

Analysis of Istitha'ah Achievement at the Center for Hajj and Umrah Health Integrated Services (P2TKHU) RS Hajj Hospital Jakarta

¹Syarief Hasan Lutfi, ²Grace Rumengan, ³AhdunTrigono

Abstract--Hajj is a physical worship that require preparation before departure. Improving the ability of the candidate jama`ahendurans Hajj and Umrah performed as istitha`ah requirements. Preventive care is implemented in an integrated and multidisciplinary in Rs. Haji as a featured service program, of which Rs Hajj hospital for Kemenag as responsible mandate of Law no. 8 2017 in lieu of Law no. 13 of 2008 (Kemenag responsible for the care, protection and health of the pilgrims). The goal is to determine the attainment analysis Istithaah in Health Integrated Service Center of Hajj and Umrah (P2TKHU) Haji Hospital Jakarta 2019. The research material was Questionnaires pilgrims in P2TKHU months from May to July 2019. As for how that is done through the first stage with a cross-sectional study of the 96 respondents jama`ah P2TKHU pilgrim Haji Hospital Jakarta. Based on the results obtained from 96 samples of respondents that istithaah achieved in P2TKHU RS. Haji Jakarta as many as 62 people (64.6%), while the istithaah not been achieved in P2TKHU RS. Haji Jakarta as many as 34 people (35.4%). Hajj is a physical worship, where pilgrims must have comprehensive abilities as defined istitha'ah include badaniyah / jasmaniyah (health), amniyah (security), Maliyah (material). From all the variables tested multivariate data analysis that the most dominant variable is related to the achievement Istithaahemphaty with OR = 3.395. Based on the results obtained from 96 samples of respondents the istithaah achieved in P2TKHU RS. Haji Jakarta as many as 62 people, while the istithh not been achieved in P2TKHU RS. Haji Jakarta as many as 34 people. Empathy is a very significant relationship compared with other variables (tangible, reliability, responsiveness, assurance). Hajj is a physical worship, where pilgrims must have comprehensive abilities as defined istitha'ah include badaniyah / jasmaniyah (health), amniyah (security), Maliyah (material). And correlates with integrated services.

Keywords--P2TKHU, Istitha`ah, integrated, empathy.

I. INTRODUCTION

Hospital according to the Law of the Republic of Indonesia Number 44 Year 2009, it is stated that the hospital shall be health care institution administering comprehensive full individual health services that provides inpatient, outpatient and emergency services. General Hospital shall be hospital that provides health services in all fields and types of diseases. Hospital shall be one of the institutions engaged in health services with the

¹Department of Medical Rehabilitation, Faculty of Medicine, State Islamic University of Syarif Hidayatullah, Jakarta, shlutfie@yahoo.com

²Department of Medical Rehabilitation, Faculty of Medicine, State Islamic University of Syarif Hidayatullah, Jakarta

³Department of Medical Rehabilitation, Faculty of Medicine, State Islamic University of Syarif Hidayatullah, Jakarta

responsibility of providing treatment, providing care, seeking healing and health of patients, as well as striving for a healthy life education for public.

Assessment of consumer to the service quality of Hospital is an important matter as a reference in improving service in order to create customer satisfaction and create a loyalty from consumers. Customer satisfaction has become a central concept in business and management discourse (Tjiptono& Chandra, 2005). Customers generally expect the consumable products or services are acceptable and enjoyable with good or satisfying services (Assauri, 2003). Customer satisfaction can form perceptions and then can position the company's products in the eyes of its customers.

The quality of service is an important thing to be considered, because it will be perceived by consumers after the consumers consume the goods/services. The increasingly strict competition lately requires a service provider to pamper the consumers all the time by providing the best service. Customers will look for products in the form of goods or services from companies that can provide the best service to them (Assauri, 2003). If consumers are satisfied with the experience of consuming such goods or services, it is the first step to make it a loyal customer. P2TKHU (Center for Hajj and Umrah Health Integrated Service) service is one of the leading services and the main concern of the RumahSakit Haji Jakarta (Jakarta Hajj Hospital), because it has a large opportunity and market share as well as predicted to provide a large income for the hospital.

RumahSakit Haji Jakarta (RSHJ) is trying to make the hospital with the status of BLU (Public Service Agency) to be able to become a BLU standard hospital. The hospital must have its own special characteristics that are different from other hospitals. RSHJ inaugurates the special service for Hajj and Umrah Pilgrims namely the Center for Hajj and Umrah Health Integrated Services (P2TKHU) in 2017 namely services in health and needs of Hajj and Umrah pilgrimage specifically for Indonesian pilgrims who will carry out the Hajj and Umrah pilgrimage to the Holy Land.

With the increasing need of medical examinations for Hajj and Umrah, this can be a great opportunity, so hospital has the strength and positive attitude that will attract patients to become consumers. The numerous clinical case verdicts for prospective hajj and umrah pilgrims who were declared failed to depart, it is the background of this research to answer how the preparations for the departure of Hajj and Umrah can be planned well in achieving *Istitha'ah*.

Therefore, the researcher desires to know the analysis of *istitha'ah* achievement in P2TKHU of RumahSakit Haji Jakarta. And desires to know, the factors that influence the quality of service to the selection of patient health services in the *Istitha'ah* Achievement in the Center for Hajj andUmrah Health Integrated Services of RumahSakit Haji Jakarta.

Literature Review

A hospital, sells products in the form of services to patients as consumers (Handriati&Helia, 2016). Hospital is an institution that is aimed to provide individual health services by using the resources effectively and efficiently for the benefits of the community. Hospital is a unit that has a regular organization, a place for

prevention and cure of diseases, improvement and recovery of patient health that is carried out in a multidisciplinary manner by various groups of educated and trained professionals, who use physical infrastructures and facilities (Aditama, 2000). The American Hospital Association, defines hospital as an institution with the main function is to provide diagnostic and therapeutic services for patients for various diseases and health problems, both surgical and non-surgical.

According to WHO (World Health Organization), hospital is an integral part of a social and health organization with the function of providing comprehensive services, healing diseases (curative) and prevention of diseases (preventive) to the community. The hospital is also serving as training center for health workers and medical research center. Meanwhile, according to Regulation of the Minister of Health (Permenkes) No. 147 year 2010 concerning Hospital Licensing, referred to as hospital shall be health service institution that administers comprehensive individual health services by providing inpatient, outpatient and emergency services. And it is divided again as follows:

- a. General hospital shall be a hospital that provides health services to the community for all types of diseases, ranging from basic health services to sub-specialist services in accordance with its ability.
- b. Special hospital shall be a hospital that provides health services to the community for certain types of diseases or based on certain disciplines.

General hospital shall be a hospital that provides basic, specialistic and sub-specialistic health services. Hospital has a mission to provide quality and affordable health services to the community in order to improve the degree of public health. Hospitals in Indonesia shall be classified into two types based on their ownership, namely:

- a. Public hospital, namely a hospital that is managed by the government (including regional government) and other non-profit legal entities.
- b. Private hospital, namely a hospital that is managed by a legal entity with the aim of profit gain in the form of a limited liability company.

Customer understanding is seen from the existence of dimensions of service quality overlapping with one another that is associated with customer satisfaction. Furthermore, by Parasuraman et al. (1996), these dimensions are focused into five dimensions (measures) of service quality, namely:

1) Physical Proof (Tangible)

This dimension covers the condition of physical facilities in the form of availability of facilities and infrastructures including ready-to-use equipment as well as the satisfying appearance of employees or staffs (Lakmi, 2014). Services cannot be observed directly, so customers are often based on the conditions that are visible about the services and conduct an evaluation. The realities related to this matter include very varied objects, such as staff performance, carpets, seats, room lighting, wall colors, brochures on equipment and facilities used.

2) Reliability

Capability of the hospital to provide services immediately, accurately, trustworthy, satisfying, as well as responsible for what is promised, never give excessive promises and always fulfill its promises. In general, this

dimension reflects the consistency and reliability of organizational performance, this relates to the following question, whether the services provided with the same level over time and the extent to which services are able to deliver what has been promised to customers by making decision. This is closely related to whether the company or agency fulfills its promises, makes accurate records and serves correctly. To see the dimensions, it can be seen the statements of expectations of customers below:

- a) If the excellent service and promises to do something at a certain time they will do it.
- b) If a customer has a problem they will show genuine concern to solve it.
- c) Excellent service serves correctly for the first time (not by trial and error).
- d) Excellent service serves in accordance with the promised time.
- e) Excellent service has a policy so that the results are error free.

3) Responsiveness

The desire of employees or staffs to help all customers as well as desiring and implementing service delivery responsively. This dimension emphasizes the attitude of service provider who is attentive, fast and appropriate in dealing with requests, questions, complaints and problems of customers. This dimension of responsiveness reflects the commitment of the company or agency to provide services on time and the preparation of the company or agency before providing services. To see the expectations in this dimension can be seen below:

- a) Excellent officer of the company informs definitely the customers when the service is performed.
- b) Excellent officer provides services quickly and precisely to customers.
- c) Excellent workers always desire to help customers.
- d) Excellent officer will never be too busy to respond to customer demands.

4) Assurance

This dimension includes knowledge and courtesy as well as ability to give trust to customers. This dimension reflects the competency of service to customers and operational security. Competence is related to knowledge and skills in providing services, friendliness refers to how workers interact with their customers and customer ownership. Safety reflects that the customer will be free from dangers of risk and doubt.

5) Empathy

Employees or staffs are able to place themselves in customers, can be in the form of ease in establishing relationships and communication including attention to customers, and can understand customer needs. This dimension shows the degree of attention given to every customer and reflects the ability of worker or employee to discover the feelings of the customers.

Philosophically, the existence, policies, programs and activities of the RS Haji Jakarta are carried out to improve the public health as high as possible in the context of formation of Indonesian human resources, enhancing national resilience and competitiveness, and national development. Efforts to improve the degree of health shall include health services for Muslim communities performing the hajj pilgrimage as a plenary worship and constitutes the last pillar of the five pillars of Islam. The implementation of hajj health shall be series of activities

that include guidance, services and health protection for hajj pilgrims in supporting the implementation of hajj during the waiting period, preparation in Indonesia until the return of hajj pilgrims from Saudi Arabia.

Istitha'ah consists of medical *istitha'ah* and religious *istitha'ah*, both of which must be implemented comprehensively and cannot be separated. Based on this, it will be seen the ability of pilgrims to perform various activities so that the definition of *istitha'ah* does not hinder the departure, but provides guidance to improve physical endurance.

RS Haji Jakarta has a big role in realizing *istitha'ah* based on a comprehensive operational definition that includes religion and health. RS Haji Jakarta plays an important role in the program to facilitate and accelerate health conditions of hajj pilgrims in order to meet the *istitha'ah* and be able to perform the hajj pilgrimage without any significant obstacles with controlled health conditions, based on cross-program and cross-sectoral assessment. The impact of controlling *istitha'ah* is that the morbidity rate in the country and in Saudi Arabia and the mortality rate can be prevented.

Sociologically, the existence of quality and affordable Hospital is a means of health services that is needed by the community. Especially for people who carry out the hajj pilgrimage in dire need of health services owned by the RS Haji Jakarta. Until now there is no Hospital that specifically serves the fulfillment of physical capacity and functional ability (*istitha'ah*) of hajj and umrah pilgrims. RS Haji Jakarta provides facilities and infrastructures to support the program to improve *istitha'ah*, through the establishment of P2TKHU, where one component of the program is to improve the degree of functional ability of the hajj pilgrims (*istitha'ah* parameters) that is integrated with the ability to understand the hajj pilgrimage philosophy coordinating cross-sectoral and cross-program that support Government programs in *istitha'ah* according to Permenkes Number 15 Year 2016, so that RS Haji Jakarta is ready to help the socialization of *istitha'ah* nationally.

While juridically, the existence of RS Haji Jakarta cannot be separated from the institutional development of Hospital that is bound by the provisions of the applicable laws and regulations.

The duties and functions of the Ministry of Religious Affairs are very large in the organization of hajj pilgrimage based on Law Number 8 Year 2019 regarding Implementation of Hajj Pilgrimage and Government Regulation Number 79 Year 2012 regarding Implementation of Law Number 13 Year 2008. According to the provisions in the organization of hajj, the Ministry of Religious Affairs has the duty and function of establishing policies and implementation in the organization of hajj pilgrimage including organizing activities in the context of developing, serving and protecting the health of hajj pilgrims from the time of preparation until the implementation.

The law provides primary responsibility to the Ministry of Religious Affairs in the organization of hajj pilgrimage as national task and becomes the responsibility of Government, including the duties and functions of the Ministry of Religious Affairs in carrying out the development, service and protection of the health of hajj pilgrims from the time of preparation until the implementation.

Furthermore, it is elaborated in Government Regulation Number 79 Year 2012 regarding Implementation of Law Number 13 Year 2008 regarding Implementation of Hajj Pilgrimage that the organization of hajj pilgrimage

includes three elements, namely: policy, implementation, and supervision. In addition to setting policies, in the implementation that is the main responsibility of the Ministry of Religious Affairs covering all activities mentioned in Article 6, namely *Incarrying out the responsibilities as referred to in Article 5, the Minister organizes activities including the health development and services of the Hajj Pilgrims;*

Based on philosophical, sociological, and juridical basis above, thus the establishment of Center for Hajj and Umrah Integrated Health Service is very helpful for prospective hajj and umrah pilgrims in preparing *isthitha'ah* during the waiting time of departure so as to be able to carry out the rituals of hajj pilgrimage apart from greatly assisting the Ministry of Religious Affairs in Organizing Hajj Pilgrimage according to the mandate of Law No. 8 Year 2019 regarding Implementation of Hajj Pilgrimage and to assist in implementing Permenkes Number 15 Year 2016 regarding Health *Isthitha'ah* of Hajj Pilgrims, from the aspect of functional ability of hajj pilgrims.

Conceptual Framework

- Variable X as the independent variable. Namely variable that affects other variables, where this variable is the Service Quality.
- Variable Y as the dependent variable. Namely variables that is affected by the independent variable, where this variable is the *Isthitha'ah* Achievement.

In this case, there are two relationships between two variables, for example between variables Y and X, so if variable Y is caused by variable X, then variable Y is called the dependent variable and variable X is called the independent variable. Dependent variables upon other variables are called dependent variables (Nazir, 2003). In this study, the independent variable or variable X is service quality and customer satisfaction, while the dependent variable or variable Y is *istitha'ah* achievement.

II. METHODS

Research Design

This type of research is an analytical research with a quantitative approach, which is a research method based on positivism philosophy, used to examine a specific population or sample, where data collection uses research instruments, statistical data analysis with the aim of knowing the hypotheses that have been set.

The research design used is a cross sectional study, which is a research that studies the relationship between the dependent variable and independent variable, where the collection of the two variables is carried out at the same time.

Population and Sample

Population is a generalization area consisting of objects or subjects that have certain quantities and characteristics as determined by researchers to be studied and then drawn up conclusions (Sugiyono, 2006). The target population of this study is all patients who visited the P2TKHU of RS Haji Jakarta.

The result of calculation is as follows

$$N = \frac{1,96^2 \times 0.5 (1-0.5)}{0.1^2} = 96$$

From the result of statistical calculations, the number of samples needed in this study is 96 samples.

Validity and Reliability Test

This validity and reliability test shall be intended to find out whether or not the instrument is feasible to be used to collect data. The provision is said to be valid if the test results of the calculated R are greater than the R in table. While reliability if the alpha Crombach results are greater than the standard 0.60 (Hastono, 2007).

Data Collection Technique

Primary data are collected directly by questionnaire, while secondary data are obtained from hospital sources.

Data Processing

Data processing is performed with the assistance of computer software applications with data processing stages, namely: *Editing, Coding, Processing, Scoring, Cleaning*.

Data Analysis

The *stages* of data analysis are: (1) Univariate Analysis; to find an illustration of frequency description and proportions of each variable. (2) Bivariate Analysis uses the proportion difference test (*Chi Square*). (3) Multivariate Analysis; using *logistic regression* analysis.

III. RESULT

Bivariate Analysis

Relationship between *Tangible* and *Istitha'ah* Achievement

Table 1: Relationship between *Tangible* and *Istitha'ah* Achievement at the Center for Hajj and Umrah Health Integrated Service (P2TKHU)RS. Haji Hospital Jakarta

Tangible	Istitha'ah Achievement				Total		P	OR
	Achieved		Not Yet		N	%		
	n	%	N	%			Value	(95% CI)
Favorable	60	86,9	9	13,1	69	100	0,042	1,538 (0,663- 3,569)
Unfavorable	20	74,1	7	25,9	27	100		
Total	80	64,6	16	35,4	96	100		

The results of the analysis of relationship between *tangible* (physical evidence/facilities-infrastructures) with *Istitha'ah* achievement, it was found that respondents stating the tangible was favorable and *Istitha'ah* was achieved (86.9%), while respondents stating the tangible was unfavorable and *Istitha'ah* had not been achieved (25.9%).

The result of statistical test, it is obtained $pvalue = 0.042$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *tangible* with *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of $OR = 1.538$, means that respondents who stated the tangible is favorable has a 1.5 times chance of achieving *Istitha'ah* compared to respondents who stated the *tangible* was unfavorable.

Relationship between Reliability and Istitha'ah Achievement

Table 2: Relationship between *Reliability* and *Istitha'ah* Achievement at the Center for Hajj and Umrah Health Integrated Service (P2TKHU)RS. Haji Hospital Jakarta

Reliability	Istitha'ah Achievement				Total		P	OR
	Achieved		Not Yet					
	n	%	N	%	N	%	Value	(95% CI)
Favorable	41	66,1	21	33,9	62	100	0,038	1,209
Unfavorable	21	61,8	13	38,2	34	100		(0,507-2,882)
Total	62	64,6	34	35,4	96	100		

The results of the analysis of relationship between *reliability* with *Istitha'ah* achievement, it is obtained that respondents stating the *reliability* of officers is favorable and *Istitha'ah* is achieved (64.6%), while respondents stating the *reliability* of officers is unfavorable and *Istitha'ah* is not yet achieved (35.4%).

The result of statistical test, it is obtained $pvalue = 0.038$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *reliability* and *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of $OR = 1, 209$ means that respondents who stated good reliability has 1.2 times chance of achieving the *Istitha'ah* compared to respondents who stated the *reliability* of officers is unfavorable.

Relationship between Responsiveness and Istitha'ah Achievement

Table 3 Relationship between *Responsiveness* with *Istitha'ah* Achievement at the Center for Hajj and Umrah Health Integrated Service (P2TKHU)RS. Haji Hospital Jakarta

Responsiveness	Istitha'ah Achievement				Total		P	OR
	Achieved		Not Yet					
	n	%	n	%	N	%	Value	(95% CI)
Favorable	58	69,9	25	30,1	83	100	0,015	5,220
Unfavorable	4	30,8	9	69,2	13	100		(1,469-18,545)
Total	62	64,6	34	35,4	96	100		

The results of the analysis of relationship between *responsiveness* (skills) with *Istitha'ah* achievement, it was found that the respondents stating the *responsiveness* of officers is favorable and the *Istitha'ah* is achieved

(69.9%), while the respondents stating the *responsiveness* of officers is unfavorable and the *Istitha'ah* has not yet 6 achieved (35.4%).

The result of statistical test, it is obtained $pvalue = 0.015$ means $P value \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *responsiveness* and *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of $OR = 5.220$ means that respondents who stated that the responsiveness of officer is *Istitha'ah* compared to respondents who stated the favorable has a 5 times chance of achieving the *responsiveness* of officer is unfavorable.

Relationship between Assurance and *Istitha'ah* Achievement

Table 4 Relationship between Assurance and *Istitha'ah* Achievement at the Center for Hajj and Umrah Health Integrated Service (P2TKHU) RS. Haji Hospital Jakarta

Assurance	Istitha'ah Achievement				Total		P Value	OR (95% CI)
	Achieved		Not Yet Achieved		N	%		
	n	%	n	%				
Favorable	53	67,1	26	32,9	79	100	0,048	1,812
Unfavorable	9	52,9	8	47,1	17	100		(0,627-5,239)
Total	62	64,6	34	35,4	96	100		

The results of the analysis of relationship between assurance and *Istitha'ah* achievement, it was found that the respondents stating the assurance provided by the officers is good and the *Istitha'ah* is achieved (67.1%), while the respondents stating the assurance provided by the officers was unfavorable and the *Istitha'ah* is not yet achieved (47.1%).

The result of statistical test, it is obtained The results of the analysis of relationship between *responsiveness* (skills) with *Istitha'ah* achievement, it was found that the respondents stating the *responsiveness* of officers is favorable and the *Istitha'ah* is achieved (69.9%), while the respondents stating the *responsiveness* of officers is unfavorable and the *Istitha'ah* has not yet 6 achieved (35.4%).

The result of statistical test, it is obtained $pvalue = 0.015$ means $P value \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *responsiveness* and *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of $OR = 1,812$ means that respondents who stated that the assurance of officers is favorable has a 1.8 times chance of achieving the *Istitha'ah* compared to respondents who stated that the assurance of officers is unfavorable.

Relationship between Empathy and *Istitha'ah* Achievement

Table 5 Relationship between Empathy with *Istitha'ah* Achievement at the Center for Hajj and Umrah Health Integrated Service (P2TKHU) RS. Haji Hospital Jakarta

Empathy	Istitha'ah Achievement				Total		P	OR
	Achieved		Not Yet		N	%		
	n	%	n	%			Value	(95% CI)
Favorable	54	73,0	20	27,0	74	100	0,004	4,725 (1,723- 12,958)
Unfavorable	8	36,4	14	63,6	22	100		
Total	62	64,6	34	35,4	96	100		

The results of the analysis of relationship between *empathy* with *Istitha'ah* achievement, it was found that respondents stating that empathy of officers is favorable and *Istitha'ah* is achieved (73.0%), while respondents stating empathy of officers is unfavorable and *Istitha'ah* is not yet achieved (36.4%).

The result of statistical test, it is obtained *pvalue* = 0.004 means P value $\leq \alpha$ (0.05), thus it can be concluded that there is a significant relationship between *empathy* with *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of OR = 4,725, means that respondents who stated that empathy of officers is favorable had a 4.7 times chance of achieving *Istitha'ah* compared to respondents who stated empathy of officers is unfavorable

Multivariate Analysis

Multivariate analysis aims to obtain dominant variables related to *Istitha'ah* achievement, namely by using double *logistic regression* test. This analysis is one approach to mathematical model that aims to analyze the relationship of one or several *independent* variables with the *dependent* variable.

Bivariate Selection

Each *independent* variable undergoes bivariate analysis with the *dependent* variable. If the result of P value ≤ 0.25 , the variable directly enters the multivariate stage. For *independent* variables in which the bivariate results produce p values > 0.25 but substantially important, these variables can be included in the multivariate model of bivariate selection using double *logistic regression* test (Hastono, 2007).

Selection of Independent Variable as Multivariate Candidate

Table 6 Result of analysis of *independent* variable with *istitha'ah* achievement

NO	Variable	P Value	Result
1	Tangible	0,042	Multivariate candidate
2	Reliability	0,038	Multivariate candidate
3	Responsiveness	0,015	Multivariate candidate
4	Assurance	0,048	Multivariate candidate
5	Empathy	0,004	Multivariate candidate

The result of analysis between independent variable with dependent variable is seen that the *independent* variables having the value of $P < 0.25$ are all variables namely: tangible, reliability, responsiveness, assurance dan empathy as included in multivariate test.

Modelling

The second stage in multivariate analysis is to do a complete modelling by including all candidate variables to be analyzed by multivariate analysis aimed at getting the best model in determining what factors supporting the achievement of *Istitha'ah*. In this case all candidate variables are tried together, the best model will consider two assessments, namely the Ratio significant value ($p < 0.05$) and the P Wald significant value ($P < 0.05$). The model assessment is carried out by means of all *independent* variables that have passed the sensor are included into the model, then the variables in which the P value is not significant are removed starting from the biggest P.

The results of analysis of the first model connect the three *independent* variables related to the *dependent* variable, namely responsiveness and empathy, it is seen the result of modelling as follows

Table 7 Result of Analysis of Multivariate Logistic Regression

Stage	Variable	Sig	OR	OR Change
I	Responsiveness	0.128	2.947	
	Empathy	0.029	3.395	
II	Responsiveness Empathy	0.003	4.725	-39.17

From the results of analysis in stage I above, it can be seen from the two variables that have a value of $P > 0.05$, namely responsiveness where the variable is excluded from modelling, while the variable maintained in modelling is empathy.

In step II, after the responsiveness variable is removed, the change in OR value is calculated to the empathy variable, where there is change of OR value more than 10%, then the responsiveness variable is put back and both variables maintained in the final modelling are responsiveness and empathy.

Table 8 Result of Final Modelling of Multivariate Logistic Regression of *Istitha'ah* Achievement

Variable	B	Wald	Sig	OR	95%CI	
					Lower	Upper
Responsiveness	1.222	4.796	0.128	2.947	0.733	11.847
Empathy	1.081	2.319	0.029	3,395	1.137	10.135
constant	-3.365	13.815	0.000	0.005		

Therefore, the variables can be maintained and explained as follows:

Based on *responsiveness*, it is known that respondents who stated that the *responsiveness* of officer is favorable had a 2.9 times chance of achieving the *Istitha'ah* compared to respondents who stated the *responsiveness* of officer is unfavorable after being controlled by the *empathy* variable.

Based on *empathy*, it is known that respondents who stated the empathy of officer is favorable had a 3.4 times chance of achieving the *Istitha'ah* compared to respondents who stated the empathy of officer is unfavorable after being controlled by *responsiveness* variable.

From the two variables, it can be seen that the dominant variable related to *Istitha'ah* achievement is *empathy* with OR = 3,395.

IV. CONCLUSION

Istitha'ah Achievement

Based on the results of research obtained from 96 sample respondents whose *Istitha'ah* is achieved at P2TKHU of RS Haji Jakarta as many as 62 people (64.6%), while the *Istitha'ah* is not yet achieved at P2TKHU of RS Haji Jakarta as many as 34 people (35.4%).

Tangible

The result of statistical test, it is obtained $pvalue = 0.042$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *tangible* with *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of OR = 1.538, meaning that respondents who stated *tangible* is favorable had a 1.5 times chance of achieving the *Istitha'ah* compared to respondents who stated *tangible* is unfavorable.

Realibility

The result of statistical test, it is obtained $pvalue = 0.038$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *reliability* and *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of OR = 1.209 means that respondents who stated *reliability* is favorable had a 1.2 times chance of achieving the *Istitha'ah* compared to respondents who stated *reliability* of officers is unfavorable.

Responsiveness

The result of statistical test, it is obtained $pvalue = 0.015$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *responsiveness* and *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of OR = 5.220 means that respondents who stated *responsiveness* of the officer is favorable had a 5 times chance of achieving the *Istitha'ah* compared to respondents who stated the *responsiveness* of officer is unfavorable.

Assurance

The result of statistical test, it is obtained $pvalue = 0.048$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *assurance* and *Istitha'ah* achievement in P2TKHU of RS Haji Jakarta. The value of OR = 1.812 means that respondents who stated *assurance* of the officer is favorable had a 1.8 times chance of achieving the *Istitha'ah* compared to respondents who stated the assurance of officer is unfavorable.

Empathy

The result of statistical test, it is obtained $p \text{ value} = 0.004$ meaning that $P \text{ value} \leq \alpha (0.05)$, thus it can be concluded that there is a significant relationship between *empathy* and *Istitha'ah* achievement in P2TKHU of RS

Haji Jakarta. The value of OR = 4.725 means that respondents who stated *empathy* of the officer is favorable had a 4.7 times chance of achieving the *Istitha'ah* compared to respondents who stated the empathy of officer is unfavorable. Of all the variables that undergo multivariate data analysis test, the most dominant variable related to achieving *Istitha'ah* was *empathy* with OR value = 3.395.

Philosophically, sociologically and juridically, the active role of Government (Ministry of Religious Affairs) through comprehensive health services for hajj and umrah pilgrims as well as public through the formation of P2TKHU of RS Haji Jakarta since its inception has a background and historical root in the implementation of hajj pilgrimage. Comprehensive, quality and affordable health services are the needs of hajj and umrah pilgrims and the public so that RS Haji Jakarta can carry out these duties and functions.

REFERENCES

1. Ardhana, O. (2010). *Analisis Pengaruh Kualitas Pelayanan, Harga dan Lokasi Terhadap Kepuasan Pelanggan (Studi Pada Bengkel Caesar Semarang)*(Doctoral dissertation, Universitas Diponegoro).
2. Assauri, S. (2003). Customer Service yang Baik Landasan Pencapaian Customer Satisfaction. *Jurnal Pemasaran Usahawan*, 1(1), 27-30.
3. Azwar, S. (2007). Validitas dan reliabilitas. *Yogyakarta: Pustaka Pelajar*. Department of Health of the Republic of Indonesia. (2009). Depkes RI No. 2009 regarding Service Quality. Minister of Health of the Republic of Indonesia. Jakarta.
4. Febriani, V. A. (2012). *Analisis Pengaruh Kualitas Pelayanan Terhadap Kepuasan Konsumen*(Doctoral dissertation, Fakultas Ekonomika dan Bisnis).
5. Griffin, J. (2005). *Customer loyalty: Menumbuhkan dan mempertahankan kesetiaan pelanggan*. Jakarta: Erlangga.
6. Handriati, A. A., Sunaryo, S., & Helia, V. N. (2016). Analisis Kualitas Pelayanan Publik Terhadap Kepuasan Konsumen Dengan Menggunakan Metode SERVPERF-IPA-CSI. *Jurnal Teknoin*, 21(4).
7. Hurriyati, R. (2010). *Manajemen Pemasaran Jasa Dan Bauran Pemasaran*.
8. Kurniawan, A.D. (2006). *Kepuasan Pasien Terhadap Pelayanan Pendaftaran Pasien Rawat Jalan di RSUD Wonogiri*. Yogyakarta.
9. Jacobalis, S. (2000). Beberapa Teknik dalam Manajemen Mutu. *Manajemen Rumah Sakit, Universitas Gadjahmada*. Yogyakarta. Indonesia,
10. M. K. R. (2010). *Regulation of the Minister of Health of the Republic of Indonesia. Number 340. MENKES/PER/III/2010 Regarding Definition of Hospital*. Minister of Health of the Republic of Indonesia. Jakarta. Indonesia, M. K. R. (2010). *Regulation of the Minister of Health of the Republic of Indonesia Number 147. MENKES/PER/2010 Regarding Hospital Licensing*. Minister of Health of the Republic of Indonesia. Jakarta.
11. Khairani, L., Manjas, M., & Fendy, R. (2011). *Faktor-faktor yang Mempengaruhi Kepuasan Pasien Rawat Jalan RSUD Pasaman Barat* (Doctoral dissertation). Universitas Andalas, Padang).
12. Khasanah, I. & Pertiwi, O.D. (2010). *Analisis Pengaruh Kualitas Pelayanan Terhadap Kepuasan Konsumen (Studi Pada Pasien Poli Spesialis Rumah Sakit St. Elisabeth Semarang)* (Doctoral dissertation, Universitas Diponegoro).
13. Kotler, P & Keller, K.L. (2007). *Manajemen Pemasaran*, Dialih Bahasakan oleh Benjamin Molan, Buku Kesatu, Edisi Kedua Belas, Jakarta: PT Indeks.
14. Kotler, M. (2005). *Neighborhood government: The local foundations of political life*. Lexington Books.
15. Kotler, P. (2003). *Strategic marketing for nonprot organizations* (pp. 44-53). Upper Saddle River, NJ: Prentice Hall.
16. Lakmi, A. R. (2014). Pengaruh Kualitas Pelayanan Terhadap Tingkat Kepuasan Masyarakat pada Rumah Sakit Umum Daerah Badung. *Citizen Charter*, 1(2).
17. Parasuraman, A., Zeithaml, V. A. & Berry, L. L. (1996). The behavioral consequences of service quality. *the Journal of Marketing*, 31-46.
18. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1985). A conceptual model of service quality and its implications for future research. *the Journal Marketing*, 41-50.

19. Ponirin. (2005). *Manajemen Usahawan Indonesia*. Jakarta, Indonesia.
20. Riyadi, T. (2002). *Hubungan Antara Mutu Puskesmas Menurut Persepsi Pasien Dengan Minat Pemanfaatan Ulang Pelayanan Pengobatan Rawat Jalan Umum Di Puskesmas Maos Kabupaten Cilacap Tahun 2002*. (Doctoral dissertation, Program Pascasarjana Universitas Diponegoro).
21. Sugiyono, M. P. K. (2008). *Kualitatif dan R&D*. Bandung: Alfabeta. Tjiptono, F.(2008). *Pemasaranstrategik*. Yogyakarta: Andi.
22. Trimurthy, I. (2008). *Analisis Hubungan Persepsi Pasien Tentang Mutu Pelayanan Dengan Minat Pemanfaatan Ulang Pelayanan Rawat Jalan Puskesmas Pandanaran Kota Semarang* (Doctoral dissertation, Program Pascasarjana Universitas Diponegoro).
23. Law of the Republic of Indonesia. (2009). Law No. 44 year 2009 Regarding Hospital. *Jakarta: Departemen Kesehatan RI*.
24. Law Number 44 Year 2009 regarding Hospital Law Number 13 Year 2008 regarding Organization of Hajj Pilgrimage
25. Law Number 39 Year 2008 regarding State Ministry
26. Law Number 1 Year 2004 regarding State TreasuryGovernment Regulation of RI Number 79 Year 2012
27. Regarding Implementation of Law Number 13 Year 2008 regarding Organization of Hajj Pilgrimage;
28. Presidential Regulation Number 83 Year 2015 regarding Ministry of Religious Affairs; Regulation of the Minister of Religious Affairs Number 42 Year 2016 regarding Organization and Work Mechanism of the Ministry of Religious Affairs RI;
29. Regulation of the Minister of Health Number 56 Year 2014 regarding Hospital Classification and Licensing;
30. Regulation of the Minister of Health Number 15 Year 2016 regarding Health *Istitha'ah* of Hajj Pilgrims
31. Regulation of the Minister of Health Number 11 Year 2017 regarding Organization of Immunization.
32. Decree of the Minister of Health RI Number HK.02.02/Menkes/52/2015 Regarding Strategic Plan of the Ministry of Health Year 2015 – 2019 Wijono, D. (2011). *Manajemen Mutu Pelayanan Kesehatan: Teori, Strategi dan Aplikasi*. Volume 2. Cetakan Kedua. Surabaya.
33. Yamit, Z. (2002). *Manajemen Kualitas Produkdan Jasa*. Yogyakarta: Ekonosia