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The Impact of Nurses Training and Competence on the Quality of Inpatient Services in Bandung Hospital

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ABSTRAK

Dengan menggunakan desain penelitian deskriptif eksplanatif, penelitian ini bertujuan untuk mengukur pengaruh pelatihan perawat dan kompetensi mereka terhadap kualitas pelayanan. Studi ini menggunakan studi lapangan dan tinjauan literatur, serta melakukan observasi, wawancara, dan penyebaran kuesioner kepada 31 perawat dan pasien yang menggunakan layanan tersebut. Teknik pengambilan sampel yang digunakan adalah kombinasi sampling jenuh dan teknik sampling aksidental. Penelitian dan analisis data menunjukkan bahwa pelatihan berpengaruh terhadap kualitas pelayanan sebesar 0,756, kompetensi berpengaruh terhadap kualitas pelayanan sebesar 0,491 dan pelatihan dan keduanya secara bersama-sama berpengaruh terhadap kualitas pelayanan sebesar 0,805 dan sisanya dipengaruhi oleh faktor-faktor tambahan yang tidak diteliti. Pelatihan dan kompetensi jika dilihat dari dimensinya mempunyai pengaruh yang sangat baik dan signifikan terhadap mutu pelayanan rawat inap di Bandung City Hospital. Agar kualitas pelayanan yang baik dapat tercapai, maka salah satu strategi yang dapat ditempuh adalah dengan meningkatkan mutu sumber daya manusianya melalui penyelenggaraan pelatihan dan peningkatan kompetensi perawat secara terus menerus.

ABSTRACT

By using an explanatory descriptive research design, this study proposes to measure the influence of nurse training and competence on service quality. This research used field studies and literature observations, as well as conducting observations, interviews, and distributing questionnaires to 31 respondents of nurses and patients who utilize the service. Research and data analysis show that training affects service quality by 0.756, competency affects service quality by 0.491, and training and both together affect service quality by 0.805 and the rest is influenced by additional factors that were not researched. When viewed from its dimensions, training and competency have a very good and significant influence on the quality of inpatient services at Bandung (city) Hospital. As a result, good service quality can be achieved, one strategy that can be taken is to improve the quality of human resources through providing training and continuously increasing the competency of nurses.

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INTRODUCTION

Recently, residents have demanded fundamental healthcare services as inherent entitlements, especially in Indonesia. Health encompasses the state of being physically, mentally, and socially well, rather than simply the absence of sickness (WHO, 1958)(Sahambangung et al., 2021). According to Regulation Number 36 of 2009, health includes physical, mental, spiritual, and social components that enable everyone to live a productive social and economic life (Anggita et al., 2021). The hospital is among the most trusted health institutes. Indonesian hospitals operate based on *Pancasila* principles and prioritize human values, ethics, professionalism, benefits, justice, equal rights, anti-discrimination, equity, patient protection, and safety. They also fulfill social functions by providing inpatient, outpatient, and emergency services, as well as disease prevention and treatment. (Buamona, 2021)(Songgigilan et al., 2021). As public health services, hospitals must meet patient, family, and community

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expectations (Aiken L et al., 2011) (Bahrambeygi et al., 2019). The public wants better, cheaper, and faster health care, especially from government hospitals. The population receives extensive health care from Class B Bandung City Hospital. The hospital's objective is "Making Prime Hospital Services a Reality" by improving services and patient satisfaction, especially in the Inpatient Service Unit.

(Sugiat & Atmawinata, 2023) (Setiawan et al., 2022), considered Bandung City Hospital's inpatient services insufficient. Supporting this, 2021 inpatient visits declined to 10,588 from 11,958 in 2020. Nurses' unattractive, rarely smiling, mediocre, and dirty looks bother patients. Researchers found that 10 of 15 nurses smiled, greeted, were civilized, behaved, and prayed without procedures. Many claim that full hospitals don't allocate patients according to their rights, resulting in rising costs. Another patient stated that some nurses were academy students doing fieldwork and were too young to provide good treatment. Inpatient services at Bandung City Hospital are substandard due to nursing training and skill. Initial observations suggest that the hospital has not objectively assessed the nursing staff's technical skills or ability to provide original content to meet hospital needs. Training methods can sometimes be wrong. Interviews show that hospitals rarely review training; hence, fewer expert teachers are hired for the following tasks.

Because nurses differ in ability and professionalism, inpatient care has been poor. Many nurses cannot quickly help patients because they don't comprehend quality service ideas and processes. When patients ask about switching from general health insurance to government-funded coverage, nurses cannot provide clear advice or refer families to the right registration or information resources. Preliminary data show that some nurses still struggle to collaborate. When one nurse leaves an inpatient room, others don't take their place. Given the backdrop and concerns, researchers want to know how nurse training and competency affect service quality at Bandung City Regional Hospital.

Literature Review

Training refers to the process of forming, improving, and changing employee knowledge, skills, attitudes, and behaviors so that they can achieve certain standards for job and position demands (Saputri et al., 2020) (Elnaga & Imran, 2013). Education improves employees' theoretical, conceptual, and moral skills, while training aims to improve employees' technical skills in carrying out work (Ampoamah, 2016). Meanwhile, according to Bernardin and Russell (2003:29) in (Susilowati & Veranita, 2020) (Aktar, 2023) training is "any effort to boost job performance. Training should encompass a process of acquiring knowledge and skills, be a deliberate undertaking inside an organization, and be customized to meet specific requirements. Training should effectively and concurrently target both the objectives of the organization and the individual employee.

Training can run well according to plan and achieve the desired goals if the organization takes the right steps. Cascio explains in (Elizar & Tanjung, 2018) (Salami et al., 2022) the general model of the training and development process, which consists of three stages: the needs assessment stage, the training implementation stage, which includes the selection of methods, media, and learning principles, and the final stage, an evaluation stage that is useful for assessing the success of the training activity. Gordon (Ardiansyah, 2022) defines competence as the information, skills, and talents a person has mastered to perform cognitive, emotional, and psychomotor actions well (Fransisko et al., 2021).

Competency is an ability, that includes knowledge of understanding the purpose of work, knowledge of implementing effective tips for carrying out work correctly and well, and understanding how important discipline is in an organization so that all rules can run well (Sutaguna et al., 2020) (Mulang, 2021).

The aspects contained in the concept of competency, according to Gordon (Ardiansyah, 2022) (Iskamto, 2022), include knowledge, understanding, values, abilities, attitudes, and interests.

Meanwhile, according to Spencer and Spencer (1993), in Narimawati (2017:75) and (Hendra & Widyarini, 2017) individual competencies can be classified into three, which are:

a) According to (Rachman et al., 2022), Intellectual competence refers to the determination and cognitive capabilities of humans, encompassing knowledge, skills, professional expertise, conceptual comprehension, and other related attributes. These qualities remain reasonably consistent when individuals encounter challenges. Workplace intellectual competency is formed by an individual's self-concept, internal drive, and contextual knowledge.
b) Emotional competence encompasses attitudes, behaviors, self-control, and objective, moral understanding of the world. Through self-concept synergy, it helps people handle job challenges with generally steady emotional patterns. Internal motivation and emotional awareness (Sahertian & Satriobudi., 2016) (Suyanto, 2018)
c) Social competence refers to the consistent capacity to effectively collaborate with colleagues in a professional setting, which arises from a harmonious combination of personal traits, self-perception, drive, and awareness of social dynamics. (Han & Kemple, 2006).

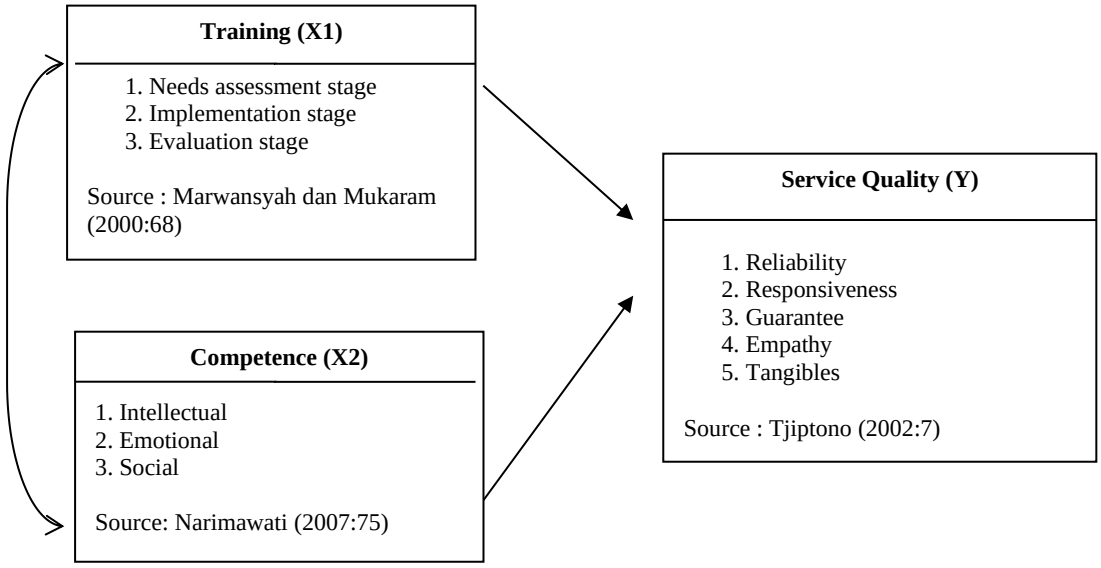
(Parasuraman A Parsu et al., 1988) found five customer-evaluated service quality factors after researching numerous types of services. Service quality has five dimensions: (1) Reliability is the ability to deliver service quickly, satisfactorily, and as promised, (2) Responsiveness, when workers want to support customers and deliver responsive service, (3) Assurance, namely staff skill, courtesy, and trustworthiness, free from danger, risk, or doubt, (4) Empathy which includes ease of connections, good communication, and real attention to client demands and (5) Tangible, whereas physical facilities, employee equipment, and communication facilities are direct evidence (Septiani, 2016). The quality characteristics described by (Parasuraman A. Parsu et al., 1988) affect consumer expectations and reality. If the consumer obtains service that surpasses their expectations, they will say it is quality; if it is less or equal to their expectations, they will say it is unsatisfactory. (Kesuma IAW et al., 2013). Tjiptono (Veranita & Purwanto, 2023)said the main dimensions in implementing the quality of service, are namely: Reliability, Responsiveness, Assurance, Emphaty and Tangibles.

Quality service is a desired result for an organization, especially a hospital (Arsita & Idris, 2019)(Novitasari, 2022). To attain high service quality, a management strategy employed is to enhance the caliber of human resources through ongoing training. The purpose of training is to empower employees to perform their responsibilities with effectiveness and efficiency. In today's world, there is a strong demand among agencies and corporations to acquire highly skilled and professional human resources. The primary concern in this particular situation is the competence of the human resources. Competency encompasses the range of information,

skills, abilities, and personal traits that have a direct impact on an individual's performance (Hidayat & Lubis, 2019). This has a big impact on achieving optimal service quality.

The research framework is described as follows:

Figure 1.
Research Framework

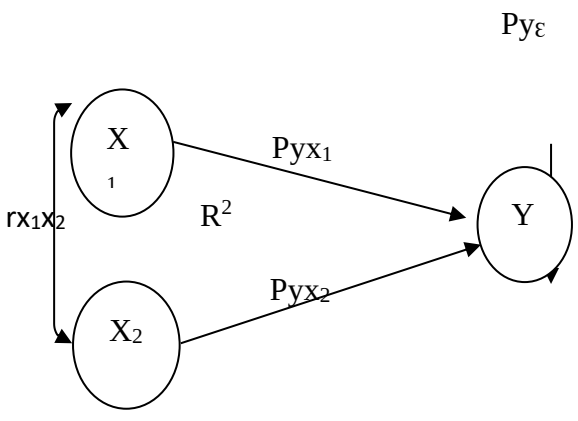


RESEARCH METHODS

The research object is training and competency as independent variables and service quality as a dependent variable with a descriptive explanatory research design, namely describing and explaining the influence of training and competency of nurses on the quality of class III inpatient services at Bandung Hospital. The variables included in this research comprise two independent variables, namely training and competency, and one dependent variable, which is service quality.

The research paradigm describes the causal relationship between research variables, which can be seen in the following picture:

Figure 2.
Research Paradigm



X_1 = Training
X_2 = Competence
Y = Service Quality
Py_ε = Unexplored variables
rx_1x_2 = structural parameters indicate the correlation between variables X1 and X2
Pyx_1 = structural parameters indicate the extent of the impact of X1 on Y
Pyx_2 = structural parameters indicate the extent of the impact of X2 on Y
Py_ε = structural parameters indicate the extent of the impact of another parameter on Y

Data collection was conducted by administering questionnaires to assess the training, competence, and quality of inpatient services. The questionnaire to be utilized is a Likert scale questionnaire, specifically an interval scale questionnaire. It consists of a series of statements presented to participants to elicit subjective reactions. The study population consisted of 31 nurses in the class III inpatient room at Bandung City Hospital. The Dependent Variable was determined using a saturated sampling technique, whereas the Independent Variable was determined using an accidental sampling technique.

Data collection was conducted by literature review and field research, which involved the methods of observation, interviews, and distribution of questionnaires.

The data analysis employed many methodologies, including the Method of Successive Interval (MSI), Correlation Coefficient Analysis, Classic Assumption Test (which consisted of Normality Test, Multicollinearity Test, Heteroscedasticity Test, and Autocorrelation Test), Multiple Regression Analysis, and Hypothesis Testing.

RESULTS AND DISCUSSIONS

Based on the results of data processing using the SPSS program, the results of the validity test were obtained on the research measuring instrument statement items in the form of questionnaires for training variables (X1) and competency (X2) and service quality (Y), the r value r correlation is greater than the critical r value of 0.3. This shows that the statement items are declared valid.

Based on data processing carried out with the help of the SPSS computer program, reliability test results were obtained for each research variable as summarized in the following table:

Table 1.
Recapitulation of Reliability Test Results

VARIABLE	R COUNT	R TABLE	INFORMATION
Training (X_1)	0,766	0,60	Reliable
Competence (X_2)	0,749	0,60	Reliable
Service Quality (Y)	0,764	0,60	Reliable

Source: primary data processed by SPSS version 22

This reliability test indicates that the measuring instrument, in the form of a questionnaire, is substantially correlated with each variable, suggesting a high level of dependability, because each alpha value exceeds the cut-off value, 0.6. Thus, the questionnaire used as a measuring tool in this research can be used as a measuring tool to measure research variables in this research because it meets the validity and reliability requirements. Data from the overall questionnaire processing results from the independent variable (X1) training can be seen in the following table:

Table 2.
Respondents' Responses to the Training Variable (X1)

NO	INDICATOR	ITEM	SCORE	IDEAL SCORE	%
1	*Evaluate employees' skill gaps to develop tailored content that aligns with the desired training outcomes and fulfills organizational requirements.*	1	111	155	71,61
2	*Specify the necessary infrastructure requirements based on the planned training program.*	2	109	155	70,32
3	*The training facility is both comfortable and sufficient.*	3	108	155	69,68
4	*Complete training equipment is available*	4	108	155	69,68
5	*The training curriculum adheres to the requisite competency standards for employees.*	5	105	155	67,74
6	*Training methods are appropriate to the level of ability of the employees participating*	6	102	155	65,81
7	*Training materials are provided systematically*	7	108	155	69,68
8	*The training instructor is a proficient and suitably certified specialist.*	8	118	155	76,13
9	*Evaluate the implementation of training*	9	117	155	75,48
10	*Evaluate the performance of training instructors*	10	98	155	63,23
Amount			1084	1550	69,94

Source: primary data processed by SPSS version 22

Based on Table 2, the independent variable (X1) training category has a score of 1084 (good category), meaning that nurses receive good training, as they always assess nurses' inability to formulate specific material based on output at the needs assessment stage. what training should accomplish in fulfilling organizational demands and creating facility requirements. At the training implementation stage, we provide a comfortable and adequate training place, complete training equipment, a curriculum that meets employee competency standards, a method that matches employee ability, systematic training materials, and expert trainers. competent (professional). We always analyze training implementation and teacher performance during evaluation. Even if it is good, it has not achieved maximum results, so it needs to be enhanced and optimized to a very good rating.

Table 3.
Respondents' Responses to the Competence Variable (X2)

NO	INDICATOR	ITEM	SCORE	IDEAL SCORE	%
1	*Know and comprehend the major roles and functions*	1	108	155	69,68
2	*Have professional skills*	2	111	155	71,61
3	*Understand concepts well.*	3	110	155	70,97
4	*Ability to swiftly make correct decisions*	4	107	155	69,03
5	*Ability to prioritize complaints and aspirations*	5	109	155	70,32
6	*Able to simplify problems*	6	107	155	69,03
7	*Being a true representative*	7	114	155	73,55
8	*Able to adapt to the work environment*	8	119	155	76,77
9	*Collaboration with work partners*	9	110	155	70,97
10	*Collaboration with the community*	10	104	155	67,10
Amount			1099	1550	70,90

Source: primary data processed by SPSS version 22

Table 3 shows that the total score for the independent variable (X2) competence is 70.90% which is in the good category. This means: that the competency of nursing staff is considered good, namely from an intellectual perspective they have knowledge and understand their main duties and functions well, have professional skills, have good conceptual understanding, and have the ability to quickly make the right decisions. Furthermore, from an emotional perspective, nurses can manage and prioritize aspirations and complaints received, can simplify problems, and can present themselves as truly representative figures. Furthermore, from a social perspective, nurses can adapt to the work environment, can collaborate with work partners, and can collaborate with the community. Even though it is rated as good, it still has not achieved maximum results, so it needs to be improved and further optimized to get maximum results with an assessment in the very good category.

Table 4.
Respondents' Responses to the Service Quality (Y)

NO	INDICATOR	ITEM	SCORE	IDEAL SCORE	%
1	*Have seriousness and take responsibility for mistakes*	1	113	155	72,90
2	*Provide service immediately*	2	112	155	72,26
3	*Quick response to complaints*	3	116	155	74,84
4	*Explain the procedure*	4	103	155	66,45
5	*Polite in providing service*	5	112	155	72,26
6	*Have abilities and skills*	6	108	155	69,68
7	*Ease of communication access for the public with officers*	7	115	155	74,19
8	*Understand community needs*	8	118	155	76,13
9	*Availability of adequate facilities*	9	114	155	73,55
10	*Complete office equipment is always available*	10	105	155	67,74
Amount			1116	1550	72,00

Source: primary data processed by SPSS version 22

The service quality variables in this research are measured through 5 dimensions, namely Reliability, Responsiveness, Assurance, Empathy, and Tangibles. Based on these dimensions, 10 indicators were created with 10 question items which were given to 31 respondents to be used as research measuring tools for the quality of inpatient services. The result is:

The reliability dimension is measured through two indicators, namely having seriousness and responsibility for mistakes, and providing service immediately. Based on the calculation results, the total score for the reliability dimension is 72.58% in the good category, meaning that the quality of care services In terms of reliability, the stay is considered good. According to the interview results, respondents stated that nurses in the inpatient room were serious and responsible for errors and always provided immediate service.

The responsiveness dimension is measured through two indicators, namely quick response to complaints and providing explanations of procedures. Based on the results of the questionnaire data processing, it is known that the total score for the responsiveness dimension is 70.65% is in the good category. This means that the quality of inpatient services in terms of responsiveness is good. According to the interview results, respondents stated that nurses in the inpatient room always responded quickly to complaints, and explained procedures to patients and their families as clearly as possible.

The insurance dimension is measured through two indicators, namely being polite in providing services and having abilities and skills. Based on the results of the questionnaire data processing carried out, it can be seen that the total score for the insurance dimension is 220 or in percentage terms it is 70.97% in the good category, meaning that the quality of inpatient services in terms of insurance is good. According to the interview results, respondents stated that nurses were always polite in providing services, and had adequate abilities and skills.

The empathy dimension is measured through two indicators, namely ease of communication access for the community with officers, and understanding community needs. Based on the results of the questionnaire data processing carried out, the total score for the empathy dimension is 225, or in percentage it is 72.58% is in a good category, meaning that the quality of inpatient services in terms of empathy is considered good. This is by the results of interviews with patients, respondents stated that nurses in inpatient rooms always provide easy access to communication for patients and their families and always try their best to understand the needs of patients and their families.

The tangibles dimension is measured through indicators of the availability of adequate facilities and the completeness of office equipment that is always available. Based on the results of data processing, it is known that the total score for the tangibles dimension is 70.65% is included in the good category. This means that the quality of inpatient services in terms of tangibles is good and is confirmed by the results of interviews, respondents stated that inpatient rooms have adequate facilities are always available, and are also equipped with office equipment.

According to the findings of the analysis, the total score obtained for the independent variable (Y) service quality is 1099, or in percentage, it is 70.90% which is in the good category. This means that the quality of inpatient services at Bandung City Hospital is considered good, namely having seriousness and taking responsibility for mistakes, providing services immediately, responding quickly to complaints, providing explanations regarding procedures, being polite in providing services, having abilities and skills, easy communication access for the public with officers, understanding needs community, the availability of adequate facilities, and complete office equipment that is always available. Even though it is considered good, it still has not achieved maximum results, so it needs to be improved and further optimized to get maximum results with an assessment in the very good category. By the objectives to be achieved in this research, the proposed research hypothesis will be tested through path analysis. The assumptions that must be met when conducting path analysis of observational data are at least an interval measurement scale. Therefore, the observational data obtained from data collection has an ordinal measurement scale. To be able to use path analysis, a data transformation process is carried out from an ordinal measurement scale to an interval measurement scale through a method known as the Method of Successive Interval. The results of measuring the magnitude of the relationship between the Training and Competency variables on Service Quality obtained correlation values between the Training, Competency, and Quality of inpatient service variables can be seen in the table below:

Table 5.
Variable Correlation

Correlations

		TRAINING (X1)	COMPETENCE (X2)	SERVICE QUALITY (Y)
TRAINING (X1)	Pearson Correlation	1	.937**	.896**
	Sig. (2-tailed)		.000	.000
	N	31	31	31
COMPETENCE (X2)	Pearson Correlation	.937**	1	.857**
	Sig. (2-tailed)	.000		.000
	N	31	31	31
SERVICE QUALITY (Y)	Pearson Correlation	.896**	.857**	1
	Sig. (2-tailed)	.000	.000	
	N	31	31	31

**. Correlation is significant at the 0.01 level (2-tailed).

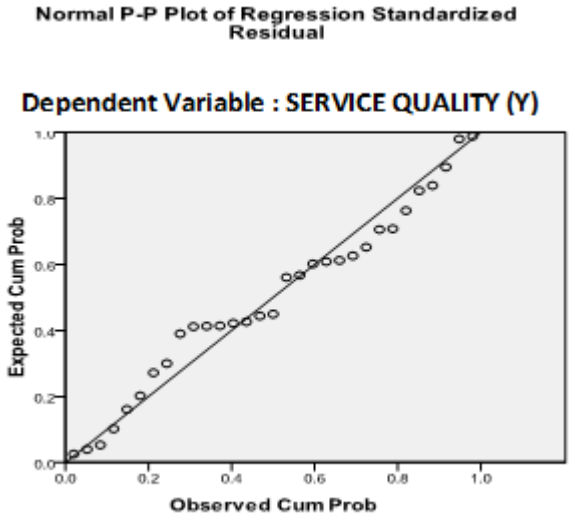
Source: primary data processed by SPSS version 22

According to the calculations conducted using SPSS 22, it has been determined that there was a decrease of 0.896 in both training and service quality. Therefore, a strong positive linear association between training and service quality is inferred, as indicated by a correlation coefficient ranging from 0.80 to 1.000. Similarly, there is a strong correlation of 0.857 between competency and service quality, indicating a significant positive linear association. This correlation value falls within the range of 0.80 to 1.000. In addition, there is a strong connection of 0.937 between training and competency. A correlation value of r between 0.80 and 1.000 indicates a significant positive linear link between training and competency. Moreover, this link suggests that enhancing training and skills could potentially amplify the beneficial association between these variables.

Classic assumption test

Normality test

Figure 3.
P-P Plot Normality Test Results



Source: primary data processed by SPSS version 22

The residual points follow a straight line pattern, as seen in the image "Normal P-P Plot of Regression Standardized Residual". Therefore, the residual fits the normal distribution assumption.

Table 6.
Multikolinieritas Results

Coefficients

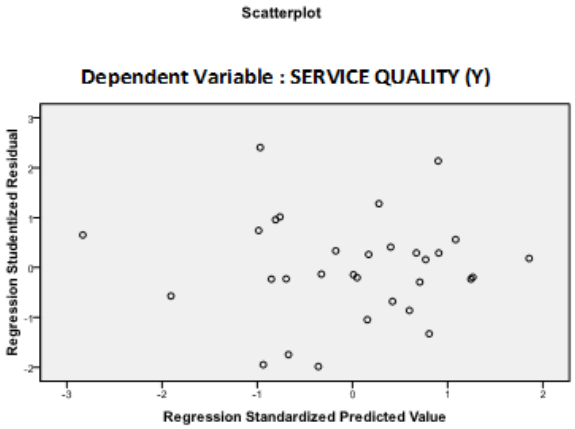
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	2.999	2.910		1.031	.312		
	TRAINING (X1)	.515	.163	.756	3.159	.004	.122	8.212
	COMPETENCE (X2)	.130	.209	.491	6.623	.003	.122	8.212

a. Dependent Variable: Service Quality

Source: primary data processed by SPSS version 22

The Value Inflation Factor (VIP) values for the three variables are less than 10 or VIP < 10. This means multicollinearity does not arise, hence the test is met.

Figure 4.
Scatterplot of Service Quality Variables



Source: primary data processed by SPSS version 22

Figure 4 demonstrates the absence of heteroscedasticity, as seen by the dispersion of the data points below the Y-axis. Therefore, heteroscedasticity is present.

Table 7.
Autocorrelation Test Results

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.897[a]	.805	.791	2.911	1.749

a. Predictors: (Constant), Service Quality, Training

b. Dependent Variable: Service Quality

Source: primary data processed by SPSS version 22

According to Table 7: Durbin-Watson is 1.749 or 1. The computed DW is between -2 and 2, indicating no autocorrelation based on the established criteria. Thus, the Autocorrelation Test is met.

Hypothesis test

Table 8.
Simultaneous Test Results

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.897[a]	.805	.791	2.911

a. Predictors: (Constant), Competence (X2), Training (X1)

b. Dependent Variable: Service Quality (Y)

Source: primary data processed by SPSS version 22

Table 8 shows that R2 (R square) is 0.805. Training and competency combined influence service quality by 80.5%, while other factors not investigated influence the rest.

Table 9.
Training and Competency Impact Service Quality

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	978.231	2	489.116	57.727	.000[a]
	Residual	237.241	28	8.473		
	Total	1215.473	30			

a. Predictors: (Constant), Competence (X2), Training (X1)

b. Dependent Variable: Service Quality (Y)

Source: primary data processed by SPSS version 22

Based on the results of Table 9, it can be seen the influence of the Training variable and the Competency variable together on Service Quality by using a testing procedure to determine the calculated F and F table, the calculated F is 57.727 (seen in the ANOVA table), the F table can be looked for in the statistical table at significance 0.05 df1 = k-1 or 3-1 = 2, and df2 = n-k-1 or 31-2-1 (k is the number of independent variables). Thus the F table obtained is 3.3403. If F calculates £ F table then H0 is accepted, and if F calculates > F table then H0 is rejected. Based on the calculation results, it can be seen that F count (37.904) > F table (3.3403) so the null hypothesis is rejected. The conclusion is that Training and Competency together influence Service Quality. Meanwhile, for decision-making based on significance, from the output of the ANOVA table, it can be seen that the significance is 0.000. If significance > 0.05 then H0 is accepted, and if significance ≤ 0.05 then H0 is rejected. Based on the calculation results, it can be seen that the significance of 0.000 is smaller than 0.05, so the null hypothesis is rejected.

The conclusion is that Training and Competency together influence Service Quality. Testing the partial influence of the Training variable on Service Quality is calculated using the t-test. Based on the results of calculations using the SPSS version 22 program, the results obtained can be seen in the following table:

Table 10.
Effect of Training on Service Quality

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.999	2.910		1.031	.312
TRAINING (X1)	.515	.163	.756	3.159	.004
COMPETENCE (X2)	.130	.209	.491	6.623	.003

a. Dependent Variable: Service Quality (Y)

Source: primary data processed by SPSS version 22

Calculations show that t count (3.159) > t table (2.048), rejecting the null hypothesis. Conclusion: Training affects service quality partially. The Coefficients table shows 0.004 significance for significance-based decision-making. H0 is accepted if significance > 0.05 and rejected if < 0.05. The computation results show that 0.004 is less significant than 0.05, rejecting the null hypothesis. Conclusion: Training affects service quality partially. T-tests are used to partially examine competency variables' effects on Service Quality. Calculation results are shown in the table 11 below:

Table 11.
Influence of Competency on Service Quality

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.999	2.910		1.031	.312
TRAINING (X1)	.515	.163	.756	3.159	.004
COMPETENCE (X2)	.130	.209	.491	6.623	.003

Source: primary data processed by SPSS version 22

According to Table 11, the calculated t-count (6.623) is greater than the t-table (2.048), indicating that we reject the null hypothesis. The finding suggests that Competence has a partial impact on Service Quality. Regarding decision-making based on significance, the Coefficients table indicates a significance value of 0.003. If the significance is more than 0.05, then the null hypothesis (H0) is accepted. Conversely, if the significance is less than or equal to

0.05, then the null hypothesis (H0) is rejected. According to the calculation findings, it is evident that the significance value of 0.003 is less than 0.05, therefore leading to the rejection of the null hypothesis. The result is that Competence has a partial influence on Service Quality.

CONCLUSIONS

The descriptive analysis and hypothesis testing showed that the training variable received a percentage of good replies. Hypothesis testing shows that training affects service quality statistically. Consequently, every training session leads to a substantial enhancement in service quality. The descriptive analysis and hypothesis testing indicate that the competency variable exhibits a substantial proportion of favorable responses. Hypothesis testing shows a robust and statistically significant association between nursing competency and service quality. Competence improves service quality significantly. Concurrent hypothesis testing shows a strong positive link between nursing staff training, competency, and service quality. This means training and competency improve service quality significantly.

The research findings indicate the necessity to prioritize the application of Standard Operating Procedures (SOP) in service provision, particularly in areas such as displaying smiles, greetings, courtesy, manners, prayers, and appearance.

To reduce misunderstandings, it is necessary to improve communication that is polite and modest while still considering the interests of both parties, namely the patient and the hospital. Training and competency improvement for nursing staff should continue to be optimized from the planning to the evaluation stages so that training can provide benefits in increasing the ability, competence, and professionalism of nursing staff by needs and expectations.

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