



Customer satisfaction on basic medical services of the health center in East Jakarta

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ABSTRACT

Background

The role of health centers as primary health care is to support the improvement of access and quality of health services in the community, supporting the implementation of the national health insurance, and support the achievement of health indicators. Patient satisfaction is one indicator of quality of health care. This can be known, among others from the number of complaints received from the public.

Methods

Studies using cross-sectional design conducted in the period January to June 2016 with a sample of 730 health center customers patient discharge. Customers are asked to answer 50 questions in the questionnaire based on the Likert Scale. Univariate analysis and multiple linear regression models are used.

Results

The level of customer satisfaction on the basis of medical services at health centers are high, ranging over 75% stated that they were satisfied and very satisfied. The only complaint 62% customers that drugs are not available at the health center. Unless factor of responsiveness (X₂), together all of the variables, the factors of reliability (X₁), assurance (X₃), empathy (X₄), and tangible (X₅) significantly ($p = 0.00$) to the health center customers. There is no difference by health center services to BPJS and non BPJS holders.

Conclusions

The availability of drugs at the health center is one - the only variable with the lowest score. Responsiveness includes clear information service delivery time, accuracy and speed in administrative services, the willingness of staffs in helping patients and responding to requests quickly need to be studied further.

Keywords: Customer Satisfaction, Community Health Center, Basic Medical Services

INTRODUCTION

Health development programs held in the community health center aim to create a society that has healthy behaviors which include awareness, willingness and ability to live healthy; able to reach a qualify health services, live in a healthy environment,

and have an optimal health degree either individually, family, group, or community.¹

Organization of public health services conducted by the government in various service sectors especially concerning the fulfillment of civil rights and basic needs still felt unfit with the demands and expectations of society. This could be known from

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the number of delays and complaint among the society through mass media or directly to the service unit, regarding the systems and procedures that are still complicated, not transparent, less informative, less accommodating and less consistent thus does not give a certainty in terms of regulation, time, and expenses as well as the existence of the unofficial collective cost.² Patient satisfactions become one of the indicators for measuring the quality of a health care services.³ Most of the community feel dissatisfied with the service of government hospital and health center. To fulfill the quality service that has been given to the community, health worker need to fulfill patient or customer needs as what have been set by health care profession and patient hope, but with minimum cost.⁴⁻⁷ A qualified service need to at least have three points, that are:

- a) Customer view, whether it fulfills patient willingness and expectation, which will be measured by the satisfaction or complaints.
- b) Professions view, whether it has met the patients or consumers necessity, which can be measured using a standard procedure.
- c) Management or the process view is how the process of health services use the most efficient resources to meet the needs and expectations or desires of the patients or consumers.⁸

Level of satisfaction is not only consist of the care service, but also influenced by factor from the outside and from within the patient. Internal factors include personal resources, education, knowledge and attitudes. External factors include cultural, social, economic, family and the situation faced.⁹ According to Kotler,¹⁰ there are five dimensions or determinant of the service satisfaction quality levels, namely:

- a) Tangibles is a form of direct physical facilities, which include sophistication equipment used, the condition of facilities, the condition of the health center and harmony between the physical facilities with the type of services rendered.
- b) Reliability is a service that accurate, and satisfying factor also is the most reliability aspect of the system provided by the service provider that includes the suitability implementation of services with the plan, the

health center to the problems experienced by the patient, the reliability of service delivery from the beginning, accuracy service time in accordance with the promise made, as well as the accuracy of handling.

- c) Responsiveness is willingness and initiative to help and provide customer need in quick response. This include the clarity of information about service delivery time, accuracy and speed in administrative services, the willingness of health center staff in helping patients and health care staff, the time given in response to patient requests as soon as possible.
- d) Assurance is the existence of assurance that the services offered to provide security which include human resource, secure feeling while communicating with staff, the patience of the staff, support staff and the leadership of trustworthiness that staff.
- e) Empathy related to giving full attention to the patient concerning an understanding of the needs of patients, attention to the interests of patients, the suitability of service time with the patient's needs, and ease in establishing a good communication between health care staff and patients.

Research problem is factors related to the customer satisfaction of health center on basic medical services yet unknown. The research objective is to get the information of level of customer satisfaction of health center on basic medical services and determine the factors associated with patient satisfaction of community health center. Expected benefits of the research is the information for primary health center service improvement program by the government.

MATERIAL AND METHODS

Survey using cross-sectional design conducted in the period January to June 2016 with a sample of 730 health center customers patient discharge in East Jakarta. Along with demographic variables, level of customers satisfaction are asked to answer 50 questions in the questionnaire based on the Likert Scale and Yes/No answers. The distribution of questions based on five dimensions of service

satisfaction, that is regarding reliability (13 questions), responsiveness (5 questions), assurance (4 questions), empathy (7 questions), tangible (7 questions), and basic medical services as dependent variable consisted of 14 questions. Its score are

ranging from 1= very dissatisfied, 2= dissatisfied, 3= abstain, 4= satisfied, 5= very satisfied. We also have found that the α Cronbach = .936. The conceptual framework can be shown in diagram below:

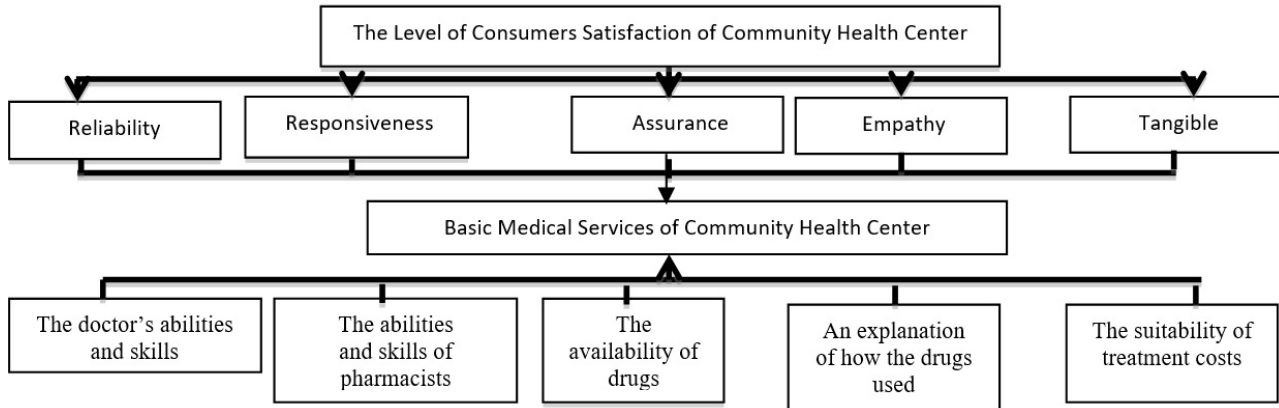


Fig 1 Conceptual Framework of the Level of Consumers Satisfaction of Community Health

RESULTS

Based on table 1 and 2 below, on the basis of score ranging from very dissatisfied to very satisfied most of respondent gave the response over 60% at least satisfied with the overall programs in the community health center. As we can see that 72% satisfied with the service procedure. A total of 68,7% is satisfied with health worker speed service health, 74% satisfied with the neatness of appearance of health

workers, 76% satisfied with the discipline of the health workers, 72% satisfied with responsibility of health workers, and 73,7% satisfied with health workers ability to give service, 61% satisfied with the friendliness and politeness of health workers gives, 64% satisfied with the scheduled service time accuracy, 71% satisfied with the security feeling that the health workers give, and so forth.

Table 1 The Result of Customer Satisfaction Level on BMS in the Health Center

No	Question	Very Dissatisfied	Dissatisfied	Doubtful	Satisfied	Very Satisfied
1	Service procedures	0%	7%	5%	72%	16%
2	Speed service health worker	1%	7,1%	7,1%	68,7%	16,2%
3	Neatness health workers	0%	1%	2%	74%	23%
4	Discipline of health workers	0%	4%	4%	76%	16%
5	Responsibility of health workers	0%	3%	6%	72%	19%
6	Services of health workers	0%	3%	5,1%	73,7%	18,2%
7	Health worker's friendliness	0%	7%	10%	61%	22%
8	Service Time	0%	6%	14%	64%	16%
9	Security	0%	3%	6%	71%	20%
10	Environment	1%	7%	4%	71%	17%
11	Service procedures	1%	8%	10%	66%	15%
12	Justice to get services	0%	5%	8%	67%	20%
13	Costs	1%	1%	5%	63%	30%
14	Explanation by health workers	0%	7,1%	5,1%	65,7%	22,2%
15	Rules and regulation	1%	5%	6%	75%	13%
16	Contact the health care workers	0%	4%	6%	77%	13%

17	Clarity of the service charge	0%	2%	6%	78%	14%
18	Cleanliness	0%	1%	5%	73%	21%
19	Examination equipment	1%	9%	9%	67%	14%
20	Skills of health workers	0%	2%	7%	78%	13%
21	Comfort in waiting room	0%	14%	8%	66%	12%
22	Neatness of infrastructure	0%	8%	7%	72%	13%
23	Cleanliness of equipment	0%	0%	10,1%	79,8%	10,1%
24	Explanation about the drugs	1%	2%	11%	65%	21%
25	Side effect of the drugs	0%	10%	15%	62%	13%
26	Storing the drugs	0%	9%	17%	64%	10%
27	Prohibitions using drugs	0%	11%	11%	61%	17%
28	Pharmacist	1%	2%	9%	74%	14%
29	Availability of the drugs	0%	8%	7%	72%	13%
30	Publication and promotion	0%	9%	21%	59%	11%
31	Health programs	0%	3%	11%	69%	17%
32	Two ways Communication	0%	9%	9%	68%	14%
33	Confidentiality patient's problem	0%	2%	4%	79%	15%
34	Communication with health workers	0%	5%	5%	71%	19%
35	Patient safety	0%	5%	23%	62%	10%
36	Doctor's treatment plan	0%	6%	7%	74%	13%
37	Drug price	1%	3%	6%	76%	14%
38	Equipment in pharmacy	0%	3%	12%	73%	12%
39	Health provider attention	0%	0%	3%	78%	16%
40	Drugs packaging	1%	5%	7%	73%	14%

Table 2 Result of Regression Analysis of Customer Satisfaction on Basic Medical Services

Variable/ Constant	Coefficients	Standard Error	T value	Significant
Constant	6.557	0.644	10.186	0.000
Reliability	0.172	0.026	6.636	0.000
Responsiveness	-0.018	0.041	-0.447	0.655
Assurance	0.266	0.053	5.022	0.000
Empathy	0.196	0.41	4.756	0.000
Tangible	0.235	0.032	7.270	0.000

$R = 0.766$; Adjusted R Square = 0.584 ; Durbin-Watson = 1.813 ; $F = 205.274$

DISCUSSION

Satisfaction of community health center customers with regards to the physical facilities, accuracy of the services provided, the willingness and initiative to help, the existence of assurance, and giving full attention to the patients are mostly satisfied. But, there are points that the patients are very dissatisfied and dissatisfied with the services regarding the ease of information and service procedures (bureaucracy), speed and performance of staffs, the security, environment of health center, costs, availability of examination

equipments, and information of prohibition and side effect of the drugs used.

Universal health coverage by 2019 of the national health insurance (BPJS) program seems to be reach in East Jakarta. It is found that 82% of the respondents are already covered by BPJS. Furthermore, that in the bivariate analysis it is evidenced that there is no significant difference that services provided by the community health center to either BPJS or non-BPJS patients.

Table 2 showed us that $R = .766$ pointed that the has strong correlation between Basic Medical Services (BMS) with all of 5 independent variables. Adjusted R^2 or determination coefficient = .584. This described that 58.4% variation of BMS explained by independent variables. The rest 41.9% explained by other factors. The Durbin-Watson = 1.813 ensured that there is no autocorrelation in this model.

Result of Anova test or F Test = .000 confirmed that this model of regression can be used to predict BMS in the community health center. From the regression equation showed that result all of the independent variables have the significant p-value (p value = .000) except responsiveness variable not significant (p-value = .655).

CONCLUSION

Overall, customers of the community health center are satisfy with the services provided. In at once analysis, the aspects with regards to reliability, tangibles, assurance, and empathy to the customers need to be strengthen. While responsiveness matters are need to be reviewed further by the local government in order to promote better health care services to the community.

Specifically, it could be concluded that the lowest level of respondent satisfaction located in the accuracy of the scheduled service time which could effect the speed, discipline, and simplicity in the administration service fulfillment.

Responsiveness includes clear information service delivery time, accuracy and speed in administrative services, the willingness of staff in helping patients and responding to requests quickly need to be studied further.

The availability of drugs at the health center is one - the only variable with the lowest score. There are 62% respondents feel that the variability of the drugs and the quantity of the drugs in health care are incomplete. This is due to inadequate drugs supplied from Provincial Health Office. This can be caused by the number of patient that exceed the predicted number or diseases reporting issues.

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REFERENCES

1. Wijono, D., *Manajemen Mutu Pelayanan Kesehatan*. Airlangga University Press, Surabaya. (1999).
2. Lumenta, B., *Berbagai Determinan yang Mempengaruhi Penilaian Pasien terhadap Pelayanan Medis*. *Cermin Dunia Kedokteran*. (1996). 110: 57-60.
3. Mills, A., and Gilson, L., *Ekonomi Kesehatan untuk Negara-negara sedang Berkembang*. Dian Rakyat, Jakarta.(1990).
4. Notoadmodjo, S., *Metodologi Penelitian Kesehatan*, Rineka Cipta. Jakarta. (2005).
5. Kotler, P., *Manajemen Pemasaran: Analisis, Perencanaan, implementasi dan Kontrol*, Edisi Sebelas. Alih Bahasa, Hendra Teguh. Penerbit PT. Prenhallindo, Jakarta. (2004).
6. Utama, S., *Memahami Fenomena Kepuasan Pasien Rumah Sakit*. FKM USU, Medan. (2003).
7. Depkes RI, *Direktorat Jenderal Pelayanan Medik. Pedoman Upaya Peningkatan Mutu Pelayanan Rumah Sakit*. Jakarta. (1994).
8. Depkes RI, *Direktorat Jenderal Pelayanan Medik. Petunjuk Pelaksanaan Indikator Mutu Pelayanan Rumah Sakit*. Jakarta. (1994).
9. Kotler, P. 2005. *Manajamen Pemasaran, Jilid 1 dan 2*. PT. Indeks Kelompok Gramedia, Jakarta. (2005).
10. Supardi, S., Handayni R. Sasanti dan Notosiswoyo, M., *Factors related to Satisfaction of Outpatients and Inpatients in the Community Health Center (data Analysis SKRT 2004)*. *Buletin Penelitian Kesehatan*. Vol. 36, No. 3, (2008).
11. Yuliarmi, N. Nyoman dan Riyasa, P., *Analysis of Factors Affecting Customer's Satisfaction to PDAM Services of Denpasar City*. *Buletin Studi Ekonomi* Vol. 12, No. 1, (2007).
12. Uyanto,S.S.,*Pedoman Analisis Data dengan SPSS edisi 3*.Graha Ilmu. Yogyakarta. (2009)