European Journal of Social Sciences Studies
ISSN: 2501-8590
ISSN-L: 2501-8590
Available on-line at: www.oapub.org/soc

doi: 10.5281/zenodo.843771 Volume 2 │ Issue 6 │ 2017

EXPECTATION AND PERCEPTION ON QUALITY OF HEALTH SERVICES AT POLICLINIC BPK RI

Tricahyani Endah Yuniarti[1],
Syafrizal[2i]
[1]Early Childhood Education Department,
Faculty of Teaching Training and Education,
Sultan Ageng Tirtayasa University, Indonesia
[2]English Educational Department,
Faculty of Teaching Training and Education,
Sultan Ageng Tirtayasa University, Indonesia

Abstract:

The objectives of research were to identify the differences of average levels between expectation and perception on service quality dimension, to measure *gap services quality* (The difference in average size *of expectation and perception)* on service quality dimension, to identify the correlation or the link between expectation and perception on every dimension of service quality at Policlinic BPK RI, and also to identify the difference between the expectation average level and the perception average level in a range period of time. This type of research was an analytic with *cross sectional* design. The subjects were 96 patients at Policlinic BPK RI. Instrument research, *SERVQUAL* questioner adopted from Parasuraman model with five dimensions, they were reliabilities, response force, warranty, empathy, physical evidence which all have been tested by several hospital researches and proven valid and reliable. The questioner used *Likert scale* with 7 levels; from the lowest level strongly disagree to the highest very agree with total 22 questions of that five dimensions mentioned earlier. The statistic test used is Paired Sample T test and Correlation test. Probability and significance > 0,05, therefore H0 accepted. If the Probability and significance < 0,05, then H0 denied. The researcher finally found that *Mean* of expectation (20,99), *mean* perception (18,94), shown there was a significant difference between expectation and perception in service quality dimension, with a through significance < 0,05, there was a correlation or link with quality service dimension comprehensively significance < 0,01. Furthermore, there

[i] Correspondence: email tricahyani.ey@untirta.ac.id, syafrizal@untirta.ac.id

Copyright © The Author(s). All Rights Reserved.
© 2015 – 2017 Open Access Publishing Group

was no considerable difference found on expectation and perception measurements in three different periods, significance >0,05. *As the conclusion,* there is a difference between expectation and perception on service quality dimension that results *a gap service quality*. There is a correlation or link in service quality dimensions, when a *gap services quality* occurs in one dimension, will affect the other services quality dimension. In addition, there was no significant difference when patients at Policlinic BPK RI value either expectation or perception in three different periods of time.

Keywords: expectation, perception, service quality, *SERVQUAL* model

1. Introduction

Patients are end users of quality healthcare services. The quality of health care is determined by the interrelationships between the health care profession and the patient, between the health care profession and the management of health services and between the management of health services and the patients. The level of quality of health care will be determined based on the level of equilibrium between the three elements. Thus, the quality of health care in outpatient care is in the interests of various stakeholders, patients, health care professionals, policy makers and decision makers, health care organizations, and the public at large. Since the establishment of Policlinic BPK RI since 1975, quite a lot of benefits obtained BPK RI employees will be provided Health Services. But not a few complaints are made and obtained from the patient through a box of suggestions and complaints, whose contents can generally be concluded in the form of complaints about the low service provided by doctors in terms of hospitality and attention, low service facilities provided such as supplies of medicines Inadequate, so the complaint reached the boss, Head of Welfare and Health Services BPK RI. To follow up the issue, had conducted a poll on the quality of health services provided by the Polyclinic BPK RI published in Supreme Audit Magazine. 102 December 2005. with a simple questioner, as many as 5 questions, about the services provided by doctors, health care workers and facilities and medicines provided by Polyclinic BPK RI. Results obtained from polls of Supreme Audit Magazine. 103 publications in February 2006, it can be concluded that the level of patient satisfaction on health services was quite low.

In analyzing the problems mentioned above, the researcher tries to see from the receiver side of service or customer in evaluating the gap between expectation and perception toward health service quality given by Polyclinic of BPK RI. The gap is a mismatch between perceived service and expected service. The gap is caused by ignorance of management on the service expected by the customer. Therefore, to measure the extension, theoretically the model that can be used is SERVQUAL model

which consists of: dimension of reliability, responsiveness, assurance, empathy, physical proof, developed by Parasuraman, et al. (1988) 1,2 Using this model, the clinic as a service provider can not only assess the overall quality of its services as perceived by customers but also identify key dimensions and aspects of each dimension that require quality improvement. The support and instruction given by the Head of the Health Services Division is related to the needs of the Human Resources Bureau. As an assessment to measure employee performance, in relation to the plan of remuneration of government programs in improving the welfare of some of the higher state institutions, the researcher feels obliged and interested to conduct more analysis further in an effort to improve the quality of services in Polyclinic BPK RI in a more representative and accountable. The general objective of the research is to improve the quality of services in Polyclinic BPK RI. The specific objectives of the study were to measure the average level of expectation in each service quality dimension, to measure the average level of perception in each service quality dimension, to identify the difference in the mean size level between expectations and perceptions on each service quality dimension, Service quality gaps in each service quality dimension, identifying the correlation or relationship between the service quality gap on each service quality dimension, identifying differences in mean size and perception levels in the BPK RI Polyclinic in different time periods.

2. Theoretical Framework

In theory, service quality contributes greatly to customer satisfaction, repeat purchase, customer loyalty, market share, and profitability. This is reinforced by a number of empirical studies conducted by Boulding, et al. (1993); Crosby, (1979); Edvarson, et al. (1994); Olsen, (2002); Reichheld & Sasser, (1990); Rust, et al. (1996); Zeithaml, et al. (1990); Zeithaml, (2000, cit. Tjiptono & Chandra, 2005) concluded that profitability, market share, ROI (Return On Investment), asset turnover, cost efficiency, customer satisfaction, customer loyalty, repurchase interest are positively related to perceptions of service quality or Service of an organization. Foster (2001, cit. Sabarguna, 2006) summarizes customer characteristics such as: twice as many customers complain rather than praise, unsatisfied customers will typically convey complaints to 8-10 others, and if you resolve their issues as quickly as possible, then 95% of customers will return to business with you. The conclusion is if the services offered are not qualified and not satisfactory then the customer will turn to another place. In analyzing the problem of patient complaints on the low quality of health service of BPK RI Clinic, the researchers tried to analyze from patient's perspective as consumer in evaluating their expectation

and perception toward health service quality. This shows customer dissatisfaction on the products offered after through experience quality. The model used was the measurement of SERVQUAL developed by Parasuraman, et al. (1988)

3. Definition and Perspective of Service Quality

The first service quality approach was introduced by Gronroos through the concept of perceived service quality and total service quality model. This approach is based on research on consumer behavior and the effect of expectations on the performance of the goods on towards the full evaluation of consumption. The perceived service quality approach still seems to play an important role in providing the foundation for most quality service research including the SERVQUAL model. The definition of service quality focuses on meeting customer needs and wants, as well as the accuracy of delivery to compensate for customer expectations. According to Wyckof (in Lovelock, 1988, cit. Tjiptono, 2006), service quality is the expected level of excellence and control over these advantages to meet customer desires. In other words, there are two main factors affecting service quality ie, expected service and perceived service (Parasuraman, et al., 1985). The implication, whether the poor quality of services depends on the ability of service providers to meet customer expectations consistently.

Gronroos (1990, cit. Tjiptono, 2006), the perceived quality of customer service consists of two main dimensions: First dimension, technical quality (outcome dimension) related to the quality of service output perceived by the customer. This component can be translated into three types (Zeithaml, et al., 1990, cit. Tjiptono, 2006) namely; Search quality (can be evaluated before purchase, eg price), experience quality (can only be evaluated after consumption, for example punctuality, speed of service), and credence quality (difficult to evaluate even if customers have consumed services, such as quality of cardiac surgery). The second dimension, functional quality (process-related dimension) relates to the quality of service delivery or the process of transferring the technical quality, output or outcome of the service from the service provider to the customer. In addition, the functional quality is also influenced by the presence of other customers who simultaneously consume the same or similar services. They can cause long lines or annoying certain customers. On the other hand, they can also influence the creation of a pleasant buyer-seller interaction. When compared to technical quality, functional quality dimensions are generally perceived subjectively and cannot be evaluated as objectively as technical quality.

The image of the corporation or image is very important in most services. This factor can affect the perception of quality through various ways. If the service provider has a positive image in the customer's mind, then a minor error is very likely to be

forgiven. If errors often occur then the positive image will be damaged. Conversely, if the image of the organization is negative then the impact of each error is often much greater than if the image is positive. In regard to perceptions of quality, imagery can be viewed as a filter used to evaluate the overall quality.

Gronroos (1990, cit. Tjiptono, 2006) suggests six well-perceived service quality criteria, as follows:

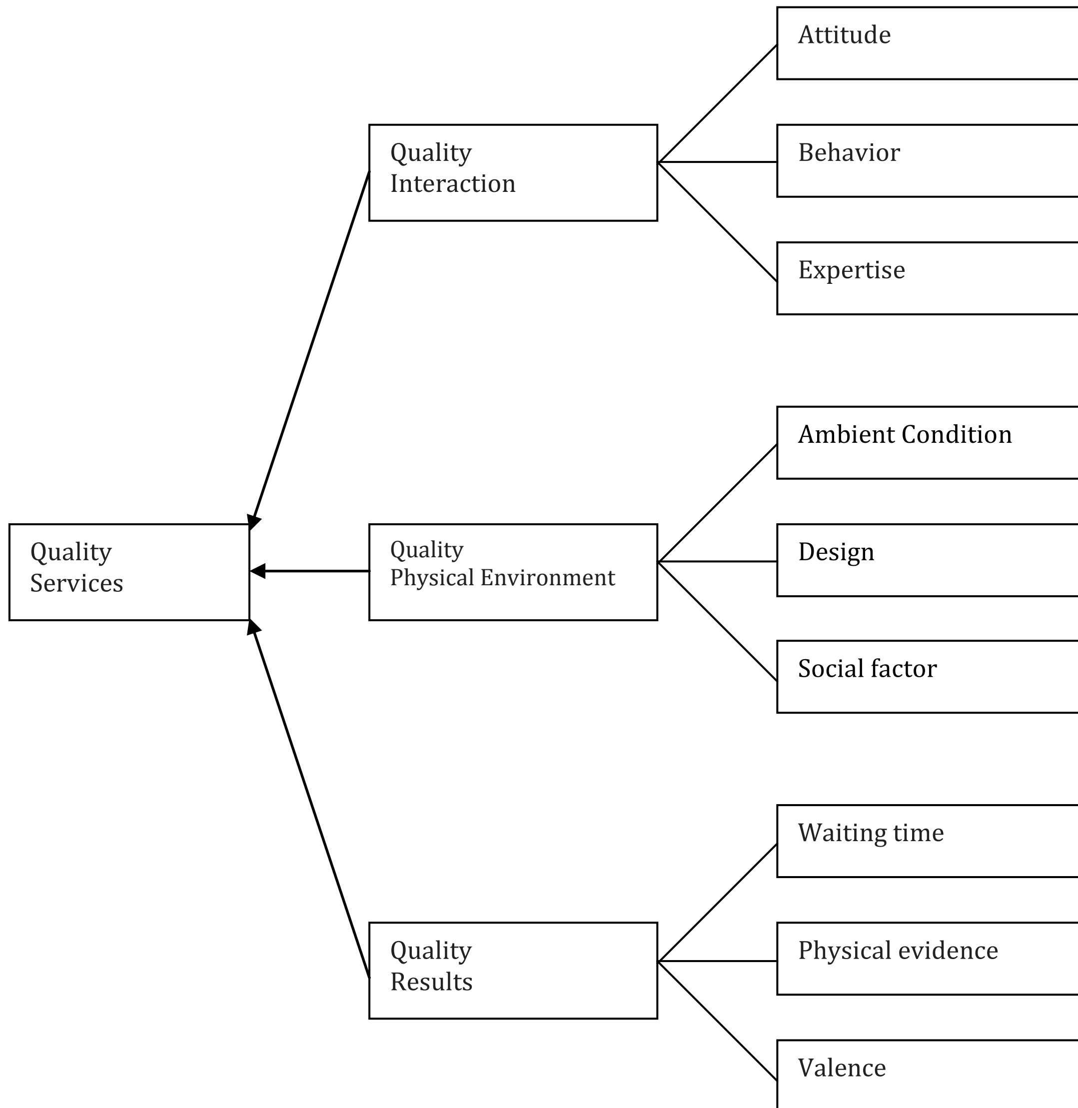
1. Professionalism and Skills. Customers find that service providers, employees, operational systems, and physical resources possess the knowledge and skills required to solve their problems professionally (outcome-related criteria).
2. Attitudes and Behavior. Customers feel that service employees (customer contact personnel) pay great attention to them and try to help solve their problems spontaneously and friendly (process-related criteria).
3. Accessibility and Flexibility. Customer feels that the service provider, location, hours of operation, employees and operating systems are designed and operated in such a way that customers can access such services easily. In addition, it is also designed with the intent to be able to customize customer requests and desires in process-related criteria.
4. Reliability and Trustworthiness. Customers understand that whatever happens or has been agreed upon, they can rely on service providers and their employees and systems to deliver on their promises and do everything with customer-centered interests (process-related criteria).
5. Recovery. The customer realizes that if something goes wrong or unexpected, the service provider will take immediate action to control the situation and find process-related criteria.
6. Reputation and Credibility. Customer believes that the operations of the service provider can be trusted and provide value / reward that commensurate with the cost (image-related criteria).

4. Quality Service Models

4.1 Perceived Service Quality: A Hierarchical Approach

The main dimension of service quality consists of three components namely; Quality of interaction, quality of physical environment, and quality of results. Each dimension consists of three different sub dimensions. Dimensions of interaction quality include attitudes, behaviors, and skills. The dimensions of the quality of the physical environment consist of ambient conditions, facility design, and social factors. While the quality dimensions of the results include waiting time, physical proof and valence.

Customers aggregate their evaluations to sub dimensions to shape their perceptions of organizational performance in each of the three main dimensions



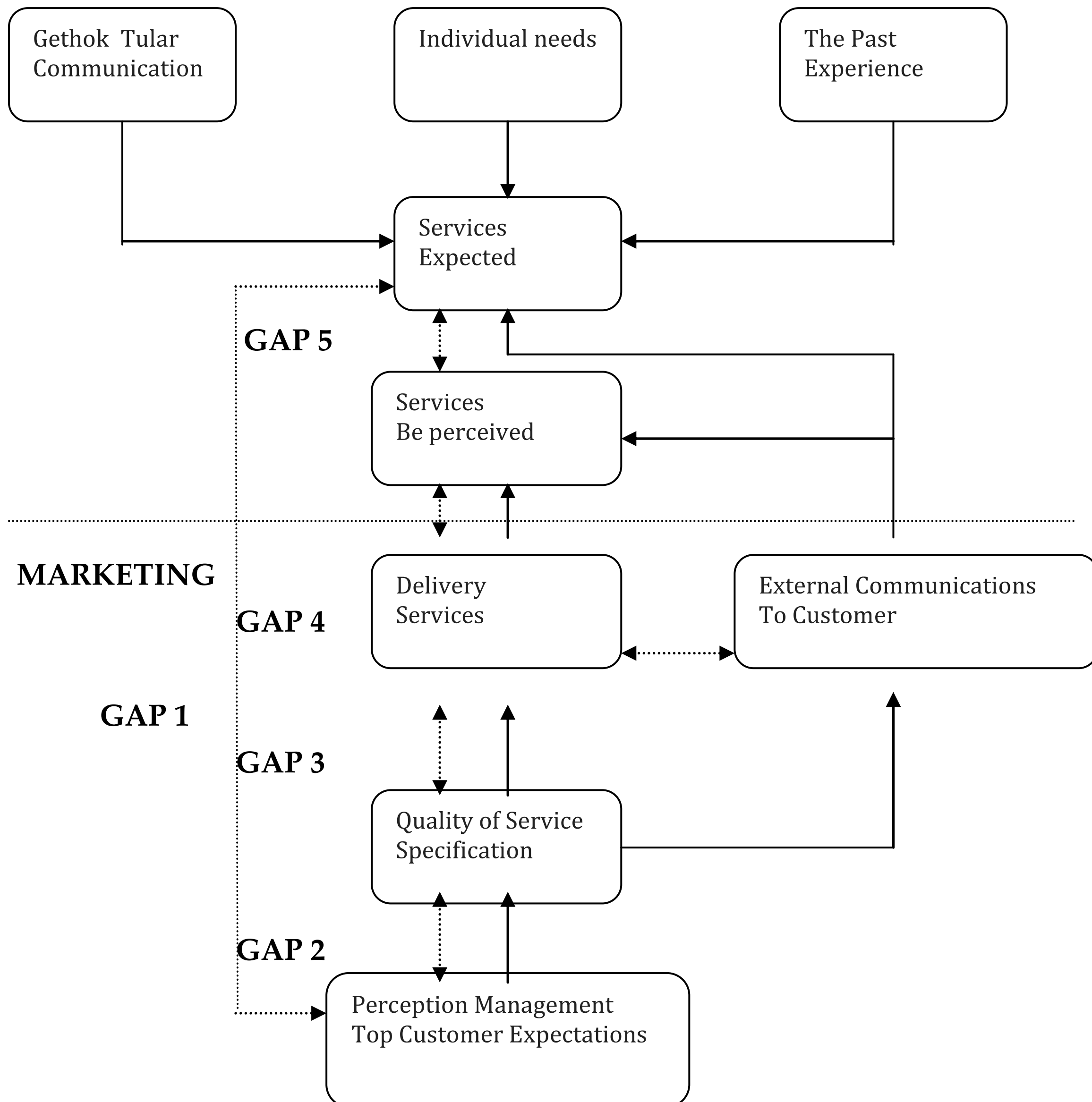
Source: Brady & Cronin (2001)

Figure 3: Perception on Service Quality**:** A Hierarchical Approach

4.2 Model SERVQUAL

The most popular model of service quality and up to now many references in marketing research is the SERVQUAL model (abbreviation of service quality) developed by Parasuraman, Zeithaml and Berry. This model is closely related to the customer satisfaction model largely based on the disconfirmation approach (Oliver, 1997). In this approach, it is stressed that, if the performance of an attribute (attribute performance) increases greater than expectations of the attribute, then the satisfaction (and quality of service) will increase and vice versa. In the SERVQUAL model, service quality is defined as "*an assessment or overall attitude with respect to the superiority / superiority of a service*" (Parasuraman, et al., 1988). This definition is based on three main conceptual

foundations namely; (1). The quality of services is more difficult to evaluate consumers than the quality of goods; (2). Perceptions of service quality are the result of comparison between customer expectations and actual service performance; And (3). Quality evaluation is not only done for the results of services, but also includes evaluation of the service delivery process.



Source: Zeithalm, et al. (1990)

Figure 4: SERVQUAL conceptual model

Through a series of studies on a wide range of service industries, Parasuraman, Zeithaml, and Berry (1988) have identified ten key dimensions of service quality:

1. Reliability, encompassing two main aspects, namely performance consistency (performance) and dependability. This means the company is able to deliver its

services right on the first time, fulfilling its promise accurately and reliably (for example, delivering services according to agreed schedule), keeping records accurately, and sending accurate bills.

2. Responsiveness or responsiveness, namely the willingness and readiness of employees to help customers and deliver services quickly. Some examples include: timeliness of service, immediate delivery of transaction slips, quick customer recall rates, and rapid service delivery.
3. Competence, namely the mastery of skills and knowledge required to deliver services in accordance with customer needs. These include employee contact knowledge and skills, knowledge and skills of operational support personnel, and organizational research capabilities.
4. Access, including ease of contact or approachability and ease of contact. This means that the location of the service facility is within easy reach, waiting or waiting time is not too long, the company's communication channel is easily accessible (e.g., phone, mail, email, fax), and operating hours are convenient.
5. Courtesy, including courtesy, respect, attention, and friendliness of employees of contact (such as receptionists, telephone operators, tellers, etc.).
6. Communication, which means communicating information to customers in an easy-to-understand language, and always listening to customer suggestions and complaints. This includes an explanation of the services / services offered, service fees, and the process of handling potential problems that may arise.
7. Credibility, that is honest and trustworthy. Credibility includes company name, company reputation, personal character of employee contact, and interaction with customers.
8. Security (security), i.e. free of danger, risk or doubt. This includes physical security, financial security, privacy, and confidentiality.
9. The ability to understand customers, that is, trying to understand customers and their specific needs, give individual attention, and get to know regular customers.
10. Physical evidence (tangibles), including the appearance of physical facilities, equipment, and personnel.

Service quality measurements in the SERVQUAL model are based on multi-item scales designed to measure customer expectations and perceptions, and gaps between them in the five main dimensions of service quality (reliability, responsiveness, assurance, empathy and physical evidence). The five main dimensions are translated into each of the 22 detailed attributes for the expectations and perceptual variables, which are arranged in statements based on the Likert scale of 1 (strongly disagree) to 7

(strongly agree). Parasuraman, et al., (1988), mentioned the attributes and dimensions of the SERVQUAL model among others as follows:

1. The dimensions of physical evidence consist of attributes: latest / latest equipment, attractive physical facilities, well-dressed employees, physical facilities in accordance with the type of services offered.
2. The dimension of reliability consists of attributes: when promising to do something at a predetermined time, it will be realized, be sympathetic and able to calm the customer every problem, the service delivered correctly since the first time, the services delivered in accordance with the promised time, the system Accurate and error-free recording.
3. Response dimension consists of attributes: certainty of service delivery is clearly informed to customers, prompt or fast service from company employees, employees who are not too busy so as to respond to customer demand quickly.
4. The warranty dimension consists of attributes: trusted employees, feelings of security when conducting transactions with employees of service providers, employees who are always polite to customers, knowledgeable employees so as to answer customer questions.
5. The empathy dimension consists of attributes: individualized attention of the company, convenient operating time for customers, employees who give personal attention, companies that really pay attention to the interests of every customer, employees who understand the specific needs of customers. Evaluation of service quality using the SERVQUAL model includes calculating the difference between the values given by the customers for each pair of statements related to expectations and perceptions. SERVQUAL scores for each pair of statements, for each customer can be calculated based on the following formula Zeithaml, et al., (1990) (cit. Tjiptono, Chandra, 2005).

The Score of SERVQUAL = Score of Perseption – Score

In principle, the data obtained through the SERVQUAL instrument can be used to calculate the gap score of service quality at various levels in detail.

1. Can be done by item-by-item analysis, for example: P1-H1, P2-H2, and so on.
2. Dimension-by-dimension analysis can be performed, for example: (P 1 + P2 + P3 + P4 / 4) - where H1 to P4 and H1 to H4 represent four perceptual statements and expectations related to a particular dimension.
3. Calculation of single-size service quality or SERVQUAL gap, ie: (P1 + P2 + P3 .... + P22 / 22) - (H1 + H2 + H3 .... + H22 / 22).

Through analysis of these gap scores, hospitals as service providers can not only assess the overall quality of their services as perceived by customers but also identify key dimensions and aspects of each dimension that require quality improvement. SERVQUAL instruments and the resulting data can also be used for some other purpose that is to compare the score of a company SERVQUAL with the score of its competitors; Identify and analyze customer segments with different quality perceptions. The service quality perspective as developed in the SERVQUAL model has in fact included many aspects of healthcare customer needs. External / patient customers see the quality of health care services as a health service that can meet their needs, as follows:

1. The need for access to health services means the ease of obtaining necessary health services.
2. The need for timely healthcare, meaning the level of availability of health services when needed.
3. The need for efficient and effective health services, which means affordable and correct health care costs, and such services can reduce or eliminate complaints / diseases.
4. The need for appropriate and appropriate health services means the health services provided in accordance with the needs of patients or customers.
5. The need for a safe environment, meaning any effort made to safeguard the customer and reduce the occurrence of dangerous injuries and adverse effects that may occur in health care organizations.
6. The need for respect and personal respect, meaning that all customers must be treated as important and honorable human beings.
7. The need for comfort, for example in relation to the physical appearance of health services, service providers, medical and non-medical equipment.

5. Expectations on Service Quality

Customer expectations (E) are defined differently by a number of researchers. "*One's expectation includes not only the probability of certain outcomes, but also the evaluation of the outcomes*" (Oliver, 1980). "*Consumer confidence that a product has certain desired attributes"* (Erevelles & Leavitt, 1992). "*Expectations are predictions of the nature or characteristics and levels of performance that product users will accept*" (Woodruff, Cadotte & Jenkins, 1983).

Customer expectations can be three types (Rust, et al., 1996). First, predicted (will) expectation, i.e. the level of performance that predicted or predicted consumers will receive, based on all the information it knows. This type is the level of expectation most often intended by consumers, when assessing the quality of certain services.

Second, should expectation, which is the level of performance that is considered appropriate to be accepted by consumers. Usually the demands of what should be received far outweigh what is expected to be accepted. Third, ideal expectation, which is the optimum or best performance level expected by consumer. Nevertheless, the concept of expectations that still seem to dominate predictive expectations. Based on this model, expectations serve as a comparison standard. The performance of a product or service on a variety of relevant attributes or dimensions is compared to expectations. This comparison will result in a consumer's reaction to a product or service in the form of satisfaction or perception of quality.

Customer expectations are shaped and based on a number of factors, such as past shopping experiences, opinions of friends and relatives, as well as information and promises of the company and its competitors (Kotler, et al., 2004). These factors have the potential to cause a customer's expectations to be complex and difficult to meet. Broadly speaking, there are several major causes of unfulfilled customer expectations:

1. Customers mistakenly communicate the services they want,
2. Customers mistakenly interpret the signal,
3. Miss-communication provision of services by competitors,
4. Poor performance of employees of service companies. Service providers should make maximum efforts to manage controlled causal factors, such as marketing communications and employee performance in serving customers.

6. Perceptions of Service Quality

Perception is the process by which individuals manage and interpret their sense impressions in order to give meaning to their environment (Robbins, 2006). Gibson et al., (1996) states that perception is a person's process of giving meaning to the environment involving the integration and organization of various stimuli into the psychological experience. Yet what a person perceives can be different from the objective reality. Not necessarily different, but there is often disagreement. Why is perception important? Simply because human behavior is based on their perception of what reality exists, not to know reality itself.

Services are intangibles and more a subjective process of customer experience, where production and consumption activities take place at the same time. Services are different from goods. When the goods are an object, tool, or thing; Service is an action, action, experience, process, performance (performance), or effort. Therefore, services cannot be seen, felt, smelled, heard, or touched before they are purchased and consumed. This has a number of implications for consumers and service providers. For customers, uncertainty in the purchase of services is relatively high, due to the limited

search qualities, i.e. the physical characteristics that buyers can evaluate before the purchase is made. For example, customers can judge in detail the shape, color, and model of a car of interest before it decides to buy it. However, he cannot do the same for the services of doctors and nurses. For services, what quality and how will the consumer accept, generally not known before the service is consumed. In addition, services usually contain high quality experience and credence. Experience quality are characteristics that customers can only assess after purchase, such as quality, efficiency, and decency. While credence quality is a difficult aspect to evaluate, even after the purchase is done. Because services are relatively low in search qualities and are high in experience quality and credence quality, customers feel a greater risk in their purchasing decisions. Consequently, in making decisions, customers are more affected by the credibility of more personalized information sources, rather than advertising messages from service providers.

The quality of services should start from customer needs and end with customer satisfaction as well as positive perceptions of service quality (Kotler, 2000). As a party to buy and consume services, customers (and not service providers) assess the level of service quality of a company. Unfortunately, services have variability characteristics, so their performance is often inconsistent. This causes the customer to use intrinsic cues / instructions and extrinsic cues as a reference / guide in evaluating service quality. Intrinsic cues are related to the output and delivery of a service. Customers will rely on such cues when they are at the place of purchase or if the intrinsic cues are search quality and have high predictive value. While the meaning of extrinsic cues are the elements that are complementary to a service. This gesture is used in evaluating services if the process of assessing intrinsic signals takes a lot of time and effort, and if the extrinsic cues are experience quality and credence quality. Extrinsic cues are also used as an indicator of service quality when there is insufficient intrinsic signaling information. Meanwhile, customer participation and interaction in the service delivery process also determine the complexity of service quality evaluation. Consequently, the same services can be judged differently by different consumers. Perceived Performance (P) is defined relatively uniformly as a belief about experienced service. Spreng, MacKenzie & Olshavsky (1996) define as beliefs about product attributes, attribute levels or results. Oliver (1997) "*Perception of the number of product or service attributes of the received results*".

7. Research Methodology

The type of this research is analytic with cross sectional design. Research subjects were patients who visited the BPK Polyclinic. The number of research samples was 96

respondents. The samples were taken by systematic probability sampling technique because the purpose was to generalize the results of the research for the patient population of Polyclinic BPK RI with sampling technique based on the order of the members of the population who had met the inclusion criteria. The research variables include patient expectations and perceptions regarding the dimensions of reliability, responsiveness, assurance, empathy, physical evidence. The research instrument is a SERVQUAL questionnaire adopted by Parasuraman darin. Statement in questionnaire using Likert scale with 7 levels from strongly disagree to strongly agree. The questionnaire consists of 5 main dimensions and is described in 22 statements. The analytical test uses paired T-test analysis and correlation test. If significance> 0.05, then Ho is accepted. If significance <0.05, then Ho is rejected.

8. Results of Research

The study respondents consisted of 96 patients who visited the Polyclinic BPK RI with a picture of their expectations and perceptions as follows; The highest average expectation value in the BPK RI Polyclinic is in the reliability dimension that is 33.71 and the lowest average value is in the response dimension of 7.41. With the total average value of expectations of all dimensions is 20.99 (Figure 5)

Figure 5: The average value of expectations on service quality dimensions in Policlinic BPK RI in 2008

The highest average value of perception in Polyclinic BPK RI is on the reliability dimension of 28.93 and the lowest average value of perception is in the empathy dimension that is 13.09. With the total mean value of perceptions of all dimensions is 18.94 (Figure 6).

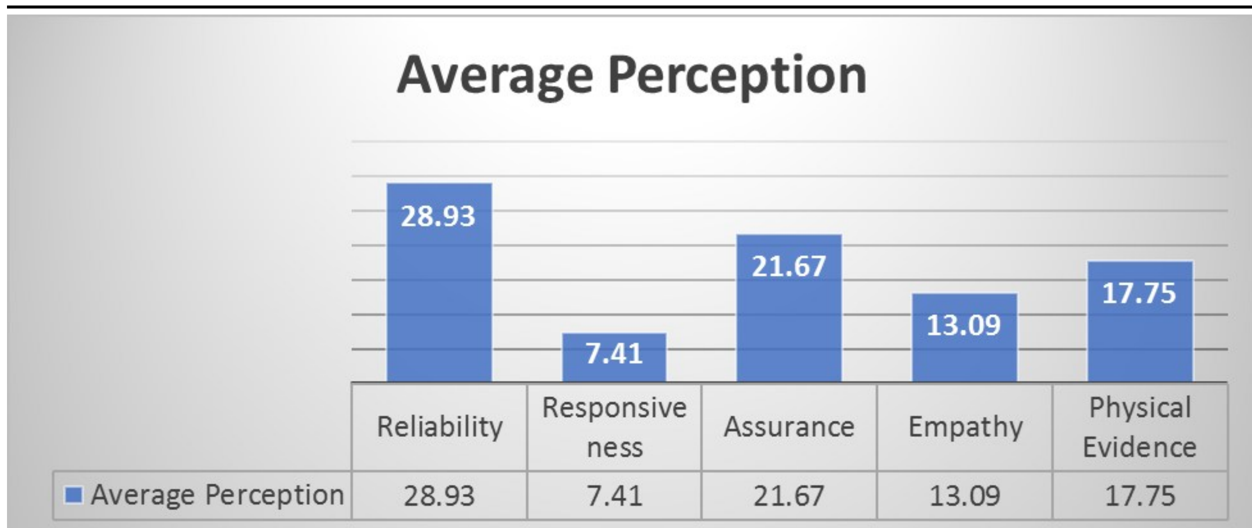


Figure 6: The average value of perception on service quality dimensions in the policlinic BPK RI in 2008

On the graph of the difference in the average value of expectations and perceptions, there are two dimensions of service quality that the average value of perceptions is just above the average expectations of patients, namely dimensions of power and empathy. While the perceptual values of some service quality dimensions, such as physical evidence, assurance and reliability are still below the expectations of patients (Figure 7).

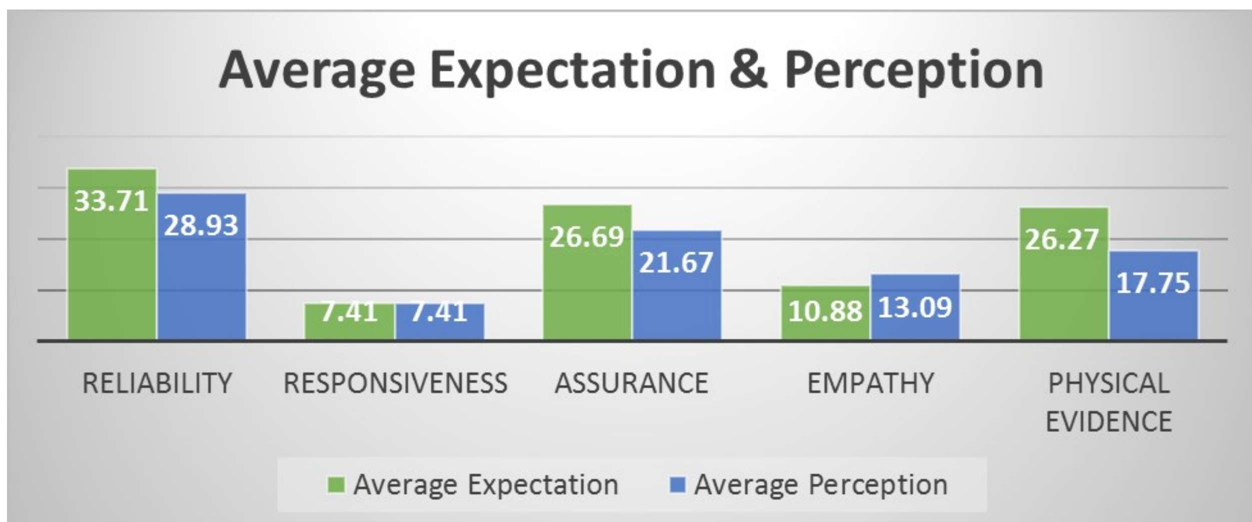


Figure 7: Differences in mean expectations and perceptions on quality dimensions Services at Polyclinic BPK RI in 2008

The mean gap SERVQUAL occurs as a result of the gap between the mean perception and the mean expectation. From the statistical calculations, positive results were obtained on the responsiveness dimensions (5.84) and empathy (2.2), but negative results were obtained on physical evidence dimensions (-8.57), assurance (-5.02) and reliability (- 4.78). (Figure 8).

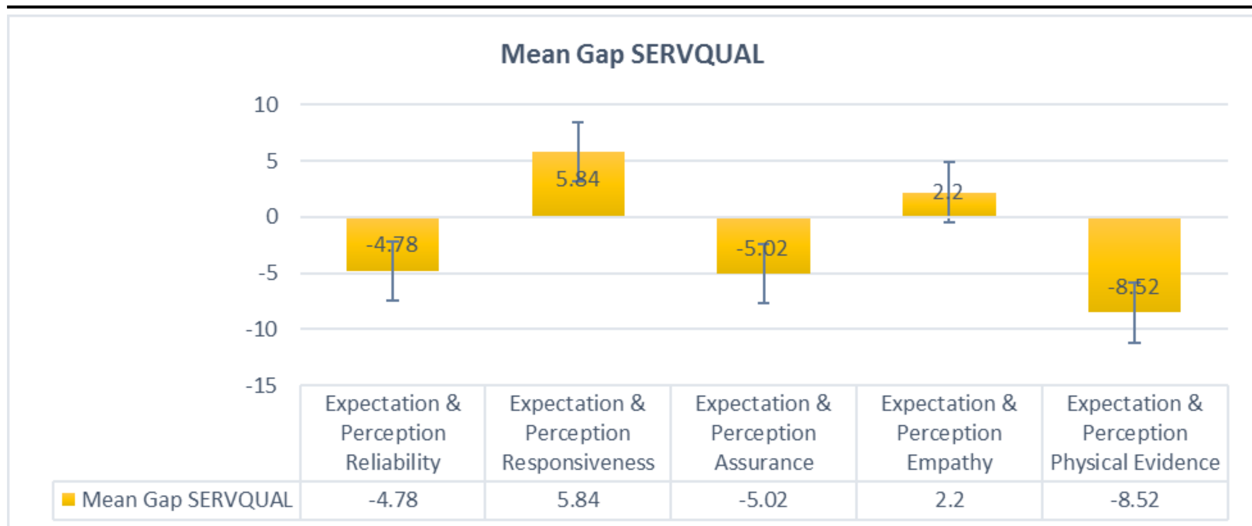


Figure 8: Mean gap services quality between expectations and perceptions at Polyclinic BPK RI in year 2008

9. Discussion

Based on the results of paired sample T test analysis in this study there is a significant difference between the average value of expectations and perceptions on the dimensions of service quality in a period with the value of meaning ($p < 0.05$) where expectations have an average value greater than the perception. The difference in value between expectation and perception leads to gap SERVQUAL which indicates that the quality or service quality in BPK RI Polyclinic is still below expectations.

When viewed from the graph the difference in the average value of expectations and perceptions on the dimensions of service quality in BPK RI Polyclinics, can be seen the difference between the average value of reliability expectations and reliability perceptions, responsiveness expectations and perceptions of responsiveness, assurance expectations and perceptions of collateral, Hope of empathy and empathy perception, expectation of physical evidence and perception of physical evidence. From the graph, the difference in the average value of expectations and perceptions can be seen there are 2 dimensions of service quality perceptual value is precisely above the expectations of patients, namely dimensions of power and empathy. While the perception value of several dimensions of service quality, such as physical evidence, assurance and reliability are still below the expectations of patients. From the total average value of expectation (20.99) when compared with the mean total value of perception (18.94) then, we can conclude that the total mean perception of the patient is still below the total mean of expectation.

The mean gap SERVQUAL occurs as a result of the gap between the mean perception and the mean expectation. From the statistical calculations, positive results

were obtained on the responsiveness dimensions (5.84) and empathy (2.2), but negative results were obtained on physical evidence dimensions (-8.57), assurance (-5.02) and reliability (- 4.78). Positive SERVQUAL scores obtained as a result of perceived service exceed the expected service on the responsiveness and empathy dimensions show that, service quality in that dimension, is perceived as good and ideal service quality that should be maintained and even enhanced. However, the negative SERVQUAL score obtained from perceived service is lower than the expected service on the dimensions of physical evidence, guarantee and reliability indicates that the service quality in that dimension is perceived as poor service quality which should be a priority in the effort to improve the service quality in Polyclinic BPK RI currently.

The correlation test between SERVQUAL gap in each service quality dimension is obtained that service gap that occurs in one dimension will affect the dimension of service quality other with value of meaning less than 0,01 and interrelation relationship between service quality dimension is very significant. In short, to improve existing SERVQUAL gap, it is necessary to improve the overall service quality in all dimensions, because the inter-dimensional will be interconnected and affect each other.

According to some previous researchers, research using cross-sectional techniques has a weakness because the data is measured once at the same time so it depends on the emotions of patients at the time. Therefore, bias data is very likely to occur if the patient is in an emotional state. There are several studies supporting the disadvantages of the above cross-sectional techniques, such as Boulding, et al (1993) 5 measuring expectations before service delivery and perception after service delivery. The conclusion is that consumers change expectations and perceptions over time. So, in this thesis the researcher performs test t test, paired sample statistic to know whether there is difference of expectation and perception in different time period, by measuring expectation and perception in period of three different period. Apparently, the results obtained show that the analysis between the measurement period of expectations and perceptions do not have a significant difference. This can be proven by paired samples test analysis, where expectations and perceptions are compared between periods of all sig (2-tailed) or p> 0.05 (no significant differences). When analyzed, this shows that, there is consistency of respondents in assessing expectations and perceptions within the period of three different periods. This can be possible to occur, given the timing of the questionnaire between periods, is only about 2 weeks away and the respondents who fill out the questionnaire are the patients or internal customers.

Valid and reliable from the SERVQUAL model as described in chapter 3 especially in the research instrument in accordance with the study conducted in the hospital environment by Babakus and Mangold in an article entitled "*What attributes determine quality and satisfaction with health care delivery*" published by Health Care

Management Review, Bowers, Swan, Koehler, (1994) reported that SERVQUAL is quite valid and reliable2,3. Similarly, research conducted by Mandala (2007) states that the SERVQUAL model used in this study is valid to assess the quality of service at the outpatient installation of Johannes Kupang Hospital. Found from five dimensions consisting of 22 aspects after being tested for 30 respondents stated valid with the coefficient of correlation (r) product moment exceeds 0.3 or significance level below 0.05. The conclusion is valid. The SERVQUAL model used in this study is also reliable enough to assess service quality at the outpatient installation of Johannes Kupang Hospital. Expressed reliably with the value of alpha Cronbach above 0.60 (60%). Test results from 30 respondents with 40 statements which are aspects of each service dimension show alpha value of 0.8692. The conclusion is reliable.

The fact that until now, the SERVQUAL model is perceived as the "best" and most popular model cannot be denied, although in its development there have been many improvements in measuring the quality of services because SERVQUAL is more focused only on service delivery process and not on service interaction result.

Theoretically, there are two main factors affecting service quality i.e., expected service and perceived service (Parasuraman, et al., 1985) 2. Thus, the good quality of services depends on the ability of service providers to meet customer expectations consistently. There are also many potential factors that can lead to poor quality of services that can have a positive or negative impact on customer or patient quality perceptions, including: 1) Simultaneous production and consumption 2) High labor intensity 3) Inadequate internal customer support 4) Communication gap 5) Treating all customers in the same way 6) Extension or excessive service development 7) Long business vision.

In this case, the researcher also wanted to identify some other factors which could be the cause of BPK RI Polyclinic patient's assessment of service quality which is below their expectation which is indicated by gap SERVQUAL Poliklinik BPK RI. Of course, this problem can not necessarily be blamed on the Polyclinic, but this cannot be separated from a system as thorough as organizational commitment, human resource management, organizational climate and culture, and organizational and leadership forms. To establish and maintain an appropriate work environment in implementing continuous improvement of service quality, there are 6 principles of service quality that need to be observed, namely: 1) Leadership; an organization's quality strategy should be the initiative and commitment of top management. 2) Education; all employees of the organization, from top managers to operational employees, are required to obtain quality education. 3) Strategic planning; the strategic planning process should include the measurement and quality objectives used in directing the company to achieve its vision and mission.

4) Review; the review process is the single most effective tool for management to change organizational behavior. This process is a mechanism that ensures continuous attention in the pursuit of quality objectives. 5) Communication; implementation of quality strategy in the organization is influenced by the process of organizational communication, either with employees, patients or management organizations. 6) Total Human Reward; reward and recognition is a crucial aspect in the implementation of quality strategies. Every outstanding employee needs to be rewarded and they had to be recognized. In this way, the motivation, morale, sense of belonging of each member of the organization can increase, which in turn contribute to increased productivity and profitability for the organization, as well as customer satisfaction and loyalty.

The strategies needed to improve the overall service quality of all dimensions of the SERVQUAL gap are as follows2: 1) Identify the main determinant of service quality; each service provider shall endeavor to deliver the best quality services to its targeted customers. This effort requires the process of identifying the determinants or key determinants of service quality based on the customer's point of view. Therefore, the first step that needs to be done is to conduct in-depth research in order to understand the most important determinants that customers use as the main criteria in evaluating specific services. In this way, the Indonesian Polyclinic can focus its efforts on improving its quality on specific determinants that need improvement. Along with the dynamics of changes in consumer behavior, the Polyclinic should monitor the development of every determinant over time. 2) Manage customer expectations; not infrequently, a service makes an excessive program about the service facility or sophisticated medical device. This could be a 'problem' for itself. The more promises given the greater the customer expectations are formed (even leads to unrealistic expectations).

This in turn will increase the chances of unfulfilled customer expectations. For that there is a wise saying that can be used as a handle: "*Do not promise what cannot be given, but give more than what is promised.*" 3) Manage proof of service quality

Management proof of service quality aims to strengthen the perception of external customers during and after services delivered. Because services are performance and cannot be perceived as physical goods, customers tend to pay attention and perceive the facts of tangibles related to services as evidence of quality. From a service provider's perspective, quality proof includes everything consumers perceive as an indicator of what pre-service expectation is and what post-service evaluation is. Evidence of service quality can be physical facilities of services, employee appearance, equipment and equipment used to provide services, hospitality, tranquility, accuracy, rationality, and others. 4) Educate consumers about services; helping customers in understanding a service is a positive effort to realize the process of

delivering and consuming services effectively and efficiently. Efforts to educate consumers can be done in the form: service providers can improve the perception of the quality of services by way of explaining to customers the reasons underlying a policy that is likely to disappoint them. 5) Growing a quality culture; Quality culture (quality culture) is a system of organizational values that produce an environment conducive to the process of creation and quality improvement on an ongoing basis. The quality culture consists of the philosophy, beliefs, attitudes, norms, values, traditions, procedures and expectations pertaining to quality improvement. In order for a quality culture to be grown within an organization, a thorough commitment from all members of the organization, from the highest to the lowest in the organizational structure. 6) Follow up services; Service follow-up is required in order to improve or improve the aspects of services that are not satisfactory and maintain the aspects that are already good.

10. Conclusion

There is a significant difference between expectation and perception on the service quality dimension, resulting in a gap of services quality in the perspective of patients in Polyclinic BPK RI. There is a significant correlation or relationship between service quality dimensions, where the gap services quality that occurs in one dimension will affect the dimensions of the quality of other services. There were no significant differences when the BPK RI Polyclinic assessed expectation and perception within three different periods.

11. Suggestions

Gap SERVQUAL shows that there is a problem of service quality gap given by BPK RI Polyclinic on the dimensions of physical evidence, guarantee and reliability that should be a priority in improving service quality in BPK RI Clinic at this time. Although the dimensions of responsiveness and empathy, perceptions felt by the patient is still above the expected value, to revise existing SERVQUAL gap, it is necessary to improve the overall service quality in all dimensions, because inter-dimensional will be interconnected and affect each other. The first priority gap SERVQUAL is the dimension:

1. Physical evidence (tangibles)
   - BPK RI Polyclinic must improve the quality of medical equipment provided to be more modern
   - The facilities provided should have visual appeal

- Employees must be presentable and professional
- Services related materials should be interesting.

2. Guarantee (assurance)

- Polyclinic employees of BPK RI should be able to grow the taste
- Patient's trust in the services provided and can create a sense of security for customers.
- Polyclinic employees of BPK RI should always be consistent in being polite
- Employees must be able to answer customer questions so that employees must have the knowledge and skills needed to handle each patient's problems.
- Reliability
- Polyclinic employees of BPK RI should be able to provide services in accordance with what has been promised
- Employees should be reliable in handling customer service issues
- Employees must be able to deliver services correctly from the first time
- The service provider must provide services in accordance with the time promised
- Employees should be able to keep records or documents without errors.

This SERVQUAL gap can be improved through the management of the organization's overall management function, including the role of a leader to supervise / control the operational standards of the agreed procedures. The task of a leader with its relationship with the improvement of service quality relating to the dimension of reliability is how a leader can perform a systematic supervisory function which means the agenda of supervision is clear, the goal is not to look for staff errors but rather on system improvement and standard improvement and can create organizational culture Conducive, mutually supportive, mutually reinforcing, in the implementation of a service standard.

In addition to the supervisory function of a leader, it also needs a service commitment. This commitment is the most important point in tying systems that are enforced within the organization to run strategic applications that are mutually agreed upon, demonstrating a strong sense of ownership of all elements within the organization. Commitment is a force that encourages employee work ethos to show the best, because commitment is the bounce point of the organization to succeed. If the commitment is high then there is the attachment or high sense of ownership of the employees. There is a deep trust that the organization will be able to provide things that promise for its own sake. With high employee commitment, it will participate maintain and improve the quality of service in Polyclinic BPK RI.

Besides the supervisory function, the officer's commitment also required regular audit and measurement of patient satisfaction level. This is necessary so that the service

can know whether the needs and wishes of customers have been met or not. Thus, the problem of gaps that exist in this dimension can be improved continuously so that the quality of health care services will be accepted in accordance with the needs and desires of the patient.

References

1. Asubonteng, P., McCleary, J., Swan, E. (1996) A Critical Review of Service Quality. *Journal of Services Marketing Vol 10 Issue 6: 62-81.*
2. Browers M. R., Swan J. E., Koehler, W. F. (1994) What Attributes Determine Quality and Satisfaction with Health Care Delivery*? Health Care Management Review. Vol. 19 Issue 4: 49-55.*
3. Boulding, Wiliam, Kalra, A., Staelin, R., Zeithaml (1993) A Dynamic Process Model of Service Quality: From Expectations to Behavioral Intentions. *Journal of Marketing Research Vol 30: 7-27.*
4. Chandra, G. & Tjiptono, F. (2005) *Service, Quality & Satisfaction*. Yogyakarta: Penerbit ANDI.
5. Diana, A. & Tjiptono. F. (2003) *Total Quality Management*. Yogyakarta: Penerbit ANDI.
6. Dahlan, M. (2006). *Perhitungan Besar Sampel*. Jakarta:Penerbit PT ARKANS.
7. Jay. D., Lindquist, Paul. M., Lane. (1988) Hospital Choice: A Summary of the Key Empirical and Hypothetical Findings of the 1980's. *Journal of Health Care Marketing*
8. Kanuk, L. L., & Schiffman, L. (2007) *Perilaku Konsumen.* 7th ed. Indonesia: PT Intan Sejati Klaten.
9. Louis M., Capella, Susan L., Taylor S. L. (1996) Hospital Outshopping: Determinant Attributes and Hospital Choice. *Health Care Management Review.*
10. Mandala, D. (2007) Harapan dan Persepsi Kualitas Jasa dan Keselamatan Pasien di Rawat Jalan RSUD Johanes Kupang NTT. Tesis UGM.
11. Parasuraman, A., Zeithaml, V. A., Berry, L. L. (1988) SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing,* Spring 1988, Volume 64. Academic Research Library.
12. Pohan, S. I. (2007) *Jaminan Mutu Layanan Kesehatan: Dasar-Dasar Pengertian dan Penerapan* 1st ed. Jakarta: EGC.
13. Program Pascasarjana Ilmu Kesehatan Masyarakat Universitas Gadjah Mada (2005) *Panduan Penyusunan Tesis.*Yogyakarta.
14. Rath & Strong (2002*), Six Sigma Pocket Guide*, Lexinton, MA.

15. Robbins, P.S. (2006) *Perilaku Organisasi* 10th ed. Indonesia: PT Indeks Kelompok Gramedia
16. Soekiyo, (2000) Analisis Harapan dan Pengalaman Klien Terhadap Dimensi Kualitas Pelayanan Dalam Hubungannya Dengan Minat Memanfaatkan Ulang IRNA E RSUP DR.M. Djamil Padang. *Tesis*, UGM.

Creative Commons licensing terms
Author(s) will retain the copyright of their published articles agreeing that a Creative Commons Attribution 4.0 International License (CC BY 4.0) terms will be applied to their work. Under the terms of this license, no permission is required from the author(s) or publisher for members of the community to copy, distribute, transmit or adapt the article content, providing a proper, prominent and unambiguous attribution to the authors in a manner that makes clear that the materials are being reused under permission of a Creative Commons License. Views, opinions and conclusions expressed in this research article are views, opinions and conclusions of the author(s). Open Access Publishing Group and European Journal of Social Sciences Studies shall not be responsible or answerable for any loss, damage or liability caused in relation to/arising out of conflicts of interest, copyright violations and inappropriate or inaccurate use of any kind content related or integrated into the research work. All the published works are meeting the Open Access Publishing requirements and can be freely accessed, shared, modified, distributed and used in educational, commercial and non-commercial purposes under a Creative Commons Attribution 4.0 International License (CC BY 4.0).