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Description of Inpatient Satisfaction Levels for Nutrition Consultation Services at Regional General Hospitals

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ABSTRACT

Background: Hospital nutrition services are an essential part of the entire service system for hospital patients. Nutrition consultation is a vital nutrition service because everyone has different problems. Quality nutrition consultation can also increase the effectiveness and efficiency of resources and provide patient satisfaction.

Research Methods: This type of observational research with a cross-sectional design. The subjects used in the study were 34 patients in the inpatient room of Mataram City Hospital. The data collected in this study are all nutrition consulting services which include: the counselor's appearance, media, material, time, and place. The collected data is then processed by editing and coding manually, then tabulated from the answer scores obtained using a presentation table in the form of a diagram or table. Furthermore, the data were analyzed using descriptive analysis.

Research Result: This study illustrates patient satisfaction with nutrition consultations conducted by nutritionists. The aspects assessed are reliability, responsiveness, assurance, attention, and evidence. Regarding reliability, the dominant value is satisfaction in nutrition officers providing services in a thorough and timely manner (64.71%). The responsiveness aspect illustrates the principal value of pleasure with being very satisfied with the nutrition officer who always takes the time to listen to patient complaints (55.88%). The aspect of guaranteeing the dominant value of the nutrition officer is acting politely and being friendly (61.8%). The attention aspect illustrates the principal value of nutrition officers willing to respond to patient complaints in a friendly manner regarding nutrition counseling provided with a delighted level (61.8%). In the aspect of the evidence, the dominant value of the nutrition officer item is the result of consultation with patients (leaflet/showing the effects of counseling) with a delighted level (58.8%).

Conclusion: This study illustrates patient satisfaction with nutrition consultations conducted by nutritionists. The aspects assessed are reliability, responsiveness, assurance, attention, and evidence.

RACKGROUND

Entering the current era of globalization, excellent service is a significant component in hospitals and health units. Hospitals are required to provide health services that meet optimal service standards. Health and nutrition are important factors that cannot be separated because they directly affect the quality of human resources. High-quality human resources can be achieved by good health and nutritional status. To achieve good nutritional status, efforts to improve nutrition are needed, namely through improving nutrition in the

family and nutrition services for individuals who experience treatment at a health service (Ministry of Health, 2013 Nurparida, 2011).

Hospital nutrition services are essential to the entire service system for hospital patients. Hospital nutrition services are nutrition services provided to patients to achieve optimal conditions in meeting the nutritional needs of sick people, both for their body metabolism, health improvement, or correcting metabolic disorders to improve healing efforts for inpatients and outpatients (Ministry of Health, 2013).

Nutrition services at the hospital include 4 (four) sections, namely: outpatient nutrition care, inpatient nutrition care, food administration, and nutrition research and development. The four activities reflect the quality of health services at the hospital (Ministry of Health, 2013). Nutrition care for outpatients is by providing nutrition consultation. Nutrition consultation is an essential nutrition service because everyone has different problems. Patients are entitled to quality nutritional consultations because nutritional consultations are integral to accelerating the patient's healing process. Quality nutrition consultation can also increase the effectiveness and efficiency of resources and provide patient satisfaction. Patients in the hospital have different needs, choices, interests, uniqueness, and sensitivities, so nutrition consultations should be tailored to patients' needs, interests, and expectations.

Nutrition consultation is one part of promotive and preventive efforts to maintain health status and prevent disease and assist in overcoming health problems that must be provided on an ongoing basis (Effendi, 1998). Nutrition consultations can be conducted using various media and methods tailored to the target. The media commonly used by nutritionists can be food models, booklets, leaflets, fliers, flip charts, posters, and electronic media such as television: dramas, advertisements, films, and radio spots (Sinta Fitriani, 2011).

The aspects needed in implementing nutrition consultations are the implementation pattern of activities, including approaches, methods, materials, media, place, and time. The nutritionist's practice of nutrition consulting services needs to be evaluated to see patient satisfaction.

Based on the above, the researchers wanted to see patient satisfaction with nutrition consultations conducted at the general hospital in Mataram. This study aimed to determine the satisfaction of nutrition counseling services by nutritionists at the hospital.

METHODS

This research is a type of observational research with a cross-sectional design. The population in this study were all inpatients who received nutrition counseling services at the Mataram City General Hospital.

Research respondents were determined by meeting the following inclusion criteria: inpatients, aged > 19 years, conscious and able to communicate well, and willing to be research respondents. The exclusion criteria are as follows: patients who cannot read the questionnaire and the questionnaire needs to be filled in completely. The sampling technique used is accidental sampling. The data collected in this study were all nutrition consulting services which included: counselor appearance, media, material, time, and place.

The counselor is a nutritionist with a minimum Bachelor of Applied/S1 Nutrition education. The counselor's assessment consists of aspects of reliability, the responsiveness of nutritionists, guarantees, concern, and evidence.

The collected data is then processed by editing and coding manually, then tabulated from the answer scores obtained using a presentation table in the form of a diagram or table. Furthermore, the data were analyzed using descriptive analysis.

RESULTS

The subjects used in the study were 34 patients in the inpatient room of Mataram City Hospital. After obtaining respondents who met the research criteria, the respondents filled out informed consent/a statement of willingness to become research respondents. Furthermore, the patient was interviewed and nutritional counseling. The characteristics of the research subjects are presented as follows:

Table 1. Distribution of Respondent Characteristics

Characteristics	n	%
Age (year)		
19-29	2	5,88
30-49	9	26,47
50-64	18	52,94
65-80	5	14,71
Gender		-
Man	25	73,53
Woman	9	26,47
Last Education		-
Finished elementary school	5	14,71
Middle school graduate	5	14,71
Graduated from high school	8	23,53
Diploma III	3	8,82
Diploma IV/S-1	11	32,35
Magister	2	5,88
Work		.,
Government employees	7	20,59
Private employees	5	14,71
Housewife	3	8,82
Pensionary	5	14,71
Self-employed	4	11,76
Other	10	29,41
Nutritional Status/IMT (kg/m²)		,
17-18,4 (mild weight loss)	6	17,65
18,5-25 (normal)	22	64,71
25,1-27 (mild degree of overweight)	4	11,76
>27 (overweight degree of weight)	2	5,88
Number of Visits		,
1 time	8	23,53
2 time	3	8,82
3 time	4	11,76
4 time	1	2,94
Often	2	5,88
Do not remember	16	47,06
Nutrition Consultation Material		- ,
Diabetes Mellitus	12	35,29
Kidney illness	9	26,47
Stomach disease	2	5,88
Liver disease	1	2,94
Heart disease	1	2,94
Hipertention	2	5,88
Other	7	20,59

Table 1 shows that most respondents were aged 50-64 years (52.94%), and the dominant sex was male (73.53%). The last dominant education was DIV/S1, with 32.35% of respondents, and the average was a civil servant (20.59%). The average nutritional status based on the dominant body mass index is normal (64.71%). The highest number of visits was one time (23.53%), and the type of consultation that the respondents received the most was regarding the Diabetes Mellitus diet, namely 12 people (35.29%), then material about Kidney Disease (26.47%). Nutritionists provide consultations as counselors according to the needs and conditions of the patient's disease.

Table 2. Distribution of Patient Satisfaction Levels

No	Statement	Very Dissatisfied	%	Not satisfied	%	Quite satisfied	%	Satisfied	%	Very satisfied	%
	A Daliability	(1)		(2)		(3)		(4)		(5)	
1.	A. Reliability The procedure for carrying out your nutrition counseling service	0	0	0	0	2	5,88	21	61,76	11	32,35
2.	according to the disease Nutrition officers use counseling	0	0	0	0	0	0	19	55,88	15	44,12
3.	tools/media properly and appropriately Nutrition officers	0	0	0	0	0	0	22	64,71	12	35,29
	provide thorough services (assess, diagnose nutrition, intervene and provide monitoring and evaluation).										
4.	Nutrition officers provide timely services (not complicated and do not	0	0	0	0	1	2,94	22	64,71	11	32,35
5.	take long) Nutrition officers use tools optimally in	0	0	1	2,94	5	14,71	15	44,12	13	38,24
6.	providing nutritional counseling The nutrition officer explained the results of the nutritional counseling analysis	0	0	2	5,88	3	8,82	16	47,06	13	38,24
7.	B. Responsive Nutrition officers provide information that is easy to understand through the media used	0	0	0	0	2	5,88	14	41,2	18	52,9

8.	Nutrition	0	0	0	0	1	2,94	14	41,2	19	55,88
	officers						-,		,-		,
	always take										
	the time to listen to										
	patient										
	complaints										
9.	Nutrition	0	0	0	0	1	2,94	15	44,12	18	52,9
	officers										
	respond to										
	complaints and questions										
	given by										
	patients										
	C. Assurance/C						• • •	• •	- 0.0		•••
10.	The nutrition officer	0	0	0	0	1	2,94	20	58,8	13	38,24
	maintains your										
	confidentiality										
	when										
	providing										
	nutrition counseling										
	services										
11.	Nutrition	0	0	0	0	1	2,94	18	52,9	15	44,1
	officers can be						,				Í
	trusted when										
	carrying out their duties										
12.	Nutrition	0	0	0	0	0	0	13	38,24	21	61,8
	officers	v	Ü	Ŭ	Ü	Ü	Ü	10	20,2.		01,0
	always act										
	politely and friendly in										
	friendly in providing										
	nutrition										
	counseling										
10	services	0	0	0			0	10	7.7. 0		
13.	Nutrition officers are	0	0	0	0	0	0	19	55,9	15	44,1
	swift in										
	carrying out										
	actions and										
	handling										
	patient complaints										
	D. Empathy										
14.	Nutrition	0	0	0	0	0	0	17	50	17	50
	officers are										
	able to communicate										
	directly with										
	patients										
	clearly										
15.	Nutrition	0	0	0	0	0	0	18	52,9	16	47,1
	officers are able to create										
	comfort in the										
	counseling										
	process										
16.	Service to all	0	0	0	0	2	5,88	16	47,1	16	47,1
	patients										
	regardless of										

_											
	social status										
17.	Nutrition	0	0	0	0	0	0	13	38,23	21	61,8
	officers are										
	willing to										
	respond to										
	patient										
	complaints in										
	a friendly										
	manner										
	regarding the nutrition										
	counseling										
	provided										
	E. Evidenced										
18.	The	0	0	0	0	0	0	16	47,1	18	52,9
10.	nutritionist	O	U	U	U	U	U	10	77,1	10	32,7
	always looks										
	neat and clean										
19.	The nutrition	0	0	0	0	1	2,94	16	47,1	17	50
	officer						,-	-	. ,		
	displays the										
	services										
	sequentially										
20.	The	0	0	1	2,94	0	0	13	38,23	20	58,8
	nutritionist				•						
	gives the										
	results of the										
	consultation to										
	the patient										
	(leaflet/shows										
	the results of										
	the										
	counseling)										

Table 2 shows the categories of perceived reliability of the quality of nutrition consultation services which include procedures for carrying out nutritional counseling services according to the disease stated that they were satisfied (61.76%), nutrition officers used counseling tools/media adequately and appropriately expressed satisfaction (55.88%), Nutrition officers provide services carefully (review, diagnose nutrition, intervene and provide monitoring and evaluation) express satisfaction (64.71%), nutrition officers provide services on time (not complicated and do not take long to express satisfaction (64.71%), the nutrition officer used the tools optimally in providing nutrition counseling expressed satisfaction (44.12%), the nutrition officer explained the results of the nutritional analysis expressed satisfaction (47.06%).

Based on the responsiveness category, which includes the nutrition officer providing information that is easy to understand through the media used, stating that they are delighted (52.9%), the nutrition officer always takes the time to listen to patient complaints (55.88%), the nutrition officer responds to complaints and questions given by patients stated very satisfied (52.9%).

Based on the guarantee category, which includes the nutrition officer maintaining the confidentiality of Mr/Mrs when providing nutrition counseling services, stating satisfaction (58.8%), The nutrition officer can be trusted when carrying out the task expressing satisfaction (52.9%), The nutrition officer always acts politely and is friendly in providing nutritional counseling services stated that they were delighted (61.8%), nutrition officers were swift in carrying out actions and handling patient complaints expressed satisfaction (55.9%).

Based on the attention category, which includes Nutrition officers able to communicate directly with patients who clearly stated that they were delighted (50%), Nutrition officers who were able to create comfort in the counseling process stated they were satisfied (52.9%), Service to all patients regardless of social status stated very satisfied (47.1%), Nutrition officers are willing to respond to patient complaints in a friendly manner regarding the nutrition counseling provided (61.8%).

Based on the category of evidence, the nutrition officer always looks neat and clean, stating that they are delighted (52.9%), the nutrition officer performing the Service sequentially states that they are delighted (50%), the nutrition officer gives the results of consultations to patients (leaflets/shows the results of counseling) stating delighted 58.8%.

DISCUSSION

In the category of reliability and quality of nutrition consultation services: on average, nutrition officers at the Mataram City General Hospital have carried out procedures for carrying out nutrition counseling services according to the disease; nutrition officers use counseling tools/media adequately and appropriately, nutrition officers provide services carefully (assess, diagnose nutrition, intervene and provide monitoring evaluation), nutrition officers provide timely services (not complicated and do not take a long time, and nutrition officers use tools to the maximum in providing nutritional counseling and nutrition officers explain the results of nutritional analysis well. However, still, some respondents expressed dissatisfaction with the results of the nutrition officer's explanation in terms of nutritional counseling analysis. Based on the responsiveness category, the average respondent stated that they were delighted with matters related to the nutrition officer providing information that was easy to understand through the media used, the nutrition officer always made time to listen to patient complaints, and the nutrition officer responded to complaints and questions given by patients.

Based on the guarantee category, the average respondent stated that they were satisfied with: the nutrition officer maintaining the confidentiality of Mr/Mrs when providing nutrition counseling services, could be trusted when carrying out their duties, always acting politely and friendly in providing nutrition counseling services, the nutrition officer was swift in carrying out actions and handling patient complaints. In the service quality assurance category, respondents felt the nutrition officer's service quality could generate trust and confidence from the staff's knowledge, ability, and courtesy. However, some activities could have been more optimal, such as 2.94% satisfied with the nutrition officer's item. Confidentiality when providing nutrition counseling services, and nutrition officers can be trusted when carrying out their duties.

Based on the attention category, the average respondent expressed satisfaction with the nutrition officer's communication which was carried out. The nutrition officer created comfort in the counseling process and served all patients regardless of social status. The nutrition officer was willing to respond to patient complaints in a friendly manner regarding the nutrition counseling provided. However, some respondents answered that nutrition officers provided services to patients by looking at their social status (5.88%).

Based on the evidence category, the average respondent answered that they were delighted with the appearance of the nutrition officer, who was neat and clean, the nutrition officer presented the services sequentially, and the nutrition officer gave the results of the consultation to the patient (leaflet/showing the results of the counseling). However, there were also respondents (2.94%) who still gave the impression that nutrition officers still needed to provide the results of consultations with patients.

Patient satisfaction is the leading indicator of the standard of a health facility and is a measure of service quality. Low customer satisfaction will have an impact on the number of visits that will affect the survival of an institution or institution. The attitude of employees toward customers will also impact customer satisfaction, where the customer needs from time to time will increase, and so will the demand for the quality of Service to be provided (Triatmojo, 2006) (Aliffianti, 2015).

In line with research (Aliyah, 2023) that the counselor's attitude is in the form of friendliness and the counselor's way of communicating, as many as 80 respondents (65%) stated that the nutrition officer's communication was good. In this study, 108 respondents (98.2%) expressed satisfaction with a good nutrition consultation. The counselor's attitude is good communication skills by using various ways of communicating, responding to listening, doing, and sharing. The aspects needed to implement nutrition counseling include the counselor, methods, materials, media, place, time, and frequency of consultations.

CONCLUSIONS

This study illustrates patient satisfaction with nutrition consultations conducted by nutritionists. The aspects assessed are reliability, responsiveness, assurance, attention, and evidence. Regarding reliability,

the dominant value is satisfaction in nutrition officers providing services in a thorough and timely manner (64.71%). The responsiveness aspect illustrates the dominant value of satisfaction with being very satisfied with the nutrition officer who always takes the time to listen to patient complaints (55.88%). The aspect of guaranteeing the dominant value of the nutrition officer is acting politely and being friendly (61.8%). The attention aspect illustrates the dominant value of nutrition officers willing to respond to patient complaints in a friendly manner regarding nutrition counseling provided with a delighted level (61.8%). In the aspect of the evidence, the dominant value of the nutrition officer item is the result of consultation with patients (leaflet/showing the results of counseling) with a delighted level (58.8%).

SUGGESTION

Further studies are needed regarding the factors that influence patient satisfaction.

REFERENCES

- Aliffianti, R. (2015). Tingkat Kepuasan Pasien Pada Pelayanan Makanan Di Rumah Sakit 'Aisyiyah Purworejo. Universitas Negeri Yogyakarta.
- Aliyah F, Khasanah Tri Ardanti, (2023). The Relation of Nutrition Services, Food Quality, and Nutritional Counseling on Patient Satisfaction at Balaraja Hospital. Jurnal Kesehatan Indonesia (The Indonesian Journal of Health), Volume XIII, Nomor 2, Maret 2023.
- Almatsier, S. (2004). Penuntun Diet Edisi Baru. Jakarta: Gramedia Pustaka Utama.
- Anjaryani, W.D., (2009). Kepuasan Pasien Rawat Inap Terhadap Pelayanan Perawat Di RSU Tugurejo Semarang. Available: http://Eprints.Undip.Ac.Id/24124/10/Wike_Diah_Anjaryani.Pdf, Semarang: Universitas Diponegoro Semarang, 16 Januari 2016.
- Ari, N. K. (2013). Kepuasan Pasien rawat Inap Terhadap Performance Ahli Gizi Ruangan di RSUD Singaraja dan RS Kertha Usada Singaraja. Politeknik Kesehatan Denpasar.
- Arifin, Mokhammad dkk., 2013. Tingkat Kepuasan Pasien Rawat Inap Terhadap Pelayanan Keperawatan, STIKES Muhammadiyah Pekajangan Pekalongan.
- Aritonang, I. (2014). Penyelenggaraan Makanan Manajemen Sistem Pelayanan Gizi Swakelola & Jasaboga di Instalasi Gizi Rumah Sakit. 2 ed. Yogyakarta : PT. Leutika Nouvalitera.
- Astuti, Eny Kustiyah., 2014. Analisis Kepuasan Pasien Rawat Inap Atas Pelayanan Rumah Sakit Umum Kabupaten Sragen. Universitas Islam Batik Surakarta
- Dr., S. N. (2010). Metode Penelitian Kesehatan. Jakarta: Rineka Cipta Ilyas.2001.Teori,Penilaian dan Penelitian Kinerja. Cetakan Kedua. Jakarta: Pusat Kajian Ekonomi Kesehatan FKM-UI. http://lib.ui.ac.id/file?=digital/125309-S-5594-Gambaran%20kinerja-Literatur.pdf
- Kemenkes RI. (2013). Pedoman Pelayanan Gizi Rumah Sakit. Kementerian Kesehatan Republik Indonesia: Jakarta
- Kementerian Kesehatan Republik Indonesia. Keputusan Menteri Kesehatan RI Nomor: 129/Menkes/SK/II/2008 tentang Standar Pelayanan Minimal Rumah Sakit (tersedia dalam https://www.slideshare.net/flsmed/kepmenkesno120tahun2008standarpelay analminimalrs di akses pada 17 Januari 2019)
- Nopiani, 2011. Tingkat Kepuasan Pasien Rawat Inap terhadap Kinerja Ahli Gizi Ruangan Di RSUD Sanglah Denpasar, Denpasar: Poltekkes Denpasar Jurusan Gizi. Soewondo P. 2002. Obesitas Sebagai Factor Risiko Penyakit Jantung Koroner. Simposium Obesitas, Apakah Suatu Penyakit? Jakarta; 2002.