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THE INFLUENCE OF SERVICE QUALITY AND FACILITIES ON THE PERFORMANCE OF MEDICAL AND NON-MEDICAL STAFF AT BUNDA GENERAL HOSPITAL JAKARTA

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Abstract

Customer-oriented service delivery highlights the significance of meeting user demands and ensuring expectations are addressed promptly and efficiently. Simultaneously, sufficient infrastructure and physical support systems are essential for building organizational values and enabling operational activities to achieve objectives. Job productivity refers to the output produced by individuals or teams within an institutional context. This research explores how service quality and infrastructural support impact the work effectiveness of healthcare and administrative personnel at Bunda General Hospital Jakarta. Data were obtained using a random sampling method from a total population of 415 employees, with a final sample of 81 respondents determined through Slovin's formula (Husein Umar, 2017). Findings reveal that service quality and infrastructure, whether analyzed individually or collectively, significantly and positively affect staff performance in both medical and non-medical functions. Based on these findings, hospital management is advised to enhance service delivery standards, optimize infrastructure, ensure adequate human resource distribution, maintain facilities according to work programs, and, for future studies, expand variables for facility measurement.

Keywords: Service Quality, Facilities and Infrastructure, and the Performance of Medical and Non-Medical Personnel

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INTRODUCTION

Good service quality is a crucial aspect for any organization in facing competition within the service sector, especially those directly related to user satisfaction. The phenomenon of service quality is unique because its dimensions and indicators may vary among the individuals involved in the service process. Therefore, the fundamental guideline that should be used as a reference is the basic essence of service delivery, namely, fulfilling the needs and demands of service users. In the context of healthcare services, this is particularly important so that every service provided can optimally meet patients' expectations.

Beyond the aspect of service excellence, the presence of sufficient and well-maintained physical resources also plays a vital role in supporting organizational effectiveness, enabling smooth operations, and contributing significantly to the attainment of targeted objectives. Without sufficient support from facilities and infrastructure, an organization can't operate effectively and efficiently. This also applies to Bunda General Hospital Jakarta, where the administrative and efficiency of technical operations are strongly influenced by the condition and accessibility of supporting infrastructure. Sufficient and reliable facilities play a crucial role in ensuring the seamless execution of both administrative functions and healthcare service delivery within the hospital setting.

Work performance, which includes both mindset and behavioral aspects, serves as a key indicator in realizing organizational objectives. High-quality performance signifies not only the ability to carry out responsibilities efficiently but also a dedication to ongoing enhancement of work standards. This principle is particularly relevant to the roles of healthcare and support staff at Bunda General Hospital Jakarta, optimal performance is essential to ensure that the hospital's objectives are well achieved. Without optimal performance from all staff, achieving quality results will be difficult.

Referring to the explanation provided earlier, this study seeks to explore the correlation between the quality of services and the adequacy of physical support systems within the organizational context, and the performance of medical and non-medical personnel as important factors supporting the effectiveness of services at Bunda General Hospital Jakarta. This research is intended to offer a comprehensive depiction of the existing circumstances and challenges faced in improving healthcare service quality as well as offer strategic recommendations that can be implemented to achieve better and sustainable services.

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LITERATURE REVIEW

Definition of Service Quality

Service excellence involves delivering assistance that emphasizes promptness, adherence to schedules, and professional conduct to fulfill client demands and align with their expectations (Kotler & Armstrong, 2018). Good service reflects accountability and responsibility, with principles of simplicity, certainty of time, accuracy, and convenience (Sinambela, 2006). The concept of service quality is ever-evolving and integrates multiple dimensions, including tangible outputs, human interactions, procedural mechanisms, and contextual surroundings, all intended to align with or surpass what customers anticipate. (Kotler, 2014). Service is an activity to fulfill societal needs that cannot be carried out individually, but must be provided collectively in accordance with Law of the Republic of Indonesia Number 25 of 2009 (Istianto, 2009; Tangkilisan, 2003).

Definition of Facilities and Infrastructure

Facilities refer to tools or equipment used directly to support the implementation of tasks, while infrastructure refers to facilities that indirectly support the work process, such as buildings and surrounding environments (Mulyasa, 2013). Facilities may consist of movable objects such as desks and computers, while infrastructure consists of immovable objects such as office buildings (Moekijat, 2010; Moenir, 2010). Facilities and infrastructure together facilitate and smooth the implementation of organizational tasks, thus increasing work quality and productivity (Arikunto, 2006; Yuliana, 2017; Yuwono et al., 2024).

Definition of Medical and Non-Medical Staff Performance

Job performance denotes the extent to which an individual successfully accomplishes assigned duties and produces measurable outcomes by an individual based on predetermined standards, encompassing the quality and quantity of task implementation according to assigned responsibilities (Komarudin, 2015; Wibowo, 2018). Employee performance is influenced by abilities, competencies, motivation, and managerial guidance, and must be carried out according to procedures to support organizational goals (Hasibuan, 2017). In the context of medical and non-medical staff, performance reflects the results of work that can be optimally achieved in carrying out daily tasks according to assigned responsibilities (Mangkunegara, 2017).

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RESEARCH METHOD

Population

Population refers to the total number of individuals to be studied. According to Santoso & Madiistriyatno (2021), In research contexts, population describes the overall set of subjects or units under investigation: "Population is a generalization area consisting of objects/subjects that have certain qualities and characteristics determined by the researcher to be studied and from which conclusions are drawn."

Meanwhile, Nanawi (2016) defines population as: "Population is the entire object of research which may consist of humans, objects, animals, plants, phenomena, test values or events as data sources that have specific characteristics in research." The population in this study comprises 415 employees of Bunda General Hospital Jakarta.

Sampling Technique

This study employed a probability sampling approach, specifically random sampling, carried out between May and June 2025. This technique ensures that every individual within the population possesses the same likelihood of being chosen as part of the sample. The determination of the sample size uses Slovin's formula as cited by Umar (2019), which is as follows:

n = number of samples

N = total population

e = error tolerance (% of inaccuracy acceptable when using the sample as a substitute for the population)

A predetermined tolerance level of 10% was selected by the researcher as the basis for computing the total number of required samples in this study:

$$n = \frac{N}{1 + N\,(e)^2}$$

$$= \frac{415}{1 + 415\,(0{,}10)^2}$$

= 80,582 dibulatkan jadi 81 orang sampel

Therefore, the sample taken in this study consists of 81 individuals.

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RESULTS AND DISCUSSION

Validity and Reliability Test of Questionnaire Data Results

Service Quality Variable (X1)

The assessment of the Service Quality variable (X1) was carried out through data processing using the Statistical Package for the Social Sciences (SPSS) Version 28 for Windows. This involved inputting ordinal data derived from a limited tryout involving 10 participants and 10 corresponding questionnaire items, detailed as follows:

Table 1.
Comparison of Rhitung and Rtabel Results for the Service Quality Variable (X1)

	Service Quality (X1)		
Question	rhitung	rtabel	Description
1	0.739	0.666	Valid
2	0.739	0.666	Valid
3	0.675	0.666	Valid
4	0.928	0.666	Valid
5	0.871	0.666	Valid
6	0.871	0.666	Valid
7	0.909	0.666	Valid
8	0.734	0.666	Valid
9	0.892	0.666	Valid
10	0.691	0.666	Valid

Facilities and Infrastructure Variable (X2)

To determine the analysis results of the Facilities and Infrastructure variable (X2), the dataset, comprising ordinal responses from a tryout sample of 10 participants (N = 10) and covering 10 questionnaire items, was analyzed using SPSS software (Version 28 for Windows), as detailed below

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Table 2.
Comparison of Rhitung and Rtabel Results for the Facilities and Infrastructure Variable (X2)

	Facilities and Infrastructure (X2)		
Question	rhitung	rtabel	Description
1	0.951	0.666	Valid
2	0.951	0.666	Valid
3	0.741	0.666	Valid
4	0.791	0.666	Valid
5	0.826	0.666	Valid
6	0.669	0.666	Valid
7	0.911	0.666	Valid
8	0.724	0.666	Valid
9	0.712	0.666	Valid
10	0.956	0.666	Valid

Performance of Medical and Non-Medical Personnel Variable (Y)

To determine the analysis results of the Performance of Medical and Non-Medical Personnel variable (Y), to support the analysis process, the researcher utilized SPSS (Statistical Package for the Social Sciences) version 28 for Windows. This involved entering ordinal-level responses obtained from a limited-scale trial involving 10 individuals. Each participant responded to a total of 10 question items. The data processing procedure is elaborated below.:

Table 3.
Comparison of Rhitung and Rtabel Results for the Performance of Medical and Non-Medical Personnel Variable (Y)

	Performance of Medical and Non-Medical Personnel (Y)		
Question	rhitung	rtabel	Description
1	0.933	0.666	Valid
2	0.750	0.666	Valid
3	0.806	0.666	Valid
4	0.966	0.666	Valid
5	0.959	0.666	Valid
6	0.986	0.666	Valid
7	0.883	0.666	Valid
8	0.831	0.666	Valid
9	0.868	0.666	Valid
10	0.814	0.666	Valid

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Reliability Test

An assessment of the internal consistency for variable X1, which pertains to Service Quality, reveals that the Cronbach's Alpha value reaches 0.953, well above the reference threshold of 0.666. This indicates that the set of items used to measure this variable demonstrates a high level of reliability. Further details are illustrated in the table below:

Table 4.
Reliability Test of Service Quality Variable (X1)

Reliability Statistics	
Cronbach's Alpha	N of Items
.953	10

The instrument used to evaluate the Facilities and Infrastructure variable (X2) demonstrated strong internal consistency, as indicated by a Cronbach's Alpha score of 0.924—significantly exceeding the benchmark value of 0.666. This result confirms that the measurement tool for this variable is statistically reliable, and the instrument for the Facilities and Infrastructure variable (X2) is reliable. See the table below:

Table 5.
Reliability Test of Facilities and Infrastructure Variable (X2)

Reliability Statistics	
Cronbach's Alpha	N of Items
.924	10

The instrument assessing Variable Y, which pertains to the performance of both medical and non-medical personnel, achieved a reliability coefficient (Cronbach's Alpha) of 0.973. Given that this figure is well above the reference value of 0.666, it demonstrates that the scale used provides consistent and dependable results. The full reliability statistics are presented in the following table:

Table 6.
Reliability Test of Performance of Medical and Non-Medical Personnel Variable (Y)

Reliability Statistics	
Cronbach's Alpha	N of Items
.973	10

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Normality Test Result

Table 7.
Chi-Square Analysis Results

Test Statistics	Service Quality (X1)	Facilities and Infrastructure (X2)	Performance of Medical and Non-Medical Personnel (Y)
Chi-Square	12.568a	14.160b	8.321c
df	9	13	10
Asymp. Sig.	0.805	0.824	0.908

Notes:

a. All cells met the required threshold, with none having expected counts below 5. The smallest expected frequency observed was 8.1.
b. No expected values fell below the cutoff point of 5. The lowest expected count recorded was 5.8.
c. Each cell satisfied the minimum frequency condition, with the lowest expected value being 7.4.

Partial Correlation Coefficient Analysis

In order to evaluate how strongly the independent variables, namely, Service Quality (X1) and the adequacy of Facilities and Infrastructure (X2) are associated with the dependent variable, which is the Performance of Medical and Non-Medical Personnel (Y), a partial correlation analysis was conducted. The statistical outcomes of this assessment are detailed in Table 8.

Table 8.
Partial Correlation Analysis Results

Correlations	Service Quality (X1)	Facilities and Infrastructure (X2)	Performance of Medical and Non-Medical Personnel (Y)
Service Quality (X1) Pearson Corr.	1	0.782**	0.901**
Sig. (2-tailed)		0.000	0.000
N	81	81	81
Facilities and Infrastructure (X2)	0.782**	1	0.889**
Sig. (2-tailed)	0.000		0.000
N	81	81	81
Performance of Med/Non-Med Personnel	0.901**	0.889**	1
Sig. (2-tailed)	0.000	0.000	
N	81	81	81

Note: Correlation is significant at the 0.01 level (2-tailed).

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Multiple Correlation Coefficient Analysis

To assess the combined impact of the independent variables (X1 and X2) on the dependent variable (Y), a multiple correlation analysis was carried out through the assistance of SPSS software version 28 for Windows. This approach aims to evaluate both the strength and statistical relevance of the relationship among the variables. A summary of the analytical results is presented in the following table:

Table 9.
Multiple Correlation Coefficient Analysis

Model Summary[b]					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.948[a]	.899	.896	2.16108	1.624

a. Predictors: (Constant), Facilities and Infrastructure (X2), Service Quality (X1)

b. Dependent Variable: Performance of Medical and Non-Medical Personnel (Y)

Referring to the model summary table, the obtained R coefficient is 0.948, while the coefficient of determination (R^2) stands at 0.896, equivalent to 89.6%. These figures suggest that the combined contribution of Service Quality (X1) and Facilities and Infrastructure (X2) to the outcome variable Performance of Medical and Non-Medical Personnel (Y) is both substantial and positively correlated, indicating a very strong level of influence.

Multiple Linear Regression Analysis

The findings derived from the implementation of multiple linear regression, utilizing SPSS Version 28 for Windows, are outlined below:

Table 10.
Multiple Linear Regression Analysis

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.385	1.594		3.123	.037
	Service Quality (X1)	.641	.070	.530	9.154	.000
	Facilities and Infrastructure (X2)	.474	.058	.474	8.197	.000

a. Dependent Variable: Performance of Medical and Non-Medical Personnel (Y)

The functional relationship identified through the regression process is represented by the following equation:

Y = 4.385 + 0.641 X1 + 0.474 X2

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Explanation:

a. A constant value of 4.385 in the regression model suggests that, in the absence of both Service Quality (X1) and Facilities and Infrastructure (X2), the predicted baseline for the Performance of Medical and Non-Medical Personnel (Y) stands at 4.385. This figure reflects the estimated performance level when both independent variables are at zero.
b. The parameter estimate associated with Service Quality (X1) is 0.641. This implies that, with Facilities and Infrastructure (X2) held steady, a one-unit increase in X1 is projected to enhance Y by approximately 0.641 units.
c. As for the Facilities and Infrastructure variable (X2), its regression coefficient is 0.474, indicating that, assuming Service Quality (X1) remains constant, each additional unit of X2 corresponds to an estimated 0.474-unit increase in the dependent variable Y.

F Test (ANOVA)

The analysis of variance (F-test) was performed through the utilization of SPSS software, version 28, operating on the Windows platform. For further clarity, the results are as follows. From the analysis using the SPSS Version 28 ANOVA test or F-calculated between the variables of Service Quality and Facilities and Infrastructure on the Performance of Medical and Non-Medical Personnel, the F-calculated value is 345.442, The significance testing outcome reveals that the probability value stands at 0.000, indicating a high level of statistical confidence. This result, when compared against the critical F-value of 2.720, confirms that the observed F-score of 80 surpasses the required threshold. Consequently, the combined predictors demonstrate a meaningful influence on the dependent variable when evaluated together.

T-Test

The findings derived from testing the proposed hypothesis regarding Service Quality provide evidence on how this variable correlates with the observed changes in the dependent construct and the Performance of Medical and Non-Medical Personnel, the t-calculated value is 9.154 > t0.05 (79) = 1.660, as a result, the null hypothesis is not supported, while the alternative hypothesis is upheld, indicating that the data strongly suggest the presence of a meaningful effect. From the hypothesis testing results between the variable of Facilities and Infrastructure and the Performance of Medical and Non-Medical Personnel, the t-calculated value is 8.197 > t0.05 (79) = 1.660, the statistical evidence derived from the t-analysis renders the proposed assumption plausible, as the test results undermine the initial null claim. This affirms that the conceptual expectations

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outlined earlier, particularly within the hypothesis framework of the literature discussion, are well-supported by the data.

Result of the Coefficient of Determination Test

As the value does not yet indicate the magnitude of the influence, the magnitude is calculated by the predictors; the determination value was obtained using the formula: the square of r multiplied by 100%. A correlation value of 0.901 was identified through prior analysis. When translated into a measure of explanatory strength, this figure, once squared and expressed as a percentage, yields an outcome of 81.2%. In practical terms, this means that Service Quality contributes to over four-fifths of the observed variation in how medical and non-medical personnel perform, and the remaining 18.8% is due to other factors not observed by the author.

To better understand how much Facilities and Infrastructure contribute to the variation in the performance of medical and non-medical personnel, a manual computation was carried out using the determination coefficient. The previously obtained correlation value, 0.889, when squared and converted into a percentage, results in approximately 79.0%. This figure implies that nearly four-fifths of the observed performance outcomes can be attributed to this variable alone, while the remaining 21.0% may be influenced by other elements beyond the scope of this study.

The Influence of Service Quality on the Performance of Medical and Non-Medical Personnel

This study indicates that the combined effect of service excellence and the adequacy of physical resources plays a crucial role in shaping the employees' working conditions (Setyawan et al., 2019; Yonng, 2015), which state that Service Quality on the Performance of Medical and Non-Medical Personnel obtained a value of 0.855, indicating a positive value with a very strong level of influence.

The Influence of Facilities and Infrastructure on the Performance of Medical and Non-Medical Personnel

The research findings show that workload and human relationships simultaneously play a crucial role in shaping the effectiveness of clinical and non-clinical personnel. Similar patterns have been observed in prior investigations carried out by Widyastuti dkk. (2023) and Yonng (2015), which state that Service Quality on the Performance of Medical and Non-Medical Personnel obtained a value of 0.866, indicating a positive value with a very strong level of influence.

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CONCLUSION

The evidence gathered throughout this research points to the conclusion that the performance of medical and non-medical personnel at Bunda Jakarta General Hospital has shown positive outcomes, influenced by both the quality of service and the availability of infrastructure, which have met the expected standards. "Both collectively and individually, these variables contribute meaningfully to enhancing performance, indicating the importance of synergy between high-quality services and adequate facility support in creating a productive and professional work environment in the healthcare sector.

The policy implication of this research suggests the need for hospital management to design strategic policies that emphasize improving service quality through the provision of adequate infrastructure and aligning the number and capacity of human resources. Internal policy reinforcement, such as efficient work schedules, fostering mutual respect in the workplace, and enhancing employee loyalty, should be prioritized. To ensure the effective implementation of these policies, decision-makers need to establish a system of regular evaluation and monitoring, as well as provide opportunities for continuous training and professional development for both medical and non-medical personnel.

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