The Analysis Of Relationship Between Communication Competence And Service Quality At Bhayangkara Hospital TK. III Ambon

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ABSTRAK

Informasi di lapangan bahwa masalah kompetensi komunikasi dalam pelayanan, baik secara komunikasi personal dan komunikasi kontekstual terkait dengan kualitas pelayanan di rumah sakit masih sangat minim untuk diteliti. Oleh karena itu lewat penelitian ini permasalahan ini di eksplorasi. Adapun tujuan penelitian adalah menganalisis hubungan antara kompetensi komunikasi dan kualitas pelayanan di Rumah Sakit Bhayangkara TK. III Ambon. Desain penelitian ini bersifat asosiatif eksplanatori suvei, yakni suatu penelitian yang bertujuan mengungkapkan korelasi dan konribusi antar-variabel yang difokuskan sebagai objek penelitian, yakni kempetensi komunikasi dan kualitas pelayanan di Rumah Sakit Bhayangkara TK. III Ambon. Demikian sampel dalam penelitian ini berjumlah 30 orang yang dijadikan sebagai responden penelitian. Hasil Penelitian menunjukkan bahwa kompetensi komunikasi berkorelasi positif dan signifikan dengan kualitas pelayanan di Rumah Sakit Bhayangkara TK. III Ambon. Adapun saran yang dapat dikemukakan yaitu mengedepankan Kompetensi Komunikasi. dalam mengoptimalkan kualitas pelayanan dengan memacu Komunikasi Personal dan Komunikasi kontekstual terkait dengan tuntutan kebutuhan pelayanan yang harus diwujudkan di Rumah Sakit Bhayangkara TK. III Ambon.

ABSTRACT

Information in the field that the problem of communication competence in service, both personal communication and contextual communication related to the quality of service in hospitals is still very minimal to be researched. Therefore through this research, this problem is explored. The purpose of this study was to analyze the relationship between communication competence and service quality at Bhayangkara Hospital TK III Ambon. The research design is an associative explanatory survey, namely a study that aims to reveal correlations and contributions between variables that are focused as research objects, namely communication competence and quality of service at Bhayangkara Hospital TK III Ambon. Thus the sample in this study amounted to 30 people who were used as research respondents. The results of the study show that communication competence has a positive and significant correlation with service quality at Bhayangkara Hospital TK III Ambon. The suggestions that can be put forward are prioritizing Communication Competence. in optimizing service quality by spurring personal communication and communication consistency related to the demands of service needs that must be realized at Bhayangkara Hospital TK III Ambon.

INTRODUCTION

The development of services continues to progress and bring changes to every organization today (Verhoef et al., 2021). Therefore, it is very encouraging for the government to promote excellent service to achieve the target of achieving organizational existence in achieving goals (Tran, 2017). Personnel are required to be able to provide excellent service by meeting the basic demands and needs of the community (Rita et al., 2019). Excellent service is a challenge in itself, where to build a wholeness of service, so that everyone in particular can satisfy the community

(Metz et al., 2020).

Organizations in all areas strive to improve the quality of service to the community (Manghani, 2011; Agustina Muliati et al., 2022). And also for those which are organizations working in the health sector as well. Excellent service is a demand for the existence of organizations and communities that prioritize full attention to improving health as something very valuable and essential to fulfilling optimally (Pattison & Corser, 2023).

Quality services turn out to be the demands of the current era; and for this reason, of the importance of service to the community in the health sector, it is necessary to prioritize simplicity and service procedures (Frieden, 2014). It is purposed to service procedures be carried out properly, then by prioritizing procedures and administration, work units and/or personnel authorized to provide services, details of costs and procedures for payment, schedules, rights and obligations of service providers and recipients and the completeness as part of service process to completion (Mosadeghrad, 2014).

Those alterations in service systems and procedures aim to produce a form of service that is regular and guaranteed for its implementation; and is beneficial to the interests of society through the quality and satisfaction of services that are realized (Pakurár et al., 2019). Guidelines for achieving success in service require commitment from all parties in health services that provide services to the community (B. J. Ali et al., 2021).

Every service personnel is obliged to try to satisfy the public who uses health services (Abdi et al., 2020). This satisfaction can be achieved through internal users and external users. By knowing who the service users are, personnel can identify user desires in the form of user expectations that can be fulfilled. Users feel satisfaction, meaning that the services provided are of satisfactory quality (Bombard et al., 2018).

According to Naini et al., (2022) explained that the quality of service felt by someone is based on the level of feelings after comparing the results felt with their longing. The level of quality is the difference between the satisfaction of the results that are felt with expectations (Jain & Gupta, 2004). Customers feel disappointed if the results are below expectations and if the results are as expected, the customer will feel satisfied and feel very satisfied if the results exceed expectations (Albari, 2019).

Service-providing organizations are required to create a quality that is of value to the people in their work environment (Lyubomirsky et al., 2005). The main concern of an organization is its external customers, namely society. Therefore, organizations engaged in the health sector are needed and desired by the community in health services and of course, quality services will bring satisfaction to the community (Fransisko et al., 2021). Service quality is a focus on improving and meeting community expectations which can be implemented properly for efforts to improve the quality of organizational services to the community as users of health services (Barbayannis et al., 2022).

As one of the health service organizations, especially the Bhayangkara Hospital TK. III Ambon (RSBA) has not yet realized the services expected by the community who use health services. It can be observed from the fact that excellent and integrated services have not been guaranteed. This situation is allegedly due to the limited completeness of services, related to professional service staff in the form of 2 specialist doctors and 2 general practitioner staff as well as health

service facilities and infrastructure, namely the procurement of medical devices as well as non-medical equipment and machines as well as with the improvement and development of 1 inpatient treatment building and 1 outpatient treatment building (RSBA, 2023).

Furthermore, response, convenience, and comfort are urgently needed in health services. This limitation also causes limited services provided to people who need services, so the quality of service has not been created in the scope of work that can satisfy the public who use health services in hospitals (Agus Jana Susila, 2015). Other than that, the Human Resources at RSBA are still inadequate in the face of demands and expectations, which also have limited abilities/competencies of RSBA members compared to needs. Likewise, the facilities and infrastructure supporting operational activities, especially general facilities, health facilities, and communication systems are adjusted to the requirements of Health Services for POLRI and civil servants, as well as the community which is still limited and the Hospital information system is not yet integrated. Thus, in service, it is necessary to build good communication so that good coordination and cooperation between service personnel is realized that lasts from the beginning of the process to the end of the service process being carried out. The importance of communication competence in health services, because health communication contributes to and is part of efforts to prevent disease and promote health (Hyland-Wood et al., 2021). Therefore, the competence of service personnel is needed in building good communication in the service process, especially in serving users of health services at RSBA.

Indeed, the intended communication competence is the ability of service personnel in terms of knowledge and skills in building communication both Personal Communication and Contextual Communication that is focused, regular, and well understood or accepted in a service. As stated by Kiessling & Fabry (2021) that communication competence is a person's ability and expertise in building effective communication, namely communication competence refers to a person's ability to communicate effectively according to good and correct communication rules. Recent studies show that most medical errors are not actually due to defects in medical technology or negligence on the part of healthcare providers; instead, they relate to ineffective communication between patients and healthcare providers (Xie et al., 2013). Communication is an important element in all areas of health, including prevention, treatment, rehabilitation, education, and health promotion (Porat et al., 2020). The results of the study stated that 37% of all health sector errors were caused by the low quality of communication between doctors and nurses in intensive care units (Donchin et al., 2003).

Based on the perspective of the communication competence possessed by health service personnel at the hospital, it seems that they have good competence in communicating both internally in collaboration and coordinating every activity or service activity carried out. However, there is still hope expressed by the public who use health services regarding the explanations given that are sometimes not well received, and the treatment of services received in services is not fully in line with the expectations of the public who use health services at RSBA. Thus, the research objective is to analyze the relationship between communication competence and service quality in RSBA.

Literature Review

The hospital is a very complex social system that provides preventive, diagnostic, therapeutic, and rehabilitation services for patients to improve, recover, and maintain their health (Sadiq Sohail, 2003). In healthcare, technical quality is defined according to the accuracy of diagnoses and therapeutic procedures, in turn, operational quality aspects are related to how to provide care or non-clinical aspects of care (Torabipour et al., 2016). It should be noted that most patients are unable to evaluate technically the quality of medical services. Therefore, operational quality is the most important determinant of service quality for them (Lee & Chen-Yu, 2018). Much evidence indicates that patients' perceived quality versus expected quality is the only important and effective factor for them to provide services (Amini et al., 2014). Weldetsadik et al. (2019) stated that the quality of health care to be addressed meets the requirements and expectations of patients and achieves the maximum possible clinical outcome using available resources. Service quality shows the difference between expectations and perceptions. Therefore, service quality is a type of judgment that customers make based on their perceptions after the process of receiving the service (Krismanto & Irianto, 2020). They judge by comparing their expectations with the perceived expectations of the services they receive (Büyüközkan et al., 2011). By identifying the gap between service expectations and perceptions, effective steps can be taken to improve service quality. At the same time, there are significant gaps between expectations of service quality and perceived service quality (M. Ali et al., 2019).

Communication refers to a core competency for health care to be able to provide good clinical services, good communication between health care providers and patients or clients must be fulfilled. Good communication requires communication skills. Facilitating paramedics for partnership communication skills is confusing when the context is more paternalistic. Mastery of communication skills requires a combination of mastery of medical knowledge and communication techniques (Kwame & Petrucka, 2021). These complex skills can be facilitated by specific strategies and interactions with patients. Therefore the communication training program should be arranged in a systematic, planned, and comprehensive manner in terms of the readiness of the doctors to receive and carry out reflections and simulations that contribute to training and provide effective feedback (Kuntze et al., 2018).

The novelty of the research results is expected to produce something new in public services in the form of services in hospitals. Findings in the field revealed that the problem of communication competence in service, both in Personal Communication and contextual Communication related to the quality of service in hospitals is still very minimal. Much evidence shows a lack of communication skills that has an impact on patient health outcomes and the evaluation of hospital service performance (Levinson, 2011). Therefore, through this research, the problem is explored, namely by uncovering the results of the problem analysis. It is hoped that the new paradigm resulting from this research will add new insights, both theoretically and practically, and can be tested by future researchers.

RESEARCH METHODS

The research design leads to the associative explanatory survey, namely a study that aims to reveal correlations and contributions between variables that are focused as research objects, which are communication competence and service quality at RSBA.

This research activity was conducted at RSBA with a targeted period of 3 months of implementation and completion according to the scheduling time. The population consisted of the total number of health service personnel including structures, staff, and subordinates totaling 60 participants; 20 participants were taken randomly and accidentally taken from people who needed health service services/products as many as 10 participants were met during the service. health. Thus the sample in this study amounted to 30 participants who were used as research respondents.

The definition of a variable is a substantive explanation of a research variable; so that it has clear boundaries and does not depart from the operationalization path that focuses on measurements in the direction of its limits. For this reason, a clear definition of this research variable is put forward and described as follows, 1) Communication competence is a person's ability and expertise in building effective communication, namely communication competence refers to a person's ability to communicate effectively following communication rules which is good and right. 2) Quality of service is a service result realized from a service process that is carried out effectively and is of value and brings certain satisfaction to service users, service providers, and organizations for the results of services provided or obtained.

In connection with the definitions of the variables mentioned above, for operational purposes, it is explained that operational variables are carried out to determine the type of data needed by analyzing the variables and their dimensions/indicators and explained in detail according to the determination and position of the variables, namely the variable of communication competence through personal communication (X_1) and contextual communication (X_2) as the independent variable and service quality (Y) as the dependent variable as listed in Table 1.

Table 1.
Variable operation

Variable	Dimension/Indicator
Communication competence (X)	1. Personal communication (X_1) 2. Contextual communication (X_2)
Service quality (Y)	Model quality of service quality ✦ Reliable result ✦ Real physical appearance ✦ Impressive

Source: processed by the author (2023)

In addition, if operational variables are generated into correlational statistical models and causality can be shown in Figure 1.

Figure 1.
Variable operationalization model diagram
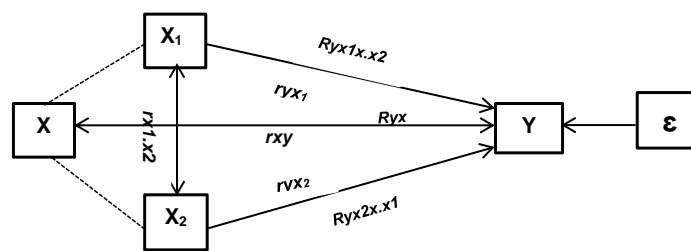
Source: processed by the author (2023)

Information

X	:	Communication Competence
X1	:	Communication Competence through Personal Communication
X2	:	Communication Competence through Contextual Communication
Y	:	Service Quality
r.	:	Correlation coefficient
R	:	Regression Parameters
ε	:	Contributing external factors

Data collection was carried out continuously following the stages of data collection using the following collection techniques, namely interviews, giving questionnaires, and direct observation of health service personnel at RSBA. Data analysis technique Multiple Regression Analysis Model (OLS) is as follows.

$$Kp = a + b1\ Kkmpk_1 + b2\ Kkmkk_2 + \varepsilon$$

Information:

a	:	Constanta,b1
b	:	Variable coefficients
Kp	:	Service Quality
Kkmpk	:	Communication Competence through Personal Communication
Kkmkk	:	Communication Competence through Contextual Communication
ε	:	The standard error (Other factors outside the model)

RESULTS AND DISCUSSIONS

Substantively, the description of the results of the participants' responses has clear boundaries and does not go out of the way of operationalization which is focused on measurements that are in line with the boundaries, focused on communication competence as the ability and expertise in building effective communication according to good and correct communication rules. While service quality as a service result is realized from a service process that is carried out effectively and is of value and brings certain satisfaction to service users, service providers, and organizations for the results of services provided or obtained. The results of respondents' responses to questions can be shown in Table 2.

Table 2.
Results and Responses From Respondents

Tanggapan Responden Tentang Kompetensi Komunikasi (X)					
Dimension/Indicator (A)	Question (1)	SM	M	KM	TM
	Personal knowledge of service	70%	10%	12%	8%
Personal communication X$_1$	Question (2)	SB	B	KB	TB
	Personal motivation in providing services	64%	10%	16%	10%
	Question (3)	SS	S	KS	TS
	Personal communication skills in the service process	72%	6%	14%	8%
Dimension/Indicator (B)	Question (4)	SB	B	KB	TB
	The pattern of interaction that is manifested in performing services	62%	14%	12%	12%
Contextual communication X$_2$	Question (5)	SS	S	KS	TS
	Norms and rules applied in service	76%	4%	12%	8%
	Question (6)	SB	B	KB	TB
	The type of relationship that is run in the service process	64%	10%	14%	12%
	Question (7)	SM	M	KM	TM
	Situations and activities that take place in the ministry	72%	4%	12%	10%
Participants Responses About Service Quality (Y)					
Dimension/ Indicator (C)	Question (8)	ST	T	KT	TT
	Obtain results based on the duration of service time	72%	8%	12%	8%
Service Outcome Quality Model	Question (9)	SN	N	KN	TN
	Shows the physical appearance of the services performed	62%	10%	12%	16%
	Question (10)	SB	B	KB	TB
	Give an impression in the service process	66%	10%	12%	12%

Source: processed by the author (2023)

A. Description of Correlational Analysis Results and Hypothesis Testing Results

1. Correlation between communication competence and service quality as the results of the correlational analysis performed shows the relationship between variables, namely Communication Competence (X) and Service Quality (Y). Thus, the results of analysis and testing using the statistical application program SPSS version 20 are adapted in Table 3.

Table 3.
Correlation test result

Variable statistic	Correlation	T$_{count}$	Probability (Sig.)	Decision (result)
X $\leftarrow\rightarrow$ Y r_{yx}	0.351	2.471	0.001	Significant
Information	Level of significance: α = 0.05			

Source: processed by the author (2023)

The test results prove that the Communication Competency variable (X) with a correlation coefficient value of 0.351 and a count value of 2.471 is stated to be significantly correlated with the Service Quality variable (Y), namely the probability value (sig.) 0.001 <0.05. This means that Communication Competence is significantly correlated with the quality of service in the hospital.

2. Correlation and contribution between communication competence and service quality
   In this section, to determine the direct and indirect correlation and contribution of Communication Competence (X) in the form of Personal Communication (X1) and Contextual Communication (X2) with Quality of Service (Y), it can be seen from the results of the X1 and X2 tests which reveal the correlation of Communication Personal with contextual communication and it can also be seen from the results of the X1, X2, and Y tests on the contrary X1, X2, and Y which prove direct and indirect correlations and contradictions that occur between Personal Communication and Contextual Communication with Quality of Service as the results are presented in Table 4.

Table 4.
Correlation test results and direct, indirect, and joint contributions between variables X1, X2, and Y

Statistic variable	Correlation & Contribution	T_{count}	Probability (Sig.)	result
$X_1 \longleftrightarrow X_2$ r_{x1x2}	0.457	4.631	0.003	Significant
$X_1 \longleftrightarrow Y$ r_{yx1}	0.420	4.210	0.001	Significant
$X_2 \longleftrightarrow Y$ r_{yx2}	0.390	2.821	0.001	Significant
$X_1 \longleftrightarrow X_2 \rightarrow Y$ r_{yx1x2}	0.202	3.520	0.001	Significant
$X_2 \longleftrightarrow X_1 \rightarrow Y$ r_{yx2x1}	0.407	3.961	0.001	Significant
R^2_{YX1X2}	The correlation and contribution of variables X1, X2 to variable Y together is 41.1%			
RY_ϵ	The influence of other variables outside the model on Y 58.9%			
Information	Significance Level: α = 0.05			

Source: processed by the author (2023)

The results of the correlation calculation show that Personal Communication is correlated with a Communication Competence of 0.457 and a count value of 4.631 with a probability value (sig.) 0.003, the correlation is positive and significant where the sig. value <0.05 with a decision Ho is rejected and Ha is accepted. This means that Personal Communication has a positive and significant correlation with Communication Competence. Meanwhile, the direct contribution from Personal Communication is 0.420 and t-count is 4.210 with a probability value (sig.) 0.001 and contextual communication is 0.390 with a t-count 2.821 and a probability value (sig.) 0.001 contributes directly to Service Quality. Because of the value of sig. < 0.05 then the decision is Ho is rejected and Ha is accepted. This means that Personal Communication contributes directly positively and significantly to Service Quality. While the indirect contribution shows that Personal Communication contributes to Service Quality through Contextual Communication of

0.202 and tcount 3.520 with a probability value (sig.) of 0.001 and Contextual Communication contributes to Service Quality through Personal Communication of 0.407 with tcount 3.961 and a probability value (sig.) 0.001. Because of the value of sig. < 0.05 then the decision is Ho is rejected and Ha is accepted. This means that Personal Communication contributes positively and significantly to Service Quality through Contextual Communication. In addition, Contextual Communication contributes positively and significantly to Service Quality through Personal Communication. In addition, Personal Communication and Contextual Communication contribute together to Service Quality of 0.411 and Fcount 39.157, with a probability value (sig.) 0.002 <0.05. This means that Communication Competence which includes Personal Communication and Contextual Communication correlates and contributes together positively and significantly to Service Quality by 41.1%. Moreover, the influence of other variables on service quality is 58.9% outside the model.

RESULTS AND DISCUSSIONS

Communication competence and service quality are measured by percentage, namely Personal Communication which includes personal knowledge about service and personal motivation in providing services as well as personal communication skills in the service process receiving positive support that is qualified, good, and under a score percentage of 77.3%. While contextual communication which includes patterns of interaction embodied in providing services in the form of norms and rules in services, types of relationships that are carried out in the service process, and situations and activities that take place in services get a positive response that is good, appropriate, diverse, and supportive with a percentage score 76.5%. Meanwhile, Service Quality is related to the Service Outcome Quality Model, namely obtaining results based on the duration of service time, showing the physical appearance of the services performed, and giving the impression that the service process is getting positive support that right, real, and good with a score percentage of 76%. Thus the average percentage score of Personal Communication, Contextual Communication, and Service Quality is positive at 76.6% and the results of the validity and reliability tests have proven that the Communication Competency and Service Quality instruments are valid and reliable and support in testing correlations and contributions that occur between Communication Competences and Service Quality.

Correlation test results prove that communication competence has a positive and significant correlation with Service Quality with a correlation value of 0.351. Besides that, Personal Communication has a positive and significant correlation with Communication Competence of 0.457. Meanwhile, Personal Communication directly contributed positively and significantly to Service Quality of 0.420 and Contextual Communication contributed directly positively and significantly to Service Quality of 0.390. Meanwhile, Personal Communication contributes positively and significantly to Service Quality through Contextual Communication of 0.202 and Contextual Communication contributes positively and significantly to service quality through Personal Communication of 0.407. In this regard, communication competence which includes personal communication and contextual communication correlates and contributes together positively and significantly to Service Quality by 0.411 or 41.1% and is influenced by other variables outside this research model by 0.589 or 58.9%. Thus in statistical form, the correlational results model and the contribution that has been achieved quantitatively are described as follows.

Figure 2.
Correlational Statistical Model and Causality of Communication Competence (Personal Communication and Contextual Communication) and Their Contribution to Service Quality
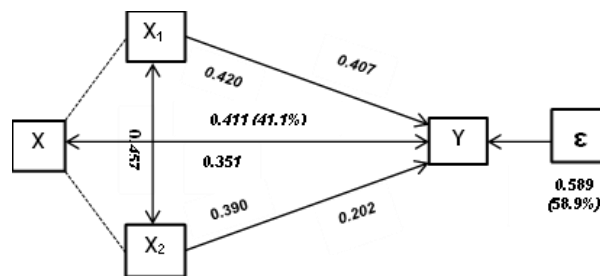
Source: processed by the author (2023)

The results of the research illustrated in the model above have revealed a correlation between communication competencies including personal communication and contextual communication that contribute to service quality has succeeded in proving the dominant correlation between personal communication and contextual communication and the dominant contribution to service quality is compared to the contribution of contextual communication to service quality through personal communication. While collectively, personal communication and contextual communication in their contribute to service quality, the amount of the contribution value is still below the contribution value from the influence of other factors outside the research model.

Nurses or health care with good communication skills tend to experience high work pressure and stress because they have to provide excellent service (Raeissi et al., 2019). The role of emotional intelligence in developing interpersonal communication skills, argues that individuals with high levels of emotional intelligence can manage their emotions well to provide logical responses to solve problems (Petrovici & Dobrescu, 2014). Nurses must have the ability and good communication skills, to manage work pressure in the emergency department (O'Connell et al., 2014). Research also reveals that emotional intelligence has a positive impact on job satisfaction and service quality (Weng et al., 2011) and communication skills can reduce stress and improve the services offered by nurses (Darban et al., 2016). However, studying at Ardabil University reports that the level of emotional intelligence among nursing students is still very low (Saeid et al., 2013).

Communication has a key role in the nursing profession, namely in treating patients, detecting problems experienced by patients, and meeting patient needs. Nurses must have special competence, efficiency, and communication skills (Nikmanesh et al., 2018). This is because nurses face many challenges in the daily care environment, the severity and impact of which vary according to the type of treatment environment (Yusefi et al., 2021). Communication competence is a tool to promote the efficiency of nursing services (Yu & Ko, 2017). This is because communication competence is a valuable resource for improving nursing services and one of the essences for building therapeutic relationships with patients and is considered a professional value (Li et al., 2019).

Previous studies have shown that communication skills used by nurses can help improve the health status of patients related to their illness and their physical, emotional, mental, and social status (Strandås & Bondas, 2018). Furthermore, communication competence and the ability to establish effective communication improve nurse performance. awareness of patient issues and

concerns (Hemberg & Vilander, 2017), improve decisions about patient discharge and transfer (Bullington et al., 2019), provide appropriate healthcare solutions, and promote quality patient care (Karabuga Yakar & Ecevit Alpar, 2018), increasing the sense of participation and cooperation in the care team, increasing skills, knowledge, and attitudes, reducing medication errors (Soares et al., 2021), reducing the length of stay in the hospital (Allenbaugh et al., 2019), reducing treatment costs, reducing stress and job burnout, increase productivity and satisfaction, and promote job performance (Mehralian et al., 2023).

The results of the research achieved at the same time prove that the conceptual approach to communication competency theory and service quality, both theoretically and practically, has been successfully operationalized and tested in answering research problems. In addition, it is proven that the results of the research that have been achieved are also different from the correlational amount as well as the contribution and level of significance (Busto Salinas, 2016). However, despite the differences, the results of this study complement each other and provide empirical reinforcement, that is, in addition to substantive communication competence; the most important thing is the quality of service delivered.

CONCLUSIONS

Several conclusions that can be put forward based on the findings can be revealed as follows: 1) Communication Competence is positive, namely, Personal Communication achieves positive standards of support (Qualified, Good, and Appropriate) along with Contextual Communication achieves positive standards of support (Good, Appropriate, Diverse, and Supportive), along with a positive value of Service Quality and achieving positive support standards (Appropriate, Real, and Good) at RSBA. 2) Communication Competence has a positive and significant correlation with Service Quality at RSBA. 3) Personal Communication and Contextual Communication have a positive and significant correlation with service quality at RSBA. 4) Personal Communication and Contextual Communication correlate and contribute positively and significantly to the Quality of Service at RSBA. 5) Personal Communication contributes positively and significantly to Service Quality through contextual Communication at RSBA. 6) Contextual communication contributes positively and significantly to service quality through personal communication at RSBA. 7) Personal Communication and Contextual Communication contribute positively and significantly to the Quality of Service at RSBA. 8) The findings of this study provide reinforcement of Communication Competence and Quality of Service which has implications for optimizing development while still considering the contribution of other factors in development at RSBA. The suggestions that can be put forward are prioritizing Communication Competence. In optimizing service quality by encouraging Personal Communication and Contextual Communication related to the demands for service needs that must be realized at RSBA. Besides that, the output from the results of this study can be developed and used as a communication competency model in optimizing service quality as a follow-up to operationalization at RSBA.

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