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ORIGINAL ARTICLE

## Factors related to the quality of health services at Rambung Community Health Center Tebing Tinggi City

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### ABSTRACT

Service activities in an organization that the main activity is as service's provider has a very strategic role. The facility that can support health service's realization through Community Health Center (PUSKESMAS). Minister of Health Regulation number 43 of 2019 concerning Puskesmas states that Puskesmas is health service that doing public health means and first level individual health, by prioritizing promotive and preventive in their working areas. This study aims to determinate the factors relating to quality of health's service in Puskesmas Rambung at Tebing Tinggi City. This type of research is quantitative with a cross-sectional approach. With population of average monthly patient who come for treatment of 68 samples. Sampling method used purposive sampling. The results showed that the variables that relating to health service's quality at Puskesmas Rambung Tebing Tinggi City are tangibles ( $p=0,004$ ), responsiveness ( $p=0,0001$ ), assurance ( $p=0,0001$ ), and empathy ( $p=0,0001$ ). Puskesmas health workers must improving reliability through the attitude of officers towards patients, maintaining the cleanliness of the Puskesmas environment so that patients who come for treatment feel comfortable and it is health workers considered to improve their performance so that they will be even better in the future.

Keyword: quality of health service, reliability, community health center

### Introduction

The health status of a country's population is influenced by the availability of health facilities.<sup>1-3</sup> Law No. 36 of 2009 on Health states that a health service facility is a tool and/or place used to carry out medical activities such as promotion, prevention, treatment, and rehabilitation, managed by the central government, local governments, and/or the community. Based on data from the 2020 Indonesian Health Profile, the total number of Community Health Centers (Puskesmas) in Indonesia as of December 2020 was 10,205. Of these, 4,119 were inpatient Puskesmas and 6,086 were non-inpatient Puskesmas. Compared to 2019, the number of Puskesmas has increased from a total of 10,134, with 4,048 being inpatient and 6,086 being non-inpatient.<sup>4</sup> The increase in the number of Puskesmas demonstrates the government's efforts to ensure access to primary healthcare services.

Quality service at a Puskesmas means providing patient care that meets quality standards to fulfill the needs and desires of the community, thereby leading to patient satisfaction, increased trust, and loyalty to

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the Puskesmas. The quality of healthcare services in Indonesia remains suboptimal, with studies highlighting the need for improvement across various dimensions of service quality. Research indicates that private hospitals generally outperform public hospitals in tangibles, reliability, responsiveness, assurance, and empathy.<sup>5</sup> However, both types of hospitals fall short in meeting patient satisfaction standards, with multiple attributes scoring below 90% satisfaction levels.<sup>6</sup> The largest gap between patient perception and expectation was found in the empathy dimension, specifically regarding medical workers' patience and amiability during examinations.<sup>7</sup> To enhance service quality, hospitals should prioritize strengthening reliability, followed by empathy, responsiveness, assurance, and tangibles.<sup>8</sup>

Several studies have examined factors influencing the utilization of health services at Puskesmas (community health centers) in Indonesia. Low utilization rates were observed in multiple regions.<sup>9,10</sup> Key factors associated with increased utilization include knowledge, attitudes, and health beliefs of community members.<sup>10,11</sup> Distance to facilities and attitudes of health workers also play a role.<sup>10</sup> Family support, perception of illness, and assessment of health centers were found to be significant factors in some studies.<sup>9,12</sup> Education level and socioeconomic status were also identified as influential.<sup>11</sup>

As one of the front-line health centers in Tebing Tinggi City, Puskesmas Rambung strives to always provide good service in all aspects of care, which include curative services (treatment), preventive efforts, promotive services (health improvement), and rehabilitative services. The hope is that patients who receive medical and health services will feel satisfied and comfortable. Based on an initial survey, the facilities at Puskesmas Rambung are still inadequate. The location is quite far from the main road, making it somewhat difficult for patients to come for treatment. The waiting room is uncomfortable because it is in the middle of the entrance and exit path, and the polyclinic rooms are quite narrow, which makes the healthcare service atmosphere a bit unpleasant. Some health workers also do not arrive on time for work. Therefore, the author is interested in researching the factors related to the quality of services at Puskesmas Rambung, Tebing Tinggi City.

## Method

Quantitative research method with a cross-sectional approach. The research was conducted at the Rambung Community Health Center (Puskesmas) in Tebing Tinggi City, and took place from January 2022 until its completion. The study's population was defined as the average number of monthly patients who came for treatment to Puskesmas Rambung, totaling 212 people. A sample of 68 people was taken from this population. The sampling technique used was a non-probability method known as purposive sampling. The inclusion criteria for the sample were patients who had visited the Puskesmas more than three times. The sample size was calculated using the Notoatmodjo formula. The calculation resulted in 67.9, which was rounded up to 68 people.

## Results

The first part of the table provides demographic data for the 68 respondents. The majority of respondents (57.4%) were in the productive age group of 20-35 years old, while 42.6% were in the unproductive age group of under 20 or over 35 years old. There was a slightly higher number of female respondents (52.9%) than male respondents (47.1%). In terms of education, most respondents had a middle level of education (67.6%), followed by low education (17.6%) and high education (14.7%). A significant portion of the respondents were employed (57.4%), with 42.6% being unemployed.

The next section of the table focuses on the public's perception of the quality of health services. The data shows that the majority of respondents had a positive view of the service dimensions. For example, a large proportion of respondents rated "Reliability" (97.1%) and "Assurance" (91.2%) as good. "Responsiveness" also received a high rating, with 79.4% of respondents considering it good. "Tangibles" and "Empathy" had slightly lower positive ratings, at 76.5% and 72.1% respectively, but still represented a majority opinion. Overall, the final part of the table presents the total quality of health services as perceived by the respondents. The results indicate that the majority of patients (80.9%) considered the overall quality of health services to be good, while a smaller portion (19.1%) considered it poor. This suggests that despite some issues in specific areas like tangibles and empathy, the public's general impression of the health center's service quality is positive.

Table 1. Distribution of quality dimensions proportions and quality of health services

| Variables                                      | n  | %    |
|--|----|------|
| Age  |    |      |
| Productive (20-35 years old)                   | 52 | 57.4 |
| Unproductive (<20 years old and >35 years old) | 16 | 42.6 |
| Gender   |    |      |
| Male   | 32 | 47.1 |
| Female   | 36 | 52.9 |
| Last Education                                 |    |      |
| Low  | 12 | 17.6 |
| Middle   | 46 | 67.6 |
| High   | 10 | 14.7 |
| Occupation                                     |    |      |
| Employed                                       | 39 | 57.4 |
| Unemployed                                     | 29 | 42.6 |
| Tangibles                                      |    |      |
| Good   | 52 | 76.5 |
| Poor   | 16 | 23.5 |
| Reliability                                    |    |      |
| Good   | 66 | 97.1 |
| Poor   | 2  | 2.9  |
| Responsiveness                                 |    |      |
| Good   | 54 | 79.4 |
| Poor   | 14 | 20.6 |
| Assurance                                      |    |      |
| Good   | 62 | 91.2 |
| Poor   | 6  | 8.8  |
| Empathy  |    |      |
| Good   | 49 | 72.1 |
| Poor   | 19 | 27.9 |
| Quality of Health Services                     |    |      |
| Good   | 55 | 80.9 |
| Poor   | 13 | 19.1 |
| Total  | 68 | 100  |

Table 2. Bivariate Analysis

| Variables      |    | Quality of Health Services |    |      |    | Total |       | p-value |
|----------------|----|----------------------------|----|------|----|-------|-------|---------|
|                |    | Good                       |    | Poor |    |       |       |         |
|                |    | f                          | %  | f    | %  | f     | %     |         |
| Tangibles      |    |                            |    |      |    |       |       |         |
| Good           | 46 | 88,5                       | 6  | 11,5 | 52 | 100   | 0,004 |         |
| Poor           | 9  | 56,3                       | 7  | 43,8 | 16 | 100   |       |         |
| Reability      |    |                            |    |      |    |       |       |         |
| Good           | 53 | 80,3                       | 13 | 19,7 | 66 | 100   | 0,485 |         |
| Poor           | 2  | 100                        | 0  | 0    | 2  | 100   |       |         |
| Responsiveness |    |                            |    |      |    |       |       |         |
| Good           | 53 | 98,1                       | 1  | 1,9  | 54 | 100   | 0,001 |         |
| Poor           | 2  | 14,3                       | 12 | 85,7 | 14 | 100   |       |         |
| Assurance      |    |                            |    |      |    |       |       |         |
| Good           | 54 | 87,1                       | 8  | 12,9 | 62 | 100   | 0,001 |         |
| Poor           | 1  | 16,7                       | 5  | 83,3 | 6  | 100   |       |         |

|         |    |      |    |      |    |     |       |
|---------|----|------|----|------|----|-----|-------|
| Emphaty |    |      |    |      |    |     |       |
| Good    | 48 | 98   | 1  | 2    | 49 | 100 | 0.001 |
| Poor    | 7  | 36,8 | 12 | 63,2 | 19 | 100 |       |

The analysis reveals a statistically significant relationship between several quality dimensions and the perceived quality of health services. The p-value is a key indicator, with a value of less than 0.05 typically suggesting a significant relationship. In this table, Tangibles, Responsiveness, Assurance, and Empathy all show p-values of 0.004 or 0.001, which are well below the 0.05 threshold. This means there is a strong association between these factors and how patients rate the quality of service. For example, among patients who rated the physical evidence ("Tangibles") as "Good," a very high percentage (88.5%) also rated the overall "Quality of Health Services" as "Good." Conversely, for those who rated tangibles as "Poor," a much smaller percentage (56.3%) rated the overall quality as good, with 43.8% rating it as "Poor."

Conversely, the analysis of Reliability indicates that it does not have a statistically significant relationship with the quality of health services in this study, as shown by its p-value of 0.485. This value is much higher than the 0.05 threshold. This is a surprising finding, given that reliability is often a core component of service quality. The data shows that even for patients who rated reliability as "Good" (n=66), a notable number (19.7%) still rated the overall service quality as "Poor." Furthermore, both respondents who rated reliability as "Poor" (n=2) surprisingly rated the overall health service quality as "Good." This counter-intuitive result suggests that other factors may be more influential, or there may be complexities in how patients perceive reliability that are not captured in a simple "Good" or "Poor" rating.

The remaining dimensions—Responsiveness, Assurance, and Empathy—all demonstrated a very strong and significant relationship with the quality of health services (p-value = 0.001). For all three variables, patients who gave a "Good" rating for the specific dimension were highly likely to also rate the overall service quality as "Good." For instance, 98.1% of patients with a "Good" rating for responsiveness, 87.1% with a "Good" rating for assurance, and an impressive 98% with a "Good" rating for empathy also rated the overall health service quality as "Good." The inverse is also true: patients who gave a "Poor" rating for these dimensions were far more likely to also rate the overall service quality as "Poor." For example, 85.7% of those with a "Poor" responsiveness rating and 83.3% of those with a "Poor" assurance rating also rated the overall quality as "Poor." This clearly highlights the critical role of these dimensions in shaping patient satisfaction and perception of service quality.

## Discussion

Based on the research findings, it can be concluded that several factors have a significant relationship with the quality of health services at Rambung Community Health Center, Tebing Tinggi City. These factors are tangibles, responsiveness, assurance, and empathy. Conversely, no significant relationship was found between reliability and the quality of health services at the health center. The positive relationship between the tangibles dimension and the quality of health services at Puskesmas Rambung is consistent with other research findings showing a significant correlation between physical facilities and patient satisfaction.<sup>13,14</sup> Tangibles, which include facilities, equipment, and staff appearance, are crucial elements in shaping patients' perceptions of service quality. A case study at KH. Daud Arif Tanjung Jabung Barat Regional General Hospital also found a significant relationship between tangibles of health services and patient satisfaction levels. This strengthens the results of the study at Puskesmas Rambung, where the majority of respondents (88.5%) who rated tangibles as "Good" also rated the overall service quality as "Good". Thus, improvements in physical aspects, as indicated by the initial survey about the inadequate location and waiting room, can enhance patients' perceptions of service quality.

Furthermore, responsiveness also has a very strong and significant relationship with the quality of health services (p-value = 0.001). This finding is consistent with other studies that affirm the importance of staff responsiveness, such as speed and willingness to help patients, in creating satisfaction.<sup>15</sup> Recent studies in Indonesian hospitals have consistently found significant relationships between healthcare service quality and patient satisfaction. At Baladhika Husada Hospital in Jember, research revealed a strong correlation between nurses' caregiver roles and patient satisfaction levels, with 91.8% of patients reporting high satisfaction.<sup>16</sup> Similarly, a study at the same hospital found a significant link between service quality and inpatient satisfaction.<sup>17</sup> Research at Bombana Regency General Hospital demonstrated significant associations between patient satisfaction and various aspects of service quality, including reliability,

assurance, physical evidence, attention, and responsiveness.<sup>18</sup> Likewise, at H. Hanafie Muara Bungo Hospital, all dimensions of service quality, such as staff reliability, responsiveness, assurance, attention, and physical evidence, were significantly related to patient satisfaction levels.<sup>19</sup>

## Conclusion

Based on the research findings, it can be concluded that there is a significant relationship between several dimensions of service quality and the quality of health services at Puskesmas Rambung in Tebing Tinggi City. The dimensions found to have a relationship are tangibles, responsiveness, assurance, and empathy. However, no relationship was found between reliability and the quality of health services at the health center.

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