THE MODEL OF PATIENT SATISFACTION: SERVICE QUALITY, COMMITMENT, AND DOCTOR'S OCB IN MILITARY HOSPITAL

Sri Widodo¹, Sri Yanthy Yosepha², Muhammad Dwi Satriyanto³, Esti Liana⁴, Agus Supinganto⁵, Syaputra Artama⁶, Peppy Fachrial⁷, Sonya Sidjabat⁸

¹wiedsa82@gmail.com, ²yosephahariyanto09@gmail.com, ³dwi.satriyanto@gmail.com, ⁴estimrshartono@gmail.com, ⁵agusping@gmail.com, ⁶syaputraartama@gmail.com, ⁷peppyfg@gmail.com, ⁸sidjabatsonya@gmail.com

1,2) Universitas Suryadarma, Jakarta
3) Universitas Abdurrab, Pekanbaru, Riau
4,7,8) Institute Transport and Logistic Trisakti, Jakarta
5) Stikes Yarsi, Mataram
6) Poltekkes Kemenkes, Kupang

Abstract. This study aims to determine the direct effect of service quality, commitment, and organizational citizenship behavior on patient satisfaction at the military hospital. This research uses quantitative methods and survey methods. Through Slovin, according to the stratified random sampling formula, a total population of 200 patients and a sample of 125 patients were obtained. Use a Likert scale questionnaire of 1 to 5 for data collection. Analysis equipment for path analysis using Excel and SPSS 25. The results showed: 1) Service quality has a positive and significant direct effect on patient satisfaction of 26.7%; 2) Doctor’s commitment has no direct effect on patient satisfaction; 3) Doctor’s organizational citizenship behavior has a positive and significant direct effect on patient satisfaction of 43.3%; 4) Service quality has a positive and significant direct effect on doctor’s organizational citizenship behavior of 54.7%; 5) Doctor’s commitment has a positive and significant direct effect on doctor’s organizational citizenship behavior of 41.2%; and 6) Service quality has a positive and significant direct effect on doctor’s commitment of 92.1%.

Keywords: service quality, commitment, organizational citizenship behavior, satisfaction.

INTRODUCTION
The increasing number and social status of Jakarta residents require hospitals to improve the quality of health services. Service quality focuses on efforts to meet the needs and desires of consumers based on the accuracy of delivery to balance consumer expectations (Tjiptono, 2014). Every patient wants good and fair health services. However, the fact is that health services in Jakarta often differentiate the social status of patients. The results of (Efyou, 2011) study found that excellent service quality is only given to rich patients, and not to poor patients. As a result, the patient feels dissatisfied. Patient satisfaction is the level of a person's feelings after comparing the performance or results he feels compared to his expectations (Kotler, 2011). Research by (Romaji and Nasihah, 2018), and (Antia, 2016)
found that service quality has a significant effect on patient satisfaction of social security administrator participants. The government issues a policy on national health insurance which is administered by the social security administration. The military hospital in Jakarta as one of the social security administrators contributes to receiving social security administrator participant patients. The problem faced by the hospital is that it has not been able to provide the health services that patients expect. In the hospital industry, doctors are the core employees in health care for patients. Doctors play an important role in the success of the hospital in providing quality service. If doctors can improve the quality of health services and patients feel satisfied, the hospital will achieve success. The success of the hospital in achieving goals is determined by the behavior of doctors in carrying out tasks outside of their job descriptions (extra-role behavior) or organizational citizenship behavior. (Schermherhorn, John R. Jr., James G. Hunt, Rickyard N. Osborn, 2010) suggest “organization citizenship behavior as” go beyond the call of duty "or" the extras people do to go the extra mile in one's work". (Lestari, Endah Rahayu, and Nur Kholifatul Fithriyah Ghaby, 2018) the research found that organizational citizenship behavior has a positive and significant effect on job satisfaction. Good service quality is shown by the doctor's commitment, namely the feeling of involvement in duties and loyalty to the organization (Gibson, James L., John M. Ivancevich, James H. Donelly. Jr. and Robert Konopaske,2012). For military doctors who are bound by an oath, a committed soldier is willing to work outside the job description. (Yadav, Mohit, and S. Rangnekar, 2015) found service quality has a positive and significant effect on organizational citizenship behavior (OCB). As a unique employee behavior, OCB doctors with high commitment play an important role in shaping the hospital service quality in increasing patient satisfaction.

METHOD
This study uses a quantitative methods and survey methods. Through stratified random sampling, 180 patients and 125 samples were collected, which were obtained according to Slovin formula. Use the Likert scale (1 to 5) to collect data to reveal their attitudes towards work. The attitude scale contains positive statements that have been tested for validity and reliability. Use Excel and SSPS 25 to analyze the data using path analysis.

RESULTS AND DISCUSSION

Table 1 Summary of the Results of Significance Test and Regression Linearity Test.

<table>
<thead>
<tr>
<th>Regression</th>
<th>Regression Equations</th>
<th>Significance</th>
<th>Linearity Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>F_{table} 0.05</td>
</tr>
<tr>
<td>Y over X1</td>
<td>Y = 6.775 + 0.658X1</td>
<td>319,056 **</td>
<td>3.92</td>
</tr>
<tr>
<td>Y over X2</td>
<td>Y = 10.659 + 0.752X2</td>
<td>293,632 **</td>
<td>3.92</td>
</tr>
<tr>
<td>Y over X3</td>
<td>Y = 6.172 + 0.804X3</td>
<td>351,693 **</td>
<td>3.92</td>
</tr>
<tr>
<td>X3 over X1</td>
<td>X3 = 6.629 + 0.768X1</td>
<td>741,698 **</td>
<td>3.92</td>
</tr>
<tr>
<td>X3 over X2</td>
<td>X3 = 11.133 + 0.877X2</td>
<td>636,686 **</td>
<td>3.92</td>
</tr>
<tr>
<td>X2 over X1</td>
<td>X2 = 4.009 + 0.797X1</td>
<td>687,321 **</td>
<td>3.92</td>
</tr>
</tbody>
</table>
**Significance and Linearity Test of Satisfaction Regression (Y) on Service Quality (X1)**

From the regression equation \( \hat{Y} = 6.775 + 0.658 X1 \), because the F score (319.056) > F table score (3.92), it is concluded that the satisfaction regression equation (Y) on service quality (X1) is significant. Linearity test obtained of F score (1.105) < F table score (1.52) at error level \( \alpha (0.05) \), it is concluded that the regression equation for satisfaction (Y) on service quality (X1) is linear.

**Significance and Linearity Test of Satisfaction Regression (Y) on Commitment (X2)**

From the regression equation \( \hat{Y} = 10.659 + 0.752X2 \), because the F score (293.632) > F table score (3.92), it is concluded that the satisfaction regression equation (Y) on commitment (X2) is significant. Linearity test obtained of F score (2.525) > F table score (1.52) at error level \( \alpha (0.05) \), it is concluded that the regression equation on satisfaction (Y) on commitment (X2) is not-linear.

**Significance and Linearity Test of Satisfaction Regression (Y) on OCB (X3)**

From the regression equation \( \hat{Y} = 6.172 + 0.804X3 \), because the F score (351.693) > the F table score (3.92), it is concluded that the satisfaction regression equation (Y) on OCB (X3) is significant. The linearity test obtained of F score (1.056) < F table score (1.52) at an error level of \( \alpha (0.05) \), it is concluded that the regression equation for satisfaction (Y) on OCB (X3) is linear.

**Significance and Linearity Test of OCB Regression (X3) on Service Quality (X1)**

From the regression equation \( \hat{Y} = 6.629 + 0.768X1 \), because the F score (741.698) > F table score (3.92), it is concluded that the OCB regression equation (X3) for service quality (X1) is significant. The linearity test obtained of F score (1.034) < F table score (1.52) at an error level of \( \alpha (0.05) \), it is concluded that the OCB regression equation (X3) on service quality (X1) is linear.

**Significance and Linearity Test of OCB Regression (X3) on Commitment (X2)**

From the regression equation \( \hat{Y} = 11.133 + 0.877X2 \), because F (636.686) > F table (3.92), it is concluded that the OCB regression equation (X3) on commitment (X2) is significant. The linearity test obtained of F score (1.575) > F table score (1.52) at an error level of \( \alpha (0.05) \), it is concluded that the OCB regression equation (X3) on commitment (X2) is not-linear.

**Significance and Linearity Test of Commitment Regression (X2) on Service Quality (X1)**

From the regression equation \( \hat{Y} = 4.009 + 0.797X1 \), because the F score is 687.321 > F table score (3.92), it is concluded that the commitment regression equation (X2) for service quality (X1) is significant. The linearity test obtained of F score (1.556) > F table score (1.52) at an
error level of $\alpha$ (0.05), it is concluded that the commitment variable regression equation (X2) for the service quality variable (X1) is not-linear.

**Hypothesis Test**

Table 2 Results Path Analysis Substructural First Model

<table>
<thead>
<tr>
<th>Coefficients$^a$</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 (Constant)</td>
<td>3,384</td>
<td>4,098</td>
<td>0,826</td>
<td>0,411</td>
</tr>
<tr>
<td>Service Quality (X1)</td>
<td>0,207</td>
<td>0,103</td>
<td>0,267</td>
<td>1,999</td>
</tr>
<tr>
<td>Commitment (X2)</td>
<td>0,177</td>
<td>0,112</td>
<td>0,198</td>
<td>1,583</td>
</tr>
<tr>
<td>OCB (X3)</td>
<td>0,404</td>
<td>0,121</td>
<td>0,433</td>
<td>3,352</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Satisfaction (Y)

Based on the results of data analysis, the path coefficient ($p_{y1}$) = 0.267, t score (1.999) > ttable score (1.98) at $\alpha$ (0.05), it means that H0 is rejected and H1 is accepted. That is, the path coefficient of $p_{y1}$ is significant, with a contribution of 26.7%. It is interpreted that service quality (X1) has a positive direct effect on satisfaction (Y).

Based on the results of data analysis, the path coefficient ($p_{y2}$) = 0.198, t score (1.583), < ttable score (1.98) at $\alpha$ (0.05), it means that H0 is accepted and H1 is rejected. That is, the $p_{y2}$ path coefficient is not significant, with the contribution of 0.198. It is interpreted that commitment (X2) does not have a positive direct effect on satisfaction (Y).

Based on the results of data analysis, the path coefficient ($p_{y3}$) = 0.433, t score (3.352), > ttable score (1.98) at $\alpha = 0.05$. it means that H0 is rejected and H1 is accepted. That is, the $p_{y3}$ path coefficient is significant with a contribution of 0.433. It is interpreted that OCB (X3) had a positive direct effect on satisfaction (Y).

Table 3 Results Path Analysis Substructural Second Model

<table>
<thead>
<tr>
<th>Coefficients$^a$</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>Model</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 (Constant)</td>
<td>5,047</td>
<td>3,041</td>
<td>1,660</td>
<td>0,100</td>
</tr>
<tr>
<td>Service Quality (X1)</td>
<td>0,454</td>
<td>0,066</td>
<td>0,547</td>
<td>6,895</td>
</tr>
<tr>
<td>Commitment (X2)</td>
<td>0,395</td>
<td>0,076</td>
<td>0,412</td>
<td>5,192</td>
</tr>
</tbody>
</table>

a. Dependent Variable: OCB (X3)

Based on the analysis data obtained, the path coefficient ($p_{31}$) = 0.547, with t score (6.895) > ttable score (1.98) at $\alpha = 0.05$. it means that H0 is rejected and H1 accepted. That is, the
path coefficient $p_{31}$ is significant with a contribution of 0.547. These findings interpreted that service quality (X1) had a positive direct effect on OCB (X3).

Based on the results of data analysis, the path coefficient ($p_{32}$) = 0.412, with $t$ score (5.192), $> t_{table}$ score (1.98) at $\alpha = 0.05$. It means that $H_0$ is rejected and $H_1$ accepted. That is, the path coefficient $p_{32}$ is significant with a contribution of 0.412. These findings interpreted that commitment (X2) had a positive direct effect on OCB (X3).

### Table 4: Results Path Analysis of Substructural Third Model

<table>
<thead>
<tr>
<th>Model</th>
<th>Coefficients</th>
<th>Unstandardized</th>
<th>Standardized</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 (Constant)</td>
<td>4,009</td>
<td>3,589</td>
<td>1,117</td>
<td>.266</td>
<td></td>
</tr>
<tr>
<td>Service Quality (X1)</td>
<td>.797</td>
<td>.030</td>
<td>.921</td>
<td>26,217</td>
<td>.000</td>
</tr>
</tbody>
</table>

Based on the analysis of data obtained, path coefficient ($p_{21}$) = 0.921, with $t$ score (26.217) $> t_{table}$ score (1.98) at $\alpha = 0.05$. It means that $H_0$ is rejected and $H_1$ accepted. That is, the path coefficient $p_{21}$ is significant with a contribution of 0.921. This finding interpreted that the service quality of the assignment (X1) has a positive direct effect on commitment (X2).

### Table 5: Path Coefficient Testing Summary

| No. | Lane | Coefficient Lane | df  | t     | $t_{table}$
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$\alpha = 0.05$</td>
</tr>
<tr>
<td>1.</td>
<td>$p_{y1}$</td>
<td>0.267</td>
<td>121</td>
<td>1,999 *</td>
<td>1.98</td>
</tr>
<tr>
<td>2.</td>
<td>$p_{y2}$</td>
<td>0.198</td>
<td>121</td>
<td>1,583 ns</td>
<td>1.98</td>
</tr>
<tr>
<td>3.</td>
<td>$p_{y3}$</td>
<td>0.433</td>
<td>121</td>
<td>3,352 **</td>
<td>1.98</td>
</tr>
<tr>
<td>4.</td>
<td>$p_{31}$</td>
<td>0.547</td>
<td>122</td>
<td>6,895 **</td>
<td>1.98</td>
</tr>
<tr>
<td>5.</td>
<td>$p_{32}$</td>
<td>0.412</td>
<td>122</td>
<td>5,192 **</td>
<td>1.98</td>
</tr>
<tr>
<td>6.</td>
<td>$p_{21}$</td>
<td>0.921</td>
<td>123</td>
<td>26,217 **</td>
<td>1.98</td>
</tr>
</tbody>
</table>

Note:

* = significant ($t > t_{table}$ at $\alpha = 0.05$)

** = very significant ($t > t_{table}$ at $\alpha = 0.01$)

ns = non significant ($t < t_{table}$)
The results showed that: (1) Service Quality has a direct, positive, and important impact on patient satisfaction; (2) Commitment will not have a positive and significant direct impact on patient satisfaction; (3) OCB has a direct positive impact on patient satisfaction; (4) Service Quality has a direct positive and very significant impact on doctors’ OCB; (5) Commitment to have a direct positive and significant impact on doctors’ OCB; (6) Service Quality has a direct impact on patient commitment.

**Discussion**

**Effect of Service Quality on Satisfaction**

The first hypothesis analysis proves that service quality (X1) has a positive and significant direct effect on satisfaction (Y) of 26.7%. Service quality-forming construct of that the most dominant influences on patient satisfaction are the quality of health services. The quality of health services can satisfy every health service user according to the average level of satisfaction (Pohan, 2015). Patient satisfaction is the level of a person's feelings after comparing the performance or results he feels compared to his expectations (Kotler, 2011). Patients will feel satisfied after receiving excellent service quality from the hospital. While customer service is any activity aimed at providing satisfaction to customers through services that can meet customer wants and needs (Kasmir, 2011). Quality has a direct impact on product performance and customer satisfaction (Setiawan, 2011). (Antia, 2016) and (Zarei Ehsan, Abbas Daneshkohan, Behrouz Pouragha, Sima Marzban, Mohammad Arab, 2015) the study found service quality had a positive and significant impact on patient satisfaction. Based on these findings, service quality has a positive and significant direct impact on patient satisfaction.

**The Effect of Commitment on Satisfaction**

The second hypothesis analysis proves that commitment (X2) does not affect satisfaction (Y). Commitment-forming constructs that the most dominant influence on satisfaction is psychological and physical attachments. Attachment to the organization will be built on each
member of the organization because personal and organizational goals will be achieved if members of the organization have a high attachment to the organization (Noe Raymond A., John R. Hollenbeck, Barry Gerhart, and Patrick M. Wright, 2011). Patient satisfaction is the level of a person's feelings after comparing the performance or perceived results compared to expectations (Kotler, 2011). Meanwhile, the commitment of military doctors is only intended for the benefit of health service quality for the military hospital where he works. The attitude and life principles of military doctors as soldiers are full of risks, consequences and high sacrifices are a strong commitment because 1) Soldiers realize that the Soldier's Oath is a spirit of devotion and a warrior code of ethics that must be carried out; 2) Soldiers no longer see risk as a burden, but sacrifice their interests for the sake of their unit, nation, and state (Headquarters, 2006). But the commitment of military doctors was not aimed at patient satisfaction. Based on these findings, the commitment of military doctors does not affect patient satisfaction.

Effect of OCB on Satisfaction
The third hypothesis analysis proves that OCB (X3) has a direct, positive, and significant effect on satisfaction (Y) of 43.3%. The OCB-forming construct that the most dominant effect on satisfaction is conscientiousness. Doctors are willing to work beyond the specified time and give satisfaction to patients. Health services can satisfy every user of health services according to the average level of satisfaction (Pohan, 2015). Quality health services involve the willingness of employees to work beyond the specified time (Titisari, 2014). OCB is defined as "go beyond the call of duty" or "the extras people do to go the extra mile in one's work" (Schermerhorn, John R. Jr., James G. Hunt, Richard N. Osborn, Mary Uhl-Bien, 2010). This result research relevant to (Lestari, Endah Rahayu, and Nur Kholifatul Fithriyah Ghaby, 2018) research which concluded OCB has a positive and significant effect on patient satisfaction. Based on these findings, concluded OCB has a direct positive and significant effect on patient satisfaction.

Effect of Service Quality on OCB
The fourth hypothesis analysis proves that service quality (X1) has a positive and significant direct effect on OCB (X3) of 54.7%. Service quality-forming construct that the most dominant influence on OCB is assurance. The guarantee given by the doctor can give the patient confidence to always go to the hospital. OCB is defined as "go beyond the call of duty" or "the extras people do to go the extra mile in one's work" (Schermerhorn John R. Jr., James G. Hunt, Richard N. Osborn, Mary Uhl-Bien, 2010). High OCB doctors will have a positive impact on hospital health services, including assurance that includes knowledge, competence, courtesy, and trustworthiness of staff, free from danger, risk, or doubt (Tjiptono, 2014). (Yadav, Mohit and S. Rangnekar, 2015) the research found that service quality in terms of role clarity has a positive and significant effect on OCB. Based on these findings, service quality has a positive and significant direct effect on the OCB of military doctors.
Effect of Commitment on OCB
The fifth hypothesis analysis proves that commitment (X2) has a positive and significant direct effect on OCB (X3) of 41.2%. Commitment-forming constructs that the most dominant influence on OCB is loyalty. Doctors who have a high attitude of loyalty and attachment to the organization will be willing to work beyond the specified time (Titrisari, 2014). OCB is beyond the call of duty made by someone to work extra in their work (Schermerhorn John R. Jr., James G. Hunt, Richard N. Osborn, Mary Uhl-Bien, 2010). Military doctors as soldiers, no longer see risk as a burden but sacrifice their interests for the sake of the unit, nation, and state (Headquarters, 2006). Military doctors must be loyal and committed to the Soldier Oath as a spirit of service and a soldiering code of ethics that must be practiced. Organizational commitment is an attitude of loyalty and the high attachment for an employee to the organization (Noe, Raymond A., John R. Hollenbeck, Barry Gerhart, and Patrick M. Wright, 2011). As a military doctor, he is required to have a high commitment and OCB to achieve the goals of the military hospital organization. (Rahayu, 2017) the research found that organizational commitment has a positive and significant effect on OCB. Based on these findings, commitment has a positive and significant direct effect on the OCB of military doctors.

Effect of Service Quality on Commitment
The sixth hypothesis analysis shows that service quality (X1) has a positive and significant direct effect on commitment (X2) of 92.1%. The service quality-forming construct that has the most dominant influence on commitment is empathy. Service will be of quality if every party with an interest in service has a sense of empathy or has the same commitment to service (Parasuraman, 2011). Organizational commitment is an attitude of loyalty and the high attachment for an employee to the organization (Noe, Raymond A., John R. Hollenbeck, Barry Gerhart, and Patrick M. Wright, 2011). Military doctors as soldiers, no longer see risk as a burden but sacrifice their interests for the sake of the unit, nation, and state (Headquarters, 2006). Military doctors must be loyal and committed to the Soldier Oath as a spirit of service and a soldiering code of ethics that must be practiced. While customer service is any activity aimed at providing satisfaction to customers through services that can meet customer wants and needs (Kasmir, 2011). Afifah’s (2012) research found that service quality has a significant effect on commitment. Base on these findings, service quality has a positive and significant direct effect on the commitment of military doctors.

CONCLUSION
1. Service quality has a positive and significant direct impact on patient satisfaction, reaching 26.7%.
2. The Doctor’s commitment will not directly effect on patient satisfaction.
3. The Doctor’s OCB has a positive and significant direct impact on patient satisfaction reaching 43.3%.
4. Service quality has a 54.7% positive and significant direct impact on doctor’s OCB.
5. The Doctor’s commitment has a 41.2% positive and significant direct impact on doctor’s OCB.

6. Service quality has a positive and significant direct impact on 92.1% of doctor’s commitments.

REFERENCES


Rahayu, E. S. (2017). The Influence of Organizational Commitment on Organizational Citizenship Behavior and Employee Performance (Studies on Medical Employees of Fathma Medika Gresik Hospital). *Journal of Business Administration. (52)1.*


