

The Relationship between Patient Comfort and Service Satisfaction in Primary Accredited Health Centers in Lubuklinggau City

Jeannita Sri Agustini Purba¹, M.Zulkarnain², Misnaniarti³

^{1,3}Faculty of Public Health, Universitas Sriwijaya, Indonesia

²Faculty of Medical, Universitas Sriwijaya, Indonesia

septi_2003@yahoo.com

Abstract

Health services at Community Health Centers include outpatient services in the form of observation, diagnosis, treatment, and other activities, and inpatient services, which include observation, treatment, diagnosis, treatment, and other medical services where patients are treated for a minimum of 1 day. The purpose of this study was to analyze the relationship between patient comfort and service satisfaction in primary accredited community health centers. This study is an analytic observational study with a cross-sectional design. The population in this study is outpatients at the primary accreditation health center. The sample size in this study was 40 respondents, with consecutive sampling taken based on order of arrival until the sample was fulfilled for the study. The results of the study showed that comfort was not good at (65.0%) and satisfaction was poor at 47.5%, and the results of statistical tests obtained showed that there was a significant relationship between comfort and patient satisfaction in health services ($0.006 < 0.05$). Based on the results above, it can be concluded that there is a relationship between comfort and service quality. It is recommended that the management at an accredited health center optimize communication skills in services related to health services, including communication and interaction with the client.

Keywords

primary accreditation; service; and service quality



I. Introduction

The Strategic Plan of the Ministry of Health for 2020–2024 is to improve access and quality of health services towards universal health coverage with an emphasis on strengthening basic health services (primary healthcare) by encouraging increased promotional and preventive efforts supported by innovation and the use of technology. One of the primary level health facilities (FKTP) is at the Community Health Center (Ministry of National Development Planning/Bappenas, 2018).

The community health center is a health service facility that carries out public health efforts and first-level individual health efforts, prioritizing promotional and preventive efforts in its working area. Community health centers are categorized into non-inpatient health centers and inpatient health centers. Non-inpatient health centers are health centers that provide outpatient services, home care, and emergency services. Outpatient health centers are given additional resources according to the consideration of health service needs to carry out inpatient care (Permenkes No. 43, 2019).

The quality of health services is something that is expected and has become a basic need for everyone. Health facilities such as hospitals and health centers, as well as clinics or medical centers that consist of various services such as examinations, treatments,

pharmacy, laboratories, including medical record services, are public service organizations that serve the community directly (Ministry of Health RI, 2017).

The quality of health services for patients is related to satisfaction with the health services received, where good quality is associated with recovery from disease, increased health or freshness, speed of service, pleasant treatment environment, friendliness of officers, ease of procedures, completeness of equipment, drugs. Affordable medicine and costs, as well as the ability to instill customer trust in the community health center, are indicators of customer satisfaction assessment of the service quality of a service center, including the Community Health Center (Antara, Service and Satisfaction, 2018).

The assessment of the quality of input in Community Health Center services is based on established standards. The process itself is also being assessed based on its level of compliance with established service standards. The output assessment is based on organized health efforts where each program or activity has its own quality indicators called "Service Quality Standards" (SMP). Service outcomes include measuring the level of satisfaction of users of community health center services and achieving service outcome indicator targets (Kemenkes RI, 2016).

Five dimensions of quality measurement are tangibles, reliability, assurance, responsiveness, and empathy (Ministry of Health RI, 2017). According to research by Nurcahyati (2016), the quality dimension of patient satisfaction can be measured and analyzed to determine whether the services provided are of quality or not, with the emergence of patient satisfaction with the services provided.

Satisfaction is the patient's perception that his expectations have been met by the services provided to him. An accredited health center is related to service quality as assessed on a quality assessment dimension by the Ministry of Health in 2017, thus affecting patient satisfaction with the services provided (Santosa, 2020). Astari et al., (2021): "Satisfaction is the level of a person's perceived state, which is the result of comparing the perceived appearance or outcome of a product in relation to one's expectations" (Astari et al., 2021).

The results of the accreditation are in the form of a certificate stating the status of accreditation, namely unaccredited status, basic accreditation, intermediate accreditation, primary accreditation, or fully accredited. There are ten (10) community health centers in Lubuklinggau City, 9 of which have been accredited, including 1 (one) basic accredited status, 6 (six) intermediate accredited, and 2 (two) primary accredited. One health center that has not been accredited is the Maha Prana Health Center.

The outbreak of this virus has an impact of a nation and Globally (Ningrum *et al*, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020). The condition of the COVID-19 pandemic has greatly affected the health sector. The whole world is worried and panicked about cases of the COVID-19 virus. Various efforts have been made by the government to overcome the serious impact of the coronavirus, and infected patients are also dominated by health workers. This has reduced face-to-face or contact services, reducing the rate of spread of coronavirus cases so that people who seek treatment at health services, especially health centers, experience a drastic decline (Ministry of Health RI., 2020).

Based on data from the Lubuklinggau City Health Office, outpatient visits from 2017–2020, there are things that fluctuate at the accredited Lubuklinggau City Health Center. From 2017 to 2019, the Sidorejo Health Center and the Taba Health Center, which have the highest accreditation in the city of Lubuklinggau, namely the primary

accreditation, experienced an increase in visits, but during the COVID-19 pandemic, a decrease in outpatient visits occurred in both. It can be seen that the Taba Health Center experienced a very significant decrease from 117.10% in 2019 to 25.86% and the Sidorejo Health Center from 100.0% to 55.94%.

Based on this description, it is necessary to conduct research on "The Relationship between Patients' Characteristics and Comfort with Service Satisfaction in Primary Accredited Community Health Centers in Lubuklinggau City in 2021."

II. Research Method

The research is quantitative with a cross-sectional design. This research was conducted in Lubuklinggau City in July 2021. The population in this study were outpatients who were registered at all health centers with primary accreditation status, namely two health centers. The calculation of the sample size was done using the formula obtained from the results of 40 respondents. Respondents were taken using a consecutive sampling technique, which was taken based on the order of arrival, until the number of samples was met. The inclusion criteria were patients who performed services at the primary accredited health center and were willing to participate in the study by signing an informed consent. Exclusion criteria when the data cannot be found or the research subject is incomplete for certain reasons, or resigns during the research. The research was conducted by filling out questionnaires on the characteristics, comfort, and satisfaction of respondents with the services provided at the primary health center. Data was analyzed by univariate and bivariate analysis using the Chi-Square test.

III. Results and Discussion

The research carried out at two community health centers with the primary accreditation of Lubuklinggau City was 40 patients, as can be seen in the following table:

Table 1. The Frequency Distribution of Respondents' Characteristics at Primary Accredited Health Centers in 2021

Variable	Primary	
	N	%
Sex		
Male	15	37,5
Female	25	62,5
Age		
< 35 Years Old	14	35,0
> 35 Years Old	26	65,0
Education		
Low	34	85,0
High	6	15,0
Occupation		
Employed	19	47,5
Unemployed	21	52,5
Income		
Low	32	80,0
High	8	20,0

Disease		
Chronic	21	52,5
Acute	19	47,5
Financing Type		
NHI	6	15,0
General	34	85,0
Total	40	100,0

Based on table 1. above, it can be seen that there are 25 female respondents (62.5%), age > 35 years 26 (65.0%), low education 34 (85.0%), unemployed 21 (52.5%), low income 32 (80.0%), general financing 34 (85.0%), and chronic disease 21 (52.5%).

Table 2. The Frequency Distribution of Convenience and Satisfaction of Respondents in Community Health Centers with Primary Accreditation in 2021

Comfort	N	%
Poor	26	65,0
Good	14	35,0
Patient Satisfaction	N	%
Poor	19	47,5
Good	21	52,5

Based on Table 2 above, the results showed that most of the respondents stated that comfort was poor for 26 respondents (65.0%), and patient satisfaction was good for 21 (52.5%).

Table 3. The Relationship between Comfort and Satisfaction of Outpatients at the primary accredited health centers in Lubuklinggau City in 2021

Comfort	Patient Satisfaction				p value	OR (95%CI)
	Poor		Good			
	N	%	N	%		
Poor	17	65,4	9	26	0,006	11,333(2,068-62,105)
Good	2	14,3	12	14		

Based on Table 3, it is known that of all respondents who had poor comfort, 65.4% answered with poor satisfaction, while of all respondents who had good comfort, there were only 14.3% who answered with poor satisfaction. The results of the statistical analysis obtained a p-value of 0.006, which indicates that there is a significant relationship between comfort and satisfaction of outpatient respondents at the primary accreditation health center in Lubuklinggau City. The OR association is found to be 11.333 with a 95% confidence interval (2.068–62.105), indicating that respondents with poor comfort are 11.3 times more likely to receive poor satisfaction than respondents with good comfort.

3.2 Discussion

a. Univariate Analysis

Based on table 1 above, it showed that the number of respondents who were female was 25 (62.5%), aged more than 35 years was 26 (65.0%), those with a low level of education were 34 (85.0%), the unemployed were 21 (52.5%), the low income was 32 (80.0%), the general financing was 34 (85.0%), and 21 (52.5%) were suffering from a chronic disease. Based on Table 2 above, the results showed that most of the respondents were not comfortable with 26 (65.0%) and good patient satisfaction with 21 (52.5%) at the primary accreditation health center in Lubuklinggau City. The results of this study are in line with Rivai et al., 2020, which found that respondents' characteristics based on gender were dominated by women (61.6%) and the highest age was > 50 years (56.2%). The majority of respondents were unemployed (39.7%). Furthermore, respondents with the most NHI program participant categories are independent participants (37.6%), in line with the results of Syaputra's research (2015), most of the respondents are female (55.5%), and Hastuti's research (2017), most of the respondents are female. This is in accordance with Rangkuti (2006), explaining that the higher morbidity rate in women than in men causes women to need more health services, and as people get older, a person's need for goods or services increases. The characteristics of respondents include gender and age, which affect the results of hospital management research because these characteristics can influence whether or not the quality of service is provided (Cahyono, 2018).

The results of research conducted by Mulyani (2014) show that age has a positive relationship with satisfaction; the older a person is, the higher the satisfaction. Every 1-year increase in age will increase service satisfaction. According to Sinopah (2013) and Orah (2015), the level of customer satisfaction is also influenced by the characteristics of consumers, as seen from the characteristics of a person's uniqueness, including gender, age, education, occupation, and others.

b. Bivariate Analysis

Based on Table 3, it is known that there is a significant relationship between comfort and satisfaction of outpatient respondents at the primary accredited health center in Lubuklinggau City. It is known that the OR association is 11.333 with a 95% CI (2.068–62.105), which shows that the respondent with poor comfort is 11.3 times more likely to get poor satisfaction compared to respondents who get good comfort.

Accreditation has the main objective of fostering quality and performance improvement through continuous improvement of management systems, quality management systems, service delivery systems and programs, and risk management implementation, not just an assessment to get an accreditation certificate (Yewen et al., 2019). Based on research conducted (Tawalujan et al., 2019), the relationship between the accreditation status of the community health center and the level of patient satisfaction is unclear. For community health centers, this shows that accreditation is able to improve the quality of health services at community health centers, as evidenced by the higher average level of patient satisfaction at accredited community health Centers than at unaccredited community health centers.

In the dimension of quality assessment, there is an aspect of empathy (attention), which is the availability of services, providing attention, and comfort to patients, so that patients can feel comfortable in the health services they receive (Butar-butur, 2016). Patient satisfaction can be measured through reliability, responsiveness, empathy, assurance, and patient loyalty to the hospital (Meesala & Paul, 2016; Kitapci, Akdogan, &

Taylan, 2014), as well as the support of adequate facilities and infrastructure in ensuring the quality of service (Adzrieman, Rahman, Mohamad, Ashikin, & Rahman, 2014).

According to research (Agritubella, 2018), the results showed that if the waiting time in the outpatient medical record is long, it will reduce patient comfort and affect the image of the hospital, which can affect patient utility in the future. The same thing in research conducted (Fatrida et al., 2019) showed that some respondents stated that they were not satisfied with the waiting time given by officers to patients at the Padang Health Center, namely Rahmawati and Fikri (2014), stating that patients want to get welfare from the situation, conditions that avoid tension and discomfort, therefore comfort is an important reason for patients in choosing a place of service when they need treatment. Comfort is closely related to a beautiful environment, room cleanliness, toilet cleanliness, room completeness, medical equipment, and food and beverage hygiene. Convenience is an important factor in attracting patients who can ensure continuity of treatment (Nurdahniar, 2016).

Unaligned with this study, Sary and Bur (2021) stated that there was no relationship between comfort and satisfaction of inpatient BPJS participants. This happened because the results of data collection by the hospital showed 95.6% of patients were satisfied with the services provided, even though the toilets were not clean, the environment was not comfortable, and there were no trash bins for each treatment room (Hakim and Suryawati, 2019).

In this present study, it was found that there was a relationship between comfort and patient satisfaction in community health center services, possibly because patients felt comfortable and cared for in the services provided with answers to patients with good and polite speech, as well as sentences that were understood by the patient, as well as a room that was comfortable, so that it felt comfortable to consult with health workers at the primary health center and so that the quality of service with tangible and reliable dimensions increases patient satisfaction at the primary health center.

IV. Conclusion

From the results above, it can be concluded that there is a significant relationship between the comfort and satisfaction of outpatient respondents at the primary accreditation community health center in Lubuklinggau City.

Sugestion

It is expected that the management of the primary accreditation health center can optimize communication skills with patients so that patients feel comfortable when performing services so as to increase patient comfort and satisfaction.

References

- Antara, H., Pelayanan, M. dan Kepuasan, D. (2018) "GMIM PANCARAN KASIH MANADO Djeinne Thresye Pangerapan , Ora Et Labora I . Palandeng , A . Joy M . Rattu Ilmu Kesehatan Masyarakat Pascasarjana Universitas Sam Ratulangi Towards Quality Improvement " Artikel ini " Hospital Service Quality And Its Effects O," 2(1), hal. 9–18.
<https://ejournal.unsrat.ac.id/index.php/jkk/article/viewFile/18836/18386>.

- Cahyono, A. (2018) “Hubungan Karakteristik dan Tingkat Pengetahuan Perawat terhadap Pengelolaan Keselamatan Pasien di Rumah Sakit,” *Jurnal Ilmiah Widya*, 3(2), hal. 97–102.
- Fatrinda, D. dan Saputra, A. (2019) “Hubungan Waktu Tunggu Dengan Tingkat Kepuasan Pasien Dalam Mendapatkan Pelayanan Kesehatan,” *Jurnal 'Aisyiyah Medika*, 4(1), hal. 11–21. doi: 10.36729/jam.v4i1.229.
- Hakim, F. A. dan Suryawati, C. (2019) “Analisis Hubungan Karakteristik Pasien Peserta BPJS dengan Tingkat Kepuasan Pasien Peserta BPJS terhadap Pelayanan Rawat Inap di Rumah Sakit Umum Darul Istiqomah Kendal,” *Jurnal Manajemen Kesehatan Indonesia*, 7(3), hal. 157–162. doi: 10.14710/jmki.7.3.2019.157-162.
- Hastuti, et al (2017) “Hubungan Mutu Pelayanan Dengan Kepuasan Pasien Rawat Inap Di Rumah Sakit Umum Daerah Tamiang Layang,” *Jurnal Publikasi Kesehatan Masyarakat Indonesia*, 4(2). doi: 10.20527/jpkmi.v4i2.3841.
- Kemendes RI (2016) “Permenkes No 44 "Pedoman Manajemen Puskesmas,” hal. 2. Tersedia pada: www.iranerid.com.
- Kemendes RI (2017) “Manajemen Mutu Informasi Kesehatan I: Quality Assurance.”
- Kemendes PPN/ Bappenas (2018) “Penguatan Pelayanan Kesehatan Dasar Puskesmas,” 9860, hal. 21–29.
- Kemendes RI (2013) “Permenkes No 71 tahun 2013 ‘ Pelayanan Kesehatan JKN,”” *Permenkes No 71*, 26(4), hal. 1–37.
- Mulyani, R. (2014) “Hubungan Karakteristik Pasien Dengan Kepuasan Pelayanan Gizi Di Ruang Rawat Inap Rumah Sakit,” *Jurnal Keperawatan*, X(2), hal. 231–240.
- Ningrum, P. A., et al. (2020). The Potential of Poverty in the City of Palangka Raya: Study SMIs Affected Pandemic Covid 19. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)* Volume 3, No 3, Page: 1626-1634
- Nurdahniar (2016) “Pelayanan Kesehatan Rawat Inap Rumah Sakit Umum Daerah Tenriawaru Kabupaten Bone,” (1465142006), hal. 1–293. Tersedia pada: http://eprints.unm.ac.id/12409/1/JURNAL_NURDAHNIAR_1465142006.pdf.
- Orah, O. A. M. (2015) “Hubungan antara persepsi pasien tentang pelayanan tenaga kesehatan dengan kepuasan pasien di Puskesmas Lansot Kota Tomohon,” *Skripsi. Manado: Universitas Sam Ratulangi*, 74.
- Permenkes no 43 (2019) “Peraturan Menteri Kesehatan Republik Indonesia,” *Rabit : Jurnal Teknologi dan Sistem Informasi Univrab*, 1(1), hal. 2019. Tersedia pada: <http://www.ghbook.ir/index>.
- Rahmatika et al (2020) “Indonesia ditetapkan oleh Kemendes melalui Standar Pelayanan Minimal .,” hal. 540–549.
- Rahmawati, R. dan Fikri, A. M. (2014) “Kualitas Pelayanan Keperawatan Dengan Tingkat Kepuasan Pasien,” *Journal of Ners Community*, 5(2), hal. 118–123.
- Rivai, F., Lestari, S. dan Shaleh, K. (2020) “Hubungan Mutu Pelayanan dengan Kepuasan Pasien di Instalasi Rawat Inap Rumah Sakit Ibnu Sina YW-UMI,” *Media Kesehatan Masyarakat Indonesia*, 16(1), hal. 38. doi: 10.30597/mkmi.v16i1.9068.
- Saleh, A., Mujahiddin. (2020). Challenges and Opportunities for Community Empowerment Practices in Indonesia during the Covid-19 Pandemic through Strengthening the Role of Higher Education. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)*. Volume 3, No 2, Page: 1105-1113.
- Santosa (2020) “Kesiapsiagaan Wilayah Pada Puskesmas Sebagai Fasyankes Tingkat Pertama Dalam Menghadapi Pandemi Covid-19 Berdasarkan Indikator Sdm Dan

- Sarana Prasarana,” *Akrab Juara*, 5(1), hal. 43–54. Tersedia pada: <http://www.akrabjuara.com/index.php/akrabjuara/article/view/919>.
- Sary, Bur, S. (2021) “Article history : Received : 29 Agustus 2020 PENDAHULUAN dengan memberikan pelayanan yang efektif , aman , dan berkualitas tinggi kepada mereka yang Jaminan Kesehatan Nasional merupakan jaminan berupa perlindungan kesehatan agar para peserta bisa mendapat,” 01(05), hal. 446–453.
- Sihombing, E. H., Nasib. (2020). The Decision of Choosing Course in the Era of Covid 19 through the Telemarketing Program, Personal Selling and College Image. *Budapest International Research and Critics Institute-Journal (BIRCI-Journal)* Volume 3, No. 4, Page: 2843-2850.
- Tawalujan, T. W. *et al.* (2019) “Hubungan Antara Status Akreditasi Puskesmas Dengan Tingkat Kepuasan Pasien Di Kota Manado,” *Kesmas*, 7(5).
- Undang-undang no 36 tahun (2009) “Kesehatan”, 27(7).
- Widya Astari, D., Noviantani, A. dan Simanjuntak, R. (2021) “Kepuasan Pasien terhadap Mutu Pelayanan Keperawatan di Era Pandemi Covid-19 di Rumah Sakit Mata Cicendo,” *Journal of Hospital Accreditation*, 03(1), hal. 34–38. Tersedia pada: <http://jha.mutupelayanankesehatan.net/index.php/JHA/article/view/79>.
- Yewen, M. R. *et al.* (2019) “Hubungan Antara Status Akreditasi Puskesmas Dengan Tingkat Kepuasan Pasien Di Kota Sorong Provinsi Papua Barat,” *Kesmas*, 7(5).