Study Comparing the Quality of Service and Customer Satisfaction of Hospitalization before and During the Covid-19 Pandemic at the Private Hospital of Gorontalo City

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Abstract:- This study aims to analyze the comparison of service quality and customer satisfaction of hospitalization before and during the Covid-19 pandemic at private hospitals in Gorontalo City. The methods used in this study are comparative methods and techniques with survey approaches, which will explain the circumstances and compare between the time before and during the covid-19 pandemic in Gorontalo City. the number of axial samples of 100 patients / families of patients from a population of 500 people. The results of the study showed that for indicators of physical appearance and hospital admission services (TF-PMRS), Reliability and Physician Services (Kh-Pl. D), Responsiveness and Care Services (DT-Pl. Pw) has a significant level of difference before and during the covid pandemic. While on the Empathy and Patient Eating Service (Em-PMP) indicator, as well as the Indicator of Guarantee and Financial Administration Services (Jam-PAK) have no difference before and during the covid-19 pandemic.

Keywords:- Comparison, Quality, Service, Satisfaction.

I.   INTRODUCTION

The increasing number of hospitals built by both the private sector and the government, demanding a hospital to be ready to compete. Increasingly fierce competition encourages private hospitals and government hospitals to develop adequate services, marketing patterns, and completeness of facilities and infrastructure.

The main problem of a health care agency is the increasing number of patients, especially COVID 19 patients. Therefore, hospitals are required to always maintain consumer confidence by improving the quality of service so that customer satisfaction increases. To measure the quality of hospital services there are five dimensions of service quality that are based on the difference, between the value of expectations and the value of performance felt by consumers.

There are three private hospitals in Gorontalo. Mother, RS. Multazam, and rs. Siti Khadijah), is one of the service hospitals in Gorontalo City. Currently the three private hospitals are developing hospitals in Gorontalo Province and become one of the referrals of health services in Gorontalo Province. This condition is the main basis for inpatient units in marketing services / services. Therefore, hospitals urgently need professional employees in supervising the quality of service and convincing patients to remain interested in the services offered, especially quality services.

Based on the arguments above, the problem in this study can be formulated is "whether there are differences in the quality of service and customer satisfaction of hospitalization at Bunda Hospital, Multazam Hospital, and Siti Khadijah Hospital Before and During the COVID-19 Pandemic.

The purpose of this study is to find out and analyze differences in service quality and customer satisfaction in gorontalo city private hospitals before and during the COVID-19 pandemic.

Quality of Service is an assessment of the extent to which a service is in accordance with what should be provided or delivered, further saying that quality is measured through consumer research on customer perception of the quality of service of an organization. Quality of service is one of the indicators in measuring the effectiveness of organizational performance both private and public.

The quality of service can be measured by five dimensions according to the order of degrees of relative importance (Tjiptono, 2009), namely reliability, assurance, physical evidence, empathy and responsiveness. Quality of

service is seen as one of the components that need to be realized by the company, because it has the influence to bring in new consumers and can reduce the possibility of old customers to move to other companies. Quality of service is defined as the level of excellence expected and control over the level of excellence to meet the customer's wishes (Tjiptono, 2008: 85) Service implies the relationship of two parties directly involved in the company's activities. The first party is the one who provides services in this case is the company. While the second party is the person who asks for or gets the last service is commonly called a customer. As a company service provider, of course, it must be able to provide a good and pleasant service for customers. The goal is to make the customer satisfied.

Based on the opinion of experts about the dimensions of service quality, it can be concluded some credible dimensions that are qualified so that a service allows to cause customer satisfaction. The dimensions are: Tangibles or physical evidence, Reliability or reliability, Responsiveness or responsiveness, Assurance or assurance / certainty, Empathy or care.

According to Kotler (2013: 150) Customer Satisfaction is a feeling of pleasure or disappointment that arises after comparing the performance (results) of the product thought to the expected performance (or results). From the definition it can be said if the performance of the product is not in accordance with the expectations of the patient or the patient's family and if the expectations set are too low, then the patient or the patient's family will feel dissatisfied, then the patient's patient or family will feel satisfied, but if the performance of the product exceeds expectations, then hotel guests will feel happy and very satisfied.

Customer satisfaction formulated by Richard Oliver (Barnes, 2003: 64) is the customer's response to the fulfillment of his needs. It means the assessment that a form of privilege of a good or service or goods / services itself, provides a level of comfort associated with the fulfillment of a need, including the fulfillment of needs below expectations or fulfillment of needs exceeding customer expectations.

From the two definitions above shows that customer satisfaction is a fulfillment of expectations. Customers can be said to be satisfied with the products and services provided if the customer's expectations of the products / services provided have been in accordance with even exceeding their expectations. In the service industry, customer satisfaction is measured by the level of customer satisfaction based on overall experience with the company. In other words, the patient's satisfaction or the patient's family can be measured by the level based on the overall experience felt by the patient or the patient's family during hospitalization.

Companies need to measure customer satisfaction in order to see the feedback and input that can be taken by the company for the purposes of developing and implementing kotler customer satisfaction improvement strategy (1999: 54) states that there are four methods to measure customer satisfaction, namely:

1. A system of complaints and suggestions. Every customer-centered company needs to provide an opportunity for its customers to submit their suggestions, opinions, and complaints. Many restaurants and hotels provide forms for guests to find out their likes and complaints. This flow of information provides a lot of good ideas and companies can move quickly to solve problems.

2. Customer satisfaction survey. The company cannot assume that a system of complaints and suggestions can fully describe customer satisfaction and disappointment. Responsive companies measure customer satisfaction by conducting periodic surveys. They submit a list of questions or call a random group of their buyers to find out how they feel about different aspects of the company's performance. The company also asks the buyer's opinion regarding the performance of the competitor company.

3. Ghost Shopping. This method is implemented by hiring several people (ghost shoppers) to act as customers or potential buyers of competing company products to report strong points and weak points that they experience when buying company products and competitors' products. Ghost shoppers can also observe how to handle each complaint.

4. Lost customer analysis. Companies should contact customers who have stopped buying or who have switched suppliers in order to understand why this is happening and to be able to take the wisdom of further improvements or improvements.

II. RESEARCH METHODS

The study took place in the inpatient units at three private hospitals in Gorontalo City, namely Bunda Hospital, Siti Khadijah Hospital, and Multazam Hospital. The research time was carried out for 3 full months, from March 15 to June 15, 2021.

The methods used in this study are comparative methods and techniques with survey approaches. This method is a method where researchers will explain the circumstances and comparison between the time before and during the covid-19 pandemic in the city of Gorontalo. In addition, cross-comparison was carried out between inpatient units at three private hospitals in Gorontalo City. According to Sugiyono (2015), survey research is a study that takes samples from one population and uses questionnaires as a basic data collection tool.

Comparative Research according to Hasan (2002) is a statistical procedure for testing differences between two (variable) or more data groups. This test depends on the type of data (nominal, ordinal, interval/ratio) and the sample group being tested. Comparison between two independent samples that are the samples are separate from each other expressly where the members of one sample are not members of the other sample.

With respect to the type of research that is comparative research, then in this study there is no dependent variabal (bound) but only tests the same two variables with different samples. The variables used in this study are the quality of service described briefly as follows:

a. Quality of service: is an effort to meet the needs and desires of consumers and the accuracy of their delivery in balancing consumer expectations. (Tjiptono, 2009). The indicators are Physical Display (TF), Empathy (Em), Responsiveness (DT), Reliability (Kh), and Assurance (Clock) using ordinal scales and intervals.

b. Consumer satisfaction is defined as the overall attitude that consumers show for a good or service after they acquire and use it. This is a post-election evaluative assessment caused by the selection of special purchases and the experience of using or consuming such goods or services, Kotler and Keller (2013: 150). Indicators of satisfaction assessment by patients consist of Hospital Admission Services (PRMS), Doctor Services (Pl.D), Nurse Services (Pl. P), Patient Eating Services (PMP), and Administrative and Financial Services (PAK). The scales used are ordinal and interval

The number of samples in this study was 100 patients / families of patients. The sampling technique used is an accidental sampling technique that is a technique of determining samples based on accidental, i.e. anyone who has received the services of a private hospital by chance meeting with researchers can be used as a sample, when viewed by people who happen to be encountered it is suitable as a source of data.

Statistical Hypothesis (Test t) To find out the relationship between variable X1 and variable X2 whether there is a difference, then a comparative test with the following provisions:

1. This test is done to test the homogeneity of the data, it can also be used to see the significance of the average difference of a sample group with a defined comparison value.

2. Independent sample t test This test is conducted to find out the significance of the difference in average two groups of samples that are not related to each other.

3. Paired sample t test Through this test, it can be seen the significance of the difference in the average of two interconnected sample groups. Overall, this comparative test was conducted with the aim of proving the researcher's hypothesis.

III. RESULTS AND DISCUSSIONS

a. Research results

The variables in the study were averaged one year before and an average of one year during Covid 19 performing services and measures of satisfaction. This study compared the quality of service and satisfaction of private hospital patients before and during Covid 19 represented by 100 patients/ families of patients. The variables used in the study to measure the quality value of service were Physical Display (TF), Reliability (Kh), Responsiveness (DT), Empathy (Em), and Assurance (Hours). As well as measuring the value of satisfaction, namely hospital admission services, doctor services, nurse services, patient feeding services, and administrative and financial services.

Table 1 Descriptive Statistics of Service Quality Variables Average Period 1 Year Before and 1 Year During the Covid 19 Pandemic

VAR	Average Period	Mean	St. Dev.	Maks	Min
TF	1 Year Before	1.730	0.767	2.667	0.283
	1 Year During	1.880	1.899	8.801	0.189
Kh	1 Year Before	1.078	0.631	2.052	0.098
	1 Year During	1.079	0.984	3.726	0.174
DT	1 Year Before	0.053	0.068	0.209	(0.025)
	1 Year During	0.047	0.059	0.143	(0.133)
Em	1 Year Before	0.085	0.215	0.328	(0.130)
	1 Year During	0.118	0.155	0.482	(0.282)
hour	1 Year Before	2.290	3.777	16.929	0.109
	1 Year During	4.387	7.486	39.024	0.023

Source: Secondary data processed, 2021

Based on the table above, you can see the minimum value, maximum value, standard deviation, and mean of each variable for the period of one year before and one year during the Covid 19 pandemic.

It is known that the average physical display value (TF) for the average period of one year before Covid 19 amounted to 1,730 with a standard deviation of 0.767. The standard deviation value is smaller than the mean, indicating that there is no big difference between the maximum value and the minimum value. For the average value (mean) of TF the average period of one year during Covid 19 shows 1,880

with a standard deviation of 1,899. It can be seen that the standard deviation value is greater than the average value. This indicates that there is a big difference between the maximum value and the minimum value.

It is known that the average value of Reliability (Kh) one year before Covid 19 amounted to 1,078 with a standard deviation of 0.631. The standard deviation value is smaller than the average value. This shows that there is no big difference between the maximum value and the minimum value. And for the average value of one year during covid 19 amounted to 1,079 with a standard deviation of 0.984. The

standard deviation is smaller than the mean, which clearly means that there is no big difference between the maximum value and the minimum value.

It is known that the average value of Responsiveness (DT) one year before Covid 19 amounted to 0.053 with a standard deviation of 0.068. A larger standard deviation indicates that there is a large difference between the maximum value and the minimum value. As for the average value of one year during Covid 19 amounted to 0.047 and the standard deviation of 0.059. A larger standard deviation illustrates that there is a large difference between the maximum value and the minimum value.

Known mean of Empathy (Em) one year before Covid 19 amounted to 0.087 with a standard deviation of 0.215. The larger standard deviation illustrates that there is a large

difference between the maximum value and the minimum value. Likewise with the one-year period during Covid 19, the average value of Empathy is 0.118 with a standard deviation of 0.155. An average value smaller than the standard deviation indicates that there is a large difference between the maximum value and the minimum value.

Known the mean value of the Guarantee (Hours) for the period of one year before Covid 19 amounted to 2,290 and the standard deviation of 3,777. With a standard deviation greater than the mean indicates that there is a large difference between the maximum value and the minimum value. And for the average value of the Guarantee with a one-year period during Covid 19 of 4,387 with a standard deviation of 7,486, it means that there is a big difference between the maximum value and the minimum value.

Table 2 Descriptive Statistics of Patient Satisfaction Research Variables Average Period Of One Year Before and One Year During the Covid 19 Pandemic

VAR	Periode Rerata	Mean	St. Dev.	Maks	Min
PMRS	**Average Period**	1.557	1.128	5.715	0.303
	1 Year Before	1.794	1. 541	5.989	0.236
Pl. D	1 Year During	1.187	0.945	4.562	0.193
	1 Year Before	1.185	1.0417	4.721	0.226
Pl. P	1 Year During	0.068	0.143	0.613	(0.005)
	1 Year Before	0.040	0.069	0.202	(0.120)
PMP	1 Year During	0.151	0.270	0.846	(0.016)
	1 Year Before	0.116	0.189	0.717	(0.211)
PAK	1 Year During	2. 231	5. 643	25.300	0.032
	1 Year Before	3. 824	7. 489	36.762	0.011

Source: Secondary data processed, 2021

Based on the table above, you can see the minimum value, maximum value, standard deviation, and mean of each variable for the period of 1 year before and 1 year during Covid 19.

It is known that the value of Hospital Admission Services (PMRS) for the average period of one year before Covid 19 amounted to 1,557 with a standard deviation of 1,128. It is known that the standard deviation is smaller than the average value, meaning that there is no big difference between the maximum value and the minimum value. For the average value (mean) pmrs of the average period of one year during Covid 19 shows 1,794 with a standard deviation of 1. 541. It can be seen that the standard deviation value is smaller than the average value. This indicates that there is no big difference between the maximum value and the minimum value.

It is known that the average value of Doctor Service (Pl. D) for the period of one year before Covid 19 amounted to 1,187 with a standard deviation of 0.945. The standard deviation value is smaller than the average value, indicating that there is no major difference between the maximum value and the minimum value. And for the average value of Doctor Services one year during Covid 19 amounted to 1,185 with a standard deviation of 1.0417. The standard deviation is smaller than the mean, which clearly means that

there is no big difference between the maximum value and the minimum value.

It is known that the average value of Nurse Services (Ply Pw) one year before Covid 19 amounted to 0.068 with a standard deviation of 0.143. A larger standard deviation indicates that there is a large difference between the maximum value and the minimum value. As for the average value of one year during Covid 19 of 0.040 and the standard deviation of 0.069. A larger standard deviation illustrates that there is a large difference between the maximum value and the minimum value.

It is known that the mean of the Patient Feeding Service (PMP) for a period of one year before the covid 19 pandemic amounted to 0.151 with a standard deviation of 0.270. The larger standard deviation illustrates that there is a large difference between the maximum value and the minimum value. Likewise with the one-year period during Covid 19, the average value of PMP is 0.116 with a standard deviation of 0.189. An average value smaller than the standard deviation indicates that there is a large difference between the maximum value and the minimum value.

Known the mean value of Admistration and Financial Services (PAK) for the period of 1 year before Covid 19 amounted to 2. 231 and a standard deviation of 5. 643. With

a standard deviation greater than the mean indicates that there is a large difference between the maximum value and the minimum value. And for the average value of PAK with a period of 1 year during Covid 19 of 3. 824 with a standard deviation of 7. 489, meaning that there is a big difference between the maximum value and the minimum value.

Uji hipotesis dalam penelitian ini menggunakan uji paired sample T-test untuk mengukur perbandingan kualitas pelayanan dan kepuasan pasien rumah sakit swasta sebelum dan selama Covid 19 di Kota Gorontalo. Data hasil pengolahan menggunakan SPSS 20 dapat dilihat dibawah ini:

Table 3:- Results of Physical Appearance Hypothesis Test with Hospital Admission Services

Hypothesis	Mean		T count	Prob	Conclusion
	Before	During			
H1 average one year before vs. average of one year during pandemic	1.337	1.822	-1.09090	0.2751	TF RS different
H1 average one year before vs. average of one year during pandemic	1. 535	1. 974	-0.55926	0.5825	PM RS different

Source: Secondary data processed, 2021

The results of an analysis of service quality variables comparing average physical appearance one year before and one year during the Covid 19 pandemic obtained a significance value of 0.2751. As for the results of the analysis of patient satisfaction variables that compare hospital admission services in the year before and one year during the Covid 19 pandemic obtained a significance value of 0.5825. It can be seen that the significance values obtained above (0.2751 and 0.5825) are greater than the significance level used at 5% (0.05), which is 0.2751 > 0.05 and 0.5825 > 0.05. This indicates that H1 is accepted. This means that there is a significant difference between the physical appearance before and during the Covid 19 pandemic, the difference lies in the arrangement of inpatients, where the patient's room layout is different from

the inpatient instead of Covid 19 while still adjusted to the standards of health room layout for handling the virus. Furthermore, for hospital admission services one year before and one year during the pandemic there are also differences. In this aspect patients exposed to covid 19 are served specifically because services for patients exposed to covid 19 are not correct for direct contact and the recipients of patients must also use certain tools to avoid exposure to the virus. This means that although all inpatients get the same treatment without any discrimanation in patients but during this pandemic period in the admission of patients admitted to the hospital is carried out specific treatment in order to avoid direct contact both patients with patients maupu patients with the patient's receiving administrator officers.

Table 4 Results of the Sub Var Hypothesis Test. Reliability (Kh) with Physician Services (Pl.D)

Hypothesis	Mean		T count	Prob	Conclusion
	before	after			
H2 average one year before vs. average of one year during pandemic	1.076	1.066	0.014395	0.0398	Kh is no different.
H2 average one year before vs. average of one year during pandemic	1.179	1.185	-0.037310	0. 6370	Pl. D is different

Source: Secondary data processed, 2021

The results of the analysis of hospital reliability variables on average one year before and one year during the Covid 19 pandemic obtained a significance value of 0.0398. As for the results of the analysis of doctor service variables one year before and one year during Covid 19 obtained a significance value of 0. 6370. It can be seen that the significance value obtained above for reliability aspects (0.0398) is smaller than the significance level used which is $\alpha = 5\%$ (0.05), which is 0.0398 < 0.05 and 0.0376 < 0.05. This indicates that H0 is accepted. This means that there is

no significant difference in the reliability aspect of hospitals one year before and one year during the Covid 19 pandemic. This means that for the three private hospitals in Gorontalo City still can still be relied upon to serve all patients who are exposed to covid 19 or not. Another case for doctor services in one year before one year during the Covid 19 pandemic there is a difference. This means that all doctors work according to their area of expertise and they perform more time as prescribed by the hospital.

Table 5:- Results of The Responsiveness Hypothesis (DT) and Nursing Service (Pl. Pw) Test Results

Hypothesis	Mean		T count	Prob	Conclusion
	Before	after			
H3 average of one year before vs. average of one year during a pandemic	0.051	0.042	0.509515	0.6310	DT RS is different
H3 average of one year before vs. average of one year during a pandemic	0.075	0.043	1.006322	0.3210	Pl. Pw RS is different

Source: Secondary data processed, 2021

The results of the Service Quality variable analysis comparing the average responsiveness one year before and one year during the Covid 19 Pandemic obtained a significance value of 0.6310. As for the results of the analysis of satisfaction variables that compare Nurse Services one year before and one year long pandemic covid 19 obtained a significance value of 0.3210. So it can be seen that the significance values obtained above (0.6310 and 0.3210) are greater than the significance level used which is 5% (0.05), which is 0.6310>0.05 and 0.3210>0.05. This

indicates that H1 is accepted. This means that there is a significant difference in hospital responsiveness for the one-year period before vs. one year during the pandemic. Similarly, the service by nurses one year before vs. one year during the pandemic looks different because at the time of the pandemic the number of patients affected by covid is very high as well as the death rate, so extra work services are needed for nurses or other health workers to ensure inpatients get adequate services.

Table 6
Results of Empathy Hypothesis (Emp) and Patient Feeding Service (PMP) Test Results Before and During a Pandemic

Hypothesis	Mean		T count	Prob	Conclusion
	Before	after			
H4 average of one year before vs. average of one year during a pandemic	0.089	0.114	-0.440371	0. 0369	Emp RS is no different.
H4 average of one year before vs. average of one year during a pandemic	0.165	0.128	0.521173	0. 0315	PMP RS is no different.

Source: Secondary data processed, 2021

The results of an analysis on hospital empathy comparing an average of one year before and one year during the pandemic obtained a significance score of 0.0369. As for the results of the analysis on patient feeding services one year before and one year during the pandemic obtained a significance value of 0.0315. It can be seen that the significance values obtained above (0.0369 and 0.0315) are smaller than the significance level used at 5% (0.05), of

which 0.0369 < 0.05 and 0.0315 < 0.05. This means that hypothesis zero (H0) is accepted. This meant that there was no significant difference between the empathy of three hospitals one year before and during the pandemic, as well as the patient feeding service one year before vs. one year during the pandemic according to standards set by the hospital and by other health professions associations.

Table 7:- Results of The Assurance Hypothesis Test (Hours) - Administrative-Financial Services (PAK)

Hypothesis	Mean		T count	Prob	Conclusion
	Before	after			
H5 average of one year before vs. average of one year during a pandemic	2.281	3.292	0.52012	0.0118	RS Hours No different
H5 average of one year before vs. average of one year during a pandemic	2.332	3.245	-0.45380	0.0258	PAK RS is no different.

Source: Secondary data processed, 2021

The results of a sub-variable assurance analysis comparing the average one year before and one year during the pandemic obtained a significance value of 0.0118. As for the results of the analysis of financial administration services one year before and one year during the covid 19 pandemic obtained a significance value of 0.0258. It can be seen that the significance values obtained above (0.0118 and 0.0258) are smaller than the significance level used which is 5% (0.05), which is 0.0118< 0.05 and 0.0258 < 0.05. This indicates that H0 is accepted. This means that there was no significant difference between the hours for inpatients at

these three hospitals before and during the pandemic. Similarly, financial administration services one year before vs. one year during the pandemic made no difference. It is intended that all patients who want to seek treatment in these three private hospitals are still guaranteed to get the same treatment and also get guaranteed the best treatment from the hospital. Similarly, the financial administration service is no different because the administrative treatment is in accordance with the value of the services provided by the hospital.

Table 8
Recapitulation of hypothesis test results

VAR	Hypothesis	Mean		T count	Prob	Conclusion
		Before	After			
TF and PMRS	H1 average of one year before vs. average of one year during a pandemic	1.337	1.822	-1.09090	0.2751	TF RS is different
	H1 average of one year before vs. average of one year during a pandemic	1. 535	1. 974	-0.55926	0.5825	PM RS is different
Khl and Pl. Dr	H2 average of one year before vs. average of one year during a pandemic	1.076	1.066	0.01435	0.0398	Kh is no different.
	H2 average of one year before vs. average of one year during a pandemic	1.179	1.185	-0.03731	0. 6370	Pl. Dr is different
DT and Pl. Pw	H3 average of one year before vs. average of one year during a pandemic	0.051	0.042	0.50951	0.6310	DT RS is different
	H3 average of one year before vs. average of one year during a pandemic	0.075	0.043	1.00632	0.3210	Pl. P RS is different
Emp and PMP	H4 average of one year before vs. average of one year during a pandemic	0.089	0.114	-0.44037	0. 0369	Emp RS is no different
	H4 average of one year before vs. average of one year during a pandemic	0.165	0.128	0.52117	0. 0315	PMP RS is no different
Hour and PAK	H5 average of one year before vs. average of one year during a pandemic	2.281	3.292	0.52012	0.0118	Hour RS is no different
	H5 average of one year before vs. average of one year during a pandemic	2.332	3.245	-0.4538	0.0258	PAK RS is no different

b. Discussion

Aspects of Physical Appearance and Hospital Admission Services Before and During a Pandemic

On the physical appearance aspect of the hospital before and during the pandemic gave rise to quite convincing results. Among them were physical display variables tested using two-time different tests on average, for an average period of one year before and an average of one year during the covid 19 pandemic there was an increase in physical appearance but not too significant. Where there are only a few changes to the layout of the hospital to maintain comfort among good patients who are inpatients with these patients who are exposed to covid.

This suggests that pandemic conditions cannot provide a massive change in appearance in hospitals because it will take a long time and cost a lot of money. However, there is still a change in physical appearance although not significant. So it can be concluded that H1 is accepted, meaning that there are still significant differences in the physical appearance of the layout before and during the Covid 19 pandemic.

On the other hand, the satisfaction about hospital admission services also changes. In this aspect patients exposed to covid 19 are served specifically because services for patients exposed to covid 19 are not allowed for direct contact and the recipients of patients must also use certain tools to avoid exposure to the virus. This means that although all inpatients get the same treatment without any discrimanation in patients but during this pandemic period in the admission of patients admitted to the hospital is carried out specific treatment in order to avoid direct contact both patients with patients maupu patients with the patient's receiving administrator officers.

This shows that the quality of the services of these three sick rmah when viewed from the aspect of physical performance has qualified the quality of inpatient services both before the pandemic and during the covid 19 pandemic. These three private hospitals continue to improve to adjust to the conditions and health changes experienced by the people of Gorontalo city in particular and Gorontalo Province in general.

Although there is a pandemic covid then these three private hospitals can also accept and treat inpatients who have been exposed to covid 19. From the aspect of the layout is in accordance with the procedures and standards imposed. Similarly, in the variable satisfaction in the aspect of hospital admissions the level of treatment also shows an increase in services because it requires extra protection work for both patients and health teams who receive patients.

Aspects of Reliability and Physician Services Before and During the Covid 19 Pandemic

In the service quality variable for reliability aspects are not too different even no difference. This aspect can be demonstrated by niai signfikansi that is smaller than the alpha value. This does not mean that the three private hospitals in gorontalo city are not considered reliable but that both before and at the time of the pandemic the three hospitals have become a public trust to receive health services from these three hospitals. Because it considers that at all times the hospital is required to always be ready so that the trust of the community is maintained.

It is different from the variable satisfaction with the aspect of doctor's service. Based on the results of the data analysis obtained that there was an increase in patient satisfaction with services by doctors at the time of the covid 19 pandemic. Although not all doctors have the same expertise in the field of visrus but to still maintain the health of the community they are shoulder to shoulder to perform services to the community, especially in patients exposed to covid 19. So that there is no discrimination of waiters by doctors in these two different inpatients. Even every time many doctors from these three hospitals work more than the time they have to work in order to keep health services going.

Aspects of Responsiveness and Nurse Services Comparison Before with During the Covid 19 Pandemic

In the aspect of hospital responsiveness before and during the pandemic gave rise to quite convincing results. Among them the aspect of responsiveness tested using two-time different tests on average, for an average period of one year before and an average of one year during the covid 19 pandemic there was a significant increase in responsiveness. Where there are only a few increases in hospital responsiveness to maintain comfort among good patients who are inpatients with these patients who are exposed to covid.

This shows that pandemic conditions can provide direct changes in responsiveness in inpatients, especially those exposed to covid 19 on a large scale in hospitals. So that it can be concluded that H1 is accepted, meaning that there is a significant difference in the level of household responsiveness over the quality of service in inpatients before and during the covid 19 pandemic.

On the other hand, the satisfaction about nurse services has also changed. In this aspect patients exposed to covid 19 are served specifically because services for patients exposed to covid 19 are not allowed for direct contact and the recipients of patients must also use certain tools to avoid exposure to the virus. This means that although all inpatients get the same treatment without any discrimanation in patients but during this pandemic period in the admission of patients admitted to the hospital is carried out specific treatment in order to avoid direct contact both patients with patients maupu patients with the patient's receiving administrator officers.

This shows that the quality of the services of these three hospitals when viewed from the aspect of responsiveness is very qualified quality of inpatient services during the covid 19 pandemic. These three private hospitals continue to improve to adjust to the conditions and health changes experienced by the people of Gorontalo city in particular and Gorontalo Province in general.

Although there is a pandemic covid then these three private hospitals can also accept and treat inpatients who have been exposed to covid 19. From the aspect of care services, where the variable satisfaction in the aspect of nurse services the level of treatment also shows an increase in services because it requires extra protection work for both patients and health teams who receive patients.

Empathy and Patient Eating Services Comparison Before with During Covid 19 Pandemic

On the service quality variable for empathy aspects are not too different even no difference. This aspect can be indicated with a significant value that is smaller than the alpha value. This does not mean that the three private hospitals in Gorontalo City do not show empathy for inpatients, but that both before and during the pandemic, the three hospitals have become the public's trust to be willing to accept health services from these three hospitals. Because it considers that at all times the hospital is required to always be kind and pay more attention to each of these patients, so that public trust is maintained.

Similarly, the variable satisfaction with aspects of patient eating services. Based on the results of the data analysis obtained that there was no increase at the time of the covid 19 pandemic or the treatment of food waiters remained the same. This means that all inpatients all get a proportional feeding service according to the patient's condition. So that there is no service discrimination then in these two different inpatients.

The results of an analysis on hospital empathy comparing an average of one year before and one year during the pandemic obtained a significance score of 0.0369. As for the results of the analysis on patient feeding services one year before and one year during the pandemic obtained a significance value of 0.0315. This means that hypothesis zero (H0) is accepted. This meant that there was no significant difference between the empathy of three hospitals one year before and during the pandemic, as well as the patient feeding service one year before vs. one year during the pandemic according to standards set by the hospital and by other health professions associations.

Aspects of Financial Administration and Services Comparison Before with During the Covid 19 Pandemic

On the service quality variable for the guarantee aspect there is not too much difference even no difference. This aspect can be indicated with a significant value that is smaller than the alpha value.

Similarly, the variable satisfaction with aspects of financial administration services. Based on the results of the data analysis obtained that there was no increase at the time of the covid 19 pandemic or the treatment of servants an adminstration remained the same. This means that all inpatients all get a proportional adminstration service in accordance with the patient's condition. So that there is no service discrimination then in these two different inpatients.

The results of a sub-variable assurance analysis comparing the average one year before and one year during the pandemic obtained a significance value of 0.0118. As for the results of the analysis of financial administration services one year before and one year during the covid 19 pandemic obtained a significance value of 0.0258. It can be seen that the significance values obtained above (0.0118 and 0.0258) are smaller than the significance level used which is 5% (0.05), which is 0.0118< 0.05 and 0.0258 < 0.05. This indicates that H0 is accepted. This means that there was no significant difference between the hours for inpatients at these three hospitals before and during the pandemic. Similarly, financial administration services one year before vs. one year during the pandemic made no difference.

It is intended that all patients who want to seek treatment in these three private hospitals are still guaranteed to get the same treatment and also get guaranteed the best treatment from the hospital. Similarly, the financial administration service is no different because the administrative treatment is in accordance with the value of the services provided by the hospital.

IV. CONCLUSION

Based on the results of research and discussion in the previous chapter, the author can draw several conclusions, as follows;

1. Comparison of one year before and one year during the pandemic covid 19, in the aspect of physical display to three private hospitals in Gorontalo City the level of difference can be categorized as low, but in the aspect of hospital admission services there is a significant difference because at the time of the pandemic there needs to be more extra examinations on each patient who enters to sort out which patients are exposed to covid 19 and which are not.

2. In the reliability aspect there is no difference in the time before and during the covid 19 pandemic. This is because patients have the view that these three private hospitals both before and during covid remain trusted and relied upon by the public to come for treatment. But in the variable of patient satisfaction in the aspect of service by hospital doctors greatly increased during the pandemic. Because they realize that the focus of the

expectations of patients is on the health services carried out by doctors.

3. In terms of responsiveness and satisfaction with nurse services, because in the pandemic period, patients need to have strict service, especially in inpatients exposed to covid 19.

4. On the aspect of empathy and patient feeding services according to the results of calculations have no difference. This means that both before and during the pandemic, health workers are required to always empathize fully with patients. Similarly, for feeding services for patients, it is still given according to the proportion of patients. Similarly, in the aspect of guarantees and financial administration services of hospitals also do not experience the difference before and during covid 19.

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