78 and a maximum score of 47. The mean or average of respondents' answers regarding Service Quality is 35.78, with a standard deviation of 6.113. This indicates that the distribution of data on respondents' perceptions of Service Quality is relatively unchanged or tends to be homogeneous.

Table 4. 9. Description of Digitization System Variables (M)

Statistics Digitization System

N	Valid	400
	Missing	0
Mean		13.80
Median		14.00
Mode		16
Std. Deviation		3.148
Variance		9.908
Range		16
Minimum		4
Maximum		20
Sum		5518

Processed primary data sources 2023

The Digitization System variable was measured through four questions, with a mean score of 13.80 and a standard deviation of 3.148. The mean or average of respondents' answers regarding the Digitalization System is 13.80, with a standard deviation of 3.148. This indicates that the distribution of data on respondents' perceptions of the Digitalization System is relatively unchanged or tends to be homogeneous.

Table 4. 10. Description of Patient Satisfaction Variable (Y)

Statistics Patient Satisfaction

N	Valid	400
	Missing	0
Mean		14.42
Median		15.00
Mode		16
Std. Deviation		3.052
Variance		9.312
Range		16
Minimum		4
Maximum		20
Sum		5768

Processed primary data sources 2023

The Patient Satisfaction variable was also measured through four questions, with a mean score of 14.42 and a maximum score of 20. The mean or average of respondents' answers regarding Patient Satisfaction is 14.42, with a standard deviation of 3.052, indicating that the distribution of data on respondents' perceptions of Patient Satisfaction is relatively non-fluctuating or tends to be homogeneous.

In summary, the descriptive analysis of Service Quality and Digitization System variables revealed that the distribution of data on respondents' perceptions of Service Quality and Digitization System is relatively unchanged or tends to be homogeneous. The distribution of data on respondents' perceptions of Patient Satisfaction is relatively non-fluctuating or tends to be homogeneous.

Initial Validity and Reliability Testing

The study used a questionnaire to assess outpatients at East Java Provincial Health Center, measuring 45 indicators. The results showed a homogeneous distribution of data on respondents' perceptions of organizational management and work culture. The mean scores for organizational management and work culture were 23.91 and 20.82, suggesting they are relatively unchanged or homogeneous.

Descriptive analysis of physical work environment, service quality, and digitalization system variables also showed similar results. The mean scores for these variables were 17.49, 35.78, and 13.80, respectively. The study also conducted a descriptive analysis on Patient Satisfaction, measuring it through four questions, with a mean score of 14.42. The validity and reliability of the research data were tested, ensuring that the items had a positive and significant correlation with the total score of the variable. The questionnaire was considered valid if the questions reflected respondents' perceptions of Patient Satisfaction.

Table 4. 11. Validity Test Results

Items	Item-total Correlation	R table	Information
Organization Management (X1)			
X1.1	0,936	0,158	Valid
X1.2	0,737	0,158	Valid
X1.3	0,693	0,158	Valid
X1.4	0,739	0,158	Valid
X1.5	0,784	0,158	Valid
X1.6	0,789	0,158	Valid
X1.7	0,772	0,158	Valid
Work Culture (X2)			
X2.1	0,712	0,158	Valid
X2.2	0,746	0,158	Valid
X2.3	0,723	0,158	Valid
X2.4	0,663	0,158	Valid
X2.5	0,650	0,158	Valid
X2.6	0,678	0,158	Valid
Physical Work Environment (X3)			
X3.1	0,966	0,158	Valid
X3.2	0,615	0,158	Valid
X3.3	0,631	0,158	Valid

Reliability Test

The reliability test measures the validity of questionnaires measuring variables or constructs. A reliable questionnaire consistently answers statements over time, with a Cronbach Alpha value of > 0.60 . The results showed organizational management, work culture, physical work environment, quality of service, customer satisfaction, and digitization system as the most reliable variables. A reliability coefficient of > 0.60 signifies the instrument's reliability.

Measurement Model Analysis

The study uses Confirmatory Factor Analysis (CFA) to analyze measurement models, assessing validity, convergence, discriminant validity, and reliability. The initial model was

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created using the Amos 22 program. The loading factor value affects convergent validity testing, with higher values causing issues. Indicators are declared valid if the loading factor value is > 0.4 . Convergent validity determines if each estimated indicator validly measures the concept being measured. The discriminant validity test ensures no high correlation with other factors. The measurement model meets the discriminant validity test. The reliability test using Component Reliability (CR) and Cronbach's Alpha is conducted, with a recommended CR value of > 0.7 . The good model fit criterion measures the model's goodness.

Table 4. 14. Goodness of fit and cut off value model

Criterion	Model Test Results	Critical Value	Information
Probability	0,000	≤ 0.05	Fit
X2 chi-square	5657,096	$< 270,914$	Marginal
RMSEA	0,148	≤ 0.80	Marginal
GFI	0,595	≥ 0.90	Marginal
AGFI	0,535	≥ 0.90	Marginal
TLI	0,556	≥ 0.90	Marginal
CFI	0,544	≥ 0.90	Marginal

Source of Processing Data Research Results, 2023

The model conformity index (RMSEA) is a measure of the fit between a theoretical model and observed data. A small chi-square value indicates a good fit. The GFI, a non-statistical measure, ranges from 0 to 1.0. An AGFI value of 0.9131 is above 0.90. The TLI, an incremental fit index, compares a tested model against a baseline model. A CFI of 0.9853 meets the criteria.

Structural Analysis

The study used structural analysis to examine the relationship between variables, testing assumptions such as normality, heteroscedasticity, multicollinearity, and linearity. The results showed a significant linear relationship between the research variables, with a significance value of Deviation from Linearity greater than 0.05. The scatterplot graph showed no heteroscedasticity problems.

Hypothesis Proof

The study examined the impact of organizational management on patient satisfaction at East Java Provincial Health Office. Results showed no significant positive effect on service quality, suggesting that moderation and intervention could enhance patient satisfaction.

Table 4.20. Direct Hypothesis Proof

Type	Beta	t	Sig.
1		.000	1.000
Z ← X1	.065	1.299	.195
Z ← X2	-.090	-1.798	.073
Z ← X3	.703	18.773	.000
Y ← X1	-.079	-1.781	.076
Y ← X2	.091	1.965	.050
Y ← X3	-.336	-5.775	.000
Y ← Z	.693	14.261	.000
Y ← M	.411	6.803	.000
Y ← Z* M	.063	1.874	.062

Source of Processing Data Research Results, 2023

The study reveals that Work Culture, Physical Work Environment, Organization Management, and Service Quality all have varying effects on patient satisfaction at the East Java Provincial Health Office. Work Culture has no significant effect on service quality, while the Physical Work Environment positively affects patient satisfaction. Organizational Management and Work Culture have no significant effect on patient satisfaction. Service Quality has a positive effect, and the Digitalization System moderates its effect. Organizational management has a negative effect on patient satisfaction.

Conclusions

The study investigates the impact of organizational management, work culture, and the physical work environment on service quality and patient satisfaction at the East Java Provincial Health Office. Results show that organizational management has a positive and insignificant effect on service quality, while work culture has a positive and insignificant effect. The physical work environment has a positive and significant effect on service quality, while service quality has a positive and significant effect on patient satisfaction. The study suggests that modern digitalization systems can improve service quality and patient satisfaction, but further research is needed to strengthen theories, add variables affecting customer loyalty, and allocate regional financial budgets for improving physical work environments.

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