

Factors Related To Patient Satisfaction at Community Health Centre in Manado City

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DOI: 10.29322/IJSRP.8.4.2018.p7623
<http://dx.doi.org/10.29322/IJSRP.8.4.2018.p7623>

Abstract: Public service quality is associated with the service standard in community health center. Communication and performance of health worker is the achievement benchmark of healthcare management. The quality of community health center is people manifestation to gain high-quality service in reaching healthy society in Manado, Indonesia. This research aimed to understand the factors which affect the patient satisfaction in Manado. This research was correlational survey study. Data were obtained from 15 community health centers in Manado which collected from 318 patients. The research variable was community health center leadership and the independent variable was community health center quality. The degree of patient quality was the dependent variable. Data were obtained from direct interview and analyzed by using Pearson correlation test. The result indicated that leadership of the head ($r=0,595$) and care quality ($r=0,513$) of community health center had a positive and significant connection with patient satisfaction. The result showed that those were factors related to patient satisfaction in community health center in Manado. Thus, we recommend community health center to improve the leadership and care quality since these factors determine patient satisfaction.

Keywords: *Community health center, care quality, patient satisfaction*

INTRODUCTION

Community health center (Indonesian: *Pusat Kesehatan Masyarakat* or Puskesmas) is society foundation which implements individual health service and people health effort in national health system on the first stage. There are a lot of success achieved by community health center in improving the degree of people health nevertheless there are still many problems which could hinder the service in its performance. The quality of community health center is the most important factor to earn customer or patient trust toward health service thus it makes the healthcare staff loyalty increasing in service. According to Witriasih (2012:52) to create customer satisfaction an organization has to provide high-quality service which is the balance between customer hope with the received care.

Classically the patient satisfaction is an attitude based on perceived quality felt by the patient. Customer satisfaction can influence the interest to come back to the same community health care (Supriyanto, 2010:20). According to Muninjaya (2001:40), community health care should be able to improve quality of care and quality of service because good service quality would give customer satisfaction. Those factors would make the customer come again and recommend the health care to others.

The service system is highly related to care quality. Goetsch and Davis (2008:22) stated that quality of care is a dynamic condition connected to product, service, human, process, and environment that meet or even might be over the hope. Quality of care also defined as something related to the fulfilled hope or demand of society, where care considered as high quality when the product and or service match people demand. This research aimed to understand the relation between the leadership of community health care head and quality of healthcare with patient satisfaction in community health center in Manado.

METHODS

This research used correlational survey method. The research variables were patient satisfaction, leadership, and service quality obtained from 3922 patients of community health centers in Manado city. The locations for pooling data was in Bahu, Minanga, Ranotana Weru, Sario, Teling Atas, Wenang, Ranomuut, Tikala, Paniki Bawah, Bengkol, Kombos, Wawonasa, Tuminting, Bailang, and Tongkaina. The determination of sample measurement referred to Roscoe statement quoted by Sugiyono (2007). The respondents consisted of pregnant women, KB, PUS, and people with the health problem. The univariate and bivariate analysis was done using simple and multiple correlations with significant level 0.01.

RESULT AND DISCUSSION

The result of this research showed that the score range of patient satisfaction variable was 74-127. The score value indicated mean at 98.07, standard deviation at 10.05, median at 99, and modus at 95. The leadership of community health care got an average value of 116.83 where 129 (39.6%) and 130 (40.9%) respondents belonged to the group of below and above average value respectively. Score distribution of leadership ranged at 91-142.

Score distribution obtained from care quality variable was within range 78-131, average 105.09, standard deviation 9.81, median 105, and modus 98. Care quality score that was below and above average value was 109 respondents (34.3%) and 131 respondents (40.9%) respectively. The detail result of normality test of all variables can be seen in Table 1.

Table 1. Overview of normality test

NO	VARIABLE	α -Hit	α	DECISION	INFORMATION
1.	X ₁	0,2	0,05	Accepted H ₀	Normal
2.	X ₂	0,092	0,05	Accepted H ₀	Normal
3.	Y	0,2	0,05	Accepted H ₀	Normal

The analysis of relationships among variables subsequently conducted. The result indicated rejected H₀. It showed that variable of head leadership (X₁) and quality of care (X₂) had positive and significant relation to patient satisfaction (Y). This relation between independent and dependent variable explained as follow:

1. Based on regression analysis and bivariate correlation on leadership variable of community health center head with patient satisfaction, the equation of regression line $\hat{Y} = 35.4 + (0.536)X_1$ and correlation coefficient 0.595 were attained with significant $\alpha = 0.01$. Both variables were positively related and very significant, where 35.4% variants occurred on patient satisfaction can be explained by regression equation of head leadership $\hat{Y} = 35.4 + (0.536)X_1$. It demonstrated that the leadership was one of the predictors of patient satisfaction. Both variables were positively related and very significant, where 28% variants occurred on patient satisfaction can be explained by regression equation of head leadership $\hat{Y} = 35.4 + (0.536)X_1$. It showed that effective and dynamic leadership was dominant factor to determine the degree of patient satisfaction. Beurocratic leadership style which was assessed by community health center worker and the patient was also pleasant, supporting, and able to improve patient satisfaction which in return it impacted to the improving service of quality.

Leadership is a way of a leader affecting the subordinate act in order to joint and work productively to achieve the purpose of the organization (Trihono 2005:52). It is an approach which is more sensitive, flexible, and comprehensive to understand phenomena in society. Waridin and Guritno (2005: 25) stated that a leader must implement leadership style to manage the subordinates because a leader would greatly affect the success of the organization reaching the aim. Therefore, an organization needs a reformist leader which is able to become transformation motor to the more positive direction including in improving staff disciplinary.

Leadership is an important element in leading others. A leader has to learn knowing situation and managing information, instead of only giving work direction to other people. The thing needs to be prioritized by the head of community health center is how to use his or her personality effectively in running the health center. Thus the potential negative effect which might be a problem for others can be restrained. Leadership is an ability of a leader to inspire and guide individual or group. Since the role of head of community health center is to develop a culture of quality, therefore the head has a vision about integrated quality for the institution. Moreover, the head has apparent commitment concerning quality development process as well as convinces the medical need of society.

The leadership principle of community health center head referred to the rule of Indonesian health ministry no.128/Menkes/SK/II/2004 stating that community health center is technical implementor unit of district/city health authority that is responsible as the leader that conducts health development in a certain working area. Community health center only has a responsibility as part of health development efforts given by district/city health authority according to its capacity. Health development is the implementation of health effort by community health center head to increase awareness, willingness, and the ability of healthy life for every person in order to create optimal society health degree. Therefore the head of community health center must pose appropriate background and knowledge of health. It means that head of community health center (1) understands the foundation of community health care: philosophy, health science, and scientific, (2) understands and appreciates the nature of human, society, and community health center in implementing health establishment, (3) understands, appreciates, and conducts the task and function in the organization, (6) understands policy, planning, program, province, district/city, and subdistrict.

2. Based on regression analysis and bivariate correlation on service quality and patient satisfaction, it indicated that service quality was one of the predictors of patient satisfaction. It was demonstrated by linear regression equation $\hat{Y} = 42.864 + (0.525)X_3$ and

correlation coefficient 0.513 with both significant level $\alpha = 0.05$. Both variables were related positively and very significant, where 26.3% variants occurred on patient satisfaction could be explained by service quality of that regression line.

The use of community health center has influencing factors including customer (education, profession, knowledge, other patient perception), organization (resources, accessibility of service, social access), care provider (worker attitude) Dever (2009:84). To anticipate those factors, Muninjaya A.A.Gde, (2011:105) stated that it is better for community health center to improve quality of care and quality of service because high-quality service would give satisfaction to the customer. In addition, the customer would reuse and recommend the community health center to other people. Several problems in the service were the limited medical staff and medical knowledge. The general practitioner assigned by the government was available in community health center only for several hours in a day. Apart from medical staff, the healthcare facilities were minimum, majority old and not maintained properly. According to Aulia (2014), the cause of the problem was the work of the medical and nonmedical staff which was not professional such as coming late, going home early, not keeping the appointment time, etc.

The result indicated that there was a positive relationship between quality of care and patient satisfaction. Based on our finding, we suggest that improvement of care quality is needed to give the better satisfaction of patient through some implication including:

- a. Community health center is an institution providing healthcare service. It is expected that quality service provided by the head and staff should be improved constantly so that community health center become famous due to its service quality. Health care quality is the expectation of many people. The head of community health center has a strong role in coordinating and moving nurses and general practitioners in his or her environment. The head is the main factor that can propel components to make service quality which has an orientation of people satisfaction. Therefore the head is demanded to have management and other strong capabilities to be able to make decision and initiative to improve service quality. It means the head of community health center that is strong has the capability to mobilize the resources that mainly customers to reach the expected healthcare service.
- b. The effective community health center is always responsive to use various aspects of the environment in form of human resources to provide achievement clarity of optimum service quality. Therefore the partnership of community health center and society need to continually tie together to participate in evaluating the expected service quality. Thus to make something valuable is based on how service institute manager to the customer demand. Service is abstract output, containing direct connection with the customer.
- c. The effective community health center is the one that shows the high standard of healthcare achievement and reaches a health care purpose orientated-culture. Therefore in the effort of finding the best way achieving the aim of health care which has better quality, relevant, effective, and efficient, it is a must to have the professional quality of care defined as able to conduct the given task.

CONCLUSION

This research concluded that leadership of the head of community health center and care quality had positive and significant relation to patient satisfaction. Based on the result, several suggestions can be put forward regarding patient satisfaction for the improvement of community health center leadership and care quality as follow:

1. The head has to master certain skill and competency to support the implementation of the task in leading community health center. Competency of community health center head as written in Indonesian health ministry rule no 971 the year 2009 about competency standard of Indonesian health structural officer consisted of personal, managerial, supervision, and social dimension.
2. The relationship between community health center and people was done to connect the necessity of community health center and people themselves. Community health center communicates with people to understand the medical requirement for people. It is necessary to build a connection between community health center and people to maintain and develop effective bidirectional information as well as supporting each other to create a healthy society.

REFERENCES

- Alamsyah, D. 2011 . *Manajemen Pelayanan Kesehatan*. Yogyakarta : Nuha Medika
- Ardana, K.I., Mujiati N., Utama, M.W. 2012. *Manajemen Sumber Daya Manusia*, Cetakan Pertama, Yogyakarta: PT. Graha Ilmu
- Azwar, A., 2004. *Pengantar Administrasi Kesehatan*, Edisi ketiga. Ciputat. Tangerang: Binarupa Aksara.
- Bryman, A. 2004. *Social Research Method 2nd ed*. Oxford. Univ Press,
- Bandura A. 2007. *Self-efficacy:theexercise of control*. New York: W.H.Freeman/Times Books

- Conger, Spreitzer dan Lawler.2009. *The Leader's Change Handbook: An Essential Guide to Setting Direction and taking Action* San FransisJossey-B ass
- Debra .L dan J. Campbell 2007. *Quick : Organizational Behavior: Science. The Real World and You Sixth (6th)Edition.* Minneapolies:We Pub.Co. Minneapolis
- Departemen Kesehatan RI.2011. *Pedoman Umum Pengelolaan Posyandu.* Jakarta: Departemen Kesehatan RI.
- Goetsch, DL, and Davis S, 2007. *Introduction to Total Quality: Quality Productivity and Competiveness*, New York: John Wiley and Sons, Inc,
- Muninjaya, Gde. A.A,2004. *Manajemen Kesehatan.* Penerbit Buku Kedokteran. ECG, Jakarta
- Miftah, T. 2007. *Kepemimpinan dalam Manajemen.* Edisi 12, Jakarta: PT. Raja Grafindo Persada
- Notoatmodjo, S. 2003. *Pendidikan Dan Perilaku Kesehatan.* Rineka Cipta. Jakarta.
- Pohan, I. 2007. *Jaminan Mutu Layanan Kesehatan: Dasar-Dasar Pengertian dan Penerapan.* Jakarta: EGC,
- Sulaiman, S.E. 2011. *Manajemen Kesehatan,* Cetakan Kedua, Yogyakarta: PT. Gajah Mada University Press. PT.Asdi Mahasatya
- Trihono. 2002. *Pedoman Manajemen Puskesmas.* Kesehatan Keluarga dan Gizi. Departemen Kesehatan Jakarta.
- Tjiptono .F.dan Diana .2001. *Total Quality Management.* Edisi IV. Andi offset. Yogyakarta
- Thoha. 2007. *Kepemimpinan dalam Manajemen.* Edisi 12, Jakarta: PT. Raja Grafindo Persada
- Wijono,D.2012. *Manajemen Program Promosi Kesehatan dan Pemberdayaan Masyarakat* Surabaya. Penerbit Duta Prima Airlangga
- Wood, R.E and Bandura, A. 2009. *Social cognitive theory of organizational management.* Academy of Management Review
- Zeithaml, V.et al. 2009.*Delivering Quality.5th Edition, Free Press A Division of Macmillan I. Services Marketing Integrating Customer Focus Across The Firm.* 5 th/ Edition, Mc. Graw Hill.