

SERVICE QUALITY AT RSUD DR. PIRNGADI MEDAN IN THE CONTEXT OF THE IMPLEMENTATION OF MEDAN CITY REGULATION NUMBER 4 OF 2012 ON THE CITY HEALTH SYSTEM

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ABSTRACT

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This study examines the quality of health services at RSUD Dr. Pirngadi Medan within the framework of the implementation of Medan City Regulation Number 4 of 2012 concerning the City Health System. Using the SERVQUAL model tangibles, reliability, responsiveness, assurance, and empathy this research adopts a qualitative descriptive approach. Data were collected through interviews, observations, and documentation involving hospital management, health personnel, and patients. The findings indicate that service quality has not yet reached an optimal level. Constraints in physical facilities, long waiting times, limited responsiveness, and suboptimal communication remain key issues. Although the regulation has been implemented formally, its effectiveness is hindered by managerial limitations, human resource constraints, and inadequate infrastructure. Strengthening hospital management, improving staff competencies, and enhancing supervision are necessary to improve service quality and policy implementation outcomes.

1. INTRODUCTION

Health services represent one of the most fundamental forms of public service because they are directly related to human welfare, quality of life, and social justice. The state, through both central and local governments, has an obligation to ensure that citizens receive accessible, affordable, and high-quality health services. In Indonesia, this responsibility is reinforced by the decentralization policy, which grants local governments greater authority in managing public services, including the health sector. Consequently, regional policies play a critical role in determining the effectiveness and quality of health service delivery.

Public hospitals function as the frontline institutions in providing health services to the community. As public service organizations, hospitals are expected not only to deliver medical treatment but also to uphold service standards that prioritize patient satisfaction, fairness, transparency, and accountability. Service quality in public hospitals is therefore an important indicator of government performance in the health sector. In practice, however, many public hospitals continue to face challenges related to limited resources, high patient volumes, and managerial inefficiencies, which often result in public dissatisfaction.

RSUD Dr. Pirngadi Medan is a regional public hospital owned by the Medan City Government and serves as one of the main referral hospitals for residents of Medan City and surrounding areas. Its strategic position makes RSUD Dr. Pirngadi a crucial institution in the implementation of local health policies, including Medan City Regulation Number 4 of 2012 concerning the City Health System. This regulation

was enacted to strengthen the organization, management, and integration of health services within Medan City, with the ultimate goal of improving service quality and public health outcomes.

Despite the existence of this regulatory framework, various public complaints and field observations indicate that service quality issues persist at RSUD Dr. Pirngadi Medan. Common problems reported by patients include long waiting times, limited physical facilities, insufficient information, and less-than-optimal responsiveness from service providers. These issues suggest a potential gap between policy objectives and actual service delivery, highlighting the need for systematic evaluation.

One widely used framework for assessing service quality is the SERVQUAL model developed by Zeithaml, Parasuraman, and Berry. This model conceptualizes service quality through five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The SERVQUAL approach is particularly relevant in the health sector because it captures both technical aspects, such as facilities and procedures, and functional aspects, such as interpersonal interactions and communication. Applying this model allows researchers to identify specific areas of strength and weakness in service delivery.

Based on these considerations, this study aims to analyze the quality of health services at RSUD Dr. Pirngadi Medan using the SERVQUAL framework and to examine the implementation of Medan City Regulation Number 4 of 2012 in the context of service delivery. This research is expected to contribute to the field of public administration by providing empirical insights into the relationship between local health policy implementation and service quality in

public hospitals. Furthermore, the findings may serve as a reference for policymakers and hospital managers in formulating strategies to improve health service performance.

2. METHODS

This study employed a qualitative descriptive research design to obtain a comprehensive understanding of health service quality and policy implementation at RSUD Dr. Pirngadi Medan. The qualitative approach was chosen because it enables the researcher to explore social phenomena in depth and to capture the perspectives, experiences, and interpretations of various stakeholders involved in health service delivery. Rather than measuring service quality through numerical indicators, this study focuses on understanding how service quality is perceived and experienced by both service providers and service users.

The research was conducted at RSUD Dr. Pirngadi Medan, located in Medan City, North Sumatra. This hospital was selected as the research site due to its strategic role as a regional referral hospital and its direct involvement in implementing Medan City Regulation Number 4 of 2012. Informants were selected using a purposive sampling technique, ensuring that participants possessed relevant knowledge and experience related to the research focus. The informants included hospital management representatives, doctors, nurses, administrative staff, and patients who had received services at the hospital.

Data collection was carried out using three main techniques: in-depth interviews, direct observation, and documentation. Interviews were conducted to explore informants' views on service quality, service procedures, and policy implementation. Observations were undertaken to examine service processes, physical facilities, and interactions between staff and patients within the hospital environment. Documentation involved reviewing institutional reports, service guidelines, and regulatory documents related to the implementation of the city health system policy.

The data analysis process followed an interactive qualitative model consisting of data reduction, data display, and conclusion drawing. During data reduction, relevant information was selected and organized to focus on issues related to service quality and policy implementation. The data were then presented in a narrative form to facilitate interpretation. Conclusions were drawn by identifying patterns and relationships within the data, and these conclusions were continuously verified through triangulation of sources and methods to ensure credibility and validity.

3. RESULTS AND DISCUSSION

The results of this study are discussed based on the five dimensions of the SERVQUAL model, which provide a comprehensive framework for evaluating health service quality at RSUD Dr. Pirngadi Medan.

Tangibles

The tangibles dimension reflects the physical condition of service facilities, medical equipment, and the overall service environment. The findings indicate that RSUD Dr. Pirngadi

Medan generally possesses essential medical facilities required to deliver health services as a regional public hospital. However, several limitations remain evident, particularly in relation to waiting room capacity, seating availability, cleanliness in certain service areas, and the adequacy of supporting infrastructure.

Patients frequently reported discomfort due to overcrowded waiting areas, especially during peak service hours. This situation not only affects physical comfort but also shapes patients' initial perceptions of service quality. According to Grönroos (2007), physical evidence serves as a tangible signal of service reliability and professionalism. In the context of RSUD Dr. Pirngadi, inadequate physical conditions may reduce public confidence, even before service interactions occur.

These findings suggest that infrastructure development and facility maintenance have not fully kept pace with the increasing demand for health services. Although the implementation of Medan City Regulation Number 4 of 2012 mandates the provision of adequate health facilities, practical constraints related to budget allocation and maintenance management limit the hospital's ability to meet these standards consistently. Therefore, improving the tangibles dimension is essential as a foundation for enhancing overall service quality.

Reliability

Reliability refers to the ability of the hospital to deliver services accurately, consistently, and in accordance with established procedures. The study found that RSUD Dr. Pirngadi Medan has standardized service procedures, including registration, examination, and treatment processes. However, the effectiveness of these procedures is undermined by long waiting times experienced by patients at various service stages.

Delays in registration, medical examinations, and medication dispensing were among the most frequently reported issues. These delays indicate inefficiencies in service flow management and coordination among service units. From a public service perspective, reliability is closely linked to institutional credibility (Dwiyanto, 2011). When services are not delivered in a timely and predictable manner, public trust in the institution may decline.

The persistence of reliability issues suggests that policy implementation has focused more on procedural compliance than on operational efficiency. Although service standards are formally established under the city health system regulation, their practical execution requires continuous monitoring and process optimization. Without addressing workflow inefficiencies and human resource distribution, improvements in service reliability will remain limited.

Responsiveness

Responsiveness reflects the willingness and readiness of service providers to assist patients and respond to their needs and complaints. The findings show that staff responsiveness at RSUD Dr. Pirngadi Medan varies across service units. Some health workers demonstrate a proactive and helpful attitude, while others are perceived as slow or less attentive, particularly during periods of high patient volume. Patients often experienced delays in receiving information or assistance, which contributed to frustration and

dissatisfaction. According to Parasuraman et al. (1988), responsiveness is a critical determinant of perceived service quality, especially in service-intensive sectors such as healthcare. Inconsistent responsiveness indicates weaknesses in service supervision and workload management.

This condition highlights the importance of aligning human resource capacity with service demand. The implementation of Medan City Regulation Number 4 of 2012 emphasizes equitable and efficient health services; however, limited staffing and uneven workload distribution hinder the realization of these objectives. Enhancing staff responsiveness requires not only increasing personnel numbers but also strengthening service culture and accountability mechanisms.

Assurance

The assurance dimension relates to the competence, courtesy, and credibility of service providers, as well as their ability to instill trust and confidence in patients. The study found that medical personnel at RSUD Dr. Pirngadi Medan are generally perceived as professionally competent, particularly in terms of clinical skills and technical knowledge.

However, assurance is not solely determined by professional competence. Patients reported that explanations regarding medical procedures, treatment plans, and potential risks were often limited or unclear. This lack of effective communication reduces patients' sense of security and understanding of their own health conditions. Zeithaml et al. (2018) emphasize that clear communication is a key component of assurance, especially in healthcare services where information asymmetry between providers and patients is significant.

These findings suggest that strengthening assurance requires improving communication skills and patient education practices among health workers. Although policy frameworks provide guidance on service standards, assurance can only be achieved when patients feel informed, respected, and confident throughout the service process.

Empathy

Empathy refers to the extent to which service providers offer individualized attention and demonstrate genuine concern for patients. The study reveals that empathy remains one of the weakest dimensions of service quality at RSUD Dr. Pirngadi Medan. High patient volumes and heavy workloads limit the ability of staff to engage in patient-centered interactions.

As a result, service encounters tend to be procedural and task-oriented, with limited personal communication. From the perspective of public service ethics, empathy is a critical element in ensuring equitable and humane service delivery (Hardiyansyah, 2018). The absence of empathetic interactions may lead patients to feel neglected, even when technical services are adequately provided.

This finding underscores that improving service quality requires addressing not only structural and procedural issues but also relational aspects of service delivery. Training programs that emphasize communication skills, ethical sensitivity, and patient-centered care are therefore essential to strengthen the empathy dimension.

Overall, the findings demonstrate that the quality of health services at RSUD Dr. Pirngadi Medan has not yet reached an optimal level across all SERVQUAL dimensions. While

Medan City Regulation Number 4 of 2012 provides a comprehensive policy framework for the city health system, its implementation at the hospital level faces significant institutional challenges.

These challenges include limited infrastructure, human resource constraints, managerial inefficiencies, and gaps between formal standards and actual practices. This study supports the argument that policy effectiveness is not determined solely by regulatory design, but by the capacity of implementing institutions to translate policy objectives into concrete service outcomes (Osborne, 2010).

In this context, improving health service quality requires an integrated approach that combines policy enforcement with institutional strengthening. Hospital management must focus on process optimization, human resource development, and service culture transformation. At the same time, local government authorities should enhance supervision and evaluation mechanisms to ensure that health policies are implemented consistently and sustainably.

4. CONCLUSION

This study examines the quality of health services at RSUD Dr. Pirngadi Medan within the framework of the implementation of Medan City Regulation Number 4 of 2012 concerning the City Health System, using the SERVQUAL model as the main analytical tool. The findings indicate that, although the regulation has been formally implemented, the quality of health services provided by the hospital has not yet reached an optimal level. This condition reflects a gap between regulatory objectives and actual service delivery practices at the institutional level.

Based on the SERVQUAL dimensions, several structural and operational weaknesses were identified. In the tangibles dimension, limitations in physical facilities, waiting room capacity, and supporting infrastructure reduce patient comfort and negatively influence perceptions of service quality. These physical constraints indicate that infrastructure development has not fully kept pace with increasing service demand. In terms of reliability, long waiting times and delays in service processes remain a dominant issue, suggesting inefficiencies in service flow management and coordination among service units. This condition undermines the hospital's ability to consistently deliver services in accordance with established standards.

The responsiveness dimension reveals uneven staff readiness in responding to patient needs and complaints. While some health workers demonstrate a willingness to assist patients, responsiveness is not consistently applied across all service units, particularly during peak service hours. This inconsistency contributes to patient dissatisfaction and highlights the need for better workload management and service supervision. In the assurance dimension, medical personnel are generally perceived as competent and professionally qualified; however, insufficient communication regarding medical procedures and treatment outcomes reduces patients' sense of security and trust. Effective communication is a crucial component of service assurance, especially in the health sector where patients rely heavily on information provided by medical professionals.

Furthermore, the empathy dimension remains a significant challenge. High patient volumes and heavy workloads limit the ability of staff to provide individualized attention and

patient-centered care. As a result, service interactions tend to be procedural rather than empathetic. This finding emphasizes that improving service quality is not solely a matter of infrastructure or technical competence, but also requires strengthening human relations, communication skills, and ethical commitment among health workers.

From a policy implementation perspective, this study demonstrates that the effectiveness of Medan City Regulation Number 4 of 2012 is strongly influenced by institutional capacity, including managerial effectiveness, human resource availability, and infrastructure adequacy. Formal compliance with policy provisions is not sufficient to ensure high-quality service outcomes. Instead, policy implementation must be supported by continuous monitoring, adequate resource allocation, and adaptive management strategies that respond to changing service demands.

In conclusion, improving health service quality at RSUD Dr. Pirngadi Medan requires an integrated approach that combines regulatory enforcement with institutional strengthening. Hospital management should prioritize service process optimization, infrastructure improvement, and continuous capacity building for health personnel, particularly in communication and patient-centered care. Additionally, local government authorities need to enhance supervision and evaluation mechanisms to ensure that health policies are implemented effectively and sustainably. Strengthening collaboration between policymakers, hospital management, and service providers is essential to achieve the broader goal of equitable, efficient, and high-quality public health services.

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