

THE EFFECT OF COMPETENCY AND TRAINING ON INFECTION PREVENTION AND CONTROL ON THE QUALITY OF SERVICE PERFORMANCE IN HOSPITALS

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Article Info	ABSTRACT
Keywords: Competence, Training, Service Quality	The author's purpose in this study is to find out and analyze the influence of competence, infection prevention and control training on the quality of service performance in hospitals. The method used in this study is a quantitative research method with observational and analytical research. The sampling technique used in this study is using the slovin formula, and the data analysis technique used is multiple linear regression analysis technique. Based on the results of the study, it shows that: 1) There is an influence of Competence on Service Quality. It is proven that the tcount value for the Competency variable (X1) is 4,777 while the ttable value for n = 95 is 1,985. So $4,777 > 1,985$, then H_0 is rejected and H_a is accepted, it can be stated that Competence (X1) has a significant effect on Service Quality (Y). 2) There is an influence of Training on Service Quality. It is proven that the tcount value for the Training variable (X2) is 5,541, while the ttable value for n = 95 is 1,985. So $5,541 > 1,985$, then H_0 is rejected and H_a is accepted, it can be concluded that partially the Training variable (X2) affects the Quality of Service (Y). 3) There is an influence of Competence and Training on the Quality of Service. It is proven that the value of Fcal is 339,840 while Ftabel ($\alpha 0.05$) for n = 95 is 2.70. So $F_{cal} > F_{tabel} (\alpha 0.05)$ or $339,840 > 2.70$ with a significant level of 0.000 because $0.000 < 0.05$, then it can be said that Competence (X1) and Training (X2) together have a positive effect on Service Quality (Y). Meanwhile, the value of R Square (R ²) is 0.881. This shows that 88.1% of Competency (X1) and Training (X2) simultaneously affect Service Quality (Y) while the remaining 11.9% are influenced by other factors that are not studied in this study.
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INTRODUCTION

A company / hospital needs quality management that involves efforts to control quality improvement and services in order to achieve the company's goals, including the goal of quality service. Therefore, companies must have a quality control program to achieve these goals. One of the efforts

in providing quality service quality is the quality of service performance. The quality of service in hospitals is very important. As a provider of health services for the community, hospitals have the responsibility to provide good services and in accordance with the standards that have been set. Improving the quality of health services is the main step in an effort to provide better services to patients. Good quality hospital services can increase patient satisfaction and encourage them to return to the hospital if needed, thus helping to improve the hospital's reputation in the eyes of the public. One of the service quality programs is the infection prevention and control program, to maintain the quality of infection prevention and control remains adequate, it is necessary for health workers to have competence in infection prevention and control, in order for competence to be achieved, there is a need for training in carrying out infection prevention and control, data on the occurrence of infection rates in the operating area in hospitals for the period of 2018 is 2.7%, in 2021 it increased by around 3.6%, Based on the background and existing data, the author was encouraged to conduct a study on "The Influence of Competence and Training on the Quality of Service Performance in Hospitals.

Quality of service is an integral part of any activity that benefits a group or group and offers satisfaction even though the results are not tied to a physical product (Kotler & Keller, 2012). Services are divided into several groups: pure tangible goods without services, tangible goods with services, mixed goods and services, primary services with additional goods and services, and pure services. Kotler identifies four characteristics of a service: intangibility, which states that the service is intangible and cannot be seen or perceived prior to purchase, inseparability, which means that the service cannot be separated from the buyer and consumed at the same time and place, variability, which indicates the diversity of the service depending on whom, when, and where it is provided, and perishability, which refers to the impermanence of the service because it cannot be stored for sale or use in the future.

The Servqual theory explained by Parasuraman in Sangadji and Sopiah (2013:100) identifies five dimensions of service quality known by the acronym TERRA, namely Tangible (Physical Evidence), Emphaty (Empathy), Reliability (Reliability), Responsiveness (Responsiveness), and Assurance (Guarantee). The Tangible dimension includes physical facilities, equipment, and communication facilities which include the appearance of physical facilities, employees, and communication facilities. Empathy includes the individual attention that the company gives to customers, such as the ease of contacting the company, the ability of employees to communicate with customers, and the company's efforts to understand the wants and needs of customers, which are divided into access, communication, and understanding of customers. Reliability is related to the ability to provide the promised service on time without errors, including indicators such as clear service standards, the ability to use assistive devices, and the meticulousness of officers in serving customers. Responsiveness refers to the speed at which employees are able to help customers and handle transactions and

customer complaints, with indicators such as quick and precise responses. Assurance includes the ability of employees to provide assurance of appropriate service, the quality of hospitality, attention, courtesy, and the skill of providing information, as well as the ability to instill trust in customers, with indicators such as timely assurance, cost, and cost certainty in service.

Competence is an individual's ability based on skills, knowledge, and work attitudes to carry out tasks in the workplace in accordance with the set requirements (Sutrisno & Zuhri, 2019). Competence includes five main characteristics: motives, which drive and direct actions; traits, which include physical characteristics and consistent response to situations; self-concept, which includes attitudes, values, or self-image; knowledge, i.e. information in a specific field; and skills, namely the ability to do certain physical or mental tasks. Competency indicators include personal character (traits) that are consistent in responding to situations, self-concept that includes a person's attitude and values, knowledge about specific areas, skills for certain tasks, and work motivation (motives) that direct and choose behavior towards a certain goal.

Training is an activity designed to improve employee performance through a learning process that modifies the way they work (Dessler, 2020). Training can be conducted by a variety of methods, including on-the-job training which involves on-the-job training that involves on-the-job training, and off-the-job training that focuses on long-term education. Training principles include active participation to accelerate and retain learning, repetition to reinforce memory, relevance to employee needs, feedback to assess success, and transparency in costs. The on-the-job training method includes job instruction training which involves performance analysis and explanation of work steps, apprenticeship which involves guidance by expert practitioners, internships for positions that require higher formal education, job rotation to fill management vacancies, junior boards for administrative decision-making, and coaching and counseling that emphasizes support and explanation of the right way of working.

METHOD

The method used in this study is a quantitative research method. The sampling technique used in this study is using the Slovin formula contained in Probability Sampling and the data analysis technique using is a multiple linear regression analysis technique using the help of the SPSS version 20.0 application. With quantitative methods, the significance of group differences or the significance of the influence between the variables studied will be obtained. In the regression method, the influence between the variables is studied and explained. This sought-after influence is called regression. So the

regression method is to find the influence between the independent variables X1, and X2 on the dependent variable Y.

RESULTS AND DISCUSSION

The quantitative data that has been compiled, through the distribution of questionnaires that have been carried out by the researcher into the average value of the X1 (Competence), X2 (Training) and Y (Service Performance Quality) variables are analyzed using parametric statistics with the SPSS Release 20.0 For Windows program, namely to find out whether each of the variables studied has a significant influence on the Quality of Service Performance in Hospitals.

The display of each table of SPSS calculation results can be explained as follows:

Multiple Linear Regression Analysis Calculations

Based on the results of the SPSS output in the coefficients table 5.13, it can be identified that the regression equation is as follows:

$$Y = -2.766 + 0.452 X_1 + 0.491 X_2, \text{ Means}$$

1. A value of -2,766 is a constant or state when the variable of service quality has not been affected by other variables, namely the competency variable and the training variable. The value of the constant – 2.766 results from multiple linear regression means negative. A negative constant means that there is a decrease in service quality, if there is a decrease in competence, there is a decrease in service quality.
2. A Coefficient value of 0.452 can be interpreted that the competency variable has a positive influence on service quality which means that every increase of 1 variable will affect the quality of service by 0.452.
3. The coefficient value of the b2 training regression of 0.491 can be interpreted that the training variable has an influence on the quality of service which means that every increase of one will affect the quality of service by 0.491.

Individual Parameter Significance Test (t-Test)

Hypothesis testing in this study was carried out using multiple linear regression, which was carried out through the t-test and the F-test. The t-test was carried out to test whether the independent variable (X) individually had a positive and significant influence or not on the bound variable (Y). Partial hypothesis testing is intended to find out whether or not there is an influence of partial independent

variables on bound variables. If the significance value < 0.05 or $t\text{-calculation} > t\text{-table}$, then H_a is accepted. Similarly, vice versa if the $\text{sig} > 0.05$ or $t\text{-count} < t\text{-table}$, then H_0 is accepted.

To show how far the influence of one independent variable (Competency and Training) individually in explaining the dependent variable (Quality of Service Performance). The basis for decision-making in the t-test can be seen from the significance column of the SPSS output results as follows:

Tabel 1. Hasil Uji t

Coefficients ^a					
Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
	(Constant)	6.305	4.979		
1 Motivation (X1)	.834	.101	.690	8.235	.000
Excellent Service (X2)	.256	.073	.295	3.518	.001

a. Dependent Variable: Performance

2024 Research Results using SPSS Version 20.0

If the value of $\text{sig.} < \alpha (0.05)$, then H_0 is rejected and H_a is accepted, so that the independent variable has a significant effect on the dependent variable. Meanwhile, if the value of $\text{sig.} > \alpha (0.05)$, H_0 is accepted and H_a is rejected, so the independent variable does not have a significant effect on the dependent variable.

1. The Effect of Competence (X1) on the Quality of Service Performance (Y). Based on the coefficients table above, the tcount value for the Competency variable (X1) is 4,777 while the ttable value for $n = 95$ is 1,985. So $4,777 > 1,985$, then H_0 is rejected and H_a is accepted, it can be stated that Competence (X1) has a significant effect on Service Quality (Y).
2. The Effect of Training (X2) on Service Quality (Y)
Based on the coefficients table above, the tcal value for the Training variable (X2) is 5,541, while the ttable value for $n = 95$ is 1,985. So $5,541 > 1,985$, then H_0 is rejected and H_a is accepted, it can be concluded that partially the Training variable (X2) affects the Quality of Service (Y).

Simultaneous Significant Testing (F-Test)

The F test can be done by looking at the significance column of the SPSS output results (anova table). The model can be said to be significant or feasible if the significance column $<$ of $\alpha (0.05)$, so H_0 is rejected H_a is accepted. Conversely, the model can be said to be insignificant or unfeasible if the significance column $>$ of $\alpha (0.05)$ so that H_0 is accepted and H_a is rejected. The results of the SPSS test

can be seen in the following table:

Table 2. ANOVA Table

ANOVA ^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	3510.509	2	1755.255	339.840	.000 ^b
1 Residual	475.175	92	5.165		
Total	3985.684	94			

a. Dependent Variable: Service Quality (Y)

b. Predictors: (Constant), Training (X2), Competencies (X1)

Source: Data Processing Results (SPSS Version 20.0), 2024

From the results of the analysis in the table above, namely the ANOVA test, the value of F_{cal} was obtained of 339,840, while the F_{table} (α 0.05) for $n = 95$ was 2.70. So $F_{cal} >$ from F_{table} (α 0.05) or $339,840 > 2.70$ with a significant level of 0.000 because $0.000 < 0.05$, then it can be said that Competence (X1) and Training (X2) together have a positive effect on Service Quality (Y).

Discussion

Based on the results of the analysis of the research using statistical methods, so that it can be known the meaning of the influence between the independent variables, namely Competence and Training on the bound variable, namely the Quality of Service in the Hospital. Then to test the hypothesis, the t test and the F test were used, where all statistical calculations were carried out using computer tools through the SPSS version 20 for windows program.

Based on the coefficients table above, the tcount value for the Competency variable (X1) is 4,777 while the ttable value for $n = 95$ is 1,985. So $4,777 > 1,985$, then H_0 is rejected and H_a is accepted, it can be stated that Competence (X1) has a significant effect on Service Quality (Y).

Based on the coefficients table above, the tcal value for the Training variable (X2) is 5,541, while the ttable value for $n = 95$ is 1,985. So $5,541 > 1,985$, then H_0 is rejected and H_a is accepted, it can be concluded that partially the Training variable (X2) affects the Quality of Service (Y).

From the results of the analysis in the table above, namely the ANOVA test, the value of F_{cal} was obtained of 339,840, while the F_{table} (α 0.05) for $n = 95$ was 2.70. So $F_{cal} >$ from F_{table} (α 0.05) or $339,840 > 2.70$ with a significant level of 0.000 because $0.000 < 0.05$, then it can be said that Competence (X1) and Training (X2) together have a positive effect on Service Quality (Y). Meanwhile, the value of R Square (R^2) is 0.881. This shows that 88.1% of Competency (X1) and Training (X2) simultaneously affect Service Quality (Y) while the remaining 11.9% are influenced by other factors that

are not studied in this study.

CONCLUSION

The results of this study show that there is a significant influence between competence and training on service quality. First, competence (X1) was proven to have a significant influence on service quality (Y) with a tcount value of 4,777 which was greater than the ttable value of 1,985, so H0 was rejected and Ha was accepted. Second, training (X2) was also proven to have a significant effect on service quality with a tcount value of 5,541 which was greater than the ttable value of 1,985, so that H0 was rejected and Ha was accepted. Third, simultaneously, competence and training have a positive influence on service quality, with an Fcal value of 339,840 which is greater than the Ftable value of 2.70, and a significant level of 0.000 which is smaller than 0.05. The R Square value of 0.881 shows that 88.1% of the variability of service quality can be explained by competence and training, while the remaining 11.9% is influenced by other factors that were not studied in this study.

Based on the results of data analysis, discussion, and conclusion of this study, the author suggests to agencies and researchers for future improvement as follows: first, for employees, especially in hospitals, it is necessary to focus on developing more in-depth and specific clinical skills; Second, further research is needed related to the needs needed to improve the quality of services in hospitals.

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