

# THE ROLE OF COMPETENCE ON QUALITY OF SERVICE AND PATIENT SATISFACTION IN HEMODIALISA MUSLIMAT NU CIPTA HUSADA CLINIC

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## Abstract

Patient satisfaction is a feeling of satisfaction or dissatisfaction from a patient that happened after the patient feel the product result (services) compare to what they expected. At this research, researcher correlate the patient satisfaction with competency. So that, this research is designed to analyse the influence between competency to services quality, the influence between services quality to patient satisfaction and the influence between competency to patient satisfaction.

The study was conducted at the NU Cipta Husada hemodialysis clinic with an analysis unit all routine patients by providing questionnaires. This study was conducted with one short study. With a causality approach. Data analysis using SEM Technique. The results of this research are there is a positive influence between competency and services quality (H1), and also a positive influence between services quality and patient satisfaction (H2), but there is a negative influence between competency and patient satisfaction at hemodialysis clinic Muslimat NU Cipta Husada (H3). It means the competency at hemodialysis clinic Muslimat NU Cipta Husada has indirect influence to patient satisfaction. Most of the patients feel the satisfaction direct from services quality. So that, competency is not really important to impact the patient satisfaction. The limitations of this study are the answers in the questionnaire sometimes the answers given did not show the real situation and the number of indicators not all been studied due to time constraints. The managerial implications of this research, in order for clinics to re-create HD machine investments and conduct periodic training for nurses, because satisfaction is felt by patients after they receive services as expected.

**Keywords: Patient satisfaction, Competency, Services quality.**

## I

### Background

Patient satisfaction is the feeling of pleasure or disappointment of a patient who emerges after comparing the performance of the product to the expected performance (Kotler and Keller, 2000). Patient satisfaction here is associated with the presence or absence of influence on human resource competence. This is because the component of competence is the key in management that plays an important and strategic role in improving employee performance. This research is taken from the data of hemodialysis patient satisfaction in hemodialysis clinic of NU Cipta Husada because this is the curiosity of the researchers what is the loyalty factor of patients from this clinic whereas many dialysis facilities in Jakarta which also offer the same facilities.

In this study there are three variables, namely the competence of human resources, service quality and patient satisfaction. Which variable of patient satisfaction using dimension measurement according to Irawan (2002), that is product quality. price. quality of service, emotional factors and associated costs and ease of getting products and services. While for service quality variable taken dimension of measurement according to A. Pasuraman, et.al., (1998) that consist of tangibles, reliability, responsiveness, assurance, and empathy. While the measurement dimension for the competency variable of HR is taken according to

Abdullah (2013) which consists of beliefs and values, skills, experience, personality characteristics, motivation, emotional, intellectual, and organizational culture.

The problem identification of this study is that the number of patients with chronic renal failure and hemodialysis is increasing and the number of competent human resources is unbalanced. So it is necessary how the clinic in developing the competency model for human resources development, want to know the relationship of patient satisfaction with human resources competence in the clinic by not forgetting to add the skill factor in the survey to be made, there is no data linking the competence of human resources hemodialisa with service quality and patient satisfaction at HD Muslimat NU Cipta Husada clinic, would like to know the factors that cause the survival of patients from this clinic with the many facilities of dialysis clinic in Jakarta, can be used as a reference by the company for the development of human resources competence, to know whether the competence of human resources one of the reasons the patient becomes loyal in the clinic, want to know what complaints are still felt by the patient and what the hope of patients in NU Cipta Husada clinic. So it can be used as input for clinic in order to be better again.

Limitation problem in this research is, just doing research on three variable that is competence variable of human resources, service quality and patient satisfaction at HD Muslimat NU Cipta Husada clinic. The formulation of the problem in this research is to know whether there is a positive influence between human resource competence on service quality, service quality to patient satisfaction, human resource competence to patient satisfaction.

This study has theoretical benefits and practical benefits. The theoretical benefit of this research is to know the influence between competence of human resources with service quality and patient satisfaction, can be used as reference for more research about relation between variable of competence of human resources to service quality and patient satisfaction with addition of indicator in next research. While the practical benefits of this research is to provide input to HD Muslimat NU Cipta Husada clinic about the state of human resources and inputs for the development of human resources as well as provide an overview of patient satisfaction contained in HD clinic NU Cipta Husada against the competence of clinical personnel and quality of service.

## II

### RESEARCH METHODOLOGY

The purpose of this study is to analyze the influence of human resource competence on service quality, analyze the influence of service quality to patient satisfaction and to analyze the influence between the competence of human resources to patient satisfaction. The research design used in this research is Causal Research.

The data used is ordinal scale. Based on the source of data acquisition can be divided into primary data and quantitative data qualitative. The population in this study were all patients routinely at HD Muslimat Nu Cipta Husada clinic. With an estimated number of 112 patients The size of the sample is adjusted to the analysis model used is structural equation modeling (SEM). In this regard, the sample size for SEM using the estimated maximum likelihood estimation (MLE) model is 100-200 samples (Ghozali, 2008). Refer to the opinion of Hair et.al. (2006), the sample size in the study should have the number of samples is  $(5 - 10) \times$  number of indicators.

In this study all members of the population were sampled. The data collection methods used in this study include questionnaires and literature study. In this study consists of 3 variables, namely the competence of human resources as independent variable (X), service quality variable as the dependent variable 1 and the variable of patient satisfaction as the dependent variable 2.

Data analysis technique used in this research is to use validity test, reliability and hypothesis test. The criteria of the hypothesis test is if  $t_{\text{arithmetik}} > t_{\text{table}}$  Ho is rejected and if  $t_{\text{arithmetik}} \leq t_{\text{table}}$  then Ho accepted. In addition, if the significance number  $< \alpha = 0.05$  then Ho is rejected Ha accepted and if the

number of significance > 0.05 then  $H_0$  accepted  $H_a$  rejected. Data analysis in this research using SEM (Structural Equation Modeling).

#### IV RESEARCH RESULT AND DISCUSSION

From the 108 respondents, have data such as age group, gender, marital status, education, employment, duration of HD, and frequency of HD. The distribution can be seen in the following table:

Table 1. Distribution of Respondents On Research In Clinic HD Muslimat NU Cipta Husada, 2018

<b>RESPONDENT DISTRIBUTION</b>			
<b>PROFILE RESPONDENCE</b>	<b>CATEGORY</b>	<b>AMOUNT</b>	<b>PERCENTAGE (%)</b>
AGE	21-30	5	24
	31-40	13	12
	41-50	20	18
	51-60	39	36
GENDER	Male	64	59
	Female	44	41
MARITAL STATUS	Married	101	70
	Not Married	7	30
EDUCATION	Elementary school	11	10
	Junior High School	9	8
	Senior High Scholl	54	50
	Diploma	3	3
	Bachelor	27	25
	Postgraduate	4	4
	Master	0	0
WORK	civil servant	2	2
	Private Employee	19	17
	Entepreneur	22	20
	Professional	1	1
	Retired	16	15
	Housewife	29	27
LENGTH OF TIME FROM HD	< 1 year	28	26
	1-2 years	39	36
	>3 years	41	38
HD FREQUENCY	1x/week	0	0
	2x/week	84	78
	3x/week	24	22

It can be seen that patients with age group 31-40 years is the age group of patients who fill the questionnaire that is as much as 36%. Also found 59% of respondents are male sex. With 70% of respondents already married.

50% of respondents had a high school graduation rate, 27% of respondents were housewives, and 38% of patients who had completed HD were in the clinic for more than 3 years. With the frequency of HD 78% of respondents 2x / week.

#### DESCRIPTIVE ANALYSIS

Table 2. Variable Distribution of Patient Satisfaction at HD Clinic Muslimat NU Cipta Husada, 2018.

NO	STATEMENT	VALUE	INFORMATION
1.	My body feels comfortable after HD at HD Muslimat NU Cipta Husada clinic.	4,07	Satisfied.
2.	The method of payment at HD clinics suits my expectations.	4,3	Very satisfied.
3.	I get HD service according to the time it takes.	4,29	Very satisfied.
4.	I feel comfortable in HD at Muslimat NU Cipta Husada clinic.	4,34	Very satisfied.
5.	The location of HD Muslimat NU Cipta Husada clinic is easy to reach by me.	4,32	Very satisfied.

Obtained on the variable satisfaction 4 of 5 statement respondents said very satisfied. It is about the method of payment, the HD service is in accordance with the time required by the patient, the comfortable feeling of dialysis in the clinic and the location easily accessible. While 1 statement on the questionnaire found satisfied, the statement about the feeling of a comfortable body after dialysis at the clinic. That means there are still some respondents who have not felt very satisfied with this statement. Which, the body feeling comfortable expected of the patient has not been in accordance with the expectations they want.

Table 3. Distribution of Variable Quality of Service at HD Clinic Muslimat NU Cipta Husada, 2018.

NO	STATEMENT	VALUE	INFORMATION
1.	The clinic has a good HD machine.	3,72	Good.
2.	Nurses are capable of stabbing the AV shunt with exactly 1 stroke and can use double lumen catheter (CDL).	4,15	Good.
3.	Employees respond to complaints.	4,21	Very Good..
4.	I am always served on HD schedule.	4,3	Very Good..
5.	Clinical service time meets my needs.	4,26	Very Good..

Obtained on service quality variables 3 out of 5 statement respondents said very good. It is about employees who are responsive to complaints submitted, patients who are always served during HD schedules and clinic service time that suits the needs of patients. While 2 statements on the questionnaire found good value, which is a statement about a good HD machine and the ability of the nurse in stab AV Shunt once puncture. That means, there are still some respondents who have not felt the quality of service is very good on this statement. Which, HD machines and nurses piercing ability is still not in accordance with the expectations of respondents

Table 4. Distribution of Variable Human Resources Competency in HD Clinic Muslimat NU Cipta Husada, 2018.

NO	STATEMENT	VALUE	INFORMATION
1.	I feel I have a common value with the values of the clinic.	4	Competent.
2.	I'm sure of doctors at the clinic.	4,28	Very Competent.
3.	Nurses can operate well with HD machines.	4,27	Very Competent.
4.	The nurse is capable of piercing the vascular access with exactly 1 piercing.	4,15	Competent.
5.	Doctors can educate patients about chronic renal failure.	4,2	Very Competent.

NO	STATEMENT	VALUE	INFORMATION
6.	Nurses are able to manage unexpected clinical situations.	4,14	Competent.
7.	Doctors are able to manage unexpected clinical situations.	4,2	Very Competent.
8.	Nurses serve patiently.	4,35	Very Competent.
9.	Doctors serve patiently.	4,37	Very Competent.
10.	Nurses are always eager in serving.	4,27	Very Competent.
11.	Doctors are always eager in serving.	4,34	Very Competent.
12.	Nurses can accommodate patient complaints.	4,21	Very Competent.
13.	Doctors can accommodate patient complaints.	4,34	Very Competent.
14.	Nurses can provide education about HD and chronic renal failure.	4,08	Competent.
15.	Doctors can provide education about HD and chronic renal failure.	4,27	Very Competent.
16.	Nurses arrive on time.	4,13	Competent.
17.	The HD Doctor always visits the patient.	4,35	Very Competent..

Obtained on the HR competence variable 12 out of 17 statements answered, the respondents said it is very competent. This can be seen in statements about the patient's belief in doctors at the clinic, the nurse's ability to properly operate the HD machine, the ability of doctors to educate patients about chronic renal failure, the ability of doctors to manage unexpected clinical situations, the nurse's ability to serve patient, physician's ability to serve patiently, nurse attitude always eager while serving, physician attitude always eager while serving, nurse ability in accommodating patient complaints, physician ability in accommodating patient complaints, physician ability in giving education about HD and fail chronic kidney and doctor who always visit.

While 5 statements on the questionnaire were found to be competent values, it is statements about the patient's feelings in having the same value with the values of the clinic, the nurse's ability in piercing the vascular access with exactly 1 piercing, the nurse's ability to manage unexpected clinical situations, provide education about HD and chronic renal failure, and attendance of nurses who come on time.

That means, there are still some respondents who feel that the competence of human resources has not entered into the assessment on this statement. Which, the patient's sense of belonging in common with the values of the clinic, the nurse's ability to puncture vascular access exactly 1 piercing, the nurse's ability to manage unexpected clinical situations, the nurse's ability to educate HD and chronic renal failure, and the presence of nurses who arrived on time is still not in accordance with the expectations of respondents.

#### **TEST OF VALIDITY AND RELIABILITY**

The patient satisfaction variable consisting of 5 statements is valid, where the result of correlation image shows bigger than r table that is 0,6 so no statement need to be removed.

The service quality variable consisting of 5 statements is valid, where the result of image correlation shows bigger than r table that is 0,6 so no statement need to be removed.

The HR competence variable consisting of 17 statements is valid, where the result of correlation image shows bigger than r table that is 0,6 so no statement need to be removed.

The reliability test results are reliable, because the result of the reliability test is more than 0.6. Can be seen the results of cronbach alpha greater than 0.6.

#### **HYPOTHESIS TESTING**

Data analysis technique using structural equation modeling (SEM) analysis. After statistical tests, the data obtained can be processed using SEM. The picture of the equation obtained about the relationship of the three variables, can be seen as picture 1. following:

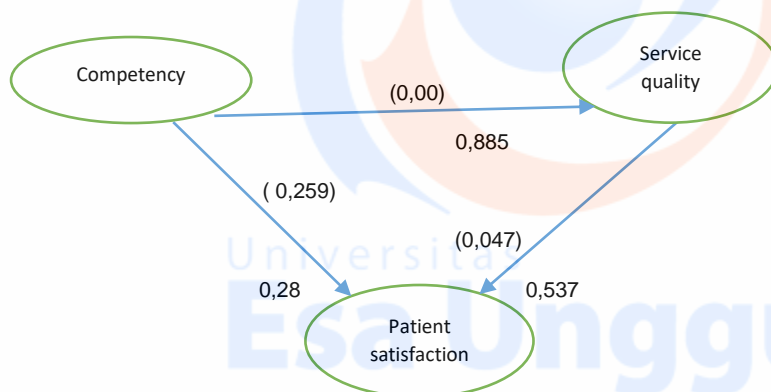


Figure 1. Graph of the Amos Equation.

From Figure 1. There is a variable relationship between the competence of human resources to service quality is equal to 0.00. The meaning is that the relationship of this 1st hypothesis is acceptable because the value of  $P < 0.05$ . While the value of  $P$  for the relationship of service quality to patient satisfaction is 0.047 which the relationship of the second hypothesis is also acceptable because the value of  $P < 0.05$ . While the  $P$  value of the relationship between the competence of human resources to patient satisfaction is 0.259. This means, since  $P > 0.05$  then the relation of this 3rd hypothesis is unacceptable.

From table 5. it can be seen that the result of CMIN / DF which is a tool to measure parsimonious fit measures is 1,464. The reference value for CMIN / DF according to Imam Gozali (2008) is  $< 2$ , so it can be concluded the data from this study is FIT. Similarly, the value of TLI 0.95 and CFI value 0.96 which are both incremental fit measures with reference values  $\geq 0.95$ . So it can be concluded data from this research is FIT. And the RMSEA value is 0.066. RMSEA is one in the assessment of absolute fit measures with a reference value between 0.05 and 0.05. So it can be concluded data in this research is FIT.

Table 5. Hypothesis Table.

Hypothesis	Influence	Results	Conclusion
H <sub>1</sub>	The influence of human resource competence on the quality of clinical service hemodialisa Muslimat NU Cipta Husada.	0,00	Significant, have a positive influence.
H <sub>2</sub>	The influence between the quality of clinical service hemodialisa Muslimat NU Cipta Husada to patient satisfaction hemodialisa HD Muslimat NU Cipta Husada.	0,047	Significant, have a positive influence.
H <sub>3</sub>	The influence of HR competence on patient satisfaction of HD clinic NU Cipta Husada.	0,259	Not Significant, data does not support Hypothesis, has no positive effect.

Table 6. Effect of Total Relationship of Competence Variable to Quality of Service at NU Cipta Husada HD Muslim Clinic 2018.

Total Effect	Variable Correlation	Value
Direct	Competence to satisfaction directly.	0,245
Indirect	Competence to satisfaction through quality of service.	0,417

## DISCUSSION OF RESEARCH RESULTS

### RELATIONSHIP VARIABLES OF HR COMPETENCY TO QUALITY OF SERVICE IN CLINIC HEMODIALISA MUSLIMAT NU CIPTA HUSADA (H<sub>1</sub>)

From the result of hypothesis testing, it is found that H<sub>1</sub>, H<sub>2</sub> is accepted, but H<sub>3</sub> is not accepted. So that there is a positive influence between the competence of human resources on hemodialisa clinical service quality.(H<sub>1</sub>).

This is the same as stated in previous research, as said by Muhammad Fadhil (2016), that simultaneously the variables of knowledge, skill and attitude together have positive and significant effect on employee performance. So the competence of human resources directly affect the performance of employees who, if converted in this study, employee performance is represented by the quality of service.

R<sup>2</sup> from the relation of variable of competence of human resources to service quality are:  
 $(0.885)^2 \times 100 = 78.32\%$

This means there are as many as 21.68% other factors that influence the quality of service apart from human resource competence.

As discussed earlier in chapter II, according Sinambela (2011) the quality of service is everything that can meet the needs or needs of customers (meeting the needs of customers). Meanwhile, according Kasmir in Pasolong (2011) said that good service is the ability of a person in providing services that can provide satisfaction to customers with predetermined standards.

The competency indicator in this study was taken according to Abdullah consisting of beliefs and values, skills, experience, personality characteristics, motivation, emotional, intellectual, organizational culture. However, the competence of human resources alone is not enough, there are still 21.68% other factors that influence the quality of service. According to Tjiptono (1996) there are several things that affect the quality of service such as the timeliness of service, which includes the waiting time and processing time, the accuracy of service, which includes free from courtesy and hospitality mistakes in providing services, ease of getting services, such as the number of officers serving and many supporting facilities such as computers, convenience in obtaining services, relating to the location, space where service, parking, availability of information, etc., as well as other supporting service attributes such as air-conditioned waiting room, cleanliness, and others.

In this study can be seen from the questionnaires distributed to 108 respondents, obtained on the variable competence of human resources 12 of the 17 statements answered, the respondents said very competent. While 5 statements on the questionnaire were found to be competent values, ie statements about the patient's feelings in having the same value with the values of the clinic, the nurse's ability in piercing the vascular access with exactly 1 piercing, the nurse's ability to manage unexpected clinical situations, provide education about HD and chronic renal failure, and attendance of nurses who come on time.

That is, there are still some respondents who feel that the competence of human resources has not entered into the assessment is very competent on this statement. Which, the patient's sense of belonging in

common with the values of the clinic, the nurse's ability to puncture vascular access with exactly 1 piercing, the nurse's ability to manage unexpected clinical situations, the nurse's ability to educate HD and chronic renal failure, and the presence of nurses who arrived on time is still not in accordance with the expectations of respondents.

Thus, clinics need to pay attention to the above matters, in order to be improved and trained again for things that can be trained, such as a one-time piercing stab, and develop a good work ethic to the nurse. So that if these things can be improved or improved, can also improve the competence of human resources in Muslimat NU Cipta Husada clinic.

### **RELATIONSHIP VARIABLES OF HR COMPETENCY ON PATIENT SATISFACTION IN CLINIC HEMODIALISA MUSLIMAT NU CIPTA HUSADA (H<sub>3</sub>).**

In this research, there is no positive influence of human resources competence on patient satisfaction of HD Muslimat NU Cipta Husada (H<sub>3</sub>) clinic. That is, in HD patients at HD Muslimat NU Cipta Husada clinic, human resource competence does not directly affect patient satisfaction (their satisfaction). They feel more directly satisfied through the quality of service. So the competence of human resources for patients in NU Cipta Husada HD Muslimat clinic is not too important to influence satisfaction.

As already discussed earlier, according to Muhammad Fadhil (2016), simultaneously the variables of knowledge, skills and attitudes together have a positive and significant effect on employee performance. So the competence of human resources directly affect the performance of employees who, if converted in this study, employee performance is represented by the quality of service. And according to research conducted by Aida Andriani (2014), about quality of service conducted by nurse, found that there is relation of service quality (service quality) with patient satisfaction. So answer also like this research that competence of human resource have an effect on to satisfaction but indirectly, this competence variable must pass first variable quality of service, new influence patient satisfaction.

R<sup>2</sup> variable of human resource competency to patient satisfaction are:

$$(0.28)^2 \times 100 = 7.84\%$$

That is, there are as many as 92.16% other factors that affect patient satisfaction apart from human resource competence.

Customer satisfaction by Kotler (2007) is the extent to which perceived performance of products or services meet buyer expectations. When product performance is lower than customer expectations, then the customer is not satisfied, if the achievement match or exceed customer expectations, then the customer is satisfied. Indicator of customer satisfaction used in this research taken from Irawan consist of product quality, price, service quality (service quality), emotional factor (Emotional factor), related to cost and easiness to get product and service.

Apparently there are other factors that can affect patient satisfaction apart from human resource competencies, as according to Whitwell, Luke and Doyle (2003) who say that satisfaction is influenced by five factors: (1) control (2) responsiveness (3) empathy (5) being. First, reliability is the extent to which customers are promised and how to afford to deliver the promised performance. Second is the responsiveness is an attitude that refers to the willingness of the organization to customers, and to provide a fast and useful service. Third is a guarantee, it is a customer's trust to have employees in the organization, and a belief that comes from the belief that the organization knows what it does. The fourth factor is empathy, the degree to which the organization is considered to be concerned about individual customers. The last factor is manifestation, a physical element offering value, ranging from product to service employees or physical facilities organization.



In this study, the results of the questionnaires distributed to 108 respondents, obtained in the variable satisfaction 4 of 5 statement respondents said very satisfied. While 1 statement on the questionnaire found satisfied, the statement about the feeling of a comfortable body after dialysis at the clinic. That is, there are still some respondents who have not felt very satisfied with this statement. Which, the body feeling comfortable expected of the patient has not been in accordance with the expectations they want.

So on the variable of satisfaction, it is necessary to increase again the program of hemodialysis therapy in each patient, so that patients can feel a fresh body like other healthy people after they do hemodialysis therapy. This can be done by some of the selection of larger dialyser tubes, higher engine speed, optimal hemodialysis time for each patient.

## **QUALITY VARIABLE RELATIONSHIP OF SERVICE TO PATISXIVITY SATISFACTION IN CLINIC HEMODIALISA MUSLIMAT NU CIPTA HUSADA (H<sub>2</sub>).**

In this research got positive influence between variable service quality clinic hemodialisa Muslimat NU Cipta Husada to satisfaction of hemodialisa patient of HD Muslimat NU Cipta Husada (H<sub>2</sub>). This is supported by research conducted by Aida Andriani (2014), in his research on the quality of services performed by nurses, found that there is a relationship of service quality with patient satisfaction. Just as in this study there is a positive relationship of service quality to patient satisfaction.

R<sup>2</sup> variable of service quality to patient satisfaction are:

$$(0.537)^2 \times 100 = 28.83\%.$$

This means there are 71.17% other factors that also affect patient satisfaction apart from the quality of service.

As according to Whitwell, Luke and Doyle (2003) who say that satisfaction is influenced by five factors: (1) reliability (2) responsiveness (3) assurance (4) empathy (5) form. First, reliability is the extent to which customers are promised and how to afford to deliver the promised performance. Second is the responsiveness is an attitude that refers to the willingness of the organization to customers, and to provide a fast and useful service. Third is a guarantee, it is a customer's trust to have employees in the organization, and a belief that comes from the belief that the organization knows what it does. The fourth factor is empathy, the degree to which the organization is considered to be concerned about individual customers. The last factor is manifestation, a physical element offering value, ranging from product to service employees or physical facilities organization.

In this study obtained from the results of questionnaires distributed to 108 respondents, that the variable quality of service 3 of 5 statement respondents said very good. While 2 statements on the questionnaire found good value, which is a statement about a good HD machine and the ability of the nurse in stab AV Shunt once puncture or use CDL.

That is, there are still some respondents who have not felt the quality of service is very good on this statement. Which, HD machines and nurses piercing ability is still not in accordance with the expectations of respondents.

So that the clinic can improve the quality of service, need to improve the quality of HD machines for better, and train nurses for more and more skilled nurses that can pierce the AV shunt with a single puncture.

From this research found a positive influence between competence of human resources to the quality of clinical service hemodialisa Muslimat NU Cipta Husada, the positive influence between the quality of clinical service hemodialisa Muslimat NU Cipta Husada to satisfaction hemodialisa HD Muslimat NU Cipta Husada but there is no positive influence of human resource competence to patient satisfaction of HD clinic Muslimat NU Cipta Husada.

This is because patients at Muslimat NU Cipta Husada clinic do not feel directly patient satisfaction through human resource competence.

Competence of human resources affect the quality of new services first affect patient satisfaction. Thus, patients feel satisfaction through good service quality. That is when patients feel directly the services of these services. Thus, in patients at Muslimat NU Cipta Husada clinic, services are provided first through quality service so that it can be felt directly by the patient and can result in patient satisfaction.

Improving the quality of service in this research can be done in several ways such as improving the quality of HD machines for better by making a return investment for machine repair or replacement with a new machine, and train nurses through regular training so that more and more skilled nurses can pierce AV shunt with one stitch. This research has been cultivated and carried out in accordance with scientific procedures, but still has limitation that is the limitation of the research by using questionnaire that is sometimes the answer given by the respondent does not show the real condition also the number of indicators that have not all been studied in this research because of time limitation in research this, so that researchers feel in this study has not represented all the variables.

## **CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS**

### **CONCLUSION**

1. There is a positive influence between the competence of human resources on the quality of hemodialisa clinic services at Muslimat NU Cipta Husada.
2. There is a positive influence between the quality of clinical service to patient satisfaction at hemodialisa Muslimat NU Cipta Husada clinic.
3. There is no positive influence of human resource competency on patient satisfaction of HD clinic Muslimat NU Cipta Husada.
4. Patients at HD Muslimat NU Cipta Husada clinic do not directly feel patient satisfaction through human resource competence. Competence of human resources affect the quality of new services first affect patient satisfaction.

### **IMPLICATIONS**

Based on the results of these studies can be presented the following menejerial and theoretical implications:

#### **MANAGERIAL IMPLICATIONS**

1. Being an input to HD Muslimat NU Cipta Husada clinic that Patients at HD Muslimat NU Cipta Husada clinic do not feel directly patient satisfaction through human resource competence. Competence of human resources affect the quality of new services first affect patient satisfaction. Such as increasing the competence of nurses in the case of AV Shunt piercing so that one can puncture and provide better hemodialysis machine.
2. Minimize the shortcomings obtained such as improving the hemodialysis machine for better, by making the investment back for machine repair or replacement with a new machine. In addition to improving the competence of human resources through regular training so as to produce quality services according to patient expectations, such as can stab AV Shunt with one stroke.

#### **THEORETICAL IMPLICATIONS**

1. Human Resource competence does not directly affect patient's satisfaction, but it directly affects the quality of service because human resource competence affects employee performance, which ultimately appears on the quality of service, but does not directly affect patient satisfaction.

2. Although the competence of human resources does not directly affect the patient satisfaction, but the human resources competency needs to be considered and improved because the competence of human resources will affect the quality of service that has a positive effect on patient satisfaction.

## **SUGGESTION**

1. Adding indicators in subsequent research to things that affect service quality variables such as timeliness of service, which includes waiting time and processing time, service accuracy, which includes free of courtesy and hospitality errors in providing services, ease of getting services, convenience in obtaining services, relating to location, space where service, parking, availability of information, etc., as well as other supporting service attributes such as air-conditioned at waiting room, cleanliness, and others.
2. Adding indicators for satisfaction variables such as control, responsiveness, assurance, empathy, and design.

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