

The Effect of Accreditation on Patient Satisfaction and Performance at a Community Health Center in Jayapura

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ABSTRACT

The implementation of accreditation in a community health center can have a positive impact with the existence of legal security related to the quality of services provided by the community health center. Therefore, it is important to measure several indicators for assessing the implementation of accreditation such as measuring satisfaction and performance in the community health center. The purpose of this study was to analyze the level of satisfaction and performance of the community health center at Community Health Center X, Jayapura City. This type of research is descriptive quantitative conducted in August 2024 with the research location at Community Health Center X in Jayapura City. The research subjects were patients visiting Community Health Center X. The sampling technique used accident sampling with a sample size of 72 respondents. Data analysis was descriptive and presented in the form of a frequency distribution. The results of the study found that the highest level of satisfaction of respondents was in the Satisfied category with an average value of 37.6 (52.2%), while the performance of health services at the Community Health Center was in the Good category. Based on the results of the study, it shows good quality services at Community Health Center X based on indicators of the level of satisfaction of service users and performance. To determine the extent of the contribution of accreditation to service quality, further research is needed.

Keywords: Accreditation, Satisfaction, Performance, Community Health Center.

INTRODUCTION

Quality or quality has the meaning as a level of compliance with standards that have been determined based on knowledge and practices carried out, so that the quality of service is an important point to get attention for every health service such as community health centers.(Kapoor, 2011)(Gupta KS, 2016). Quality service is a service that always strives to meet the expectations of the service recipient so that the service recipient will show satisfaction which is followed by continuing to use the health service when they need it.(Mardi Wibowo et al., 2023).

One way to improve the quality of healthcare services is through accreditation. Accreditation, used to measure standards for quality improvement in healthcare services, is regulated by Law No. 49 of 2004 concerning the National Social Security System and Minister of Health Regulation No. 71 of 2013, which requires primary healthcare facilities, or community health centers, to be accredited.(Wulandari et al., 2019).

Community health centers, as functional health organizations, are responsible for providing health services in their working areas. According to BPS, the number of community health centers in Indonesia is 10,416 units in 2023. Furthermore, BPS data shows an increase in the number of community health centers, up 0.4% or an increase of 42 units from the previous year, which was 10,374 units.(Mustajab, 2023) According to data from the Indonesian Ministry of Health, there were 437 community health centers in Papua in 2021.(Ministry of Health of the Republic of Indonesia, 2024).

Community health centers, along with their processes, work methods, and facilities, can pose a hazard to everyone within the facility. These hazards, or potential dangers, can pose a risk to the safety of patients, visitors, and healthcare workers. They can originate from the workers, work processes, methods, facilities, and infrastructure, and even from the management within the facility.(Novita, 2024).

Community health center accreditation is one way to minimize potential hazards within the community health center environment. While accreditation can have a positive impact through legal security measures related to the quality of services provided by the community health center, it also potentially leads to changes within the community health center organization due to the influence of psychological factors at work, such as management and work culture, or other external factors such as employee satisfaction and performance.(Wulandari et al., 2019) (Tampanguma et al., 2022) (Huriati et al., 2022)..

Therefore, an accredited community health center must be well-managed to prevent failure. This is consistent with research conducted by Devkaran and Farrel, which found that although accreditation aims to improve the quality of healthcare organizations, these improvements cannot be sustained throughout the three-year accreditation cycle.(Devkaran & O'Farrell, 2015).

Satisfaction with health services is an indicator that can be used to assess the quality of services in community health centers. Measuring the level of satisfaction with services in

community health centers is done by assessing five dimensions of quality according to Tjiptono, Fandy, Chandra (2016): reliability, responsiveness, assurance, empathy, and tangibles, namely the physical appearance of facilities, equipment, employees, and communication facilities.(Hafied, 2011)(Rahmiati & Temesveri, 2020).

Research conducted by Sisca Felle et.al, at the Hebeybhulu Community Health Center in Jayapura City which carries out accreditation every 3 years, however, dissatisfaction was still found regarding services from the tangible aspect, reliability aspect, and assurance aspect.(Felle et al., 2022).This mattershows that some organizations have failed to improve patient satisfaction despite making several changes to their service systems.

LITERATURE REVIEW

The quality of healthcare services describes the level of healthcare services in creating a subjective sense of satisfaction in each patient. To assess the extent to which healthcare services are provided, criteria are needed to indicate whether a healthcare service is good or bad, or whether it is of high quality or not. According to Tjiptono, Fandy, and Chandra (2016), ServQual is an empirically derived method used by service organizations to improve service quality. This method encompasses five dimensions: tangibles (physical evidence), including physical facilities, equipment, employees, and communication facilities; reliability (reliability), including the company's ability to provide promised services in a timely and satisfactory manner; responsiveness (responsiveness), including the ability of staff to assist customers and provide responsive service; assurance (guarantee), including the institution's ability to convince customers that the services provided are trustworthy or guaranteed; empathy (empathy), including the ease of establishing good communication relationships and understanding customer needs.(Rahmiati & Temesveri, 2020).

According to Sastrianegara (2014), a Community Health Center (Puskesmas) is a functional health organization that fosters community participation and provides comprehensive and integrated services to the community within its jurisdiction through core activities. In other words, a Puskesmas has the authority and responsibility for maintaining public health within its jurisdiction.(Tawalujan et al., 2019).

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Data from the Indonesian Ministry of Health in 2019, prior to the pandemic, showed that the Directorate of Quality and Accreditation's performance, measured by the number of sub-districts with one accredited community health center, reached 111%. This was followed by a trend in the percentage of full accreditation statuses, which increased by 2%, primary by 4%, intermediate by 5%, and basic by 9%. However, during the pandemic in 2021, based on the performance target of 70% of primary health care facilities (FKTP) meeting standards, only 56.4% was achieved, a 13.6% difference.

The accreditation status of community health centers in 2021 is still the same as in 2020. A total of 9,153 accredited community health centers are still dominated by Basic and Intermediate graduates with details: Basic 2,176 community health centers (24%), Intermediate 5,072 community health centers (55%), Main 1,664 community health centers (18%) and Plenary 241 community health centers (3%), meaning there is no increase from the previous year. (Yusuf Sukman, 2017).

The implementation of accreditation can have a positive impact with the existence of legal security related to the quality services provided by the community health center, but it does not rule out the possibility that it can also bring changes in the organization of the community health center due to the influence of work psychology factors originating from aspects of management and work culture or can also originate from other external factors such as satisfaction and performance (Wulandari et al., 2019) (Tampanguma, Kalangi and Walangitan, 2022) (Huriati et al., 2022).

Satisfaction is the comparison between what is received or felt (perceived performance) equals or exceeds what is expected (expected performance). In this case, loyalty occurs when the patient is very satisfied or what is received is greater than expectations. Customer satisfaction is formed from the customer's assessment of quality, performance results

(clinical outcomes), and consideration of costs incurred with the benefits obtained from the product or service received. Patient satisfaction with health services impacts patient loyalty in reusing the health facility. The results of research on the effect of service quality on patient loyalty by Adil et.al, on patients at the Bogor City Regional General Hospital showed that patient loyalty in receiving health services is greatly influenced by the level of satisfaction with the quality of health facility services as indicated by four dimensions of quality, including reliability, communication, empathy, physical evidence and 12 costs.(Adil et al., 2016).

The results of a study conducted by Shaw et al. (2010) in 73 European hospitals showed that the implementation of accreditation can affect the quality management and performance of the health services provided. Accreditation can be used as an effort for Community Health Centers (Puskesmas) to improve the quality of services. Another study conducted by Trisnantoro et al. (2018) on the implementation of accreditation policies in Community Health Centers found that the accreditation standard structure is suitable as a work guideline, especially for the development of quality management systems and efforts to improve service performance in Community Health Centers. According to Rajagukguk in Masturi et al. (2021), performance is organizational behavior that is directly related to the production of goods or the delivery of services. The results of the study conducted by Sukman et al. concluded that the implementation of accreditation in Indonesia, which was held from 2015 to 2019, can improve the quality and performance of Community Health Centers. However, since 2020, accreditation activities are no longer carried out due to the pandemic.(Yusuf Sukman, 2017).

METHOD

This study employed a quantitative descriptive approach, conducted at an accredited Community Health Center X in Jayapura City. The instruments used were a questionnaire to measure satisfaction levels and a questionnaire to measure health worker performance. The data were then analyzed descriptively and presented in the form of a frequency distribution.

RESULTS

This study obtained 72 respondents, all of whom had used services at Community Health Center X in Jayapura City. The data collected from Community Health Center service users yielded the following results:

1. Respondent Characteristics

Table 1. Distribution of Respondents Based on Characteristics

No.	Characteristics	n	%
1.	Age		
	15-25	37	51.4
	26-35	11	15.3
	36-45	12	16.7
	46-55	9	12.5
	>55	3	4.2
	Total	72	100
2.	Gender		
	Man	28	38.9
	Woman	44	61.1
	Total	72	100
3.	Education		
	Low	31	43.1
	Tall	41	56.9
	Total	72	100
4.	Work		
	Private employees	3	4.2
	Students	33	45.8
	Civil Servants/TNI/Polri	16	22.2
	Doesn't work	14	19.4
	Entrepreneur/entrepreneur	6	8.3
	Total	72	100

Source: primary data

Based on the data obtained, the most characteristics of those who have used Puskesmas services are those aged 15-25 years (51.4%); female gender characteristics (61.1%); higher education characteristics (56.9%); the most common occupation is not yet working with student or college student status (45.8%).

2. Level of Satisfaction with Service Quality at Accredited Community Health Centers

Furthermore, to determine the level of satisfaction of users of accredited community health centers, a measurement of service quality was conducted. The assessment results are as follows:

Table 2. Satisfaction with Community Health Center Services Based on Service Quality

No.	Quality of Community Health Center Services	Satisfaction with Community Health Center Services							
		Not satisfied		Less satisfied		Satisfied		Very satisfied	
		n	%	n	%	n	%	n	%
1.	Physical appearance	1	1.4	21	29.2	43	59.7	7	9.7
2.	Reliability	10	13.9	55	76.4	7	9.7	0	0
3.	Empathy	3	4.2	15	20.8	50	69.4	4	5.6
4.	Resilience	1	1.4	21	29.2	40	55.6	10	13.9
5.	Guarantee	0	0	18	25.0	48	66.7	6	8.3
	Average	3	5.22	26	36.12	37.6	52.2	5.4	7.5

Source: primary data

Based on data collected at the Community Health Center (Puskesmas), the average respondent was satisfied with the health services provided. This can be seen from the highest level of satisfaction, with the highest score being in the Satisfied category, with an average score of 37.6 (52.2%), followed by the Less Satisfied category, with a score of 26 (36.12%).

3. Performance Assessment of Accredited Community Health Centers

For the assessment of health service performance at the Community Health Center, the assessment refers to the Community Customer Satisfaction Index based on the Decree of the Minister of State Apparatus Empowerment No. 25 of 2004.

Table 3. Perception Value, IKM Interval, IKM Conversion Interval, Service Quality and Service Unit Performance

Perception Value	Ikm Interval Value	Interval Value Conversionsmall And Medium Enterprises (SMEs)	Quality Of Service	Service Unit Performance
1	1.00 – 1.75	25 – 43.75	D	Not good
2	1.76 – 2.50	43.76 – 62.50	C	Not good
3	2.51 – 3.25	62.51 – 81.25	B	Good
4	3.26 – 4.00	81.26 – 100.00	A	Very good

Source: KEP/25/M.PAN/2/2004

The performance assessment based on the results of the index compilation is as follows:

Table 3. Distribution of Service Element Values

No.	Service Elements	Service Element Values
1	Service procedures	2.62
2	Terms of service	2.79
3	Clarity of Service Officers	2.98
4	Discipline of Service Officers	2.70
5	Responsibilities of service officers	2.93

6	Service officer capabilities	3.05
7	Speed of service	2.67
8	Justice gets service	2.89
9	Politeness and friendliness of the staff	2.79
10	Reasonableness of service charges	2.45
11	Certainty of service costs	2.69
12	Certainty of service schedule	2.65
13	environmental comfort	3.09
14	service security	2.72

Source: primary data

Furthermore, the composite (combined) index value for each service unit is the sum of the average values of each service element multiplied by the same weight, namely 0.071.

Thus, the service unit index value can be concluded as follows:

- a. IKM value after conversion = Index Value x Base Value = $2.762 \times 25 = 69.05$
- b. Quality of service B.
- c. Good service unit performance.

DISCUSSION

The healthcare sector, both private and public, is entering an era of intense competition, where service quality plays a crucial role. Community health centers (Puskesmas), as one of the providers of healthcare services, are inevitably subject to such assessments, hoping to improve public health. Therefore, Puskesmas must implement quality standards to achieve high service quality, which impacts performance and user satisfaction. These quality standards will then be implemented through accreditation to assess the quality of services at a Puskesmas.

Patient or service user satisfaction at community health centers is crucial because it fosters long-term relationships with the center. Service users will evaluate the services or products they receive and will return to the same health service if they are satisfied. A literature

study analyzing the influence of service quality on patient satisfaction in Indonesia showed that service users at community health centers are more likely to utilize services at centers with higher service quality than at those with lower service quality.(Agustina et al., 2023). Based on the research results, the assessment of the level of user satisfaction of services at Community Health Center X, using 5 dimensions of satisfaction assessment shows the Satisfaction category (52.2%). The Satisfaction category in utilizing services at Community Health Center X is a good assessment because it cannot be separated from the needs and expectations of the community that are met to utilize services at Community Health Center X.

Research conducted by Ticoalu et al. on the relationship between performance and accreditation status shows a significant relationship between performance and accreditation status. Furthermore, Ticoalu et al. stated that performance is one of the assessments of accreditation, with the aim of ensuring that the accreditation assessment can provide benefits for improving the service system.(Ticoalu et al., 2020). To assess the performance of the accredited Community Health Center X, using the Community Customer Satisfaction Index based on the Decree of the Minister of State Apparatus Empowerment No. 25 of 2004, the performance at Community Health Center X is in the good category.

Human resources, as a key element in performance, demonstrate the professionalism of healthcare providers in improving the quality of health services at community health centers. Good performance not only contributes significantly to the organization's work, resulting in a favorable accreditation rating, but also in achieving the highest possible level of health for those who use these services.

CONCLUSION

1. The most common characteristics of those who have used Puskesmas services are those aged 15-25 years (51.4%); female gender characteristics (61.1%); higher education characteristics (56.9%); the most common occupation is not yet working with student or college student status (45.8%).

2. The highest level of respondent satisfaction was in the Satisfied category with an average value of 37.6 (52.2%), followed by the Less Satisfied category with a value of 26 (36.12%).
3. The performance of health services at the Community Health Center is in the Good category.

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