

Differences in Service Quality before and After Accreditation at Pamboang Health Center Majene Regency

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ABSTRACT

This study aims to compare the differences in the quality of health center services before and after accreditation at the Pamboang Community Health Center, Majene Regency.

The research was carried out in the form of a survey with a comparative approach. A sample of 100 respondents who received service. Sample selection uses nonprobability sampling. Sampling is purposive sampling. Data were analyzed using the McNemar test.

The results showed respondents' assessment of the attitude of the officers before accreditation was considered good (53%) and not good (47%), while after good accreditation (100%), there were differences in attitudes of officers before and after accreditation ($p = 0,000$), environmental conditions before accreditation is considered good (68%) and not good (32%), while after accreditation is good (100%), there are differences in environmental conditions before and after accreditation ($p = 0,000$), waiting time before accreditation is considered good (63%) and less good (37%), while after accreditation is good (100%), there is a difference in waiting time before and after accreditation ($p = 0,000$). It can be concluded that there are differences in service quality before and after accreditation at Pamboang Public Health Center, Majene Regency.

Keywords: Quality of Service, Accreditation, Puskesmas

INTRODUCTION

Health care is an important factor in improving the health and well-being of every human being in the world. Community Health Centers (Puskesmas) as

one of the health facilities that provide health services to the community have a very strategic role in accelerating the improvement of community health status. One way to improve the quality of Puskesmas services is carried out with the provisions of accreditation.

In the current era people want safe and quality health services, and can answer their needs, therefore efforts to improve quality, risk management, and patient safety need to be applied in the management of health centers in providing comprehensive health services to the community. To ensure that Puskesmas improve service quality, improve performance and implement risk management on an ongoing basis, it is necessary to evaluate the performance of the services provided. Government efforts to ensure the management of Puskesmas, the implementation of health programs, and clinical services have been carried out continuously, so an assessment must be conducted using the Puskesmas accreditation standards established by the Ministry of Health of the Republic of Indonesia in Minister of Health Regulation No 75 of 2014 (Kamasti, 2015).

Puskesmas accreditation is closely related to the dimensions of service quality. As mentioned in several criteria for standard assessment of Puskesmas accreditation, one of them is in the Puskesmas Quality Improvement section (PMP), which states that improvement in quality and performance of the Puskesmas is consistent with the Puskesmas's values, vision, mission

and goals, understood and implemented by the Puskesmas Chair Puskesmas and Implementers (Kementerian Kesehatan RI, 2014c)

Based on data from the Indonesian Ministry of Health, the number of puskesmas in Indonesia is 9,759 health centers, which consist of 3,401 inpatient health centers and 6,358 non-inpatient health centers spread in 34 provinces in Indonesia (Menteri Kesehatan RI, 2016a).

Based on the research results of Riyadi (2015) regarding the relationship between the accreditation status of the health center and the level of patient satisfaction in the Puskesmas in Bantul Regency, it was found that there was no significant relationship between accreditation status and patient satisfaction at the puskesmas. Seeing the results of the study, conclusions can be drawn that the puskesmas category still has problems in the indicators of the quality of their respective services. The accreditation of a puskesmas cannot guarantee that the puskesmas has no problems in terms of the quality of health services. There is no concrete evidence that can show that all accredited health centers must have better quality services from non-accredited health centers. Meanwhile, according to PMK No.46 of 2015, the main goal of accreditation of puskesmas itself is to foster quality improvement, performance through continuous improvement of the quality management system, and the system of implementing health service programs, as well as the implementation of risk management, and not just valuation to obtain certificates accreditation (Menteri Kesehatan RI, 2015).

MATERIALS AND METHODS

Location and design of the study

This research was conducted at Pamboang Health Center, Majene Regency, West Sulawesi. Type of quantitative research in the form of a survey with a comparative method.

Population and Samples

The population is all patients who get services. A sample of 100 people was selected by purposive sampling which had the desired characteristics, namely patients had used services from 2015 to April 2019, were conscious and able to communicate well and were willing to be interviewed.

Method of collecting data

Performed after all data has been collected using a questionnaire filled out by respondents, with data editing stages carried out by checking the possibility of errors in filling or incomplete data filled in by respondents, data coding is carried out by providing a code number answer filled in by the respondent to facilitate processing data, data tabulation is carried out after giving the code to each answer given by the respondent with the help of a computer, data cleaning is done so that every data that has been obtained is free from errors before statistical analysis is carried out with the SPSS program computer, and the presentation in table form is accompanied by an explanation.

Data analysis

Data to determine the difference in variables were tested by comparative analysis using McNemar's statistical test

RESULTS

Table 1 shows an assessment of the attitude variable of the officer, before the respondent's accreditation stated that it was 53 respondents out of a total of 100 respondents (53%), while the rest stated that there were 47 respondents (47%) were not good. Whereas at the time after accreditation the majority of respondents stated good, namely 100 respondents (100%). There are differences in attitude variables before and after accreditation ($p = 0,000$).

Table 2 shows the assessment of the variables of environmental conditions, before the accreditation of respondents stated that the good is 68 respondents out of a total of 100 respondents (68%), while the rest stated less than 32 respondents (32%). Whereas at the time after accreditation the

majority of respondents stated good, namely 100 respondents (100%). There are differences in the variables of environmental conditions before and after accreditation ($p = 0,000$).

Table 3 shows the assessment of the waiting time variable before the respondent's accreditation states that good is 63 respondents out of a total of 100 respondents (63%), while the remaining states are not as good as 37 respondents (37%). Whereas when the Puskesmas after accreditation the majority of respondents stated good, namely 100 respondents (100%). There are differences in the variable waiting time before and after accreditation ($p = 0,000$).

Table 1 Distribution of Respondents' Assessments of Attitudes in Pamboang Health Center Majene District.

ATTITUDE	ACCREDITATION				P
	Before		After		
	n	%	n	%	
Well	53	53.0	100	100.0	0,000
Not Good	47	47.0	0	0.0	
Total	100	100.0	100	100.0	

Source: Primary Data

Table 2 Distribution of Respondents' Assessment of Environmental Conditions at Pamboang Health Center, Majene Regency

ENVIRONMENTAL CONDITIONS	ACCREDITATION				P
	Before		After		
	n	%	n	%	
Well	68	68.0	100	100.0	0,000
Not Good	32	32.0	0	0.0	
Total	100	100.0	100	100.0	

Source: Primary Data

Table 3 Distribution of Respondents' Assessment of Waiting Times at Pamboang Health Center, Majene Regency

WAITING TIME	ACCREDITATION				P
	Before		After		
	n	%	n	%	
Well	63	63.0	100	100.0	0,000
Not Good	37	37.0	0	0.0	
Total	100	100.0	100	100.0	

Source: Primary Data

DISCUSSION

Based on the results of the analysis of the variables studied, it was found that there were differences before and after accreditation at the Pamboang Health Center, Majene Regency. When a Puskesmas has been accredited, the Puskesmas will continue to try to maintain the quality of the services they have, including the quality of the Puskesmas

officers. The attitude shown by health workers, both medical personnel such as doctors, nurses, midwives, pharmacists, and other employees should be able to create a good impression on patients who use the Puskesmas service. This is based on the aim of the Puskesmas itself which wants to provide the best service to patients. On the other hand this is also based on maintaining the status of the Puskesmas as an accredited health center.

The attitude of the officers in a Puskesmas and other health service places is one of the factors that influence the interest of community visits, the satisfaction of patients who use services, and the desire to reuse them when needed. The attitude of the officers who are kind, friendly and empathetic to patients will make patients feel satisfied with the services provided. The attitude shown by health workers both medical and non-medical personnel must be maintained and improved by the health center.

In service providers in this case the Puskesmas are expected to provide training so that their workforce can interact with patients effectively, including how to listen to customers, be empathetic, and behave politely (Tjiptono, 2009).

The results of study Feli (2016) showed that attitudes had a significant impact on the index of patient satisfaction in public services at Sumba Barat Daya Hospital.

The implementation of a health center accreditation certainly requires the Puskesmas to have a healthy work environment requirement. The work environment includes environmental conditions and other factors such as noise, temperature, humidity, or lighting. This clean environment needs to be created so that it does not disturb the comfort of patients as stated in the Puskesmas Accreditation Standards of the Ministry of Health of the Republic of Indonesia Chapter VIII.

Accredited Puskesmas must continue to maintain a good environment so

that it can maintain its accreditation status and it can even increase from the previously accredited to the main, even plenary accreditation

Each puskesmas will certainly compete with each other to provide the best and quality services compared to other puskesmas. Environmental conditions are an important factor in the selection of health services, especially where health services are not clean so patients will assume that many germs are lodged in that place. Health care facilities in clean environments will certainly affect the satisfaction of patients who use their services. The results of this study are in line with the results of a study conducted by Aldo (2018) which found that there was a significant effect of air temperature comfort on inpatient rooms on patient satisfaction at Abdoel Moeloek Bandar Lampung Hospital.

Riawaty (2016) says that one's feelings of satisfaction arise when they compare perceptions of the services they want. Therefore, even though patients have fulfilled their expectations but they have not been satisfied, because there are still certain desires that have not been fulfilled for example clean environmental conditions in supporting services.

Waiting time is a period of time when someone has to wait in order to wait for an examination of him. The examination is the type of examination that is requested or instructed.

Waiting time is the time required from the patient to register until served by a doctor. The purpose of waiting time is the availability of outpatient services on weekdays in each service place that is easily and quickly accessed by patients (DepKes RI, 2008).

One of the factors that causes long waiting time for outpatient medical record services, which is allegedly caused by the performance of medical recorders that are not in accordance with the competence of medical recorders. If the patient's waiting time is long, it also affects the patient's satisfaction with the service. Waiting time

in the provision of services from obtaining a registration card to obtaining the health services needed, and structuring medical record documents. Based on the standard of providing medical record documents, outpatient services are a maximum of 10 minutes (DepKes RI, 2008)

The waiting time at a puskesmas and other health service places is very closely related to the satisfaction of patients who use the service, and the desire to use it again when needed. Problems that arise regarding the waiting time at the puskesmas must always be considered by the puskesmas.

As well as research conducted by Angga (2018) where according to the results of research that has been done it can be concluded that there is a relationship between patient waiting time and patient satisfaction with service, indicated by the p value = 0,000 Dr. Loekmono Hadi Kudus.

In service there needs to be a match between medical services provided with what is needed from time to time. Therefore, the health center can improve its services, time of patient registration, time of treatment, time to terminate treatment, so that what is expected by the patient will be fulfilled. This is understandable because the characteristics of people seeking treatment are different from healthy people. Sick people need fast service in all aspects of service. Thus, it can be said that the effectiveness of service time will determine patient satisfaction (Riawaty, 2016).

CONCLUSIONS AND/ RECOMMENDATIONS

We conclude from the results of the study that there were differences in the attitudes of officers, environmental conditions and waiting times before and after accreditation at the Pamboang Health Center, Majene Regency. And it is recommended that it is necessary to conduct a reward program for health workers to be able to interact better with patients and provide sanctions for health workers who are not in place during working hours, or for officers who act badly on patients

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