

THE EFFECT OF NURSING ROUND TRAINING ON PATIENT SATISFACTION IN NURSING SERVICES AT RS X JAKARTA

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ABSTRACT

Nursing rounds is a method used by nursing to explore and discuss in depth the problems of nursing on the patient, as well as to know the implementation of care standard that has been performed to improve service quality. This research aims to see the effect of nursing rounds method training on patient satisfaction with nursing service at RS X. We use pra-experiment design research, pre and post-tests without control, conducted from July 2017 to January 2018 in RS X Jakarta. The research sample is 46 respondents. The intervention of nursing rounds training to the nurse, the evaluation used questionnaire to the patient. Data analysis used Chi-Square and Mann Whitney Tests. The research shows that patient satisfaction with the nursing service in RS X is very satisfied 32.6%, satisfied 67.4%, and dissatisfied 0%. The analysis of respondent characteristics (age, education, time of care, occupation, the person in charge of the medicine cost) and patient satisfaction (intangibility, responsiveness, reliability dimensions) have no relation. Nursing rounds significantly improve patient satisfaction with the nursing service in Empathy (35.4%) and Assurance (47.5%). The increase in patient satisfaction after the nursing round in Empathy ($P=0.007$) and Assurance ($P=0.001$) dimensions in male patients is higher than in female patients ($P=0.035$). From the research results above, tangibility, responsiveness, and reliability dimensions need to be improved by implementing nursing rounds in the ward. It shall be performed simultaneously to enhance the satisfaction of nursing service.

Keywords: *Patient satisfaction; Nursing Round; Nursing Service in Hospital.*

1. INTRODUCTION

Law no. 44 of 2009 concerning Hospitals states that to support their functions, and hospitals carry out nursing service and care activities, medical and non-medical support. The services provided focus on clients/patients as consumers as service recipients (customer services), service quality and patient satisfaction (customer satisfaction). A high level of patient satisfaction with services will occur if the fulfilment of health services follows the expectations of patients/clients and families. (Candra, 2016). Therefore, if the hospital can pay attention to the services provided so that the quality and quality exceed patient/client

expectations, then patient satisfaction standards will be achieved.

Patient satisfaction or customer satisfaction is defined as the response of service recipients to the discrepancy between the level of customer interest and performance that can be felt after service users receive service. (Muninjaya, 2011). Assessing a health service's quality of service and patient satisfaction takes work. According to Astuti (2016), "In the health sector, consumers or patients are in a position that is unable to assess with certainty the quality of the service they receive." Therefore, to determine the quality of services from a hospital, it is necessary to pay attention to evidence or signs from the health service. Five component dimensions are used

as an assessment to measure patient satisfaction according to Asmuji (2012); Tangible dimensions, Reliability, Responsiveness, Assurance, and Empathy.

Another factor influencing service quality is human resources, medical services and nursing care availability. Nurses are one of the critical factors that also affect the quality of service because in carrying out nursing care, nurses deal directly with patients/clients and families. This is supported by the statement put forward by Asmuji (2012), namely that nursing services are in control in determining the quality of health services, where as much as 90% of health services in hospitals are in the form of nursing services. Therefore, in carrying out nursing care, nurses work based on the Indonesian Nursing Practice Standards. One of its contents is that nurses must systematically evaluate through assessment of nursing practice by ensuring that clients receive quality nursing care.

According to Ayuningtiyas (2015), several things cause patients to feel satisfied with the service, including the relationship between the nurse and the patient and the convenience of service. In addition, according to Astuti (2016), patient satisfaction is also influenced by its characteristics; (1) Older patients are generally wiser in assessing and responding to the behaviour of other people compared to young people, (2) Females are more thorough in assessing other people's behaviour, higher satisfaction with nursing services than male patients, (3) Higher education will affect the patient's perception of the quality of nursing services, (4) The presence of work causes people to be relatively busier so that it takes into account the length of service, (5) The length of treatment days affects the length of interaction with nurses in the inpatient room, (6)) The person who bears the cost of care for patients who have a guarantee card will get relief, not paying hospital fees. (Rusdiana, 2014).

One effort that nurses can make to provide quality nursing care to achieve patient satisfaction is to do nursing rounds. Febriana (2009) stated that at the level of

patient satisfaction, there was an effect of satisfaction between groups who received nursing rounds using guidelines on patient pride in nursing services ($P=0.02$) with a 95% confidence level. The patient is the main focus in the nursing round and allows the patient to discuss care and evaluate the nursing services provided. (Kozier, 2010). Mitchell (2014) states that the nursing round method, which is implemented systematically, has the benefit of increasing patient-nurse interaction and supporting the quality of service to achieve patient satisfaction. This follows what was stated in the nursing theory of Imogene M. King (Alligood, 2014) regarding the goals and functions of nursing, namely how nurses can continuously develop knowledge and communication/interaction between patients-nurses as a basis in the nursing profession.

X Jakarta Hospital is a type B hospital, always trying to improve the quality of service in line with the development of science and technology. However, according to the results of the patient satisfaction survey, the service reality index (satisfaction) in the April 2016 period decreased by 0.31% compared to the results of the September survey (80.14%). This indicates that the quality of service decreased and still needs to be in line with patient expectations. Meanwhile, previous survey data for nurse services showed an average reality index of 85.17% and an average expectation index of 88.18%, with a negative gap of 3.01%. Overall, the quality of nursing services has decreased.

Because of the background mentioned above, the study wanted to determine whether there was an effect of nursing rounds training for nurses on patient satisfaction in nursing services at X Hospital Jakarta. The study's general objective was to determine the effect of nursing rounds training on patient satisfaction in nursing services at X Hospital Jakarta.

2. RESEARCH METHOD

This study used a pre-experimental study design with intervention in one group without a comparison conducted in July 2017-January 2018 at X Hospital Jakarta. This study wanted to examine the effect of the independent variable (round nursing training) on the dependent variable (inpatient satisfaction). Sample selection was carried out by purposive sampling with the respondent's inclusion criteria being: awareness of *compos mentis*, age 17 and over, undergoing a minimum of 3 days of treatment in the internal room and being able to communicate verbally well. The number of samples was 46 respondents who were hospitalized before the round of nursing training and 46 respondents afterwards. Data analysis used the Chi-Square and Mann-Whitney tests.

The data collection tool was a questionnaire to obtain information about the characteristics of the respondents (age, gender, education, occupation, length of stay, payers for treatment) and patient satisfaction. The patient satisfaction questionnaire contains 18 statements, with each item having four possible answers: Always score = 4, Often score = 3, Sometimes score = 3, and Never score = 1. The researcher, regarding the theoretical framework, prepared the questionnaire. Questionnaire regarding Tangibility Dimensions (Statements at numbers 1, 2, 3), Reliability Dimensions (Statements at numbers 4, 5, 6,

7, 8), Responsiveness Dimensions (Statements at numbers 9, 10, 11), Assurance Dimensions (Statements on numbers 12, 13, 14, 15), Empathy Dimensions (Statements at numbers 16, 17, 18). The respondent's satisfaction questionnaire with each item has four answer choices: Always score = 4, Often score = 3, Sometimes score = 3, and Never score = 1. The results of measuring satisfaction are very satisfied (total score between 54-72), satisfied (total score between 36-53) and dissatisfied (total score between 18-35). The questionnaire on respondent satisfaction has previously been tested for validity and reliability on inpatient respondents at the hospital.

3. RESEARCH RESULT

Table 1. The most significant percentage (76.1%) of patients stated that they were satisfied with the nursing services at X Hospital, and no (0.0%) patients expressed dissatisfaction. Whereas Table 2. shows the characteristics of the respondents, which include gender, age, education, occupation, length of stay and bearer of costs before the nursing round intervention is carried out. Respondents who had a very satisfactory level of satisfaction with nursing services for men (46.7%) were more significant than women (12.9%). The difference was statistically significant ($P = 0.012$; $p < 0.05$). The number of female respondents was 31 more than 15 male respondents..

Table 1. Description of Patient Satisfaction with Nursing Services before Nursing Rounds at X Hospital Jakarta 2017. (n=46)

Patient satisfaction with nursing services	Total	Percentage
Not satisfied	0	0,0
Satisfied	35	76,1
Very Satisfied	11	23,9
Total	46	100

Source: Primary data processed based on data obtained (2017).

The number of respondents who worked was more than those who did not. The number of patients who worked was 24, and the number of respondents who did not work was 22. The satisfaction level was much higher for respondents who worked (33.3%) than those who did not (13.6%). Statistically, there was no significant relationship between work and respondents' satisfaction with nursing services ($P = 0.118$; $P > 0.05$). The number of days of care was more in respondents with 3-6 days of care, namely 41 people, while only five had 7-15 days of care. The level of satisfaction of respondents who felt very satisfied with nursing services was mostly in respondents with a hospitalization period of 3-6 days (24.4%) rather than a hospitalization period of 7-15 days (20.0%). There was no statistically significant relationship between the length of stay and respondents' satisfaction with nursing services provided ($P=0.828$; $P>0.05$).

Table 2. Relationship Between Characteristics and Patient Satisfaction in Nursing Services before Nursing Rounds at Hospital X Jakarta 2017. (n=46)

Source: Primary data processed based on data obtained (2017).

Variable Classification	Satisfied		Very satisfied		Total		P Value
	N	%	N	%	N	%	
Gender							
- Man	8	53,3%	7	46,7%	15	100%	0,012
- Woman	27	87,1%	4	12,9%	31	100%	
Age							
- Young	19	70,4%	8	29,6%	27	100%	0,279
- Elderly	16	84,2%	3	15,8%	19	100%	
Education							
- Basic (Compulsory Education)	12	92,3%	1	7,7%	13	100%	0,105
- Further Education	23	69,7%	10	30,3%	33	100%	
Length of treatment day							
- 3-6 days	31	75,6%	10	24,4%	41	100%	0,828
- 7-15days	4	80,0%	1	20,0%	5	100%	
Occupation							
- Don't work (unemployment)	19	86,4%	3	13,6%	22	100%	0,118
- Work (employee)	16	66,7%	8	33,3%	24	100%	
Insurer of Costs							
- BPJS	17	81,0%	4	19,0%	21	100%	0,478
- Non-BPJS	18	72,0%	7	28,0%	25	100%	

The number of bearers for medical expenses for non-BPJS patients is more than respondents who use BPJS, namely 25 patients and have a very satisfied level of satisfaction with nursing services (28.0%) than those who use BPJS (19.0%) as many as 21 people. This difference was insignificant between the bearers' medical expenses and the respondents' satisfaction with nursing services ($P=0.478$; $P>0.05$).

Table 3. Results of the Chi-Square test for the equivalence of inpatient characteristics before and after nursing rounds at X Hospital Jakarta, 2017 (n=92)

Classification Variables	Before Intervention		After Intervention		P Value
	n	%	n	%	
Gender					
- Man	15	32,6%	25	54,3%	0,035
- Woman	31	67,4%	21	45,7%	
Age					
- Young	27	58,7%	29	63,0%	0,069
- Elderly	19	41,3%	17	37,0%	
Education					
- Basic (compulsory education)	13	28,3%	11	23,9%	0,635
- Further Education	33	71,1%	35	76,1%	
Length of treatment					
- 3-6 days	41	89,1%	42	91,3%	0,726
- 7-15 days	5	10,9%	4	8,7%	
Occupation					
- Don't work (unemployment)	22	47,8%	26	56,5%	0,404
- Work (employee)	24	52,2%	20	43,5%	
Insurer of Costs					
- BPJS	21	45,7%	20	43,5%	0,834
- Non-BPJS	25	54,3%	26	56,5%	
- Total	46	100%	46	100%	

Source: Primary data processed based on data obtained (2017)

The effect of nursing rounds on increasing patient satisfaction can be seen in Table 3. The results showed that there was a significant difference in the sex of the respondents before and after the nursing round ($p < 0.05$),

Table 4. Mann Whitney Test Results of Inpatient Satisfaction Before and After Nursing Rounds at X Hospital Jakarta, 2017. (n=92).

Dimensions of Satisfaction	Mean rank		% increase	Sig.
	Pre	Post		
Assurance	37,6	55,4	47,4%	0,001
Empathy	39,5	53,5	35,4%	0,007
Tangibility	44,7	48,3	8,1%	0,499
Reliability	42,6	50,4	18,3%	0,157
Responsiveness	44,3	48,7	9,9%	0,428

Source: Primary data processed based on data obtained (2017)

Table 4. Shows the different dimensions of inpatient satisfaction who were respondents before and after the nursing round. The results are as follows: The Assurance dimension indicates that the average satisfaction before and after the nursing round is carried out is an increase of 47.4%. The difference in mean satisfaction before and after a nursing round was statistically significant ($p = 0.001$). The Empathy dimension showed that the mean satisfaction before and after a nursing round was carried out was an increase of 35.4%. The difference in mean satisfaction before and after a nursing round was statistically significant ($p = 0.007$). The Tangibility dimension shows that the average satisfaction before and after the nursing round is carried out is an increase of 8.1%. The difference in mean satisfaction before and after nursing rounds was not statistically significant ($p = 0.499$). The Reliability dimension shows that the average satisfaction before and after the nursing round is carried out is an increase of 18.3%. The difference in mean satisfaction before and after a nursing round was not statistically significant ($p = 0.157$). The Responsiveness dimension shows that the average satisfaction before and after the nursing round is carried out is an increase of 9.9%. The difference in mean satisfaction before and after nursing rounds was not statistically significant ($p = 0.428$). Because the characteristics of the respondents in terms of gender differed significantly before and after the nursing round (table 3), thus

patient satisfaction on the assurance and empathy dimensions differed significantly (table 4), and a bivariate test was performed on both.

Table 5. The results of the Mann-Whitney test on the relationship between gender and the increase in the Empathy and Assurance Dimensions of Nursing Services at X Hospital Jakarta 2017 (n=92)

Satisfaction Dimensions	total	Mean rank	Sig.
<i>Assurance</i>			
- Man	40	56,91	0,001
- Woman	52	38,49	
<i>Empathy</i>			
- Man	40	55,51	0,002
- Woman	52	39,57	

Source: Primary data processed based on data obtained (2017).

Table 5 shows the relationship between the gender of the inpatient respondent and the dimensions of the respondent's satisfaction before and after the nursing round. Nursing rounds increased the average satisfaction on the dimensions of assurance and empathy, and the male respondents were higher than the female patients; the difference was statistically significant ($p < 0.05$).

4. DISCUSSION

Regarding Respondents, Satisfaction can be seen in Table 1. It shows that the most significant percentage (76.1%) of respondents stated that they were satisfied with the nursing services at Hospital X, and no (0.0%) respondents stated that they were not satisfied. Table 2 shows the relationship between the characteristics of the respondents, which include gender, age, education, occupation, length of stay, payroll and respondent satisfaction before the nursing round. The research results found that only the male sex before the

nursing rounds (46.7%) had a very satisfactory level of satisfaction with nursing services greater than female respondents (12.9%). This difference was statistically significant ($P=0.012$; $P<0.05$).

The results of this study are the same as Oroh (2014), which states that male respondents (87.2%) have significantly more satisfaction levels than female gender. However, it is different from Rusminingsih (2017) research, which states that there is no significant relationship between gender and respondents' perceptions of satisfaction. According to the researchers, even though the total number of female respondents was more significant than the number of male respondents, for satisfaction ratings, the number of male respondents was greater than that of the female sex. This is because the male gender places more emphasis on logic in giving an assessment. Meanwhile, female respondents are detailed in their assessments and place more emphasis on feelings. Therefore, female respondents will assess according to what is received and felt. (Astuti, 2016)

The level of satisfaction of very satisfied respondents was felt more by respondents who were not elderly (29.6%) than elderly respondents (15.8%); this difference statistically showed no significant relationship between age and patient satisfaction with nursing services ($P = 0.0279$; $P>0.05$). The results of this study are the same as Merryani (2014), which stated that there was no significant relationship between age and the level of inpatient satisfaction ($P=0.539$, $P>0.05$). However, this is different from research conducted by Al-Abri (2014), which states that patients over 50 are more satisfied with health services. The age difference

will affect one's perception of service quality. Astuti (2016) states that an older person is generally wiser in assessing and responding to other people's behaviour than a young person. Moreover, old age is easier to accept the treatment of others than younger people. According to research, age does not affect nursing service satisfaction, possibly due to the existence of policies or standard procedures governing patient care in hospitals. These standards will make it easier for nurses to carry out nursing care because nurses have the same understanding and perception of service to patients. This impacts the services provided according to standards and does not discriminate against certain ages. Respondents with advanced education obtained a very satisfactory level of satisfaction (30.3%), more significantly than respondents with a basic education level who had a very satisfactory level of satisfaction (7.7%). The difference between educational status and patient satisfaction with nursing services was statistically insignificant ($P=0.105$; $P>0.05$). This follows research conducted by Anjaryani (2009), which stated that there is no relationship between education level and patient satisfaction. However, this study needs to follow Astuti's statement (2016), which states that the level of education will affect patient perceptions of the quality of nursing services. According to the researchers, this difference is because each respondent has a different ability to assess the nursing services received. Patients can think critically about the services provided while being treated, especially those obtained from nursing services. The level of satisfaction of respondents who felt very

satisfied with nursing services mainly was in patients with a hospitalization period of 3-6 days (24.4%) rather than a hospitalization period of 7-15 days (20.0%). There was no statistically significant relationship between the patient length of stay and patient satisfaction with nursing services provided ($P=0.828$; $P>0.05$). This is different from the results of Oroh's research (2014), which concluded that one of the factors that influence the level of patient satisfaction is the length of treatment days with a P value: of 0.016 ($\alpha = 0.05$). Then Zulkarnain (1999) also stated that there is a relationship between characteristics (age, gender, education, occupation, treatment class and payment) and respondent satisfaction. Researchers assume this is because the large number of respondents treated within 3-6 days causes patients to be unable to provide a thorough assessment of nursing services. Therefore, respondents only gave an assessment of what they saw or how far they felt or heard from other people about nursing services. Patients' satisfaction will impact loyalty to a hospital, especially for patients who are being treated for the first time and are not familiar with the hospital at all. According to Muninjaya (2011), if the performance results of health service providers can exceed the expectations desired by users of health services, then what happens is that customers feel very satisfied with the health services they receive. In addition, if the services provided are of good/high quality, they will eventually produce actual customers; that will keep them coming back and praising the quality of the service to others. (Sitorus, 2011).

The satisfaction level was much higher for respondents who worked

(33.3%) than those who did not (13.6%). Statistically, there was no significant relationship between patient work and patient satisfaction with nursing services ($P = 0.118$; $P > 0.05$). Work is information about work performed, activities, standards, context, human behaviour, and the tools used in contrast to the research conducted. Zulkarnain (1999) states that there is a relationship between a person's characteristics (age, gender, occupation, level of education, treatment class and payment) on patient satisfaction. More non-BPJS respondents are responsible for medical expenses than respondents who use BPJS, namely 25 people who have a very satisfied level of satisfaction with nursing services (28.0%) than those who use BPJS (19.0%). The difference is not statistically significant between insurers' medical expenses and patient satisfaction with nursing services ($P=0.478$; $P>0.05$). According to research by Rusdiana (2014), patients will experience satisfaction if given a health insurance card so that patients get relief from not paying hospital fees. According to Muninjaya (2004), the high cost of health services in Indonesia is a severe problem because it places a heavy burden on the public who uses health services. This statement is different from research conducted by researchers. As well as different from Farida's statement (1998) in her research, which stated that Askes patients had a lower level of satisfaction with nurse services than non-Askes patients, which was very significant with a P value: 0.001 ($p < 0.05$). In the research conducted, respondents who used Non-BPJS medical expenses (insurance, personal, office, etc.) had a "Very Satisfied" level with Satisfaction services. According to the researchers, this

happened because when the respondent needed health services, he wanted to get the best, starting from the services that were obtained, it became more accessible, the room was more comfortable, the process was fast, and they got medicines with patent brands so that the healing process was accelerated, so they were allowed to go home. In addition, there is an opinion that patients who use BPJS will queue for a long time, there is a lack of clarity by officers in providing explanations about the BPJS process itself, there is a feeling of unfair treatment, inconvenience, and the lack of speed of services provided (Hazfiarini, 2016). The Effect of Nursing Rounds on Increasing Patient Satisfaction can be seen in table 3. The percentage shows more female respondents before the nursing round (67.4%) than after training (45.7%). After nursing rounds, there were more male respondents (54.3%) than female respondents (45.7%). This difference was statistically significant ($p=0.035$; $p<0.005$). Gender differences between men and women biologically from birth will affect perspectives and other differences. The results of this study are the same as research conducted by Oroh (2014) which stated that male respondents (87.2%) had more satisfaction levels than female gender ($P=0.05$, $P<0.05$) statistically significant relationship between gender and patient satisfaction level. The percentage of respondents who were not elderly before the nursing round (58.7%) was less than after the training (63.0%). This difference was not statistically significant ($p=0.069$; $p>0.05$). The results of this study are the same as the results of a survey conducted by Oroh (2014), stating that there was no

significant relationship between age and the level of inpatient satisfaction ($P=0.069$; $P>0.05$). Age is a unit of time that measures the time of existence of a living thing. Each age stage has its development and abilities. In addition, the respondent's age will also influence the perception of service quality. An older person is generally wiser in assessing and responding to other people's behaviour than a young person. In old age, it is easier to accept the treatment of other people than younger people (Astuti, 2016).

The percentage of respondents with advanced education before the nursing round (71.1%) was less than after the training (76.1%). This difference was not statistically significant ($P=0.635$; $P>0.05$). In contrast to the statement Astuti (2016) states that the level of education will affect the patient's perception of the quality of nursing services. According to the researchers, each respondent has his or her assessment or point of view according to their respective level of education, so the results of the assessment of a nursing service are also different.

The percentage of respondents with a length of stay of 3-6 days before the nursing round (89.1%) was less than the number of respondents after training (91.3%). The difference was not statistically significant between the length of stay and respondent satisfaction ($P=0.726$, $P>0.005$). The length of stay is influenced by several factors, one of which is the health workers who treat patients. Health workers play a significant role in determining the length of stay. This is different from the results of Oroh's research (2014) in the nursing journal, with the title Factors related to the level of

inpatient satisfaction with nursing services in the interior room of Noongan Hospital, it was concluded that one of the factors that influence the level of patient satisfaction is the length of treatment with P-value: 0.016 ($\alpha = 0.05$). According to the researchers, this is because service assessment cannot only be assessed by the length of stay. Several factors also influence it. Some of them are the consistency of work, nurses' ability, and good communication with patients when providing nursing care services (Ayuningtiyas, 2015). In addition, with a stay of 3-6 days, the respondent has yet to be able to assess the nursing services provided thoroughly. Respondents will focus more on the healing process and can fulfil what the respondents hope or desire.

The percentage of respondents who did not work was higher after the training (56.5%) than before the round (47.8%). This difference was insignificant between work and respondents' satisfaction with nursing services ($P=0.404$, $P>0.005$). The results of this study are the same as those put forward by Sudarni (2009), who states that there is no significant relationship between the type of work and patient satisfaction ($P=0.96$, $P>0.05$).

The percentage of bearers of medical expenses for patients who did not use BPJS after the training (56.5%) was higher than before (54.3%). The primary source of health financing; is government, private, insurance and other forms of choice for the community in helping with medical expenses. In contrast to what Sudarni (2009) stated, stated that there was a significant relationship between payment status (Jamkesmas and Social Askes) on patient satisfaction ($P=0.834$; $P<0.005$).

According to the researchers, this is because the increasing cost of treatment at the hospital will burden the public who use health services, so the level of satisfaction with nursing services could be better. The public will use BPJS as a guarantor for medical expenses because it is guaranteed for life and cheaper. We can register at any age when registering to become a BPJS participant (www.BPJS.com).

Table 4. Shows that the dimensions that influence respondent satisfaction are Empathy and Assurance. The Assurance dimension of the satisfaction value was increased before and after the intervention. Namely, 47.4% obtained a P value: of 0.001, meaning there was a significant relationship between the Assurance dimension and patient satisfaction in the quality of nursing services at X Hospital. Then there was an increase in the Empathy dimension of 35.4%, P value: of 0.007 statistically, which means a significant relationship between the Empathy dimension and patient satisfaction in the quality of nursing services at X Hospital. In contrast to research conducted by Marpaung (2009) regarding the Description of Patient Satisfaction with Nursing Services in the Inpatient Room at XYZ Hospital, it was found that the dimensions with a reasonably good satisfaction value are tangible, reliability, responsiveness, assurance, and empathy.

According to researchers, this is because several factors also influence the dimensions of satisfaction. Some of them are on the tangible dimension (regarding cleanliness, the appearance of the nurse, and the nurse's ability to know what the respondent wants), on the reliability dimension (in terms of explanations before taking action, as well as information

obtained from a nurse with other nurses), and responsiveness (in terms of the nurse introducing herself and being polite to the respondent and the nurse coming immediately if the respondent calls) it has not been optimally seen in the services provided. This can be seen when the nurse changes office hours. The nurse only introduces her team but has yet to optimally introduce the name of each nurse on duty during that hour. In addition, the information obtained by the respondent was not optimal regarding the name of the nurse who was responsible for the care of the respondent in the room, so when the researcher asked the respondent the name of the nurse who was responsible, the respondent did not know it.

The results of research conducted by researchers after the implementation of nursing round training found that there was an effect of nursing round training on patient satisfaction in quality.

Nursing services at X Hospital with p -value = 0.011 ($p < 0.05$), statistically it means that there is a relationship between nursing rounds training and patient satisfaction in nursing services. This follows research conducted by Febriana (2009) concerning the Effect of Nursing Rounds on Patient Satisfaction in Nursing Services at the MMC Jakarta Hospital. The results were that there was an effect of satisfaction between groups who received nursing rounds using guidelines on patient satisfaction in nursing services ($P=0.02$) with a 95% confidence level.

When carrying out nursing rounds, nurses and patients have many opportunities to discuss nursing care that is being and will be undertaken during the hospitalization period. In addition, the nursing round aims to evaluate nursing

actions in implementing standard care that has been carried out to improve the quality of nursing services. The benefits of implementing nursing rounds systematically increase patient-nurse interactions and support quality of care for patient satisfaction. Based on the research results, the Nursing Round is suggested to be carried out routinely in the room continuously to achieve patient satisfaction with the quality of nursing services at X Hospital.

Table 5. Shows that the characteristics of the respondents, namely the male sex, influence patient satisfaction in the dimensions of empathy ($p=0.001$; $p<0.05$) and assurance ($p=0.002$; $p<0.05$) in nursing services in hospitals X. In contrast to Rusminingsih's statement (2017), which stated that there was no significant relationship between gender and respondent satisfaction at Pandan Arang Hospital ($P=0.279$, $P>0.005$). According to the researchers, this was because the number of male respondents after nursing rounds was more numerous than female respondents.

Mindset and ability to assess and make decisions will affect the assessment of something. The male gender tends to use logic more and cannot judge things in detail. Therefore what kind of services are provided, and what appears to be assessed by male respondents?

5. CONCLUSION

Patient satisfaction with nursing services at X Hospital Very Satisfied 32.6%, Satisfied 67.4%, Dissatisfied 0%. There is no relationship between characteristics (age, educational status, length of stay, occupation and paying for treatment), only gender, which is significantly related to respondents' satisfaction with nursing services. Nursing rounds significantly increased respondents' satisfaction with nursing services ($p < 0.05$) on the dimensions of assurance (47.4%) and empathy (35.4%), and male respondents were significantly higher than female respondents ($p < 0.05$). results of the conclusions that have been stated above, the researcher then put forward some suggestions or recommendations for Hospital X, especially in the field of nursing, to make a policy or standard operating procedures regarding nursing rounds, conduct training, and increase commitment to jointly carry out rounds and then evaluate them—supervising the execution of the room. In addition, nurses are expected to understand and consistently do whatever supports increasing patient satisfaction with nursing services. Further research can be carried out on the factors that influence the implementation of nursing rounds in specific units in the hospital

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