

## The Factors Influencing Satisfaction Influence Partus at Gynecology Room Manokwari Hospital Papua Barat Province

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### ABSTRACT

**Background:** Manokwari Regional General Hospital as a health service facility owned by the Regional Government in implementing policies regarding the implementation of maternal health services that seek to improve the quality of services, but is still felt to be less optimal due to complaints and complaints from patients.

**Objective:** To know the factor's influence satisfaction influence partus at gynaecology room Manokwari hospital Papua Barat province.

**Research Method:** Descriptive analytical with cross-sectional study approach conducted in December - January 2019 with a total sample of 100 people. Data were obtained using a questionnaire and analyzed using chi square and logistic binary regression.

**Research results:** Factors that influence maternal satisfaction at RSUD Manokwari are facilities and infrastructure (p-value = 0.036; RP = 1.516; CI95% (1,058 - 2,173), reliability (p-value = 0,000; Rp = 2,227; CI95%; CI95% (1,520 - 3,263), responsiveness (p-value = 0,000; RP = 2,227; CI95% (1,520 - 3,263), collateral (p-value = 0.027; RP = 1,548; CI95% (1,108 - 2,168) and attention (p -value = 0.001; RP = 1,926; CI95% (1,381 - 2,686). The dominant factors that influence maternal satisfaction in the Maternity Room at Manokwari Hospital are reliability, attention, facilities and infrastructure and responsiveness.

**Keyword:** Satisfaction, Patient, Gynecology Room, Manokwari Public Hospital.

### INTRODUCTION

Manokwari Hospital as a health service facility owned by the Papua Provincial Government in carrying out

policies regarding the implementation of maternal health services provides these services. The medical record data in the Maternity Room of RSUD Manokwari in 2016, as many as 1,038 babies were born and in 2017 there were 897 babies. The data shows that there is a decrease in the number of patient visits from 2016 compared to 2017. The results of interviews at the Maternity Hospital in Manokwari which complained from 5 mothers and families in the delivery room, complained about the delay of officers and lack of attention of officers such as information and complaints submitted officers did not respond to service.

In providing services to patients, officers refer to their respective professional care standards. Midwives in providing midwifery hospitalization services refer to midwifery care including methods, assessment, diagnosis, planning, action, client participation and evaluation. Nurses and midwives providing services refer to care including assessment, diagnosis, planning, implementation and evaluation, as well as doctors and other officers. Data on the achievement of midwifery indicators in the obstetric inpatient unit of the RSUD Manokwari based on bed occupancy ratio or the number of bed usage (BOR), average length of stay or the average length of time patients were treated (ALOS) and turnover intervals (TOI) at 2015 to 2016 shows the amount of Bed Occupancy Ratio (BOR) or utilization of beds in the Maternity Room of the RSUD

Manokwari in 2015 (64%) has decreased compared to the BOR in 2016 (62%).

Decrease in BOR can be caused by internal factors such as poor service quality or infrastructure facilities, where the quality of services provided is not as expected by patients, for example patients say midwives or nurses are less friendly to patients or families in providing services, Specialists Gynecology Obstetrics that serves patients in obstetric inpatient units, is not available or difficult to contact when needed by patients because of other activities. External factors, namely competitors that provide maternal health services outside the hospital, such as doctor's practice, practice midwives by providing delivery services or postpartum done in home care. Services in these practices are more desirable because according to the assumption that patients have faster service, longer consultation time, more thorough examination, doctors / midwives are more attentive.

Customer satisfaction is, customer response to the suitability of the level of interest or expectations of customers before they receive service with the service they receive satisfaction of users of health care services can be concluded as the difference in the performance of health service institutions with customer expectations (patients or community groups) (Muninjaya, 2011). Parasuraman, Zeithaml and Berry in Muninjaya (2011), analyze the dimensions of service quality based on five aspects of quality components. The five service quality components are known as ServQual. The five dimensions of quality according to include reliability, responsiveness, assurance, attention (empathy) and tangible. Nurjannah's (2012) study shows that there is a link between the quality of services provided in increasing the satisfaction of patients who come to the delivery room, namely the services that patients get according to what is expected to begin with the availability of facilities and professionalism in carrying out their duties. Research on patient satisfaction in the Maternity Room at Manokwari Hospital has

never been examined before, so the problem of low visits in the last 2 years needs to be studied about patient satisfaction with the utilization of the maternity hospital in Manokwari Hospital. Based on the above problems, so researchers are interested in conducting research with the title "Factors - factors that affect patient satisfaction in the Maternity Room Manokwari Hospital West Papua Province"

## **2. MATERIALS AND METHODS**

### **2.1 Types of Research**

This research is a descriptive analytic study with a cross-sectional study approach, namely data collection is done simultaneously to determine the correlation between the variables studied (Swarjana, 2013).

### **2.2 Location and Time of Research**

The study was conducted at the Manokwari General Hospital and the time of the study was carried out on the month of December 2018 - January 2019.

### **2.3 Population and Samples**

The population in this study were all patients who had normal births, stayed 2-3 days and did not experience complications in the Maternity Room at Manokwari Hospital on 1 December 2018 - 5 January 2019 as many as 100 people. The sample is a portion of the population that is considered representative (Notoatmodjo, 2012). The sampling technique used consecutive sampling, which was based on the visit of patients who were giving birth in the Hospital at the Maternity Hospital on 1 December 2018 - 5 January 2019 with the criteria of patients who were hospitalized > 1 day and did not experience complications as many as 100 people.

## **3. RESULTS**

### **3.1 Bivariate Analysis**

#### ***a. Effect of physical evidence on patient satisfaction***

**Table 1. The level of satisfaction is based on physical evidence of patient satisfaction level in the delivery room of Manokwari Hospital in 2018**

No	Physical evidence	Satisfaction level				n	%
		Not satisfy		Satisfy			
		n	%	n	%		
1	Not good	31	67,4	15	32,6	46	100
2	Good	24	44,4	30	55,6	54	100
Total		55	55	45	45	100	100

*p-value* = 0,036; RP = 1,516; CI95% (1,058 – 2,173)

Table 1 shows that out of 46 maternity women who stated that physical evidence was not good there were 31 people (67.4%) were dissatisfied and as many as 15 people (32.6%) were satisfied. Of the 54 women who stated that physical evidence was not good there were 24 people (44.4%) were not satisfied and as many as 30 people (55.6%) were satisfied. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained *p-value* 0.036 or  $p < \alpha$  (0.05), thus there is the influence of physical evidence on the satisfaction of patients in the Maternity Room of Manokwari Hospital.

**b. Effect of reliability on patient satisfaction**

**Table 2. Effect of reliability on patient satisfaction on patient satisfaction in the Maternity Room of Manokwari Hospital in 2018**

No	Reliability	Satisfaction level				n	%
		Not satisfy		Satisfy			
		n	%	n	%		
1	Not good	35	79,5	9	20,5	44	100
2	Good	20	35,7	36	64,3	56	100
Total		55	55	45	45	100	100

*p-value* = 0,000; RP = 2,227; CI95% (1,520 – 3,263)

Table 2 shows that out of 44 people with statements of reliability not good there were 24 people (79.5%) dissatisfied and as many as 9 people (20.5%) were satisfied. Of the 56 people with good statements of reliability 20 people (35.7%) were dissatisfied and as many as 36 people (64.3%) were satisfied. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained *p-value* 0,000 or  $p < \alpha$  (0.05), thus there is an effect of reliability on patient satisfaction in the Maternity Room of Manokwari Hospital, Papua Province. When viewed from the value of RP = 2,227; CI95% (1,520 - 3,263) interpreted that respondents who stated that reliability of

service was not good tended to be dissatisfied 2,227 times higher than respondents who stated the reliability of a good delivery room.

**c. Effect of responsiveness on patient satisfaction levels**

**Table 3. Maternal satisfaction rates are based on responsiveness to patient satisfaction in the Maternity Room of Manokwari Hospital in 2018**

No	Responsiveness	Satisfaction level				n	%
		Not satisfy		Satisfy			
		n	%	n	%		
1	Not good	30	75	10	25	40	100
2	Good	25	41,7	35	58,3	60	100
Total		55	55	45	45	100	100

*p-value* = 0,002; RP = 1,800; CI95% (1,270 – 2,551)

Table 3 shows that out of 40 people with a statement of poor responsiveness, 30 people (75%) were dissatisfied and as many as 25 people (40%) were satisfied. Of the 60 people with a statement of good responsiveness, as many as 25 people (41.7%) were dissatisfied and as many as 35 people (58.3%) were satisfied. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained *p-value* 0.002 or  $p < \alpha$  (0.05), thus there was an effect of responsiveness to patient satisfaction in the Maternity Room of Manokwari Hospital, Papua Province. When viewed from the value of RP = 1,800; CI95% (1,270 - 2,551) which is interpreted that the responsiveness that is not good respondents tend to be dissatisfied 1,800 times greater than the statements of respondents with good responsiveness.

**d. The level of satisfaction of the maternity mother based on the Guarantee**

**Table 4. Maternity satisfaction rates are based on assurance of patient satisfaction in the Maternity Room of Manokwari Hospital in 2018**

No	Assurance	Satisfaction level				n	%
		Not satisfy		Satisfy			
		n	%	n	%		
1	Not good	25	71,4	10	28,6	35	100
2	Good	30	46,2	35	53,8	65	100
Total		55	55	45	45	100	100

*p-value* = 0,027; RP = 1,548; CI95% (1,108 – 2,168)

Table 4 shows that of the 35 people with a guarantee statement that was not good, as many as 25 people (71.4%) were not

satisfied and as many as 10 people (28.6%) were satisfied. Of the 65 people with good guarantee statements, 30 people (46.2%) were dissatisfied and as many as 35 people (53.8%) were satisfied. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained p-value 0.045 or  $p < \alpha$  (0.05), thus there is a guarantee of the satisfaction of patient satisfaction in the Maternity Room of Manokwari Hospital in Papua Province. When viewed from the value of  $RP = 1,548$ ;  $CI95\%$  (1,108 - 2,168) which is interpreted that service quality based on assurance that is not good has the chance that respondents are dissatisfied 1,621 times greater than good assurance.

**e. The level of satisfaction of maternity is based on attention**

**Table 5. The Influence of Attention to Patient Satisfaction in the Maternity Room of Manokwari Hospital in 2018**

No	Attention	Satisfaction level				n	%
		Not satisfy		Satisfy			
		n	%	n	%		
1	Not good	28	80	7	20	35	100
2	Good	27	41,5	38	58,5	65	100
Total		55	55	45	45	100	100

*p-value* = 0,001;  $RP = 1,926$ ;  $CI95\%$  (1,381 - 2,686)

Table 5 shows that out of 35 people with statements of concern not good, as many as 28 people (80%) were dissatisfied and as many as 7 people (20%) were satisfied. Of the 65 people who expressed good attention, 27 people (41.5%) were dissatisfied and as many as 38 people (58.5%) were satisfied. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained p-value 0.006 or  $p < \alpha$  (0.05), thus there was an influence of attention to the satisfaction of patients in the Maternity Room of Manokwari Hospital, Papua Province. When viewed from the value of  $RP = 1,926$ ;  $CI95\%$  (1,381 - 2,686) interpreted that attention (which is not good tends to be respondents who are not satisfied 1,926 times greater than good attention.

**3.2 Multivariate Analysis**

Multivariate analysis was used to obtain answers to which factors influence the level of satisfaction, and bivariate

analysis is needed and continued with multivariate tests. Bivariate modelling using logistic regression tests begins with bivariate modelling using the enter method where each independent variable is tested against the dependent variable.

**Table 5. Bivariate Analysis Between Dependent and Independent Variables**

No	Variabel	<i>p-value</i>	Keterangan
1	Status peserta BPJS	0,304	Bukan kandidat
2	Bukti fisik	0,036	Kandidat
3	Keandalan	0,000	Kandidat
4	Daya Tanggap	0,002	Kandidat
5	Jaminan	0,027	Kandidat
6	Perhatian	0,001	Kandidat

Table 5 above the physical evidence variable, reliability, responsiveness, assurance and attention included in the category of p-value  $< 0.25$ , so that it entered into the multivariate model and tested together with the logistic binary test. The results of multivariate analysis obtained p-value  $< 0.05$  as in Table 4.9 below.

**Table 6. Analysis of Multiple Logistic Regression Variables**

No	Variabel	B	<i>p-value</i>	OR	95% C. I. for Exp (B)	
					Lower	Upper
					1	Bukti fisik
2	Keandalan	2,275	0,000	9,724	3,070	30,797
3	Daya Tanggap	1,519	0,011	4,569	1,424	14,659
4	Perhatian	2,246	0,000	9,447	2,732	32,663
Constant		-	0,000	0,000		
		11,990				

Table 6 shows that seen from the lowest p-value and OR are the dominant factors namely reliability, attention, physical evidence and responsiveness.

**DISCUSSION**

**4.1 Effect of physical evidence on the level of patient satisfaction**

The results showed that there was no effect of physical evidence on the satisfaction of patients in the delivery room of Manokwari Hospital in Papua Province (p-value 0.304). The results of this study are in line with the research of Hermanto (2010) in Dr. Hospital. H. Soemarno Sosroatmodjo Bulungan, East Kalimantan, revealed that direct evidence (tangibles) had reduced the patient's satisfaction level. According to

Azwar (2010), that satisfaction refers to the application of all health service requirements such as the availability of health services. Quality medical services if these health services are available.

The results of the analysis revealed that respondents responded that the looms in the delivery room were not clean (23.15), 53.8% said they were not good about the basic needs of the patients, 84.6% said the patients' bathrooms / lavatories were not clean and water flowing is not smooth and 87.7% of lighting is felt to be lacking. This is in accordance with the results of observations in the inpatient unit of midwifery, namely facilities in the obstetric care room, there are 2 bathrooms / bathroom, but lighting, cleanliness and water that does not flow smoothly. In addition, the water that is less clean is yellow.

Respondents who stated that the mother gave birth that stated that the physical evidence was not good there were 67.4% dissatisfied and the mother giving birth who stated that the physical evidence was not good as many as 44.4% were dissatisfied. This shows that the facilities and infrastructure indirectly have an opportunity to respond to satisfaction, namely poor facilities and infrastructure, the chance for respondents to be dissatisfied 1.516 times greater than with good direct evidence (tangibles). This shows that patient satisfaction is influenced by the services of doctors and existing health personnel and supporting physical facilities are not overlooked by respondents but have an effect on patient satisfaction.

Support for facilities is very important in determining the patient's health condition indirectly, because with an unclean environment it will lead to new diseases (nosocomial infections) especially in women who get clinical procedures (surgery, curettage, labor, NGT, catheter, infusion and others)

#### **4.2 Effect of reliability on patient satisfaction**

The results showed that there was an influence of reliability on the satisfaction of patients in the Maternity Room of Manokwari Hospital in Papua Province (p-value = 0,000). The results of this study are in line with Susmaneli's (2014) research in Rokan Hulu General Hospital which states that reliability is directly related to patient satisfaction. According to Muninjaya (2011), reliability is the ability to provide health services in a timely and accurate manner according to what is offered. Of the five dimensions of service quality, reliability is considered the most important by customers of various service industries. Because of the non-standardized nature of service products output and its products are also very dependent on human activities so it will be difficult to expect consistent output.

The results showed that respondents' statements about reliability mostly stated as bad as 79.5% and respondents who stated good reliability as much as 35.7% were not satisfied. This shows that reliability is considered by the respondents who assumed that the respondents saw that the respondents' reliability was in accordance with the ability of each officer. Perception of the reliability of midwifery services can be viewed from the ability of officers to provide services properly, such as the ability of doctors to diagnose diseases, cure or reduce complaints and the ability of officers to treat patients in patient examinations on time, long service time.

This situation was felt by several respondents as evidenced by the respondent's statement about the ability of the officer in carrying out assistance to the patient and the ability of the doctor to provide appropriate treatment. This fact shows the ability (skill) of midwifery services (doctors), because according to the direction of maternal health service policies that require health facilities should have professional officers and quality service quality. This is if the quality improvement is not realized at risk of high morbidity and even maternal mortality (MMR), according

to the results of the sequential Development Goals (SDG) that late getting adequate health services at the referral places indirectly contributes to maternal mortality and morbidity.

#### **4.3 Effect of responsiveness to patient satisfaction**

The results showed that there was an effect on responsiveness to patient satisfaction in the Maternity Room of Manokwari Hospital in Papua Province (p-value 0.002). The results of this study are in line with Prafitir (2012) research, in PKU Muhammadiyah Hospital in Pekajangan Pekalongan that the dimensions of responsiveness influence patient satisfaction. According to Muninjaya (2011), patient satisfaction based on responsiveness is the ability of health workers to help customers and their readiness to serve according to procedures and can meet customer expectations. This dimension is the most dynamic service quality assessment. Customers' expectations of service speed tend to increase over time in line with advances in technology and health information held by customers.

The results of the analysis of perceptions of responsiveness show that in general the responsiveness of officers in providing midwifery services has not met the expectations of patients as evidenced by the results of respondents' answers stating that they are not good at 40%. This is also evidenced from the value of  $RP = 21,800$ ;  $CI_{95\%}$  (1,270 - 2,551) interpreted that service quality based on poor responsiveness has the chance of respondents not satisfied 1,800 times greater than good responsiveness. The function of the hospital is that it requires immediate relief and treatment without asking for guarantees in advance, the obligation of the doctor to do immediate help as a humanitarian task, the existence of problem solving priorities in medical care or nursing care (midwifery) by not distinguishing Quality Of Care classes, has perceived by the respondent such as the officers' willingness to handle the patient's

emergency and follow-up handling of the patient's emergency by the doctor.

Respondents stated that it was not good (35.9%) that the officers were not responsive when replacing the infused fluids, indicating that the officers were not responsive in managing patient infusions and information provided when there were prescriptions or drugs to buy (17.9%). while adequate infusion and administration of drugs is very important for patients who need, for example, inadequate infusion of fluids in patients who experience bleeding will result in hypovolemic shock leading to vascular collapse and resulting heart failure eventually leading to death while late drug delivery can prolong healing patient. This shows that the responsiveness of the officers is still felt to be very lacking by patients.

#### **4.4 Effect of Guarantees on Patient Satisfaction**

The results showed that there was a guarantee effect on patient satisfaction in the Maternity Room of Manokwari Hospital in Papua Province (p-value 0.027). The results of this study are in line with Susmaneli's research (2014) in Rokan Hulu General Hospital revealing that there is an effect of assurance on the level of patient satisfaction.

For patients, good service quality is usually associated with recovery from rapid illness, friendly officers, fast and appropriate service, and cheap service rates and vice versa if the illness is long does not heal, officers are less friendly, waiting for long queues, slow handling of patients and expensive rates will be said to be of poor quality even though professional. Thus it can be concluded that service quality is very closely related to patient satisfaction (Azwar, 2010).

#### **4.5 Effects of Attention on Patient Satisfaction**

The results showed that there was an influence of attention to patient satisfaction in the Maternity Room of Manokwari Hospital in Papua Province (p-value 0.001). The results of this study are in line with the Wijinwarsih (2016) study in PKU

Muhammadiyah Hospital Unit II Yogyakarta, revealing that there is an influence of attention (empathy) on the level of patient satisfaction.

The ability of officers to make connections, good communication, and sincere attention to the needs of patients, for example: hospitality of health workers in greeting and speaking, patient participation in making treatment decisions, and freedom of patients choosing medical treatment and health personnel, as well as the convenience of inpatients get a visit from family or friends, give special attention to each patient, concern for patient complaints, service to all patients without distinguishing status (Supardi, 2009)

The results of the analysis obtained that the majority of respondents 65% stated that the service provided was good at RSUD Manokwari, where respondents who were satisfied reached 80% compared to those who did not satisfy 41.5%. This is evidenced from the value of  $RP = 1,926$ ;  $CI95\%$  (1,381 - 2,686) interpreted that service quality based on attention (empathy) that is not good has the chance of respondents not satisfied 2,895 times greater than good attention (empathy).

#### **4.6 Dominant factors on the level of patient's mood**

The results of multivariate analysis showed that reliability, attention, physical evidence and responsiveness were the dominant factors in patient satisfaction in the Maternity Hospital of Manokwari Hospital while the assurance variable was an interaction variable. Patient Satisfaction was assessed based on respondents' interpretation of the suitability of expectations with those received including the speed / immediacy of the officer in providing help, the availability of physical evidence needed by the patient and the friendliness of the staff in providing midwifery services.

The patient's satisfaction with the speed of the officers, especially in performing help when the patient has a serious complaint or an emergency occurs at

94.2%, and conducts an examination when he arrives at the obstetric room at 92.5%. This makes patients feel satisfied because they feel safe and have been well cared for. The standard of care used by officers in providing services, for example the midwife profession has Midwifery Care Standards, including a method of patient assessment, obstetric diagnosis, care plans, actions that are based on priority issues prioritized for patients with emergency or immediate treatment.

Although in terms of the speed of the officers according to the expectations of patients but in terms of friendliness, attitudes of officers in providing midwifery services, physical evidence of midwifery services provided is still far from the expectations of patients, this is indicated by the respondent's statement that more than 50% of respondents stated that officers did not friendly and lacking in attitude towards patients or families of patients when providing services.

This is in accordance with the results of Wijwinarsih Research (2016) which states that nurses who lack empathy in carrying out nursing care duties have a risk of being dissatisfied with inpatient clients as much as 2 times greater than nurses who carry out their duties with full empathy. While the results of Susmaneli's study (2014) revealed that direct evidence is the dominant factor in patient satisfaction.

According to Nurrochmi (2014) explained that the influence of attitudinal, communication and work experience factors in childbirth assistance on the level of maternal satisfaction. Aspects that might affect the satisfaction of hospitalized patients include the officers serving with courtesy, friendliness, responsiveness, cleanliness of the room and the completeness of the equipment used, so that direct evidence is not too much attention to maternity, but supports service actions, thus influencing respondents' satisfaction. According Muninjaya (2011), that satisfaction with a product / service depends on direct evidence obtained such as a patient

reception room that is clean, comfortable, equipped with chairs, tiled floors, TV, complete office equipment, neat, attractive and clean staff uniforms.

The research results are in line with Nurjanah's research (2012), that patient satisfaction is also influenced by midwife services. In addition, Hermanto (2010) researches that patient satisfaction because most of the patient's perceptions of reliability, responsiveness, assurance, empathy, direct evidence and influential variables are empathy and direct evidence.

Patient satisfaction can be used as a benchmark for nursing services and is a tool that can be trusted to be used as material for preparing hospital service plans. If patients are satisfied with the services received there is a possibility to re-use the next health service (Azwar, 2010). Thus it can be concluded the emergence of patient trust in the services provided. Patient satisfaction is determined by the various types of services obtained by the customer as long as he uses several stages of the service. Dissatisfaction obtained in the early stages of service raises the perception of poor service quality at the next stage of service, so that customers feel dissatisfied with the overall service. The service situation is related to the internal conditions of the customer which affects service performance. Service performance is determined by servants, service processes and the physical environment in which services are provided (Wijono, 2011).

## 5. CONCLUSIONS

Based on the results of the study, it can be concluded as follows

1. There is the influence of physical evidence on the satisfaction of patients in the Maternity Room at the RSUD Manokwari (p-value = 0.036; RP = 1.516; CI95% (1,058 - 2,173).
2. There is an influence of reliability on patient satisfaction in the Maternity Room at Manokwari Hospital (p-value = 0,000; RP = 2,227; CI95% (1,520 - 3,263).
3. There is an effect of responsiveness to patient satisfaction in the Maternity Room at

Manokwari Hospital (p-value = 0,000; Rp. 2,227; CI95% (1,520 - 3,263).

4. There is a guarantee effect on patient satisfaction in the Maternity Room at Manokwari Hospital (p-value = 0.027; RP = 1.548; CI95% (1,108 - 2,168).
5. There is an influence of attention to patient satisfaction in the Maternity Room at the Manokwari Hospital (p-value = 0.001; RP = 1,926; CI95% (1,381 - 2,686).
6. The dominant factors that influence maternal satisfaction in the Maternity Room at Manokwari Hospital are reliability, attention, physical evidence and responsiveness.

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