

# HEALTH CARE MODELS: A STUDY IN HOSPITALS SULTAN ISKANDAR YOUNG REGENCY, NAGAN RAYA, INDONESIA

*Original Research Article*

## ABSTRACT

This research aims to find out 1) The quality of health services at the Sultan Iskandar Muda Hospital, Nagan Raya Regency, 2) What determinant factors can create quality health services at the Sultan Iskandar Muda Hospital, Nagan Raya Regency, 3) Application of the TQM model as a model effective in realizing quality health services at Sultan Iskandar Muda Hospital. This research method is descriptive type with using a qualitative approach. Data sources use primary data through observation and interview instruments as well as secondary data through reviewing various documents. The data analysis technique uses an interactive model, namely data collection, data condensation, data presentation, and verification/conclusion. The results of this research show 1) The quality of health services at Sultan Iskandar Muda Hospital, Nagan Raya Regency with the dimensions of service quality, Tangible, Reliability, Responsibility, Empathy and Assurance has not been running optimally because the hospital cannot show the availability of adequate medical personnel resources. adequate competence and quantity as well as the lack of availability of infrastructure which results in the attitude of hospital medical personnel not optimally serving patients. 2) The dominant factors in realizing effective health service management at Iskandar Muda Hospital are budget and collaboration factors. It is understood that the availability of an adequate budget will really help the hospital provide all the available resources for competent nurses and doctors as well as the availability of equipment for medical rooms, laboratories and adequate work equipment. Apart from that, the collaboration factor is also very determining with external parties and other health institutions which can be innovated in the form of activities to improve the quality standards of hospital services, and to provide support from partners for various assistance with hospital facilities and infrastructure that are really needed for patients. 3) The implementation of Sultan Iskandar Regional Hospital services using the TQM model was not implemented in realizing quality health services due to the leadership of the hospital management which did not work well in compiling and setting clear service work standards which resulted in the Standard Operational Procedure (SOP) not being implemented. The hospital was created to be carried out well by all medical personnel in serving patients. The results of this research also explore the development of sustainable hospital and local government policies as one of the newest hospital service management models that are adaptive, transformative and valuable based

*Keywords: Model, Service, Health*



## 1. INTRODUCTION

Public service refers to activities aimed at fulfilling the needs of citizens, as outlined in Law Number 25 of 2009 concerning Public Services. This law states that the state is obligated to serve every citizen to meet their basic rights and needs. The government, as a bureaucratic organization, has responsibilities related to public services to address various issues, which have drawn significant criticism from the public regarding both quality and quantity. One of the theoretical approaches related to service departs from the New Public Service paradigm put forward by Denhardt and Denhardt (2003) stating why the government must serve (*serve*) not direct (*steer*), why the government provides services to the community as citizens (*citizens*) not as customers (*customers*), but they forget that political reasoning has entered into the search for *a state of the art* in public service state administration. Sinambela (2011) states that theoretically the aim of public services is basically to satisfy the community.

"In the implementation of public services itself, government officials are very responsible in providing the best service to the community as a form of creating community welfare where the community has the right to receive effective and best services from the government" (Parasuraman, Zeithaml, and Berry; 1988). Apart from the task of fulfilling services to the public, Kotler and Keller (2009), Jasfar (2009) provide service boundaries that are the same as services in providing goods that are human needs.

One area that frequently receives significant criticism from the public is health services. Hospitals play a crucial role in delivering healthcare that meets community needs. According to Elcock (2005, p. 68), public health services are a primary agenda for regional governments,

although the implementation may vary among public service providers. Health problems for the community have become a major need which is increasingly increasing where the public is increasingly aware of the quality or qualities of health services which are more oriented towards public satisfaction, meaning trying to provide the best service and evaluating it based on the public's point of view. Kurnia in Hidayat (2009) stated that "the optimal level of health for every person, which is part of welfare, requires legal support for the implementation of the health sector, this is also in line with the 1945 Constitution Article 28-H and Law No.36 of 2009 concerning Health states that: Everyone has the right to obtain safe, quality and affordable health services". Apart from that, the government needs to provide the community's need for appropriate quality health services with the rights of Indonesian citizens (Listiyono, 2015).

Health problems from a global perspective and G20 countries, of course the health index of the United States (US), which is in first place, has a score of 75.9 points. Australia and Canada followed with respective global health security index scores of 71.1 points and 69.8 points. Then, Great Britain, Germany and South Korea each had scores of 67.2 points, 65.5 points and 65.4 points. Meanwhile, Indonesia is ranked 13th among the G20 countries, reaching a percentage of 50.4 points. This should be a reflection for Indonesia regarding the health service model based on research on the global health resilience index which includes a scoring system based on six categories, namely prevention, detection and reporting, speed of response, health systems, compliance with international standards, and environmental risks. Quality health services are services from the performance of an employee who cares and is focused on the needs of the community and fulfills expectations and can provide satisfaction to the community.

Levey and Lomba (1973) stated that the goal of health services is to achieve a level of public health that satisfies expectations (*consumer satisfaction*), through excellent service by service providers who satisfy expectations (*provider satisfaction*) and the service institutions provided (*institutional satisfaction*).

“Sultan Iskandar Muda Hospital is the research locus which implements health services through a health service quality management model using the *Total Quality Management approach*. Draft TQM, in general, views TQM as a quality management practice which is collective and closely intertwined with each other (interlinked) who have a relationship with organizational performance. This TQM model focuses on quality services that must focus on customer or patient needs. Quality principles, namely meet customer *satisfaction*. In the various models above, there are three important elements in determining the provision of health services in hospitals” (Kotler and Keller, 2009). Looking at the problems of the service management models above, it certainly requires a solution in order to provide quality services that can be well received by the community. In providing services, one of the things that must be in place to provide quality services is a service system oriented to the interests of service users. Ratminto (2007:56) states that theories regarding service management are divided into 2, namely theories that examine service management from the perspective of service providers or the service delivery process (*providers' perspective*), and theories that examine from the perspective of service users or the output of service delivery (*customers' perspective*).

Apart from that, (Ratminto; 2015: 35) states that “service management practices have a number of weaknesses, including: a) The system in effect still does not directly link the work performance of officers with their career development, b)

The system in place can overcome matters that are managerial but has not fixed managerial technical matters, c) The management system has not been socialized to the public. Health service management at Sultan Iskandar Muda Hospital cannot run alone and cannot optimally provide quality services to patients when the service management model lacks the availability of physical evidence of laboratory facilities and equipment, paramedical staff, administrative staff, and other supporting staff”. For this reason, the Sultan Iskandar Regional Hospital does not let go of the general management function of health services which includes planning, organizing, placing and developing appropriate staff, budgeting system, implementation system, control, monitoring and evaluation.

## 2. LITERATURE REVIEW

Talking about hospital service management is implicitly a field of study that examines public administration theory as a conceptual framework or view used to study public administration phenomena. This theory involves various approaches used to understand and analyze how public administration operates, how public policies are created and implemented, and how the effectiveness and efficiency of public services can be improved (Revida E, Hidayatilloh A, 2020). Public administration is also the study of how organizations are managed and the delivery of public services by the government. It includes the planning, organization, direction, control, and evaluation activities carried out by government agencies in order to achieve public goals. Apart from that, this research study focuses on public service theory which states that the government's duty to provide services has become an absolute necessity to be implemented well as stated by Minnaar (2010) in Aslinda, et al (2022:140) that the Government implements policies to generating practical effects on these core responsibilities while

institutions at all levels implement them as a sustainable development process.

To provide quality health services and provide satisfaction to the community is to provide a service that must have good service management. Good and highquality service management can be supported by high professionalism of employee performance, where professionalism is the ability or expertise to carry out or carry out a job or task that is based on skills and knowledge and is supported by the work attitude required by the job (Wibowo, 2014 :271). In this case, health activities or services require good management, so that the objectives of each activity or program can be achieved well. The management model of service in the health sector that is applicable and often practiced today, in reality, is felt by the public or patients that there are still obstacles when carrying out treatment in hospitals, characterized by: (1) complicated administrative procedures and too many requirements that must be met, (2) costs are too high, (3) administration completion time is too long, (4) requirements are irrelevant, and (5) service performance is very low (Lisih, 2011).

Various service management models that can improve the quality received by customers or patients with the development of service management models from the Service Quality Model (Grönroos, 1984); PCP Model (Philip & Hazlett, 1997); GAP Model (Parasuraman Et.Al, 1985); Service Quality Attributes (Haywood-Farmer, 1988); SERVQUAL (Parasuraman Et.Al, 1988); SERVPERF (Cronin & Taylor, 1992); INTSERVQUAL (Frost & Kumar 2000); RSQS (Dabholkar et.al, 1996); Service Quality Model (Brady & Cronin, 2001). The development of the views of service management experts makes the measurement of service quality resulting from a service management model move from a qualitative approach to a quantitative approach. Hospitals as

bureaucratic institutions carry out public service activities in the health sector, which is one of the public services that is greatly felt by the general public. However, empirically there are various service management problems that the public often encounters which are not implemented well by public service providers, (Ratminto; 2015: 35) states that service management practices have a number of weaknesses, including: a) The applicable system still does not directly link officers' work performance and career development, b) The system implemented can overcome managerial matters but has not addressed technical managerial matters, c) The management system has not been socialized to the public . Hodgetts and Casio (1983) also stated that the need for health services has three unique characteristics, namely *uncertainty*, *asymmetry of information*, and *externality*.

### 3. METHODS

This research uses a qualitative approach and descriptive type to answer phenomena that occur in the field (Moleong, 2006: 04). This e -method aims to understand and analyze service management at Sultan Iskandar Muda Hospital through measuring the service quality dimensions of the Servqual model with the dimensions of *Tangible*, *Reliability*, *Responsiveness*, *Assurance*, and *Empathy*. Data collection in this research was carried out by means of interviews (*interviews*), observations (field observations), and documentation by testing the validity of data in qualitative research including tests, *credibility*, *transferability*, *dependability*, and *confirmability*.

The data analysis technique used is descriptive qualitative technical analysis through in-depth interpretation and meaning. This qualitative descriptive analysis is very closely related to the qualitative descriptive research approach, as researchers who intend to understand

phenomena about the main problems in the research through the data analysis process carried out using interactive modeling techniques by Miles, Huberman, and Saldana (2014), there are four strands, namely, data collection, data condensation, data presentation, and verification/conclusion.

#### 4. RESULTS AND DISCUSSION

##### a. Quality of Health Services at Sultan Iskandar Muda Hospital, Nagan Raya Regency

###### 1) *Tangible Dimensions*

*Tangible* is one of the dimensions in the concept of administrative services which refers to the physical or real aspects of the services provided. The tangible dimension includes all things that can be physically felt by service users, such as physical facilities, equipment, materials used, and the physical appearance of service employees. Based on research findings, health services at Sultan Iskandar Regional Hospital, seen in the *tangibles dimension*, are deemed to be not optimal due to the inadequate quantity of medical personnel resources available, the facilities and infrastructure not yet supporting nurses and medical and non-medical personnel to innovate in their work, especially providing website-based information. which supports the health service process which can facilitate management steps for patients and is adaptive to be present on time to provide efficient services.

As a health provider, health human resources require numbers, sufficient type and quality, and must be distributed fairly and evenly in accordance with need development health. The findings of this research also show that the availability of medical personnel at Sultan Iskandar Hospital is still quite low, this causes sometimes some patients cannot be served quickly, even though the appearance of hospital staff has become

standard procedure at Sultan Iskandar Hospital. Young for every officer in serving patients and patient caretakers must prioritize a cheerful facial attitude and give a smile, and hospital officers have implemented this attitude in every service they provide to anyone they serve, but this is not enough to fulfill quality services if not can be proven by the availability of adequate medical infrastructure, as well as the attractive appearance of the hospital staff tasked with providing services to the community. This is also stated by Wang & Wang in Felix (2017: 5) that new equipment, attractive facilities, professional appearance, and material related to service.

Some of the problems that arise in the context of *tangible* services at Iskandar Muda Hospital include: Lack of health facilities and equipment: lack of physical facilities such as patient treatment rooms, treatment rooms, administrative equipment, or other health equipment can slow down the administration and treatment process, of course this can result in delays in providing health services, Parasuraman, et.al (1984) *Tangible* or physical evidence, namely the ability of a company to demonstrate its existence to external parties. Therefore, it is appropriate for the Iskandar Muda Regional Hospital to be able to demonstrate all its human resources and all hospital infrastructure in place. adequate so that every health service process provided to patients can be as expected by the patients, this is also emphasized by Tjiptono and Chandra (2011:233) tangible or physical evidence in a service, namely: (1) Up to date equipment and technology, (2) Condition of facilities, (3) Condition of company human resources, (4) Alignment of physical facilities with the type of service provided to service users.

###### 2) *Dimensions Responsiveness*

Responsiveness in a service is how the Sultan Iskandar Muda Regional Hospital

officers quickly respond to patient needs both in administration and treatment and is also related to the efficiency of the service process that will be provided to the community. Responsiveness is also a responsibility towards clarity of authority and responsibility within implementation and completion of health services by following up as soon as possible possibly due to patient complaints. Based on research findings, services at Sultan Iskandar Muda Hospital are seen from the aspect of responsiveness. Hospital staff have not been able to provide fast, accurate, and with time which is appropriate. Besides that, hospital staff at Sultan Iskandar Muda Regional Hospital too slow service handling in handling patient complaints. This problem can be seen from patients who have to wait quite a long time for a room, still there is a patient/patients which not yet obeyed regarding the rules and complaints of patients who received long service from officers, responsiveness has experienced improvisation in providing services and in terms of receiving citizen complaints. Parasuraman in Sedarmayanti (2009) *responsiveness* is the willingness and readiness of employees to provide services, punctuality and providing services quickly. Based on a number of problems on the draft service which given was not in accordance with the patient's expectations, even though the hospital management had made an effort to respond to patient complaints by providing a suggestion/complaint box as a form of response from the hospital to patients and to patient guardians for the services received during treatment at the hospital.

Services at Sultan Iskandar Muda Regional Hospital carried out by hospital staff have not been able to provide services that are fast, precise and at the right time. Apart from that, hospital staff at Sultan Iskandar Muda Regional Hospital also have slow service handling in handling patient complaints. This problem

can be seen from patients who have to wait quite a long time to get a room, there are still patients who do not comply with the rules and complaints from patients who receive long service from staff. Parasuraman in Yarimoglu (2014: 83) *responsiveness* is the willingness and readiness of employees to provide services, punctuality and providing services quickly. Likewise, according to Albarq (2013: 702) that *responsiveness* is the willingness to serve customers quickly. Therefore, the role and responsibility of the Sultan Iskandar Muda Regional Hospital is also very important for the hospital management to ensure that all hospital medical staff have high responsiveness when providing services to patients.

### 3) Dimensions *Reliability*

*Reliability* is very important in health services because patients want reliable and consistent services. By ensuring reliability and consistency in service delivery, you can build trust, meet patient expectations, and increase service user satisfaction. The accuracy of medical personnel's promises in providing services within each health service completion deadline is a very important factor in building patient trust and satisfaction, however, from various statements from research informants, it is stated that the process of completing health services in managing health services takes a long time so that it can have an impact on patient safety. If the service process is not timely. The accuracy of promises made by medical and non-medical personnel in providing services within each health service completion deadline is the key to building trust, meeting patient expectations, and increasing service user satisfaction.

Based on the research findings of health services at Sultan Iskandar Muda Regional Hospital in Nagan Raya Regency, the *reliability dimension* is considered to be less than optimal, this is

shown by the ability of medical and non-medical personnel such as managerial abilities and technical abilities which are still low, so the performance of medical and non-medical personnel so far not yet adaptive and innovative enough to develop service systems from conventional to digital-based services. Apart from that, the ability to make decisions that medical and non-medical personnel often cannot do in solving problems or overcoming obstacles faced by patients undergoing treatment. The importance of the ability of RSUD Iskandar Muda hospital staff to be compatible with their duties and functions in health services, which can help reduce waiting times and increase work efficiency. The ability of medical and non-medical personnel at Iskandar Muda Hospital is also very important to innovate the queue system or queue numbers used to regulate and optimize the speed of service.

Accuracy in health services refers to the accuracy and correctness of the information provided to users, so that the data and information provided is in accordance with the actual situation. Albarq (2013: 702) reliability is the ability to carry out promised services with an accurate and reliable attitude. Wang & Wang in Felix (2017: 5) state that reliability is reflected in providing services as promised in a timely manner and being able to handle problems well. Delays in the service process are one of the problems at Iskandar Muda Hospital, this is caused by the lack of human resources for service, namely non-health personnel. Where this is related to the performance of an organization is determined by one of the main elements, namely human resources (Agustina, 2021). The aim of developing human resources in the health sector is to increase the quality of health services in order to create patient satisfaction when seeking treatment

#### **4) Assurance Dimension**

The quality of service at Iskandar Muda Hospital in the *assurance dimension* is considered less than optimal. In health services, it is very important to ensure patient trust and confidence in the quality of services provided. By paying attention to and increasing the *assurance dimension* in health services, it is hoped that patients will feel confident and satisfied with the quality of services provided, this will have a positive impact on trust in providing health services. Research findings also show that Iskandar Muda Regional Hospital has provided health insurance for patients with professional doctors who treat patients, but in the existing implementation there are differences in services between BPJS and NON BPJS patients so that patients who use BPJS feel less satisfied with the health services provided.

It is important for Iskandar Muda Hospital to provide good health services to overcome these doubts by making proactive efforts and improving health service management. This includes providing training and development for medical and non-medical personnel to improve competence, prioritizing the principles of professionalism and ethics in carrying out their duties, as well as maintaining the accuracy and correctness of the information provided to patients. Involving patients in the process of monitoring and evaluating services can also help overcome doubts that arise from the public as service users.

The ability of service providers to instill a sense of trust and confidence in potential users of a service. In the context of services, *assurance* refers to the ability to provide confidence to patients that the services provided will be carried out with a high level of professionalism, integrity and quality. In other words, *assurance* focuses on how service providers can build patient trust and confidence in the services they provide, Wang & Wang in Felix (2017: 5) suggest that *Assurance* means that

service recipients feel safe in transactions, the courtesy of medical and non-medical staff is consistency and ability of medical and non-medical staff in answering every question from service recipients.

Unclear Procedures and Policies; Service procedures and policies are unclear or change, so patients feel unsure about how the service process should be carried out. Unavailability of Transparent Information; Service providers have not optimally provided sufficient information about processes, policies or staff qualifications, so patients feel unsure about the competence and integrity of services in Lupiyoadi (2017:212). Inconsistent service quality; The quality of services provided varies over time or between different medical and non-medical personnel, so patients feel uncertain about the consistency and standards applied.

#### **5) Empathy**

The context of attention carried out by service providers to service recipients. From the results of research that has been carried out, service providers are not yet optimally empathetic in providing services to. Based on research findings, services at Sultan Iskandar Hospital from the *empathy dimension* of medical and non-medical personnel and health workers were shown to be less than optimal, so there is an urgent need to improve the ability of medical and non-medical personnel to provide services that are empathetic and responsive to patient needs.

Corrective and improvement steps have been taken by the hospital, and a commitment to improving the quality of service has been confirmed. Thus, concerted efforts need to be made to achieve higher standards of service and ensure full satisfaction on the part of patients and patients. The assessment of medical and non-medical personnel in building relationships with patients during the process of obtaining services can vary depending on the experience of each

patient. Positive experiences with medical and non-medical personnel who are responsive, communicative, empathetic and have a good attitude tend to get good evaluations. However, negative experiences with medical and non-medical personnel who are less responsive, less communicative, or less empathetic can lead to poor judgment. It is important to remember that assessments of medical and non-medical personnel and the relationships they build are subjective and can vary between patients and it is known that each patient has different preferences and expectations in the services they receive.

Increasing the dimension of *empathy* in health services, it is important for medical and non-medical personnel to develop good communication skills, increase awareness of patient needs and feelings. Overcoming the problem of lack of empathy in services Sedarmayanti (2009) *empathy* includes ease in establishing relationships, good communication, personal attention, and understanding the individual needs of customers. *Empathy* can be described as caring and paying attention to individual consumers, which is a statement given by Donkoh et al. (2012: 217). It is very important for service buyers to show empathy, which is the ability to provide individual attention and care to the problems faced by customers and help in finding solutions. Overall, the research findings from the five dimensions of service in Tallo District show that quality services have not been created and the service system is still more of a conventional model, which with this model will create a service system that is not easy and provides opportunities for employees that are not accountable and transparent.

#### **b. Determinant Factors in Health Service Management at Iskandar Muda Hospital**

The quality of health services does not only depend on physical facilities, but is also influenced by various complex determinants. Sultan Iskandar Muda Regional General Hospital (RSUD) in Nagan Raya Regency is an important entity in efforts to provide health services for local patients. In this context, understanding the dominant determinant factors in health services at Sultan Iskandar Muda Regional Hospital is crucial for increasing the effectiveness and quality of the services provided. Based on the results of the author's interviews and observations, the determinant factors in health services at Sultan Iskandar Muda Hospital include budget factors and collaboration factors. Based on the research findings, it can be seen that the budget factor is a determining factor in health services at Iskandar Muda Hospital, because health services without sufficient budgets will affect the quality of services with limited budgets for existing infrastructure, health equipment and equipment which are also inadequate, according to (Husnawan, 2019) a hospital budget is an activity plan prepared by management from a number of targets to be achieved in implementing health services, and prepared in an integrated manner over a certain period or time period. Apart from that, the very important budget factor was also stated by Kholifah et al (2020). By managing budget management and improving the performance of health human resources, it can be ensured that the operational activities that will be carried out by the hospital can run well.

The collaboration factor in health services at Iskandar Muda Hospital can be the key to success in providing holistic and effective care for patients. Collaboration is a working relationship between health workers in providing services to patients or clients in discussing diagnoses, collaborating in health care, mutual consultation or communication and each is responsible for their work. Whatever the

form and place, collaboration includes an exchange of views or ideas that provides perspectives to all stakeholders. Collaboration carried out by RSUD Sultan Iskandar to improve the quality of service is by involving patient health organizations in providing education to patients as well as collaborating in exchanging resources at RSUD Iskandar Muda to improve the skills possessed by doctors and health workers by collaborating with hospitals outside and domestic. Apart from that, collaboration between health teams is also very important to improve professional work. Collaboration between nurses and doctors is also seen as an important factor in providing quality nursing care (Nelson, King & Brodine, 2008) which should be demonstrated by all hospital medical personnel to each other. providing information and collaborating in every service process provided to each patient, as well as through effective collaboration with external parties and other health institutions, RSUD Iskandar Muda can expand its positive impact on patient health and improve the quality of health services provided by the hospital.

### **c. Application of the TQM Model as an Effective Model for Realizing Quality Health Services**

Efforts to overcome problems with services at Sultan Iskandar Regional Hospital by using one of the Total Quality Management models where the implementation of the TQM model implemented by Sultan Iskandar Muda Regional Hospital is considered not to be running well, this is indicated by the three dimensions of the TQM model (leader, SOP and cooperation) to create quality services where the leadership dimension of the hospital management does not work to create a plan that suits the hospital's needs, there is a lack of ability to organize all human resources to move managers and medical personnel to be able to innovate in develop good cooperation with

patients and with parties outside the hospital that can support a quality service management system [43,44].

The application of TQM to services at Sultan Iskandar Hospital seeks to create an environment that involves all elements of the hospital, from medical to non-medical staff, in achieving common goals. In line with this, receiving feedback from patients through the suggestion box and call center is a real form of openness and commitment to RSUD Sultan Iskandar for continuous improvement. The implementation of total quality management (TQM) at RSUD Sultan Iskandar Hospital to make health services a reality needs to be implemented a management system oriented towards patient satisfaction which is prepared and planned by implementing an integrated quality management approach or *total quality management strategy*. This is reinforced by one of the main principles in *total quality management*, Hensler and Brunell (in Tjiptono and Diana, 2003) namely that the concept of service user satisfaction regarding quality and customers has been expanded. Where quality does not only mean conformity to certain specifications, but this quality is determined by the service user. Implementation of TQM was identified as an important step to instill a sense of ownership and responsibility among staff (Tjiptono & Diana (2004)). This shows that the application of TQM is not only a concept, but as an organizational culture that involves every individual in achieving optimal service quality. Thus, the application of TQM at Sultan Iskandar Hospital is not only a strategy, but rather a fundamental change in the health service paradigm.

## 5. CONCLUSION

Based on the research findings, it can be concluded that a) The quality of health services at Sultan Iskandar Muda General

Hospital, Nagan Raya Regency with the dimensions of service quality, *Tangible, Reliability, Responsibility, Empathy and Assurance* has not been running optimally because there are still several obstacles found in each service dimension. Of the five dimensions of service quality, the most dominant one that is not implemented well is *the Tangible and Responsibility dimensions*. b) The dominant factors in health services at Iskandar Muda Hospital are budget and collaboration factors. c) The implementation of Sultan Iskandar Hospital services using the TQM model is not implemented optimally.

The results of this research also have several recommendations for the RSUD Sultan Iskandar Muda hospital to evaluate budget needs that can be allocated for the need to increase medical personnel resources and equipment resources and information resources by maximizing website-based information services to increase the convenience of health services for public. It is also very important to improve *the total quality of service quality management* by improving leadership patterns for hospital managers by establishing standard work processes and service methods that are oriented to patient needs as well as increasing partnerships with stakeholders in strengthening the competence of medical personnel through providing training according to the health sector.

Disclaimer (Artificial intelligence)

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

Option 2:

Author(s) hereby declare that generative AI technologies such as Large Language Models, etc. have

- been used during the writing or editing of manuscripts. This explanation will include the name, version, model, and source of the generative AI technology and as well as all input prompts provided to the generative AI technology. Details of the AI usage are given below:
- 1.
  - 2.
  - 3.

## REFERENCES

1. Armstrong, Gary & Philip, Kotler. (2002). *Marketing Management Basics*. Volume 1, Translated by Alexander Sindoro and Benyamin Molan. Jakarta: Prenhalindo Publishers.
2. Aminah, S., Agustang, A., Idkhan, AM, & Rifdan, R. (2021). Quality of Public Services at the Pangkajene and Islands Regency Land Offices. *JISIP (Journal of Social Sciences and Education)*, 5 (4), 1482–1486. <https://doi.org/10.36312/jisip.v5i4.2581>
3. Andayani, S. (2023). Public Service Management in the Administrative Sector. In *Tanggung Denara Jaya . Resilient Denara Jaya*.
4. Aslinda, and Muh. Akmal Ibrahim. 2014. Framework Model in Implementation of Spatial Policy in Makassar City (Framework Model in Implementation of Spatial Policy Change of Makassar City), *Asian Social Science*; Vol. 10, No. 18, 37-42.
5. Barnett, Camille Cates, et.al. (1997). *Democratic Decentralization. This paper was prepared for the United States Agency for International Development under the IQC for Democracy and Governance*. Research Triangle Institute, December.
6. Creswell, J. W., & Poth, C. N. (2016). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (4th ed.). SAGE Publications.
7. Denhardt, Janet V. and Denhardt, Robert B. (2003). *The New Public Service: Serving, not Steering*. M. E. Sharpe, Inc. New York.
8. Doramia Lumbanraja, A. (2020). The Urgency of Transforming Public Services through E-Government in the New Normal and Bureaucratic Regulatory Reform. *Administrative Law and Governance Journal*, 3 (2), 220–231. <https://doi.org/10.14710/alj.v3i2.220-231>
9. Dwiyanto, A. (2015). *Public Service Management: Inclusive Care and Collaboration* (4th ed.). Gadjah Mada University Press.
10. Edward Sallis, (2006). *Total Quality Management in Education*. Jogjakarta: IRCiSoD.
11. Fadhil, S. (2019). Public Service Reform in Facing the Industrial Revolution 4.0. *Journal of Administrative Transformation*, Vol 9 No 1 (2019), iii–iv. <http://jta.lan.go.id/index.php/jta/article/view/106/54>
12. Handoko, T. Hani. (2003). *Personnel and Human Resources Management*. Yogyakarta: BPFE.
13. Hardiyansyah, H. (2018). *Public Service Quality: Concepts, Dimensions, Indicators, and Implementation*. Gava Media. <http://eprints.binadarma.ac.id/3820/>
14. Hastuti, P. (2018). Fiscal decentralization and political stability in the framework of implementing regional autonomy in Indonesia. *National Symposium on State Finance*, 1 (1), 784–799.
15. Hastono. (2008). *Service Public in Bookie Air Poloni a. USU e-Repository*
16. Ismiyati, T. (2023). Analysis of Public Satisfaction with Public Services. *Ideguru: Journal of Teachers' Scientific Work*, 8 (3), 460–469.

- <https://doi.org/10.51169/ideguru.v8i3.512>
17. Juran, J. M. (1992). *Juran On Quality By Design The New Steps For Planning Quality Into Goods and Service*. New York: Free Press.
  18. Keban, T. Yeremias. (2004). *Six Strategic Dimensions of Public Administration: Concept, Theories, and Issues*. Yogyakarta: Gava Media.
  19. Kurniawan, RC (2016). Challenges to the Quality of Public Services in Regional Government. *Administratio: Scientific Journal of Public Administration and Development*, 7 (1), 15–25.
  20. Laksono, AD (2016). *Health Care Accessibility (Accessability Service Health)*. In: S. Supriyanto, D. Chalidyanto, & RDWulandari (Eds.), *Accessability Service Health in Indonesia* (pp. 5-20). Jogjakarta Kanisius.
  21. Maani, K. D. (2005). Efforts to Improve the Quality of Public Services in the Era of Regional Autonomy. *Democracy*, IV (2), 25–34.
  22. Mansyur, S. (2013). Effectiveness of Public Services in the Perspective of Public Administration Concepts. *Untad Faculty of Social and Political Sciences Academic Journal*, 5 (1).
  23. Manullang, M (2002). *Fundamentals of management*. Yogyakarta: Gadjah Mada University Press.
  24. Miles, MB, Huberman, AM, and Saldana, J. (2014). *Qualitative Data Analysis, A Methods Sourcebooks, Edition 3*. USA: Sage Publications. Translation Tjetjep Rohidi Rohidi, UI-Press.
  25. Moleong, Lexy J. (2007). *Methodology Study Qualitative*. Bandung: Teenager Rosdakarya Offset.
  26. Nugroho, W. (2008). *Geriatric and Geriatric Nursing*. Jakarta: EGCA Nun Aceh No 4 year 2010, about Health.
  27. Osborne, David & Peter Plastrik. (1997). *Banishing Bureaucracy: The Five Strategies for Reinventing Government*. Translation: Cutting Down on Bureaucracy: Five Strategies or Entrepreneurial Governance. Translation of Abdul Rosyid and Ramelan. Jakarta: PPM.
  28. Philip, D. D., & Daganda, A. T. (2013a). New public management (NPM) and public sector administration in Nigeria. *International Affairs and Global Strategy*, 14 (1), 9–15. <https://core.ac.uk/download/pdf/234670513.pdf>
  29. Ratminto., & Atik Septi Winarsih. (2006). *Management Service Reference sStudent*, Yogyakarta.
  30. Riani, N.K. (2023). *Determining the Right Method to Measure the Quality of Public Service Performance BPSDM, Bali Province* (pp. 785–791). [https://doi.org/10.2991/978-2-38476-022-0\\_86](https://doi.org/10.2991/978-2-38476-022-0_86)
  31. Rinaldi, R. (2012). Analysis of the quality of public services. *Journal of Public Administration (Public Administration Journal)*, 2 (1), 22–34.
  32. Sinambela, Lijan Poltak. (2010). *Public Service Reform*. Jakarta: Bumi Literacy
  33. Sinambela, Lijan Poltak. (2006). *Public Service Reform: Theory, Policy, and Implementation*. Jakarta: PT. Literary Earth.
  34. Please, Marto. (2015). *Policy Public*. Surakarta: Yuma Pressindo
  35. Sudrajat, D., Badriatin, T., Setiawan, R., & Sudiarti, S. (2021). Implementation of Population Administration Policy on the Quality of Death Certificate Issuance Services. *Indonesian Journal of Social Science Research*, 2 (1), 33–38. <https://doi.org/10.11594/ijssr.02.01.05>
  36. Sugiyono. (2006). *Quantitative, Qualitative and R & D Research Methods*. Bandung: Alfabeta.
  37. Supranto, J. (1997). *Measurement Satisfaction Level Customer For Raise Share*. Rineka Cipta, Jakarta.
  38. Syafie, Inu Kencana. (1999). *Theory and Analysis of Political Government*:

- From the Old Order, to the New Order.*  
Jakarta: PT. Pertja.
39. Tangkilisan, Hessel Nogi S. (2005). *Public Management.* Jakarta: Gramedia Widia Sarana Indonesia.
  40. Woodrow, W. (1887). The study of administration. *Political Science Quarterly*, 2 (2), 197–222.
  41. Wulandari, W., & Munawaroh, S. (2020). The Implementation of Smart City in Creating Innovations of Public Services By Regional Governments (Case Study of Bandung City and Makassar City). *Caraka Prabhu Journal*, 4 (1), 47–68. <https://doi.org/10.36859/jcp.v4i1.207>
  42. Yani, E. (2017). Analysis of the Relationship between Technology, Institutions and Agencies in the Transformation of Public Services in Jakarta. *INFORMATION*, 47 (1), 51. <https://doi.org/10.21831/information.v47i1.14690>
  43. Grossu-Leibovica D, Kalkis H. Total quality management tools and techniques for improving service quality and client satisfaction in the healthcare environment: A qualitative systematic review. *Management Science Letters*. 2023;13(2):118-23.
  44. Gonzalez CJ, González M, Ríos NM. Improving the quality of service in an emergency room using simulation-animation and total quality management. *Computers & Industrial Engineering*. 1997 Oct 1;33(1-2):97-100.