

# Overview of the Quality of Accommodation Services at Mina Hall Sukolilo Hajj Dormitory for Elderly Hajj Pilgrim During the Hajj Disembarkation Year 2024 : Case Report

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**Abstract** The Ministry of Religious Affairs is responsible for providing various services for the Hajj pilgrims. The services provided including administrative, worship, health, and general services. The general services consist of accommodation and transportation which supposed to have good service quality to maintain public satisfaction. This case report aims to describe the quality of accommodation services at Mina Hall of Sukolilo Hajj Dormitory, Surabaya, for elderly pilgrim during the 2024 Hajj disembarkation period. Based on the findings, it was concluded that the accommodation quality at the Sukolilo Hajj Dormitory is good enough, though some facilities still need improvement to enhance service quality. It is recommended that Hajj Organizing Committee (Panitia Penyelenggara Ibadah Haji) have to conduct regular inspections of accommodations for pilgrims during transit, both at embarkation and disembarkation. These inspections should involve the facilities such as transit rooms and the amenities inside. This procedure aims to ensure that the hajj pilgrims, especially the elderly, have adequate facilities to support their more vulnerable health conditions and to provide comfort during transit. With these optimizations, it is expected that elderly-friendly services will improve the satisfaction and the comfort of elderly pilgrims.

**Keywords** Sukolilo hajj dormitory; accommodation services; pilgrimage; hajj pilgrims; disembarkation



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## 1. Introduction

Good service quality is crucial for service providers to achieve and maintain public satisfaction [1]. If the service quality match with public expectations, it can lead to public satisfaction. However, if the service

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provided is inadequate, it may cause disappointment and ultimately generate criticism from various parties [2]. The management of the Hajj pilgrimage pays close attention to the quality of services provided to ensure that pilgrims feel satisfied with their Hajj experience, from the beginning of registration process until their return from Saudi Arabia [3].

Organizing the Hajj pilgrimage is a national duty and all aspects of its implementation are the responsibility of the government [4]. The Ministry of Religious Affairs, as the organizer, is responsible for providing various services, including administrative, worship, health, and general services. The general services provided are accommodation and transportation which must have good service quality to maintain public satisfaction [5].

Hajj accommodations are a critical aspect of the pilgrimage management. Accommodations are divided into two parts: first, providing temporary lodging at the embarkation (departure) and disembarkation (return) points; and second, lodging during the stay of the hajj pilgrims in Saudi Arabia. Generally, according to research conducted by Hidayat in 2018, the capacity of dormitory rooms in some Hajj dormitories remains uneven, one example being is Pondok Gede Hajj Dormitory in Jakarta, leading some pilgrims to feel that service distribution is inadequate [6].

Sukolilo Hajj Dormitory, as the sole embarkation dormitory in East Java, serves as a temporary rest area for pilgrims before departing for Saudi Arabia and as a transit point upon their return after the Hajj pilgrimage. In the 2024 Hajj season, Sukolilo Hajj Dormitory served 38,735 pilgrims, in addition to 529 group officers [7]. There was known that several facilities at the Sukolilo Hajj Dormitory are still need to be improved. Based on this background, the author was interested to make a case report to overview the quality of accommodation services at Mina Hall Sukolilo Hajj Dormitory for elderly hajj pilgrim during the hajj disembarkation year 2024.

## 2. Methods

This case report describes the quality of accommodation services. This writing was carried out on June 26, 2024 - July 14, 2024 during the Hajj disembarkation period at the Sukolilo Hajj Dormitory in Surabaya.

## 3. Case Report

On June 27, 2024, the health team was assigned to the reception area in the Mina Hall from 9:40 PM to 12.00 PM (WIB). The health team consisted of five consulting doctors, two nurses, and two junior doctors (Co-Assistant). Around 10:30 PM WIB, while two consulting doctors, one nurse, and two junior doctors were inspecting elderly pilgrims resting in the elderly transit room in Mina Hall, a pilgrim from Sub-35 named Mrs. I, required special attention.

Upon Mrs. I's arrival at the Hajj dormitory during the disembarkation period, her health had deteriorated and she had a general weakness condition. According to her family members, Mrs. I had

previously been hospitalized for three days at King Abdul Aziz Hospital in Mecca due to a lung infection and had just been discharged two days before returning to Indonesia. She also has a history of hypertension. She was then resting in the elderly transit room provided in the Mina Reception Hall.

The disembarkation health team conducted additional anamnesis with the patient's family and performed vital signs and physical examinations. Abnormalities were found, including her general weakness, a Glass Comma Scale score of 14, but sometimes patient's consciousness decreased and become somnolence, a blood pressure of 153/87 mmHg indicating hypertension, the body temperature of 35.6°C indicating hypothermia, and the oxygen saturation of 91-93% on room air indicating hypoxia. On physical examination, her extremities were cold and pale. The temperature of the room was so cold. Blanket wasn't found there and the AC remote either so the room remain cold.

Following the examination, the attending doctor immediately requested the nurse to bring an oxygen tank and the patient received oxygen through a nasal cannula at 3 liter per minute and gave oral therapy Amlodipin 5 mg tablet to the patient since the patient didn't consume antihypertension during the day. The patient's oxygen saturation was monitored continuously, gradually increasing and stabilizing within the 99-100% range after 10 minutes of oxygen use, though she remained weak.



Once the condition is stable, the patient is planned to be returned to her city under strict health supervision. At the end, the patient was transferred to a stretcher to her home region by ambulance, under the supervision of her regional health officers who are responsible for regional Hajj pilgrims who experience poor health conditions.

#### 4. Discussion

The main aspects of service in the Hajj pilgrimage organization process that require attention include: (1) accommodation services, (2) transportation, (3) catering, (4) health services, (5) protection, and (6) administrative services. These six elements have specific guarantee requirements in the Hajj pilgrimage management, including: First, pilgrims receive security protection during the Hajj; second, ensuring that the facilities used by pilgrims are adequate, comfortable, and safe; third, guaranteeing pilgrims' health from the food consumed to health facilities [8].

Accommodation services during the Hajj season include providing rest areas for temporary stays when pilgrimage arrive at the Hajj dormitory during embarkation or disembarkation, along with support services. These support services include catering, health services, luggage handling, Hajj documentation, living expenses, and security. Accommodation quality should encompass well-maintained buildings, sufficient elevators, adequate bathrooms/toilets, and available dining and prayer areas [9].

The management of Sukolilo Hajj Dormitory has provided accommodation services during the embarkation and disembarkation for pilgrims, particularly for the elderly, frail, and disabled pilgrims. Elderly, frail, and disabled pilgrims are assisted off buses or ambulances using wheelchairs by Hajj Organizing Committee (Panitia Penyelenggara Ibadah Haji) and taken to special rest rooms. For the reception at Mina Hall, the rest rooms are located next to it which is called as Building D2, rooms 117 to 122, while for Muzdalifah Hall, the rest rooms are in the southern and eastern parts of Muzdalifah Building. Building D2 has 12 rooms (4 beds) and another 12 rooms with either 10 beds or bunk beds, with four rooms in poor condition. The facilities provided include beds, mattresses, pillows, air conditioning, and bathrooms/toilets [7].

There are some shortcomings related to the accommodations provided at the Transit room of Mina Hall in Sukolilo Hajj Dormitory in Surabaya, as outlined in the previous case report. These shortcomings include when an elderly pilgrim, identified as "Mrs I," experienced a decline in health and rested in the elderly transit room. Mrs I experienced general weakness, as well as conditions of hypertension, hypothermia, and hypoxia. The healthcare workers provided care for her deteriorating health condition. However, she felt discomfort due to the very cold room temperature. Given her circulation issues, with cold and pale extremities, the healthcare staff searched for a blanket to help warm the patient but no blankets were available. The healthcare team eventually found two towels near the bathroom and they had to cover her body with two towels instead. When the healthcare staff attempted to adjust the AC temperature, the AC remote was also not available, so the room remained uncomfortably cold. The patient could not be transferred to another room because the other rooms were also filled with elderly pilgrims in need of rest. These issues are unfortunate, as they do not provide an appropriate environment for elderly pilgrims experiencing health declines.

Thermoregulation is a fundamental capacity of the autonomic nervous system to respond to cold and heat stress conditions. When in a cold environment, all the body systems synergize in order to maintain heat and prevent its loss. Body temperature regulation can be managed by "human behavioral temperature regulation" which responds to thermal sensory input by seeking warmth adding clothing/equipment that countering its current environmental temperature [10].

Cold environmental temperatures can affect muscle function, weakening muscle cells due to slowed metabolic rates. Muscle vasoconstriction and strength decline significantly, leading to quicker

muscle fatigue as energy is needed to maintain body temperature [11]. The ventilation systems in air-conditioned buildings can lead to indoor air contamination since the continuous moisture in AC systems supports microbial growth. Poor circulation systems can easily spread mold, bacteria, viruses, and dust in the indoor air, influencing Sick Building Syndrome (SBS). Poorly controlled indoor temperatures, whether too hot or too cold, contribute to Sick Building syndrome S, can affecting room efficiency [12]. Poor ventilation can significantly impact the health of individuals in the space, as pollutants cannot adequately escape, leading to unhealthy indoor air quality [13].

The problem on this case is in line with the problem written on the “Report of the Operational Implementation of the Surabaya Embarkation / Disembarkation Hajj Pilgrimage” that room facilities in the Hajj Dormitory need to be renovated and renewed [7]. To ensure proper accommodation, Hajj Organizing Committee should perform routine checks on the readiness of temporary residences during transit periods, both during embarkation and disembarkation, inspecting rooms and facilities such as bathrooms and AC system. This procedure would allow pilgrims, especially the elderly, to have access to adequate facilities that support their more vulnerable health conditions and provide comfort, especially for elderly pilgrims whose health may be weakened from the pilgrimage and travel home.

Regarding room assignments, Hajj Organizing Committee Sukolilo Hajj Dormitory has provided transit rooms on the first floor for the elderly during disembarkation, which is excellent as it facilitates easier access for the elderly and Hajj Organizing Committee staff in assisting special-needs pilgrims. Accommodations must be optimally prepared in the Hajj dormitory to benefit all pilgrims from the regions it serves. If optimizations can be made, senior-friendly services could achieve high levels of satisfaction and comfort for elderly pilgrims.

## 5. Conclusion

Service quality is a crucial factor in the organization of the Hajj pilgrimage, especially to fulfill pilgrims' expectations. The Ministry of Religious Affairs is responsible for providing various Hajj-related services, including administration, health, and accommodation. Sukolilo Hajj Dormitory in East Java plays a key role in serving thousands of pilgrims by providing essential facilities and accommodations. The accommodation service quality at Sukolilo Hajj Dormitory is good enough, but some facilities still need improvement to enhance service quality.

It is recommended that Hajj Organizing Committee carry out regular inspections to ensure the readiness of temporary accommodations during the transit phases for pilgrims, covering both embarkation and disembarkation. These inspections should include evaluating rooms and amenities, such as the condition of bathrooms, availability of necessary supplies, functioning air conditioning. Such measures would allow pilgrims, particularly the elderly, to access suitable facilities that cater to their more fragile health and offer comfort to those whose health may have

declined from the rigors of the Hajj and return journey. Implementing these improvements could lead to high satisfaction and comfort levels in Hajj services tailored to elderly pilgrims.

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