

Quality of Health Services of Non-Accredited Health Centers on Patient Satisfaction

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ABSTRACT

Introduction: Health Centre a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts in its working area. Health Center as a first-level health facility is required to always improve service quality and patient safety, improve health center performance, protect health human resources, the community and the environment. The purpose of this study was to explore or describe the quality of health services on patient satisfaction at the Tiakur Health Center, Southwest Maluku Regency. **Methods:** This research is a type of qualitative research with a descriptive phenomenological approach. Key informants in this study were patients who had undergone treatment at the Tiakur Health Center from January to December 2022 and supporting informants were the head of the health services facility field, the head of the Tiakur Health Center, the head of Tiakur administration and the head of the Tiakur Health Center working group. The technique of determining informants using purposive sampling method. The instruments used were in-depth interview guidelines and focus group discussions. **Results:** The results showed that the dimensions of service quality, namely effective, efficient, patient-focused and safe, have not been fulfilled properly while the dimensions of accessible and fair have been fulfilled properly. The Tiakur Health Center needs to make improvements to health services so that service quality and patient satisfaction can be realized properly. **Conclusion:** This qualitative study of patient satisfaction with non-accredited Health Center as health services can be used as evaluation material to be able to improve and improve the health services of Tiakur Health Center to the community.

Key words: Quality, Service, Health, Satisfaction, Patient.

INTRODUCTION

Health Center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts in its working area.¹ Health Center as first-level health facilities are required to always improve the quality of service and patient safety, improve the performance of health centers, protect health human resources, the community and the environment.²

To ensure that quality improvement, performance improvement and risk management implementation are carried out continuously at the Health Center, it is necessary to be assessed by external parties using established standards, namely through an accreditation mechanism.³ Accreditation Standards are guidelines that contain the level of achievement that must be met by health care facilities in improving service quality and patient safety.¹

In an effort to improve the quality of clinical services, Health Center accreditation is carried out. One indicator of service quality is patient satisfaction.⁴ The creation of service quality will certainly create satisfaction for service users. The quality of service itself must start from the patient's needs and then end in the patient's perception or assessment which is a comprehensive assessment of the superiority of a product or service.⁵ Service quality has a close relationship with customer satisfaction. Customer satisfaction is the customer's response to the mismatch

between the level of prior importance and the actual performance he feels after use.⁶

According to the Central Statistics Agency (BPS), the total number of health centers in 2021 in Indonesia is 10,260 health centers, which consist of 4,177 inpatient health centers and 6,083 non-inpatient health centers. This number increased compared to 2020, which was 10,205 Health Center, with 4,119 inpatient Health Center and 6,086 non-inpatient Health Center.⁷

For Maluku Province, the number of health centers in 11 districts/cities is 215, consisting of 158 accredited health centers and 57 non-accredited health centers (Maluku Province Health Office, 2021). The Health Office of Maluku Barat Daya Regency recorded 21 Health Center consisting of 4 inpatient Health Center and 17 non-inpatient Health Center spread across 17 sub-districts. The number of accredited Health Center in Southwest Maluku Regency is 15 Health Center consisting of 7 with intermediate status, 8 Health Center with basic status (Health Office of Southwest Maluku Regency, 2022).

Based on the results of preliminary studies at the research location, namely Tiakur Health Center, the average number of visits was 3,711 outpatient visits (Health Office of Southwest Maluku Regency, 2022). Specifically, in Southwest Maluku Regency itself there are 21 Health Center with a total of 41,766 outpatient visits and a total of 17,883 inpatient visits. Where 15 of them are health centers that already have accreditation and 6 are non-accredited.

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The non-accredited health centers are Tiakur Health Center, Latalola Besar Health Center, Watwei Health Center, Sera Health Center, Jerusu Health Center, Mahaleta Health Center. Based on observations made by researchers at the Tiakur Health Center, many phenomena were encountered in the field both in terms of nurse/midwife or doctor services and in terms of the existence of Health Center facilities and infrastructure that still need to be addressed.

According to the results of research,⁸ it shows that there is a relationship between the quality of service in the dimensions of Tangible, Reliability, Responsiveness, Assurance and Empathy and is the variable that most affects inpatient satisfaction. This is reinforced by research from⁹ which states that Tangible, Reliability, Responsiveness, Assurance and Empathy have an influence on patient satisfaction at accredited and non-accredited health centers.

Based on the results of research,¹⁰ it was found that respondents assessed the quality of nursing services at unaccredited health centers to be in a low classification and had an effect on the level of patient satisfaction. Similarly, research conducted by (Widyastuti, 2019)¹¹ shows that accredited health centers have a satisfaction level 1.5 times higher than health centers that are still in the accreditation process.

The lack of research that looks at differences in accredited health centers and non-accredited health centers in terms of quality, coupled with the realization of the implementation of health center accreditation is a new thing in Southwest Maluku Regency, so researchers are interested in taking a research focus on differences in service quality at accredited health centers and non-accredited health centers in Moa District, Southwest Maluku Regency. Based on the above problems, it supports researchers to conduct research by exploring information about the Quality of Health Services at Accredited and Non-Accredited Health Center on patient satisfaction in Moa District, Southwest Maluku Regency.

RESEARCH METHODS

This study uses a qualitative research design with a descriptive phenomenological approach, which is a scientific method that describes certain phenomena as life experiences. The type of phenomenology chosen is descriptive phenomenology, which is a method to directly explore, analyze and describe certain phenomena, as free as possible from untested estimates (Speziale & Carpenter, 2003). Phenomenology is a study that tries to understand a human perception and understanding of the situation that occurs to involve experience and how an existing phenomenon affects human attitudes.

This research was conducted at the Tiakur Non-Inpatient Health Center. As sources or informants are the Head of Health Service Facilities, Head of Health Center, Head of Administration, patients who have received health services at the Health Center. The activity studied is the quality of health services at non-accredited health centers on patient satisfaction. The informants of this study were the Head of Health Service Facilities, Head of Health Center, Head of Administration, patients who had received health services at the health center totaling 10 people. With the inclusion criteria of informant age above 20 years, do not have mental disorders, willing to become informants, informants who are able to communicate verbally well.

Sampling in this study used purposive sampling technique, namely the technique of taking informants by selecting informants in accordance with the researcher's criteria (objectives or research problems). In qualitative research, the instrument or research tool is the researcher himself. The underlying reason is because everything is unclear, uncertain and still needs to be developed during research so that humans as human instruments, function to determine the focus of research, select informants as data sources, conduct data collection, assess data quality, interpret data and make conclusions on their findings.¹²

In addition to humans as research instruments, other data collection tools that support the research process are indepth interview guidelines, field notes, and recording devices. This study used the nine-step data interpretation method according to Collaizi 1978 in (Speziale & Carpenter, 2003). The method was chosen because Collaizi's data analysis steps are simple, clear and detailed enough to be used in this research. The validity of research data using Lincoln & Guba's Framework, states that qualitative research must have a validity component, the data validity test in qualitative research includes credibility (internal validity), transfer-ability (external validity), dependability (reliability), and confirm-ability (objectivity). Researchers in this study uphold research ethics, namely respect for human dignity, beneficence and justice.

RESULTS

Overview of the research site

Tiakur Health Center is located in Moa Island Sub-district with a working area of 202.38 Km², which consists of one sub-district and two villages, namely Tiakur Village with an area of 3.50 Km², Wakarleli Village with an area of 55.52 Km² and Kaiwatu Village with an area of 143.36 Km². The boundaries of the Tiakur Health Center working area are: north: Banda Sea, south: Patti village, east: Werwaru village, west of the Moa strait.

The geographical condition of the working area of Tiakur Health Center is in the form of lowlands with an altitude of 9m above sea level which is a land of fields so it is easily accessible by two and four-wheeled vehicles. Tiakur Health Center consists of one main health center located in Tiakur town and one auxiliary health center located in Kaiwatu village. Administratively, the working area of Tiakur Health Center consists of 1 sub district and 2 villages, namely Tiakur Village which consists of 5 RW and 17 RT, Wakarleli Village and Kaiwatu Village. The average distance traveled from each village to Tiakur Health Center is approximately 20 minutes. The total population in the working area of Tiakur Health Center in 2021 is 9,423 people, of which 4,861 men and 4,562 women with a total of 3,173 households.

Tiakur health center workforce

The number of staff at the Tiakur Health Center is 40 people consisting of 38 health workers and 2 non-health workers. Then those with civil servant status (PNS) totaled 26 people and with contract/honorary status totaled 14 people.

Ten most common diseases

The ten most common diseases found in the Tiakur Health Center working area, ARI disease ranks first with a total of 2,851 cases and the last place is bronchitis disease with a total of 132 cases.

Informant characteristics

Informants at the interview stage: This research was conducted in February-March 2023. Data from informants in this study were obtained by conducting in-depth interviews with patients who visited the Tiakur Health Center to get health services as the main/key informants and health parties, namely the Head of the Health Facilities Division, the Head of the Tiakur Health Center and the Head of Administration of the Tiakur Health Center as supporting informants. The characteristics of in-depth interview informants can be seen in the table below.

From the table above, it can be concluded that there were 10 key informants in this study, with the youngest being 27 years old and the oldest being 73 years old. The sex of the informants, both female and male, was equal to the number of 5 people each, the dominant informant's occupation was civil servants, the dominant informant's education was high school.

The table 2 can be explained that the supporting informants in this study totaled 3 people whose overall work was as Civil Servants, with the gender of 2 female and 1 male.

Informant in the Focus Group Discussion (FGD) stage: Data from informants in this study were also obtained by conducting focus group discussions (FGD) which aimed at data validity and source triangulation, namely information from health workers, in this case the Head of Health Services, Head of the Tiakur Health Center, Head of Administration of the Tiakur Health Center and Heads of Health Working Group of Tiakur Health Center. The characteristics of health worker informants were 9 people with the youngest age being 31 years and the oldest being 47 years. The informant's lowest education was diploma and the highest was bachelor's degree with the longest working period being 20 years.

The characteristics of focus group discussion informants can be seen in the table 3.

RESULTS OF QUALITATIVE ANALYSIS

Effective dimensions/Effective quality of service

The effective dimension delivers health care that is evidence-based and delivers better outcomes for individuals and communities based on need. Health services must be effective, meaning that they must be able to treat or reduce existing complaints, prevent disease from occurring and the development and/or spread of existing diseases.

Table 1: Characteristics of key informants in the Tiakur health center working area.

No	Informant	Gender	Age (year)	Education	Occupation
1.	Informant 1	F	35	D2	PNS
2.	Informant 2	M	57	Senior High	Farmer
3.	Informant 3	F	55	Senior High	Civil Servant
4.	Informant 4	F	42	Senior High	Civil Servant
5.	Informant 5	F	45	Senior High	Housewife
6.	Informant 6	F	27	Junior High	Housewife
7.	Informant 7	M	73	Junior High	Farmer
8.	Informant 8	M	36	S.Pd	Honorary
9.	Informant 9	M	69	Senior High	Farmer
10.	Informant 10	M	33	SE	Private employees

Table 2: Characteristics of supporting informants.

No.	Informant	Gender	Age (year)	Education	Occupation
1.	Informant 1	M	47	Bachelor	Civil Servant
2.	Informant 2	F	40	Doctoral Profession	Civil Servant
3.	Informant 3	F	38	3-year Diploma	Civil Servant

Table 3: Characteristic Informant Focus Group Discussion (FGD).

No.	Informant	Age	Last education	Occupation Position	Length of work
1.	Officer A	47	Bachelor	Civil Servant	20 years
2.	Officer B	40	Doctor	Civil Servant	8 years
3.	Officer C	42	Doctor	Civil Servant	2 years
4.	Officer D	46	Diploma	Civil Servant	14 years
5.	Officer E	43	Diploma	Civil Servant	16 years
6.	Officer F	38	Diploma	Civil Servant	8 years
7.	Officer G	36	Diploma	Civil Servant	8 years
8.	Officer H	31	Diploma	Civil Servant	8 years
9.	Officer I	47	Diploma	Civil Servant	11 years

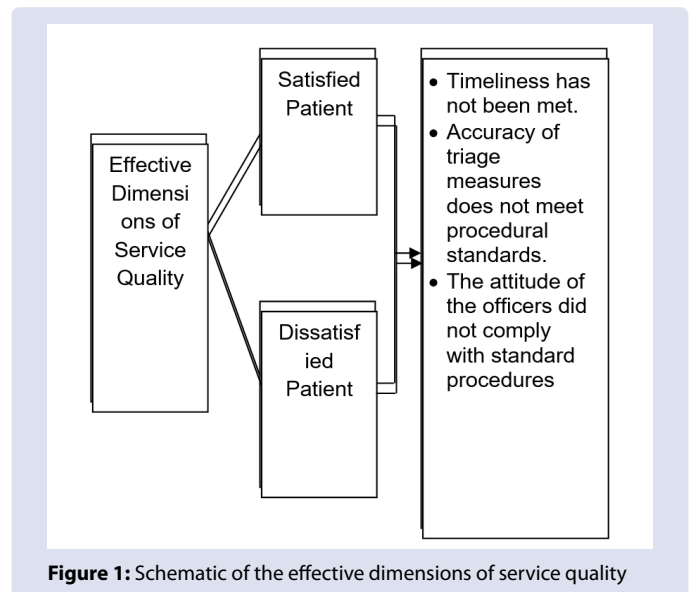


Figure 1: Schematic of the effective dimensions of service quality

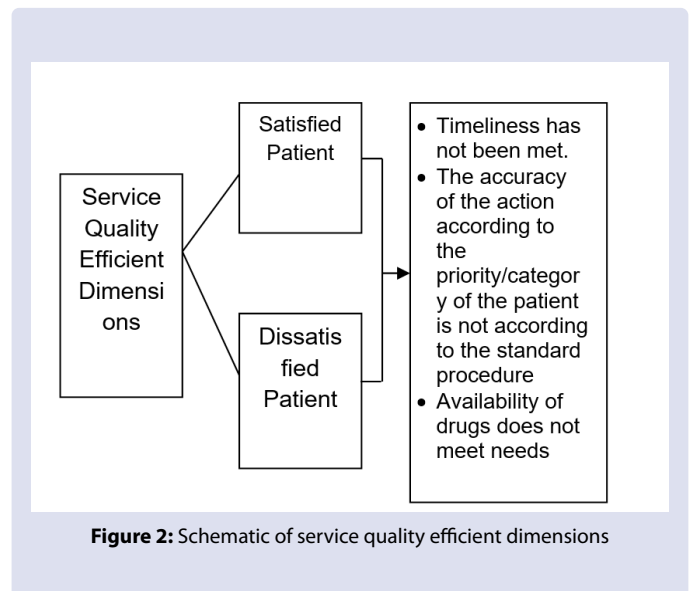


Figure 2: Schematic of service quality efficient dimensions

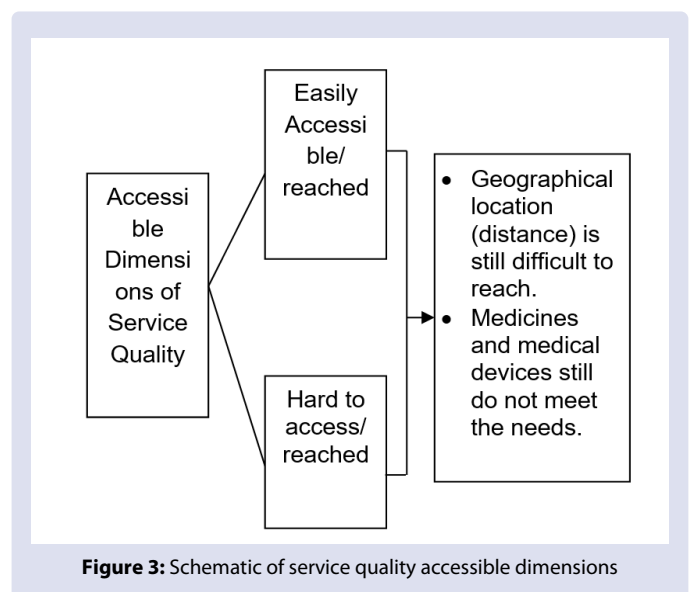
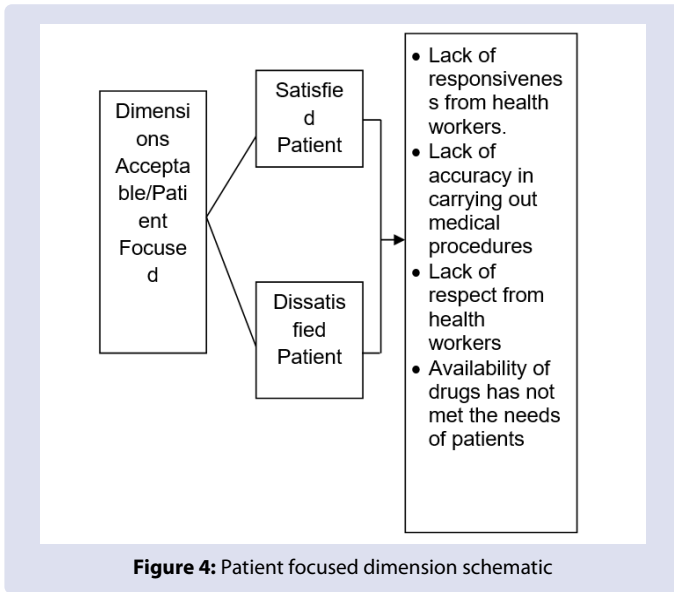


Figure 3: Schematic of service quality accessible dimensions



From the interview results, the effective dimensions of service quality were not fulfilled properly and still did not meet the needs of patients because some informants said it was good, some said it was not good.

The following are excerpts from in-depth interviews with informants:

“Yes, in my opinion, the accuracy is very good. Timely presence of health workers. When I was treated, not all officers were present. The readiness of the staff in providing assistance was good because it was explained clearly and well about the disease I was experiencing. The solutions provided are also very good”

“The service time is according to the provisions. when I visited I was already in a weak condition and had been conveyed to the officers. However, the officer did not prioritize service to me until it fell and then the officer served it. Late service. The staff had good knowledge because they explained my illness well and clearly”

“The officers were thorough in their work, but regarding the service time it was still late because when I checked at the dental poly, the doctor wasn't there and I finally went home. In service there should be a lot of smiles. for the queue is too long while there are patients who need treatment quickly. The officers have the knowledge and ability to serve because they can explain my illness clearly”

Dimensions of efficient / Efficient quality of service

The efficient dimension is providing health care that can be optimized by utilizing available resources and preventing waste including medical devices, medicine, energy and ideas. Based on the results of in-depth interviews with informants, the efficient dimension is still not well fulfilled.

Following are excerpts from in-depth interviews with informants:

“What I see, the specified schedule is appropriate. During the time I received service at the Tiakur Health Center, I experienced no difficulties because it was in accordance with the flow of examination. I have never paid when I was served because I used a BPJS card. I am satisfied with the service provided. Medicines provided meet the needs. When I went to the Health Center, the officers were there and ready to serve patients”

“The service is according to the specified time, but it doesn't serve well because there are officers eating, holding cellphones while calling and other things during the service. The service is not satisfactory because we are weak and still waiting a long time to be served”

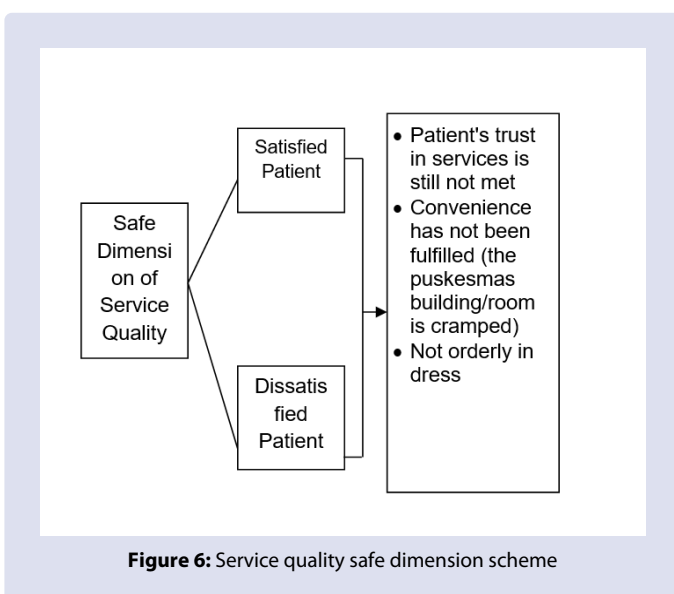
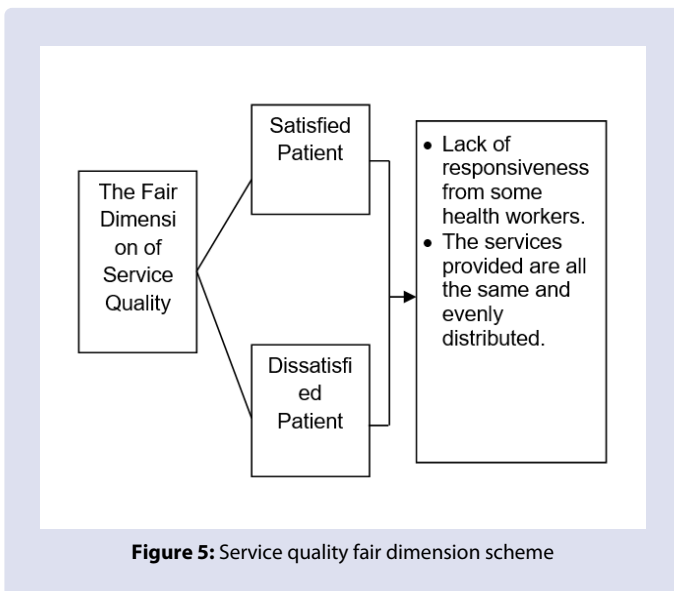
“The opening and closing times of the service are according to schedule. I have visited 3 times and the service has run smoothly. But once the medicine I was going to give ran out and I had to buy it at a pharmacy outside the Health Center. The officer was present on time. The Health Center room was very cramped so that when we entered and left the Health Center room they jostled each other”

Accessible dimensions / Accessible quality of service

The access dimension means that health services must be accessible to the community, not hindered by geographical, social, economic, organizational and language conditions. From the results of in-depth interviews with informants, there are those who say that access to health services at the Tiakur Health Center is still rather difficult to reach in terms of distance.

Following are excerpts from in-depth interviews with informants:

“The vehicles used to go to the Health Center are sometimes public transport, sometimes motorbikes going back and forth at a cost of 16 thousand-20 thousand. Reach to the Health Center is not difficult. The language used is easy to understand, medicines and medical devices are quite complete”



“The distance I traveled from home to the Health Center was approximately 15 minutes by motorbike. The costs incurred are around 20 thousand rupiah. Access to the Health Center is easy, not difficult. The language used is good and correct so it is easy to understand. In my opinion, medicines are complete but other medical devices, such as wound medicine, are not complete. The medicine that I got was only from the Health Center but taking the medicine did not heal”.

“The distance from the house to the health center is approximately 7 km, reached by a privately-owned motorbike, which costs Rp. 7,000 for petrol. In my opinion such a distance is a little difficult because it is quite far. In my opinion, the language used by the officers is understandable, while the drugs given are good, but sometimes you have to buy drugs outside the Health Center pharmacy”

Patient-Centred dimensions/Patient-Focusing quality of service

The patient-centered dimension means that patient-centered services provide health care that takes into account the preferences and aspirations of individual service users and their community culture. The Health Center is responsible for providing processes that support the rights of patients and their families while in service. Each patient is unique, with their own needs, strengths, culture and beliefs.

Following are excerpts from in-depth interviews with informants:

“What I feel is that in the service of the Health Center, all officers serve well. When we convey what we experience, the officer writes in the book. The doctor finished examining my leg, the doctor said nothing and only made a prescription to go to the ER so I don't know what caused my leg. Officers are quite skilled in providing services. I have been treated several times, some have been satisfactory and some have been unsatisfactory. Serving officers alternated”

“The Health Center staff was very polite, appreciative and we were served according to the queue number. Every patient who was there, including me, when at the counter or in the examination room, medicine room, they always recorded the patient's status in the register book. The health workers have sufficient knowledge and skills so that they can make a diagnosis and prescribe the appropriate medication for my illness. They are quite skilled because they have provided what we need”

“As far as I know, only 2 officers appreciate me, namely Mrs. Doctor and Mrs. Ine Maromon, but the other officers are indifferent. After serving, they sat down and then told stories and did not write in books. The doctor only establishes a diagnosis without giving directions”

“Officers lack precision when serving but officers respect the patients served. At that time according to the expired drug given, then buy a new drug at the pharmacy. It is correct in defining the problem”.

Dimensions equitable / Fair service quality

The fair dimension provides health care that does not discriminate in quality due to personal characteristics such as gender, race, ethnicity, geographic location, or socioeconomic status. Hospital staff providing health services must be fair and provide equal treatment to patients and respect patient rights. Based on the results of in-depth interviews with informants, the fair dimensions of the Tiakur Health Center have been fulfilled properly.

Following are excerpts from in-depth interviews with informants:

“They serve without discriminating because whoever visits first means they are served first, so it's a queuing system. What I saw they were very friendly, polite in the service at the health center”

“Several times following the services of the Tiakur Health Center, I have never found any difference in serving because it uses a queuing system. Meeting the doctor was also friendly while the counter clerk didn't greet and smile”

“The services provided never look at who it is and where it comes from but are served according to the queue number. The service provided is friendly but must give a smile, so that when patients are served they feel light with the complaints they feel. The clerk at the counter does not give a smile when serving”.

Dimensions of safe/Safe service quality

The security dimension means that health services must be safe, both for patients, for service providers and for the surrounding community. Quality health services must be safe from minimizing the risk of injury, infection, side effects, or other hazards caused by the health service itself. Based on the results of in-depth interviews with informants, the safe dimension of Tiakur Health Center service quality has not been properly met.

Following are excerpts from in-depth interviews with informants:

“If you feel safe, yes. Only during the 4 times of treatment my blood pressure has never decreased. It's not that I don't believe in the services provided, but I want to try consuming herbal medicine. Officers serve politely and friendly”

“Yes, so according to the experience I got, when I wanted to seek treatment, there I found a good readiness to help them. The services provided are in accordance with standards and procedures. So, when I was treated at the puskesmas I felt safe and trusted because the results of my treatment were satisfied, cured and healthy”

“The service process runs smoothly and according to the flow. During my visit, I saw that it was according to the procedure, but the service was further improved. Feelings of insecurity and lack of trust because they have been given expired drugs. the room of the Tiakur Health Center as a city health center is very small and cramped”

“They were never ready to serve me, for not measuring my blood pressure etc. I believe, yes, it's just that it's not clear what the service is being provided because the queue doesn't match the track or serial number. So I'm not satisfied because of that”.

Results of Focus Group Discussion (FGD)

The FGD activity was held on March 29, 2023 at 15.30 WIT offline in the Meeting Room for the Health Facilities Sector of the Southwest Maluku District Health Office which was attended by 9 people namely the Head of the Health Facilities Sector of the Southwest Maluku District Health Office, Head of the Tiakur Health Center, Head of Administration of the Tiakur Health Center, 6 Heads of Tiakur Community Health Center Working Group. This activity aims to inform the results of in-depth interviews with patients regarding satisfaction with the quality of health services at the Tiakur Health Center and at the same time generate recommendations/agreement with the Tiakur Health Center to improve service quality.

Recommendations from the results of the FGD for the Tiakur Health Center in improving the quality of health services are as follows:

Health Center staff are responsible for and committed to implementing a dress code according to applicable regulations.

Implement rules that prioritize services for patients with the priority category of the elderly, pregnant women, children less than 1 year old or patients with emergency conditions.

Health Center officers are required to provide directions to patients regarding the flow of services provided.

Management of drug governance in the drug room is improved

It is mandatory to involve the TPCB team in helping to overcome the problems experienced by the puskesmas.

Supervision must be carried out and improved as material for monitoring and evaluating the quality of Health Center services.

Trying to improve the cramped Health Center building rooms.

The cross-sector workshop of the Health Center was attended by the Health Office, which is the TPCB team.

DISCUSSION

Effective dimensions of service quality on patient satisfaction

Effectiveness is the quality of health services depending on health service norms and technical guidelines according to existing standards. The effective dimension of service quality here proves and illustrates the ability of the Tiakur Health Center to provide services in accordance with what is permitted, such as accuracy/accuracy of diagnosis, accuracy and efficacy of doctor's prescriptions, ability to provide services health and the seriousness of the medical team in providing services to patients. To measure the extent to which the level of effective dimensions is proven and described by Tiakur Health Center officers in serving the public or visiting patients. For this reason, it can be seen through the patient's (informant) statements/answers to the researcher when the researcher conducted interviews with several informants using recordings, which were set forth in written form.

Based on the results of interviews with informants, when viewed from the dimensions of the effectiveness of the Tiakur Health Center's health services, most of them were quite good, but on the one hand they were not considered satisfactory. It can be seen that statements from informants/source persons said that basically the Tiakur Health Center health workers in providing services are already prepared. thoroughness in helping patients and accuracy in determining patient diagnoses, although there are still a small number of patients who have not fully provided services according to technical instructions or established procedures, such as not prioritizing patients who need immediate treatment, being less responsive in serving patients, so that these factors lead to patient dissatisfaction with health services.

Patient satisfaction is a form of patient evaluation of a product or service that they get in accordance with what is expected and even exceeds their expectations.¹³ The results of this study are supported by research from (Hadjah, 2016)⁵ which states that the ability of health facilities to provide promised services reliably and accurately is influenced by the level and type of education as well as the level of expertise and professional level of the officers. From this aspect, the patient/patient's family can measure the ability of hospital staff to provide services. The level of service quality cannot be assessed from the point of view of the service provider but must be viewed from the point of view of the consumer.

This is also in line with research from (Rahayu, Anwary and Dhewi, 2021)¹⁴ which says that the ability and reliability of health workers in providing services to patients has a positive influence on patient satisfaction, where if this is further improved then patient satisfaction will be even better. In contrast to research from (Awalia, 2018)¹⁵ which says that there is no influence between service quality on patient satisfaction because according to researchers good quality health services produce good patient satisfaction and fairly good quality health services also produce good patient satisfaction.

Efficient dimensions of service quality on patient satisfaction

Efficiency is an important dimension of quality because efficiency will affect health service outcomes, especially since health resources are generally limited. Efficiency refers to the use of energy, time, facilities/tools and funds.¹⁶

Based on the results of in-depth interviews with informants (patients), information was obtained from most of the informants that the opening and closing times for services were correct/according to procedures, there were no difficulties in following service procedures, there was no collection of fees, medical devices were sufficiently complete, but there were also a small number Informants said that officers were still slow in providing services, did not prioritize patients who needed immediate treatment, drugs still had to be bought outside the Health Center pharmacy, medical equipment was inadequate and the Health Center rooms were cramped. From this, there are informants who are satisfied but some are not satisfied with the service.

According to research from (Yewen *et al.*, 2019)¹⁷ said that the services provided by the Health Center if they experience delays or are not on time to start services which result in patients having to wait long enough will cause patient dissatisfaction. The longer served, the higher the level of patient dissatisfaction with the health services provided.

The results of this study are also in line with research put forward by (Rosadi, 2020)¹⁰ that medical facilities or devices, ease of service procedures and timeliness of service greatly affect the level of patient satisfaction, if this is further improved it will provide patient satisfaction. This is the same as research from (Sarumaha, 2018)¹⁸ which says that the quality of health services related to service opening times, adequate health facilities, costs and responsiveness of health workers have a positive influence on patient satisfaction.

Accessible dimensions of service quality on patient satisfaction

Access to the intended service is that health services are not hindered by geographical conditions (type of transportation, distance, travel time and other physical barriers), socio-cultural, economic and language barriers.¹⁹

The results of the in-depth interviews that the researchers met with the informants (patients) were that most of the patients said that the distance and travel time to access health services at the Tiakur Health Center was not difficult because the means of transportation used were privately owned and the costs incurred were still within reach even the time taken relatively fast and the distance is not far from where you live, the services provided are free of charge / free of charge because there is a BPJS card, then the language used is also everyday language and easy to understand.

According to research from (Meliala, 2018)²⁰ the quality of health services is the degree of perfection of health services that can satisfy every user of health services in accordance with the level of satisfaction of the average population, and whose implementation is in accordance with established professional standards and ethical codes by adjusting potential sources resources that are available in a reasonable, efficient and effective manner and are provided safely and satisfactorily in accordance with norms, ethics, law and socio-culture, taking into account the limitations and capabilities of the government and consumer society.

The results of this study are in line with research from (Tambunan, 2021)²¹ which says that socio-cultural, geographic location greatly influences the quality of health services because distance is a factor that hinders the span of control in fulfilling health service needs as well as socio-economic factors, namely the increasing The higher a person's economic status, the easier it is to reach better health services.

Dimensions focusing on patient's service quality on patient satisfaction

This patient-centred dimension relates to interactions between staff and patients/families in the form of caring and giving attention to customers

or service users such as prioritizing the interests of customers, staff serving and respecting each customer.²²

The information that researchers got during in-depth interviews with informants (patients) was that most of the informants were satisfied with the service because the Tiakur Health Center health workers had provided good service, they were polite and friendly and even smiled while serving, health workers also had the knowledge, abilities and skills enough in taking action to deal with patient complaints, all actions taken are recorded and documented on the status/register. However, there are still a small number of informants (patients) who are dissatisfied with the Health Center services because they do not respect patients, are not responsive to patient complaints, and are even less thorough in administering drugs (the drugs given have expired) and it takes quite a long time for administrative services.

One of the roles of health workers is as a communicator for their patients. During the communication process, health workers must be physically and psychologically present in their entirety because it is not enough just to know the techniques and content of communication, but it is also very important to know attitudes, attention and appearance in communication.²³ The lack of attention from the Health Center towards patients causes a lack of comfort or does not fulfill patient expectations regarding the quality of services provided by Health Center officers such as communication between officers and patients. This lack of communication causes patients to feel like they are not being cared for, in other words, health workers are less skilled in efforts to recognize and understand what patients need in dealing with patient health complaints.²⁰ This is in line with the results of research from (Pasumah, Korompis and Rumayar, 2021)²⁴ which says that health workers are friendly and polite when providing services and health workers apologize if there are errors or obstacles related to the services provided and also health workers can provide explanations about the problem of treatment that the patient is living will cause a sense of satisfaction in the patient.

Fair dimensions of service quality on patient satisfaction

Fair, namely providing services that do not vary in terms of quality due to age, gender, race, ethnicity, geographic location, religion, socioeconomic status, language or political affiliation, or the services provided are the same as not discriminatory (discriminatory) in providing services to one customer with another customer, serving customers in a friendly and courteous manner.

The results of in-depth interviews with informants (patients) obtained information that services at the Tiakur Health Center did not discriminate against age, gender, race, ethnicity, geographical location, religion, socioeconomic status, language or political affiliation, all patients were given the same facilities, there the attitude of care and respect from health workers there is only a small number of officers who are not friendly and smile when providing services to patients.

Everyone's satisfaction is different, where satisfaction is strongly influenced by the characteristics of the person both in terms of age, socio-economic status so that in getting service, everyone has different expectations in getting service. Everyone's satisfaction in assessing a service, especially health services, varies for each person because they have different characteristics, both in terms of knowledge, social class, experience, income and expectations.²⁵

Patient satisfaction is a form of patient evaluation of a product or service that they get in accordance with what is expected and even exceeds their expectations. Factors that influence patient satisfaction are demographic, socio-psychological and demographic characteristics including: age, personal competence, educational level, income level, marital status, lifestyle, environmental condition and so on.^{13,26} Giving full individual attention to patients and their families, such as ease of

contact, ability to communicate, high attention to patients, polite and friendly will provide patient satisfaction²³ this is in line with the results of this study.

Safe dimensions of service quality on patient satisfaction

Safe (safety) means services that can avoid harm to people who are the target of the services provided such as reducing the risk of injury, infection, side effects or other hazards related to services. Whatever services provided by the Health Center must be safe from the dangers that may arise.

Based on the results of in-depth interviews with informants (patients), information was obtained that most patients were satisfied, trusted and felt safe when checking themselves at the Health Center but some were dissatisfied due to lack of thoroughness and readiness to serve (had been given expired drugs), did not serve according to procedures (not according to queues and long waits), cramped Health Center rooms (cramped when examined) as well as due to the physical environmental condition.²⁷⁻²⁹

The results of this study are in line with research from (Meliala, 2018)²⁰ that in order to achieve patient satisfaction and loyalty, improvement and special attention must be made to physical appearance to achieve good service quality. Likewise, other studies say that patient dissatisfaction arises because the waiting room is still not wide enough and there are still complaints and there is an assumption that some health workers are not neatly dressed.¹⁷ Research conducted by (Tambunan, 2021)²¹ also says that health workers are required to be able to maintain patient privacy and can guarantee that no mistakes will occur that can harm one of the parties, both the health workers themselves and the patient. The results of this study are also in line with research that emphasizes the ability of service providers to generate trust and confidence in consumers that service providers, especially employees, are able to meet the needs of their consumers, and provide services with certainty and free of doubts.²⁴

CONCLUSION

The results showed that the dimensions of service quality, namely effective, efficient, patient-focused and safe, had not been well fulfilled, while the dimensions of accessibility and fairness had been well fulfilled. The Tiakur Health Center needs to improve health services so that the quality of service and patient satisfaction can be realized properly.

This qualitative study of patient satisfaction with non-accredited Health Center, health services can be used as evaluation material to be able to improve and improve health services to the community.

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