

Quality Control of Health Services with Patient Satisfaction in Puskesmas Wania, District of Mimika

Nikolaus A. Letsoin¹, A.L. Rantetampang², Bernard Sandjaja³, Anwar Mallongi⁴

¹Magister Program of Public Health, ^{2,3}Lecturer of Master Program in Public Health Faculty of Public Health, Cenderawasih, University, Jayapura

⁴Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar

Corresponding Author: Anwar Mallongi

ABSTRACT

Background: Public health centre as a first-rate health facility for patients. Satisfaction factors considered by the customer in assessing a service, namely timeliness, reliability, technical ability, technical competence, service access, service effectiveness, staff relations, efficiency, service continuity, security and convenience. Patient satisfaction at Wania Health Center is a problem in service that has not been optimal.

Research Objective: This is to know the Quality of Health Service Relationship with Patient Satisfaction at Public health centre Wania of Mimika Regency

Methods: Observational analysis with cross sectional study design. The study was conducted in May - June 2018 at Wania Health Center with the population was visiting patients and as many as 860 samples. Data were obtained using questionnaire and analyzed using chi square test and binary logistic regression.

Result of research: There is service quality relation based on technical competence (p-value 0,000, RP: 1,763 (1,520-2,046) access to health service (p-value 0,017, RP: 1,970 (1,706-2,274), effectiveness (p-value 0,013; RP: 1,966 (1,691-2,295), relation with officer (p-value 0,000, RP: 3,636 (3,160-4,185), efficiency (p-value 0,000, RP: 1,865 (1,612-2,158), service continuity RP: 2,311 (2,002-2,668), security (p-value 0,000, RP: 2.078 (1,801-2,397) There is no relationship of service quality based on convenience (p-value 0.654; RP: 1.056 (0.868-1.285) with patient satisfaction at Wania Health Center Quality of service based on relationship with officer and service continuity has dominant influence with patient satisfaction at Wania Health Center.

Key Words: Quality Control, Satisfaction of patient, Public Health Centre

1. INTRODUCTION

Health in Law No. 36 of 2009 emphasizes the importance of efforts to improve the quality of health services. Quality health service quality is health service that can satisfy every user of health service in accordance with the level of satisfaction in accordance with standard and code of ethics profession which has been determined (Bustami, 2012). Satisfaction is the feeling of a person (customer) after comparing the performance or perceived results (service received and perceived) with the expected (Nurjannah, 2012). Improving the quality of service is absolutely necessary to be done by health service units including Puskesmas in the face of globalization era. One of the efforts to improve the quality of health service is by measuring the level of patient satisfaction (Peter, 2014).

Puskesmas as a first-rate health facility for patients and Hospitals is one of the advanced health facilities after patients receive referrals from first-rate health facilities. As the first strata health service center in its working area, puskesmas is a health service facility which is obliged to provide quality health service, affordable, fair and equitable (Azwar, 2013).

The ranking of the best health services in various countries with the highest patient satisfaction in medical care, namely South Korea. Then followed by Argentina and Japan. Ranking after the top three were Belgium, Australia, USA,

Poland, Germany, Canada and England. Next rank Sweden, France, Italy, Hungary and Spain. A poll of 15 countries showed patients surveyed said there had been an increase in health systems in each patient's country since five years ago. Averages are advanced in the context of access and health care experience around the world. Indonesia itself has not been included in the category assessment in the country with patient satisfaction on health services (Setio, 2014).

The result of Basic Health Research (Riskasdas) in 2013, patient satisfaction is influenced, among others, length of waiting time, ease of visit, officer friendliness, clarity of information, freedom of choice of facilities, decision-making speed and cleanliness of health facilities. The result of Household Health Survey (SKRT) in 2013 has an average score of 80 for both inpatient and outpatient services. The satisfaction factors considered by the customer in assessing a service are: timeliness, reliability, technical ability, technical competence, service access, service effectiveness, staff relations, efficiency, service continuity, safety and comfort (Muninjaya, 2011). Customer satisfaction assessment is important because customer satisfaction is part of service quality, related to marketing of health center, can determine priority of service improvement according to customer requirement and can be analyzed quantitatively (Bustami, 2012). Some research by Suparman (2012) at West Java Mandalika Community Health Center, Nurhanna (2014) research at Cimandala Community Health Center of Bogor Regency revealed that the patient is quite satisfied with the health service.

Puskesmas is a functional organization that organizes health efforts that are comprehensive, integrated, equitable, acceptable and affordable by the community, with the active participation of the community and use the results of the development of appropriate science and technology, at a cost that can be borne by the government and the community. Health efforts are organized with emphasis on

services for the wider community in order to achieve optimal health status, without neglecting the quality of service to individuals (Muninjaya, 2011).

Wania District Health Center Mimika District with the number of visits in 2016 as many as 9,819 visits, while in 2017 as many as 7,668 patients. From the results of preliminary study conducted at Wania District Health Center Mimika through interviews, the results obtained that patients say sometimes they must repeatedly to the puskesmas if the drug is up but sakinya not gone. Another complaint was found that 2 out of 5 patients interviewed said it was slightly uncomfortable with the services of one of the nurses assigned to the puskesmas. They say that sometimes the doctor speaks loudly and unfriendly faces making them uncomfortable with the services provided. In addition, doctors are sometimes not in place so that services or checks that require doctors are replaced temporarily by nurses.

During the preliminary study the researchers observed health services at Wania Health Center. From the results of the observations the researchers took some conclusions such as on the place of registration not everyone gets a seat, so it will make patients feel less comfortable. Seats provided at each registration venue are made of wood attached using nails on poles, with the capacity of each seat for 10 people. The queue also occurs on the waiting rung of drug taking. In one poly service sometimes patients cannot be served, because the doctor on duty is out and there is no doctor replacement. In addition, the drugs are discharged in the pharmacy, so the drug is purchased outside the patient. Based on the description of the above problems, the authors are interested in conducting research entitled "The relationship of health service quality with patient satisfaction in Wania District Health Center Mimika".

2. MATERIALS AND METHODS

Analytical observational with cross sectional study design. The study was conducted in May - June 2018 at Wania

Health Center with the population was visiting patients and as many as 860 samples. Data were obtained using questionnaire and analyzed using chi square test and binary logistic regression.

3. RESEARCH RESULTS

Based on the results of research that has been done to assess the perception of satisfaction in patients who received

services at the health center Wania, obtained respondents as many as 860 respondents.

Research variable

3.1 Quality of Wania Puskesmas Service

Indicator of patient satisfaction that get service at Wania Health Center can be seen in

Table 1.

Table 1. Distribution of Respondents Based on Service Satisfaction at Wania Health Center 2018

No	Variables	Service quality					
		Not good		Good		Number	
		n	%	n	%	n	%
1	Technique Competence	190	22,1	670	77,9	860	100
2	Access to health service	210	24,4	650	75,6	860	100
3	Efectivity	290	33,7	570	66,3	860	100
4	Relationship with staff	220	25,6	640	74,4	860	100
5	Efficiency	200	23,3	660	76,7	860	100
6	Service continuance	240	27,9	620	72,1	860	100
7	Security	220	25,6	640	74,4	860	100
8	Conformability	160	18,6	700	81,4	860	100

Table 1 shows that the patient's response to the quality of care at Wania Health Center based on the eight aspects of bad service is highest on the assurance of 290 people (33.7%). While the good assessment of the highest quality of service on the continuity of service as much as 620 people (81.4%).

3.2 Patient Satisfaction in Service

Table 2 shows that out of 860 respondents most satisfied as many as 500

people (58.1%) and slightly dissatisfied as much as 360 people (41.9%).

Table 2. Distribution of Respondents Based on Service Satisfaction at Wania Health Center 2018

No	Satisfaction	n	(%)
1	Not satisfy	360	41,9
2	Satisfy	500	58,1
Number		860	100

3.3 Service quality relationship based on Technical Competence with Patient Satisfaction

Table 3. Relation of service quality based on technical competence with Patient Satisfaction at Wania Health Center 2018

No	technical competence	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Not good	120	63,2	70	36,8	190	100
2	Good	240	35,8	430	64,2	670	100
Number		360	41,9	500	58,1	860	100
<i>p-value = 0,000; RP: 1,763 (1,520-2,046)</i>							

Table 3 shows that from 190 respondents who stated that service quality is not good based on technical competence as much as 70 people (36.8%) satisfied and as many as 120 people (63.2%). While from 670 respondents who stated good based on technical competence as much as 430 people (64.2%) satisfied and as many as 240 people (35.8%) satisfied. Chi square test results obtained $p\text{-value } 0,000 < \alpha = 0.05$

which means that there is no relationship between the quality of service based on technical competence with patient satisfaction in service at Wania Health Center. When seen from the results of the prevalence ratio test obtained RP value: 1.763 (1.520-2.046) showed that patients who stated technical competence is not good has a tendency 1,763 times not satisfied compared with someone who has good technical competence.

3.4 Quality of service relationship based on Health Service Access with Patient Satisfaction

Table 4. Service quality relation based on Access to health service with Patient Satisfaction at Wania Health Center 2018

No	Access to health service	Patient satisfaction					
		Not satisfy		satisfy		Number	
		n	%	n	%	n	%
1	Not good	140	66,7	70	33,3	210	100
2	Good	220	33,8	430	66,2	650	100
Number		360	41,9	500	58,1	860	100
<i>p-value = 0,000; RP: 1,970 (1,706–2,274)</i>							

Table 4 shows that of 210 respondents who stated unfavorable based on access to health service to the quality of service as much 70 people (33,3%) satisfied and counted 140 people (66,7%) not satisfied. While from 650 respondents who stated good based on access to health service quality of service as much as 430 people (66,2%) satisfied and as much as 220 people (33,8%) not satisfied. Chi square test results obtained $p\text{-value } 0,000 < \alpha = 0,05$ which means that there is a relationship of service quality based on access to health

services with satisfaction in Wania Health Center. The results of the prevalence ratio test showed that RP: 1,970 (1,706-2,274) showed that patients who have access to health service is not good to the quality of laboratory service have tendency 1,970 times dissatisfied compared with someone having access to good health service.

3.5 Service quality relationship based on Effectiveness with Patient Satisfaction

Table 5 Relationship quality of service based on effectiveness with patient satisfaction at Wania Health Center in 2018

No	Effectiveness	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Not good	180	62,1	11	37,9	290	100
2	Good	180	31,6	39	68,4	570	100
Number		360	41,9	500	58,1	860	100
<i>p-value = 0,000; RP: 1,966 (1,691–2,285)</i>							

Table 5 shows that of 290 respondents who stated unfavorable based on the effectiveness of service quality as many as 110 people (37.9%) were satisfied and as many as 180 people (62.1%) were not satisfied. Whereas from 570 respondents who stated not good based on the effectiveness of 180 people (31.6%) not satisfied and satisfied as much as 390 people (68.4%). Chi square test results obtained $p\text{-value } 0.013 < \alpha = 0.05$, this means that there is a relationship of service

quality based on effectiveness with patient satisfaction in Wania Health Center. The results of the prevalence ratio test obtained RP value: 1,966 (1,691-2,285) showed that patients who have not good effectiveness have tendency 1,966 times dissatisfied with quality of service compared with someone having good effectiveness.

3.6 Service quality relationship based on Relation Officer with Patient Satisfaction

Table 6. Service quality relation based on Relation with officer with Patient Satisfaction at Wania Health Center 2018

No	Relation with officer	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Not good	200	90,9	20	9,1	220	100
2	Good	160	25	480	75	640	100
Number		360	41,9	500	58,1	860	100
<i>p-value = 0,000; RP: 3,636 (3,160–4,185)</i>							

Table 6. shows that out of 220 respondents who stated unfavorable based on relationship with service quality officer as much as 2 people (9,1%) satisfied and as many as 20 people (90,9%) not satisfied. While from 64 respondents who stated good based on relationship with service quality officer as many as 48 people (75%) satisfied and as many as 16 people (25%) not satisfied. Chi square test results obtained p-value $0,000 < \alpha = 0.05$ which means that there is a relationship of service quality based on the relationship of officers with

patient satisfaction in Wania Health Center. The results of the prevalence ratio test showed that the patients who stated the quality of service based on the relationship with the unfavorable officer had a tendency 3,636 times dissatisfied compared to someone who had good relationship with the officer to the quality of service.

3.7 Service quality relationship based on Efficiency with Patient Satisfaction

Table 7. Service quality relationship based on Efficiency with Patient Satisfaction at Wania Health Center 2018

No	Eficiency	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		N	%	n	%	n	%
1	Not good	130	65	70	35	200	100
2	Good	230	34,8	430	65,2	660	100
Number		360	41,9	500	58,1	860	100
<i>p-value = 0,000; RP: 1,865 (1,612-2,158)</i>							

Table 7 shows that out of 200 respondents who stated unfavorable based on service quality efficiency as many as 130 people (65%) were satisfied and as many as 70 people (65%) were satisfied. While from 66 respondents who stated not good based on service quality efficiency as much as 430 people (65.2%) satisfied and as many as 230 people (34.8%) not satisfied. Chi-square test results obtained p-value $0.033 < \alpha = 0.05$ which means that there is a relation between quality of service quality and patient

satisfaction at Wania Health Center. The results of the prevalence ratio test obtained RP value: 1.865 (1,612-2,158) showed that patients who stated the quality of service based on the efficiency is not good has a tendency 1,865 times dissatisfied compared with someone who has a good efficiency of service quality.

3.8 Service quality relationship based on Service Continuity with Patient Satisfaction

Table 8. Service quality relationship based on continuity of service with patient satisfaction at Wania Health Center 2018

No	continuity of service	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Not good	170	70,8	70	29,2	240	100
2	Good	190	30,6	430	69,4	620	100
Number		360	41,9	500	58,1	860	100
<i>p-value = 0,000; RP: 2,311 (2,002-2,668)</i>							

Table 8 shows that from 240 respondents who stated that service quality is not good based on effectiveness as much 70 people (29,2%) satisfied and as many as 170 people (70,8%) not satisfied. Whereas from 620 respondents who stated good quality of service as much as 430 people (69,4%) satisfied and as many as 190 people (30,6%) not satisfied. Chi square test results obtained p-value $0,000 < \alpha = 0.05$ which

means that there is a relationship of service quality based on effectiveness with patient satisfaction in Wania Health Center. The results of the prevalence ratio test obtained RP value: 2,311 (2,002-2,668) showed that patients who stated the quality of service based on effectiveness is not good has a tendency 2,311 times dissatisfied compared with patients who declared good service quality based on effectiveness.

3.9 Quality of service relationship based on Security with Patient Satisfaction

Table 9. Service quality relationship based on Security with Patient Satisfaction at Wania Health Center 2018

No	Security	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Not good	150	68,2	70	31,8	220	100
2	Good	210	32,8	430	67,2	640	100
Number		360	41,9	500	58,1	860	100
<i>p-value</i> = 0,000; RP: 2,078 (1,801–2,397)							

Table 9 shows that out of 220 respondents who stated that service safety is not good as 70 people (31.8%) are satisfied and as many as 1500 people (68.2%) are not satisfied. Whereas from 640 respondents who stated that good service security 430 people (67,2%) satisfied and as many as 210 people (32,8%) not satisfied. Chi square test results obtained $p\text{-value } 0,000 < \alpha = 0.05$ which means that there is a relationship between quality of service based on safety

with patient satisfaction at Wania Health Center. The results of the prevalence ratio test obtained RP value: 2.078 (1,801-2,397) showed that which states the security of bad service tends to 2,078 times not satisfied with the quality of service compared with someone who stated the security of laboratorium good service.

3.10. Service quality relationship based on Convenience with Patient Satisfaction

Table 10 . Service quality relationship based on Convenience with Patient Satisfaction at Wania Health Center 2018

No	Convenience	Patient satisfaction					
		Not satisfy		Satisfy		Number	
		n	%	n	%	n	%
1	Not good	70	43,8	90	56,3	160	100
2	Good	290	41,4	410	58,6	700	100
Number		360	41,9	500	58,1	860	100
<i>P-value</i> = 0,654; RP: 1,056 (0,868–1,285)							

Table 10 shows that from 160 respondents who stated that comfort is not good based on comfort as many as 90 people (56.3%) are satisfied and as many as 70 people (43.8%) are not satisfied. While from 700 respondents who stated good comfort as many as 410 people (58,6%) and 290 people (41,4%) not satisfied with patient satisfaction at Wania Health Center. Chi square test results obtained $p\text{-value } 1,000 > \alpha = 0.05$ which means that there is no relationship of service quality based on convenience with patient satisfaction at

Wania Health Center. The results of the prevalence ratio test obtained RP value: 1.056 (0.868-1.285) showed a meaningless comfort to patient satisfaction.

Multivariate Analysis

To obtain the answer which factors have the most influence on patient satisfaction, it is necessary to do bivariate analysis and continued on multivariate test by using binary logistic test on backward method obtained result in Table 11

Table 11. Bivariate Analysis Between Dependent and Independent Variables

No	Variables	<i>p-value</i>	Notes
1	Technical competency	0,000	Candidate
2	Access to health service	0,000	Candidate
3	Effectivity	0,000	Candidate
4	Relation to officer	0,000	Candidate
5	Efficiency	0,000	Candidate
6	Kelangsungan pelayanan	0,000	Candidate
7	Keamanan	0,000	Candidate
8	Kenyamanan	0,654	Not Candidate

Table 11. Above variables Technical competence, access to health services, effectiveness, association, efficiency, effectiveness and efficiency fall into the category of p-value <0.25, thus entering into

a multivariate model. The result of multivariate analysis obtained p-value <0, 05 is relation with officer and efficiency as in Table 12 below.

Table 12. Analysis of Logistic Regression Variables

No	Variables	B	p-value	Exp (B)	95% C.I.for Exp (B)	
					Lower	Upper
1	Relation to officer	3,365	0,000	28,927	17,390	48,118
2	continuity of service	1,646	0,000	5,188	3,531	7,621
	Constant	-8,464	0,000	0,000		

Table 13 above, then the quality of service based on the relationship with the officer and the continuity of service has a dominant influence with patient satisfaction in Wania Health Center.

4. DISCUSSION

An important customer satisfaction assessment is executed because customer satisfaction is part of the quality of service it can determine priority of service improvement according to customer requirement and can be analyzed quantitatively. The level of customer satisfaction with service is an important factor in developing a service delivery system that responds to customer needs, minimizes cost and time and maximizes service impacts on target populations (Faika, 2013).

Patient's satisfaction on the quality of service of respondents most satisfied as much as 500 people (58,1%) and few dissatisfied counted 360 people (41,9%). Indicators of satisfaction in services in this study include technical competence, access to health services, effectiveness, relationships with officials, efficiency, continuity of service, security and comfort.

From the results of the assessment of patient satisfaction most states not good in service is the continuity of service (33.7%). While the good assessment of the highest quality of service on technical competence (77.9%) and comfort (81.4%). This indicates that comfort in the service is expected of patients in health services when ill.

Patient's satisfaction on the most patient service is satisfied with clear information when there is problem related to delay of inspection result (70%), referral if 63% can not be done and examination technology / equipment 69,3% . While the low satisfaction of respondents is the speed of acceptance of laboratory services (61.2%).

4.1. Service quality relationship based on technical Competence with Patient Satisfaction

According to Bustami (2011), technical competence is in the form of skills, abilities and appearance of officers, managers and support staff, and how the officers follow established service standards in terms of compliance, accuracy, correctness, and consistency. This dimension is relevant for both clinical and non-clinical services. The lack of technical competence can vary from minor deviations to standard procedures to substantial errors and to service effectiveness. The result showed that there was a correlation between service quality based on technical competence with patient satisfaction in service at health center Wania, where respondents who stated not good based on technical competence 63,2% dissatisfied to service quality while expressing not good based on technical competence 35,8% puskesmas not satisfied. The results of this study are in line with research conducted Suharto (2013) in Parahita Diagnostic Center Jember branch, that reliability is a factor that is related directly and meaningful to patient satisfaction.

The quality of care at Wania Health Center is based on technical competence of the lowest patient satisfaction response on appropriate action against laboratory examination and highest with acceptance of quick and precise results. This demonstrates the patient's desire for his expectation of reliability in service that seeks the accuracy of the proper examination results. but the patient knows that the Wania Health Center includes a new hospital that operates less than five years, so it is not immediately true that the reliability of the service can still be met by the patient. This is also evident from the results of rasio prevalensi test, where a person who states technical competence is not good has a tendency 1,763 times dissatisfied compared with someone who has good technical competence.

4.2. Service quality relationship Based on Health Service Access with Patient Satisfaction

Access to service means that health services are not hindered by geographical, social and cultural circumstances, economics, organizations, or language barriers. Geographic access can be measured by the type of transportation, distance, travel time, and other physical barriers that may prevent customers from obtaining services. Social and cultural access is linked to the acceptability of health services by customers (patients) with regard to cultural values, beliefs, and behaviors. Economic access is related to capabilities that customers can afford. Organizational access deals with the extent to which healthcare organizations can guarantee and manage for customer convenience and order. Access to the language in the context of the service means that the customer can understand and understand clearly what the officer tells the customer (Bustami, 2012).

The highest satisfied patient responding to the responsiveness in most services is the uncomplicated service procedure, but complained of high alertness to the laboratory attendant to assist the patient. This is due to the fact that the

Wania Puskesmas service is limited with the number of laboratory personnel as many as 4 people and the service is held from 8 am to 2 pm. Lack of laboratory personnel and limited service time, so the laboratory staff at Wania Health Center have not been maximally felt by the patients in the service. In addition, short service times provide limited time, which impacts the lack of patients getting more information from laboratory results. From the results of the prevalence ratio test showed that patients who have access to health services is not good to the quality of service has a tendency of 1,970 times dissatisfied compared with someone who has access to good health services.

4.3. Quality relationship service based on Effectiveness with Patient Satisfaction

Effective service if the guarantee given to the patient is not complicated, the ease for the patient to get the service and the guarantee of healing. The more effective the health service, the higher the quality of health services. Effectiveness, is a dimension of accuracy that will answer the question of whether the procedure or treatment, if applied correctly, will give the desired result and whether the recommended treatment is the most appropriate technology for the situation in that place (Azwar, 2013). The success of puskesmas in providing quality services can be determined by service quality approach. Service Quality can be determined by comparing customer perceptions of the services they actually receive with the actual services they expect. Quality

The result of statistical test is the relation of service quality based on the relationship with the officer with patient satisfaction at Wania Health Center, where the respondents who stated not good based on the relationship with the service quality officer 90,9% dissatisfied, while the respondent stated good based on the relationship with service quality officer 75% satisfied. The results of this study are in line with research conducted by Faika (2013)

that the relationship with officers include staff preparedness factors, service speed, accuracy of examination results are good and must be maintained. While the 1-door service, inspection service procedures, and consultations of inspection results have not been a concern of internal customers. The results of the prevalence ratio test show that the patient who stated the quality of service based on the relationship with the unfavorable officer has a tendency 3,636 times dissatisfied compared with someone who has a good relationship with the officer to the quality of service.

According to Azwar (2013), the establishment of good officer relations, is one of the ethical obligations. In order to ensure quality health care, good nurse-patient relationships must be maintained and it is expected that each nurse is willing to give sufficient attention to his patient personally, to accommodate and listen to all complaints, and to answer and give a clear explanation of everything the patient wants to know.

4.4 Quality of service relationship based on Efficiency with Patient Satisfaction

Efficiency (efficiency), is an important dimension of quality because efficiency will affect the results of health services, let alone health resources are generally limited. Efficiency refers to the use of labor, time, means, and funds. In economic terms it is said that with limited energy or funds, results will be maximized (Azwar, 2013). The result of statistical test shows that there is relation of service quality based on efficiency with patient satisfaction at Wania Public Health Center, that is respondent which stated not good based on efficiency of service quality as much as 65% dissatisfied, while respondent who stated not good based on efficiency of service quality as much as 65,2% satisfied. The patient response to the efficiency of service, the highest is the number of health workers in the Puskesmas is adequate, the tools used are adequate and general disease examination can be done, the lowest

sediment is the waiting time of the examination results not more than 1 hour and the less obvious service flow.

The results of this study are in line with Khoiri (2015) on patient satisfaction BPJS Health card user at Puskesmas Mojowarno Jombang regency complaining about the length of service received for the patient too long because of the inadequate number of patients and health personnel.

4.5 Continuity Relations Service with Patient Satisfaction

Continuity of service (continuity of service), means the customer will receive the complete service required without repeating unnecessary diagnostic and therapeutic procedures. In this case the customer must also have access to a specialist service (Azwar, 2013). The result showed that there was no relationship of service quality based on the continuity of service with patient satisfaction at Puskesmas Wania, that is the respondent who stated continuity of service is not good based on service continuity 70,8% dissatisfied, whereas respondent stated that good service continuity 69,4% satisfied . The results of the prevalence ratio test obtained RP value: 1.865 (1,612-2,158) showed continuity of service to patient satisfaction.

The result of this research is in line with research of Faika (2013), that continuity of service is related to the need to improve the quality of service supported by commitment of Puskesmas together with government in the availability of quality service.

4.6 Service Security Relationships with Patient Satisfaction

Safety (safety), means reducing the risk of injury, infection, side effects, or other hazards associated with the service. Whatever is done in the service of either the Puskesmas, hospital, or other service places should be safe from any danger that may arise (Bustami, 2012). The result showed that there was a relation of quality of service

based on safety with patient satisfaction at Wania Public Health Center, that is respondent which stated that security is not good 68,2% not satisfied, while respondent stated that service efficiency is good as much 67,2% satisfied. Patient response to service efficiency, highest is safe service procedure for critical patient or immediate relief need, laboratory examination result is correct and there is no mistake of examination causing misdiagnosis less sedation is existence of mistake in treatment as well as procedure of safe service in preventing infection

4.7. Convenience Relation with Patient Satisfaction

Comfort (amenity), is a quality dimension that is not directly related to clinical effectiveness, but can affect customer satisfaction (patient) to want to come to get the next service. Comfort dimensions are related to the physical appearance of the service, medical and non-medical equipment, hygiene, available facilities, and so on (Bustami, 2012). The results obtained that there is a relationship of service quality based on safety to patient satisfaction. The patient response to the highest comfort is the attractive waiting room layout, tidiness and cleanliness of the appearance of health and toilet workers clean with adequate hygiene. While the low response is the cleanliness, neatness and comfort of the room and vehicle parking. The results can be known reality perceived by respondents are higher, especially the parking lot, due to the large area of land, so the patient parked some of his motorcycle outside the fence of the puskesmas. Quality of health services can also be felt directly by its users by providing adequate physical facilities and equipment. The result of this research is in line with research of Faika (2013), that comfort is not related because patients accept although not satisfied because the need to improve service quality is supported by commitment of Puskesmas with government in the availability of quality service.

4.8 Dominant Factors

Multivariate test results obtained that the quality of service based on, the relationship with the officers and effectiveness has a dominant influence with patient satisfaction in Wania Health Center. The research conducted by Mardiana (2013) on the level of outpatient satisfaction at the clinic laboratory of RSUD Sukoharjo revealed that viewed from the dimension of tangibles, reliability, responsiveness, assurance and empathy toward patient satisfaction either jointly or partially showed significant influence to patient satisfaction and variable empathy shows the most dominant influence. The dominant factors of patient satisfaction on the quality of service about the effectiveness of the results of appropriate examination, relationship with the officer and the continuity of services include facilities and infrastructure in accordance with standards of service provision is closely related to patient satisfaction, so the management of puskesmas need to improve the availability of supporting facilities and improvements enhanced services.

5. CONCLUSION

Based on the results of research, it can be concluded as follows

- a) There is a relation of service quality based on technical competence with patient satisfaction at Wania Health Center (p-value 0,000; RP: 1,763 (1,520-2,046))
- b) There is a relationship of service quality based on access to health service with patient satisfaction at Wania Health Center (p-value 0,017; RP: 1,970 (1,706-2,274)).
- c) There is a relationship of service quality based on effectiveness with patient satisfaction at Wania Health Center (p-value 0,013; RP: 1,966 (1,691-2,295)).
- d) There is a relationship of service quality based on relationship with the officer with patient satisfaction at Wania Health Center (p-value 0,000; RP: 3,636 (3,160-4,185)).

- e) There is a relation of service quality based on efficiency with patient satisfaction at Wania Health Center (p-value 0,000; RP: 1,865 (1,612-2,158).
- f) There is a relationship of service quality based on continuity of service with patient satisfaction at Wania Health Center (p-value 0,000; RP: 2,311 (2,002-2,668).
- g) There is a relationship of service quality based on safety with patient satisfaction at Wania Health Center (p-value 0,000; RP: 2,078 (1,801-2,397).
- h) There is no relationship of service quality based on convenience with patient satisfaction at Wania Health Center (p-value 0,654; RP: 1,056 (0,868-1,285).
- i) Quality of service based on relationship with officer and service continuity have dominant influence with patient satisfaction at Wania Health Center.

REFERENCES

- Alamsyah. D, (2012). Manajemen Pelayanan Kesehatan. Nuha Medika, Yogyakarta.
- Azwar A, (2013). Pengantar Administrasi Kesehatan. Bina Rupa Aksara, Tangerang.
- Bustami M, (2012). Penjaminan Mutu Pelayanan Kesehatan & Akseptabilitasnya. Erlangga, Jakarta.
- Desimawati, Dian Wahyuni (2013), Hubungan Layanan Keperawatan Dengan Tingkat Kepuasan Pasien Rawat Inap. (<http://www.repository-unej.ac.id/>, diakses 18 Maret 2018).
- Djuhaeni. H, (2007). Asuransi dan Managed Care: Modul Program ascasarjana Kesehatan Masyarakat Universitas Padjadjaran, Bandung.
- Suryatama, Erwin. 2014. Aplikasi ISO Sebagai Standar Mutu. Jakarta : Kata Pena.
- Faika R (2013). Kepuasan Pelanggan Internal. <http://www.ugm.co.id>. diakses 1 Maret 2018.
- Hasmi (2016). Metode Penelitian Kesehatan. InMedia, Jakarta.
- Hermanto (2010). Pengaruh Persepsi Mutu Pelayanan Terhadap Kepuasan Pasien Rawat Inap Kebidanan di di RSUD Dr. H. Siemarno Sosroatmodjo Bulungan Kalimantan Timur.
- Kemenkes RI (2014). Petunjuk Teknis Bantuan Operasional Kesehatan. <http://www.kemendes.kemkes.go.id>. diakses 10 Maret 2018.
- Keller dan Kotler (2012). Dasar-dasar Pemasaran, Jakarta: PT. Indeks.
- Laurina, C. (2013). Hubungan Antara Pengetahuan dan Tingkat Pendidikan dengan Kepuasan pasien Jaminan Kesehatan Masyarakat di Puskesmas Wawonasa Kecamatan Singkil Manado Tahun 2013. Sam Ratulangi Manado.
- Muninjaya (2011). Manajemen Kesehatan. EGC, Jakarta.
- Ningrum NH (2014) Hubungan Mutu Pelayanan Kesehatan Bpjs Terhadap Kepuasan Pasien di Poli Klinik THT Runkital Dr. Ramelan Surabaya. STIKES Hang Tuah Surabaya 2014
- Nurjannah S, (2012). Pengaruh Pelayanan Bidan Delima Terhadap Kepuasan Klien Di Wilayah Kecamatan Banyumanik Kota Semarang. Seminar Hasil-Hasil Penelitian–LPPM UNIMUS 2012 ISBN: 978-602-18809-0-6.
- Nurkholiq, S., (2011). Perbandingan Kepuasan pasien Umum Dengan Penggunaan Kartu Askes di Pelayanan Dokter Keluarga PT Askes. Universitas Diponegoro.
- Permenkes No. 75 tahun 2014. Tentang Pusat Kesehatan Masyarakat.
- Petrus BS (2014). Hubungan mutu pelayanan Kesehatan dengan Tingkat Kepuasan Pasien Bpjs di Puskesmas Delanggu Kabupaten Klaten. Skripsi STIKes Kusuma Husada Surakarta.
- Respati SA. (2014) Hubungan Mutu Pelayanan Kesehatan Dengan Tingkat Kepuasan Pasien Rawat Inap Di Puskesmas Halmahera Kota Semarang Tahun 2014. <http://www.unnes.co.id>. diakses 20 Maret 2018.
- Saputro AD (2014). Hubungan mutu pelayanan Kesehatan Dengan Kepuasan Pasien Rawat Jalan Tanggungan BPJS di Rumah Sakit Bethesda Yogyakarta. <http://www.umud.co.id>. diakses 20 Maret 2018.
- Rattu P. H, (2015) Perbedaan Kualitas Pelayanan Keperawatan Terhadap Pasien Penerima Bantuan Iuran Dan Pasien Bukan

- Penerima Bantuan Iuran Pada Irina C Rsup Prof. Dr. R. D. Kandou Manado. Universitas Sam Ratulangi. Manado.
- Riyanto, 2011. Aplikasi Metodologi Penelitian Kesehatan. Nuha Medika, Yogyakarta.
 - Setiawan, E.P., 2014. Perbedaan Kepuasan antara Pasien Umum dengan Pasien Jaminan Kesehatan Nasional Penerima Bantuan Iuran(JKN-PBI) Terhadap Kualitas Pelayanan Rawat Jalan di Puskesmas Nguter Sukoharjo. Universitas Muhammadiyah Surakarta.
 - Setio. (2014). Kepuasan Pasien terhadap pelayanan kesehatan. <http://www.vivanews.com>.
 - Suciati, W., 2013. Perbedaan Kualitas Layanan Puskesmas Kelurahan Sukorame Kecamatan Mojojoto Kota Kediri Berdasar Sistem Pembayaran Ditinjau dari Persepsi Konsumen. Jurnal Ilmiah Mahasiswa Universitas Surabaya, 2(2), pp.1–15.
 - Sugiyono, 2013. Metode Penelitian Administrasi. Bandung: Alfabeta.
 - Swarjana, 2013. Metodologi Penelitian Kesehatan. Andi, Yogyakarta.
 - Wijono, W. (2013). Kepuasan Konsumen. Surabaya Mandar Maju.

How to cite this article: Letsoin NA, Rantetampang AL, Sandjaja B et.al. Quality control of health services with patient satisfaction in puskesmas wania, district of Mimika. *International Journal of Science & Healthcare Research*. 2018; 3(3): 93-104.
