

CHAPTER I INTRODUCTION

1.1 Background

Hospitals provide comprehensive individual health services. Hospital groupings are based on the organization's management, namely, the management of government and private hospitals.¹ One of the medical support services that should not be overlooked is hospital food service, namely food presentation.² Food presentation is an important component in the success of hospital food service. According to several studies, government and private hospitals receive different evaluation from the public regarding their health services.³ According to Isabela *et al.* (2019), 37.3% of patients at Hanau Hospital, Seruyan Regency, Central Kalimantan, expressed dissatisfaction with the food service.⁴ According to research by Sholeha *et al.* (2020), 54% of patients expressed satisfaction with food services at the Muhammadiyah Taman Puring Hospital Jakarta ($p = 0.001$).⁵

Patient satisfaction with food service can affect the rest of the food served by the hospital.⁶ The rest of the food can determine the ability and willingness of patients to consume the food served.⁷ Based on the research of Nur Wahidatul (2019), 100% of the leftover food from inpatients at the Ir. Soekarno Hospital, Sukoharjo Regency, was rated unfavorable, as evidenced by the rest of the patient's food in the dish plate > 20%.⁸ In line with the research of Ima *et al.* (2019), it was found that there was 43.3% leftover food at Roemani Muhammadiyah Semarang

¹David Widgery. (2020). Health Statistics, Science as Culture. vol.1, <https://doi.org/10.1080/09505438809526230>.

²Ayu Rahadiyanti, (2024). Buku Pedoman Gizi Rumah Sakit (PGRS) 2013, <https://ahligizi.id/blog/2021/12/27/buku-pedoman-pelayanan-gizi-rumah-sakit-pgrs-2013/>.

³Agus Salim, (2020). Analisis Kualitas Pelayanan Rumah Sakit Negeri X Dan Kualitas Pelayanan Rumah Sakit Swasta Y Di Kota Pekanbaru, Journal of STIKes Awal Bros Pekanbaru 1, no. 1: 38–47, <https://doi.org/10.54973/jsabp.v1i1.15>.

⁴Lastmi Wayan Sari Ira Esabela, Setyowati, (2018). Makanan Menurut Karakteristik Pasien Di Rsud Hanau, Kabupaten Seruyan, Kalimantan Tengah.

⁵Silviyana Sholeha et al., (2020). Pentingnya Kualitas Pelayanan Makanan Terhadap Kepuasan Pasien Rawat Inap. Jurnal Ilmiah Kesehatan 19, no. 02: 55–58, <https://doi.org/10.33221/jikes.v19i02.513>.

⁶Salim, (2020). Analisis Kualitas Pelayanan Rumah Sakit Negeri X Dan Kualitas Pelayanan Rumah Sakit Swasta Y Di Kota Pekanbaru.

⁷Ulva Hasdiana, (2018). Manajemen Sistem Penyelenggaraan Pangan Institusi. Analytical Biochemistry 11, no. 1: 1–5.

⁸Nur Wahidatul Ihsaniyah, (2019). Gambaran Persepsi Penyajian Makanan Dan Sisa Makanan Biasa Pada Pasien Rawat Inap Kelas Iii Rsud Ir. Soekarno Sukoharjo. Publikasi Ilmiah 8, no. 5: 55.

Hospital.⁹ The high level of food not consumed by patients can result in the length of hospitalization, complications, increased mortality, which morbidity, and ultimately can affect medical costs.¹⁰

Several factors influence the selection of healthcare facilities, including socioeconomic status in education, employment, and income.¹¹ The socioeconomic status of the community influences the choice of health services. This condition encourages individuals to select the type of service that aligns with their needs and financial capabilities, so they are expected to get maximum satisfaction from the services received.¹² Based on research by Syukma *et al.* (2022) stated that 63.8% of working patients felt that they did not utilize the health services of Government Hospital H. Padjonga Dg. Ngalle Takalar Regency.¹³ Anny's research (2019) at Islamic Hospital Jepara stated that 65% of patients have high economic status ($p = 0.288$).¹⁴

The region in Indonesia that shows dissatisfaction with food services in hospitals in Central Java Province. One of the hospitals in Central Java is the Ir. Soekarno Hospital, Sukoharjo Regency. Based on Safitri's research (2019) at Ir. Soekarno, only 25% of respondents were satisfied with the food presentation.¹⁵ This research is not in line with the research of Putu *et al.* (2023) at Arafah Rembang Islamic Hospital, where patient satisfaction with food service was obtained based on indicators of menu variations of 77.4%, flavors of 48.4% and appearance of 83.9%.¹⁶ This shows that satisfaction with food service is not only related to

⁹ Ima Mega Puspa, Dyah Nur Subandriani, and J. Supadi, (2019). Hubungan Kepuasan Pelayanan Makanan Dan Sisa Makanan Dengan Kecukupan Gizi Pada Pasien Kelas Iii Di Rumah Sakit. *Jurnal Riset Gizi* 7, no. 2: 91–96.

¹⁰ B Merryana Adriani & Wirjatmadi, (2016). Pengantar Gizi Masyarakat. in *Pengantar Gizi Masyarakat* (Prenada Media, 2016).

¹¹ Irwan, (2017). *Etika Dan Perilaku Kesehatan*.

¹² Yanuar Anafia, Eri Witcahyo, and Sri Utami, (2018). Kemampuan Dan Kemauan Pasien Umum Rawat Inap Dalam Membayar Pelayanan Kesehatan Rawat Inap Di Rumah Sakit Umum Kaliwates Kabupaten Jember. *Jurnal Ekonomi Kesehatan Indonesia* 4, no. 2: 1–11.

¹³ Syukma Ekawati, Darmawansyah Darmawansyah, and Dian Saputra Marzuki, (2022). Faktor Yang Berhubungan Dengan Pemanfaatan Pelayanan RSUD H. Padjonga Dg. Ngalle Takalar. *Hasanuddin Journal of Public Health* 3, no. 2: 115–24, <https://doi.org/10.30597/hjph.v3i2.21128>.

¹⁴ Anny Rosiana Masithoh, “Hubungan Pengetahuan, Sikap, Dan Status Ekonomi Dengan Perilaku Diet Pada Pasien Dm Rawat Jalan Di Rsi Jepara,” *Jurnal Ilmu Keperawatan Dan Kebidanan* 10, no. 1 (2019): 116, <https://doi.org/10.26751/jikk.v10i1.649>.

¹⁵ Natasya Ega Safitri, (2019). Hubungan Tingkat Kepuasan Penyajian Makanan Dan Daya Terima Menu Dengan Sisa Makanan Biasa Pada Pasien Rawat Inap Kelas Iii RSUD Ir. Soekarno Kabupaten Sukoharjo Disusun.

¹⁶ Ni Putu Padma Widya Sari, Ida Ayu Eka Padmiari, and Desak Putu Sukraniti, (2023). Tingkat Kepuasan Pasien Rawat Inap Terhadap Penyajian Makanan Di Rumah Sakit Pemerintah Dan Rumah

aspects of patient assessment but can also be associated with religious values that emphasizes the importance of avoiding waste, especially in food.

Waste or wastefulness is prohibited in Islamic teachings, especially regarding food. This prohibition is clearly stated in the Qur'an surah Al-Isra verses 26-27: “And give to the near relatives they are due, to the poor and those on a journey, and do not squander (your wealth) extravagantly. Indeed, extravagance is the brother of the devil, and the devil is a great denier of his Lord”. Wasted food will eventually become the detrimental waste. There is a blessing in wasted food: “You do not know which food there is a blessing in.” (HR Muslim).

1.2 Problem Formulation

Based on the above background, are there differences in food service satisfaction, leftover food, and socio-economic patients between government and private hospitals?

1.3 Research Objectives

1. General Purpose

This study analyzed the differences in food service satisfaction, leftover food, and socio-economic patients in government and private hospitals.

2. Special Purpose

- a. To characterize patients in government hospitals and private hospitals
- b. To analyze the differences in patient satisfaction with food service between government hospitals and private hospitals
- c. To analyze the differences in patient leftover food between government and private hospitals
- d. To analyze the socioeconomic differences between patients in government and private hospitals

1.4 Research Benefits

Through this research, it is hoped that the following benefits can be obtained:

1. Theoretical Benefits

This research is expected to contribute to the literature regarding health service utilization factors, especially in food services, and can be used as a comparison or reference for further research.

2. Practical Benefits

This research is expected to provide valuable insight for food service organizers in government and private hospitals. The goal is to impact patient satisfaction with the food served in the hospital so that, by considering the socio-economic aspects of the patient, it can help the healing process faster.

1.5 Originality of Research

Table 1. Originality of Research

Research Title	Type of Research	Variable	Result	Research Differences
Differences in Food Waste and Satisfaction Levels of Regular and Soft Diet Patients in the Inpatient Room of Dr. Mintoharjo Hospital ¹⁷	Quantitative analytical research with a cross-sectional study.	Dependent: Food waste and Satisfaction level. Independent: Types of diets (regular and soft diets). Inpatient room, age, gender, eating habits, internal diseases, patient appetite, punctuality, the accuracy of dieting, satisfaction with food serving attitudes, and food quality	There were significant differences between the level of patient satisfaction with the regular diet and the soft diet, including food color (P=0.000), food consistency (P=0.000), food presentation (P=0.000), and food temperature (P=0.000). There was a significant difference between the patient's leftovers from the usual diet and the soft diet on afternoon carbohydrates (P=0.000) and afternoon carbohydrates (P=0.007).	Dependent: Comparing government hospitals and private hospitals. Independent: Meal time, food appearance, food taste, waitress friendliness, menu variety, cleanliness of utensils and food, leftover food, education status, employment status, and income.
The difference between food service satisfaction and nutritional adequacy in private hospitals and teaching hospitals on disease patients' non-communicable diseases ¹⁸	Survey Research Analytics with Cross-Sectional Study Design	Dependent: Private hospitals and teaching hospitals Independent: Meal time, food appearance, taste, waitress friendliness, menu variety, cleanliness of utensils and food, and nutritional adequacy.	There was a difference that is significant on all indicators of food service satisfaction (p<0.005) except for the hospitality of the waitress (p=0.077). There were substantial differences in the level of energy adequacy, fiber, and nutrients, except for vitamin C intake between private and public hospitals and the Education Hospital (p<0.005).	Dependent: Comparing government hospitals and private hospitals. Independent: Meal time, food appearance, food taste, waitress friendliness, menu variety, cleanliness of utensils and food, leftover food, education status, employment status, and income.

¹⁷ Liana Saputri, (2022). Perbandingan Sisa Makanan Dan Tingkat Kepuasan Pasien Diet Biasa Dan Lunak Di Ruang Rawat Inap RSAL Dr.Mintohardjo. 1–190.

¹⁸ Kartika Pibriyanti et al., (2024). Comparative Analysis of Food Service Satisfaction and Nutritional Adequacy between Private Hospitals and Academic Hospitals in Patients with Non-Communicable Diseases. *Aceh Nutrition Journal* 9, no. 2: 360–70.

Research Title	Type of Research	Variable	Result	Research Differences
The Level of Satisfaction of Inpatients with the Presentation of Food in Hospitals Government and Private ¹⁹	Research with literature review	Dependent: Government hospitals and private hospitals. Independent: Satisfaction with serving food.	Based on the food served in the Hospital, the patient satisfaction level is 43.2%, and the highest is 105.83%.	Dependent: Comparing government hospitals and private hospitals. Independent: Meal time, food appearance, food taste, waitress friendliness, menu variety, cleanliness of utensils and food, leftover food, education status, employment status, and income.
The difference in the level of patient satisfaction with eating in halal-certified hospitals and those who have not received a halal certificate ²⁰	Comparative studies with cross-sectional design	Dependent: Halal Certified Hospitals With Those Who Have Not Yet Halal Certificates Independent: Meal time, food appearance, food taste, waiter friendliness, menu variety, cleanliness of utensils and food, and service satisfaction	The level of patient satisfaction with food services at Certified Halal (HCH) Hospital showed that 50.7% of respondents were satisfied, while 49.3% were very satisfied. On the other hand, in Non-Certified Hospitals (NCH), all respondents (100%) stated that they were confident with the food services provided	Dependent: Comparing government hospitals and private hospitals. Independent: Meal time, food appearance, food taste, waitress friendliness, menu variety, cleanliness of utensils and food, leftover food, education status, employment status, and income.
Comparison of Food Acceptability and Factors Affecting Self-Managed and Outsourced Food Management Systems ²¹	Quantitative research with a cross-sectional approach	Dependent: Self-managed hospitals and outsourcing hospitals Independent: Acceptance, food appearance, food taste, and meal time	The results showed that the food acceptability of the two hospitals was in a good category (<20%), but in self-managed hospitals, it was better than in outsourced hospitals	Dependent: Comparing government hospitals and private hospitals. Independent: Meal time, food appearance, food taste, waitress friendliness, menu variety, cleanliness of utensils and food, leftover food, education status, employment status, and income.

¹⁹ Sari, Padmiari, and Sukraniti, "Tingkat Kepuasan Pasien Rawat Inap Terhadap Penyajian Makanan Di Rumah Sakit Pemerintah Dan Rumah Sakit Swasta."

²⁰ Arina Zulfa Azizah, Joyetti Darni, and Mira Dian Naufalani, (2019). Perbedaan Tingkat Kepuasan Makan Pasien Di Rumah Sakit Bersertifikat Halal Dengan Yang Belum Bersertifikat Halal. *Ghidza: Jurnal Gizi Dan Kesehatan* 3, no. 1: 25–32, <https://doi.org/10.22487/ghidza.v3i1.17>.

²¹ Widyana Lakshmi Puspita Ilham Sunarya, (2018). Perbandingan Daya Terima Makanan Serta Faktor-Faktor Yang Swakelola Dan Outsourcing Jurusan Gizi, Poltekkes Kemenkes Pontianak, Indonesia. *Pontianak Nutrition Journal (PNJ)* 01, no. 02: 1–4.