

Primary Health Center Satisfaction Level Amid Early Period of Accreditation in Indonesia: A Preliminary Report

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ABSTRACT

The decree of the minister of health number 46 year 2015 regarding Primary Health Center (PHC) Accreditation marked a new era in enhancing the performance of PHC in Indonesia. The accreditation is also expected to boost the client satisfaction level in every aspect of its service. This point of view in this particular situation has never been visited especially in a large scale. This study aims to identify satisfaction level in 200 accredited and unaccredited PHC. This is a cross-sectional and observational study. The data were collected in June – October 2017. There were 200 PHC assessed using satisfaction questionnaire based on SERVQUAL scale. Ten clients divided into community health service clients and clinical health service clients from each PHC answered the questionnaire. The data was then descriptively analyzed with PHC as the unit of analysis. The data suggested that most of SERVQUAL dimensions was consistent with the level of PHC accreditation regarding community health service. In this category, only the dimension of tangible and reliability were slightly off from the assumed order. Whereas, in the clinical health service category, the tangible category was only the consistent one. Many conditions could lead to these results. However, the current health insurance policy in Indonesia might be the most prominent one. The community health service is arguably better than clinical health service based on the satisfaction level of PHC in Indonesia. Further research regarding the quality of the PHC amid the accreditation period in Indonesia needs to be done to ensure that this process is worthwhile.

Keywords: *accreditation, primary health center, satisfaction*

1. INTRODUCTION

Primary Health Center (PHC) is the health service facility conducting community health service and clinical health service. Its main focus is the promotive and preventive measure in order to achieving the best health status in its working zone [1].

With regard to its function, PHC has to address the stakeholders' interests. Some of the most important stakeholders are the leader of the community, promotive and preventive workers, and the patients. Moreover, PHC is also delivering outpatient and inpatient service according to its competency level. In that sense, the PHC service quality must be enhanced overtime, and this matter is closely related to the satisfaction level of the PHC clients.

One of the most recognizable means of measuring service quality is SERVQUAL, which employs five constructs to reveal the customers' expectations and perceptions. Those constructs are reliability, assurance, tangibles, empathy, and responsiveness. In essence, reliability is related to the competence; assurance is related to capacity to bring trust and confidence; tangibles is related to physical appearance of the facilities and the personnel; empathy is related to the capability of providing care and

attention to individual customer; and responsiveness is related to the speed and willingness of providing the service. Each construct has its items which can be modified and versatilely used in many fields [2].

The decree of the minister of health of Indonesia number 46 year 2015 regarding PHC mandates to enhancing the service quality and patient safety by means of accreditation. Accreditation is a recognition given by the independent institution appointed by the minister of health based on certain standards [3].

This accreditation activity is expected to be a booster to enhance the management of PHC, so that at the end of the day it will enhanced the service quality to PHC's clients. This means of measurement has never been done in Indonesia, consequently this approach marked the new era in the National Health Service realm.

Since its first establishment, there has not been a single assessment on the effectiveness of the accreditation activity in regards to enhancing the PHC's client satisfaction. This study aims to identify satisfaction level in 200 accredited and

unaccredited PHC. It is a spin off from the study entitled “The Development of Health Service Quality Index at Community Health Center: The Preparation of Health Service Quality Index at Community Health Center (2017)” [4].

2. METHOD

This is a cross-sectional and observational study. The data were collected in June – October 2017. There were 200 PHC data assessed using satisfaction questionnaire based on SERVQUAL. The questionnaire was divided into two types, the one for the community health service clients and the one for the clinical service clients. Every question was scored from 1-5 using likert scale. In total, there were 10 questions for the community health service questionnaire and 20 questions for the clinical service questionnaire.

Each PHC recommended ten clients to answer the questionnaire divided into five clients who received community health service and five clients who received clinical service. The data from the questionnaire was then descriptively analyzed with PHC as the unit of analysis.

3. RESULTS AND DISCUSSION

Table 1 showed that overall accredited PHCs have better satisfaction level, however the data cannot suggest a stable gradation. It can be derived from the table that the gradation from the prime to perfect PHC status was not consistent, this situation might come about due to the small number of respondents from each PHC. However, from this preliminary general data of satisfaction level, we can at least derive a pattern that in favor for the accreditation outcome.

Table 1. Percentage of Primary Health Center Satisfaction Level in Clinical Health Service and Community Health Service by Status and Level of Accreditation

PHC Status	Satisfaction Level of Clinical Health Service n (%)		Satisfaction Level of Community Health Service n (%)	
	Satisfied	Unsatisfied	Satisfied	Unsatisfied
Unaccredited	8 (8,2%)	89 (91,8%)	33 (34,0%)	64 (66,0%)
Basic	8 (22,9%)	27 (77,1%)	13 (37,1%)	22 (62,9%)
Medium	12 (27,9%)	31 (72,1%)	20 (46,5%)	23 (53,5%)
Prime	6 (37,5%)	10 (62,5%)	8 (50%)	8 (50%)
Perfect	3 (33,3%)	6 (66,7%)	3 (33,3%)	6 (66,7%)

Table 2 showed that from all of the accredited health care center, 23% basic accredited PHC, 21% medium accredited PHC, 44% prime accredited PHC and 22% perfect accredited PHC were recognized to be satisfactory in empathy dimension while delivering clinical health service. The achievement of perfect accredited PHC was lower than that of other PHCs which possess lower accreditation level. The bigger load of patient in the perfect accredited PHC premises due to the current health insurance policy implemented in Indonesia might has a part for this issue. In the long run, the health care officers have to find some way to be more efficient in delivering services, and the actions taken could significantly reduce the empathy portion. Despite the perfect accredited title, the tangible and reliability dimension should

always be enhanced. This data was probably come about because the scant of accredited PHC sample in this study.

Table 2. Percentage of Clinical Health Center Satisfaction Level in Clinical Health Service by Dimension, Status and Level of Accreditation

PHC Status	Dimension of Clinical Health Service n (%)									
	Tangibles		Reliability		Responsiveness		Empathy		Assurance	
	Satisfied	Unsatisfied	Satisfied	Unsatisfied	Satisfied	Unsatisfied	Satisfied	Unsatisfied	Satisfied	Unsatisfied
Unaccredited	6(6,2)	91(93,8)	8(8,2)	89(91,8)	5(5,2)	92(94,8)	8(8,2)	89(91,8)	12(12,4)	85(87,6)
Basic	7(20)	28(80)	6(17,1)	29(82,9)	7(20)	28(80)	8(22,9)	27(77,1)	11(31,4)	24(68,6)
Medium	13(30,2)	30(69,8)	14(32,6)	29(67,4)	8(18,6)	35(81,4)	9(20,9)	34(79,1)	14(32,6)	29(67,4)
Prime	5(31,3)	11(68,8)	5(31,3)	11(68,8)	2(12,5)	14(87,5)	7(43,8)	9(56,3)	5(31,3)	11(68,8)
Perfect	3(33,3)	6(66,7)	3(33,3)	6(66,7)	2(22,2)	7(77,8)	2(22,2)	7(77,8)	4(44,4)	5(55,6)

Table 3 showed that from all of the accredited health care center 23% basic accredited PHC, 21% medium accredited PHC, 44% prime accredited PHC and 22% perfect accredited PHC were recognized to be satisfactory in tangible dimension while delivering clinical health service. The achievement of perfect accredited PHC was lower than that of other PHC which possess lower accreditation level. These findings were probably caused by the contrast between the appearance of the PHC building and the appearance of the community health. The perfect accredited PHC usually has better building than the lower accredited facilities, whereas the community health properties used usually remain in the basic state adapting the surrounding environment.

The data suggested that most of SERVQUAL dimensions was consistent with the level of PHC accreditation regarding community health service. In this category, only the dimension of tangible and reliability were slightly off from the assumed order. Whereas, in the clinical health service category, the tangible category was only the consistent one. Many conditions could lead to these results. However, the current health insurance policy in Indonesia might be the most prominent one.

Table 3. Percentage of Community Health Center Satisfaction Level in Community Health Service by Dimension, Status and Level of Accreditation

PHC Status	Dimension of Community Health Service n (%)									
	Tangibles		Reliability		Responsiveness		Empathy		Assurance	
	Satisfied	Unsatisfied	Satisfied	Unsatisfied	Satisfied	Unsatisfied	Satisfied	Unsatisfied	Satisfied	Unsatisfied
Unaccredited	23(23,7)	74(76,3)	74(76,3)	23(23,7)	34(35,1)	63(64,9)	37(38,1)	60(61,9)	29(29,9)	68(70,1)
Basic	8(22,9)	27(77,1)	25(71,4)	10(28,6)	8(22,9)	27(77,1)	12(34,3)	23(65,7)	11(31,4)	24(68,6)
Medium	9(20,9)	34(79,1)	34(79,1)	9(20,9)	14(32,6)	29(67,4)	17(39,5)	26(60,5)	18(41,9)	25(58,1)
Prime	7(43,8)	9(56,3)	13(81,3)	3(18,8)	7(43,8)	9(56,3)	6(37,5)	10(62,5)	7(43,8)	9(56,3)
Perfect	2(22,2)	7(77,8)	7(77,8)	2(22,2)	5(55,6)	4(44,4)	4(44,4)	5(55,6)	5(55,6)	4(44,4)

4. CONCLUSION

The community health service is arguably better than clinical health service based on the satisfaction level of PHC in Indonesia. This argument is made based on the preliminary data. Therefore, further research regarding the quality of the PHC using larger client sample amid the accreditation period in Indonesia needs to be done to ensure that this process is worthwhile.

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Appendix
Community Health Service Satisfaction Questionnaire

No	Item	Score
1.	The officers are capable of providing services in community health service (posbindu, posyandu, posyandu lansia)	1 / 2 / 3 / 4 / 5
2.	The officers are friendly in providing the service in community health service (posbindu, posyandu, posyandu lansia)	1 / 2 / 3 / 4 / 5
3.	The time of the service activity is suitable for the clients	1 / 2 / 3 / 4 / 5
4.	The officers are giving the same behavior in service toward all of the clients	1 / 2 / 3 / 4 / 5
5.	The officers are giving the service on time	1 / 2 / 3 / 4 / 5
6.	The officers are giving fast response in providing services	1 / 2 / 3 / 4 / 5
7.	The officers are providing clear information	1 / 2 / 3 / 4 / 5
8.	Community health service premises are clean	1 / 2 / 3 / 4 / 5
9.	Community health service activities are enjoyable	1 / 2 / 3 / 4 / 5
10.	Community health service are useful	1 / 2 / 3 / 4 / 5

Clinical Health Service Satisfaction Questionnaire

No	Item	Score
1.	Community Health Center's counter is ontime	1 / 2 / 3 / 4 / 5
2.	Waiting time is not too long	1 / 2 / 3 / 4 / 5
3.	Waiting time for archive is not too long	1 / 2 / 3 / 4 / 5
4.	Waiting time for laboratory registration is not too long	1 / 2 / 3 / 4 / 5
5.	Fast Registration Process	1 / 2 / 3 / 4 / 5
6.	Friendly and polity service	1 / 2 / 3 / 4 / 5
7.	The officers is clean and tidy	1 / 2 / 3 / 4 / 5
8.	Always asking about patient's complaints	1 / 2 / 3 / 4 / 5
9.	Always giving oportunity for patient to ask	1 / 2 / 3 / 4 / 5
10.	The officers are giving sufficient informartion about the disease and treatment, contraindications and side effects	1 / 2 / 3 / 4 / 5
11.	There are education regarding healthy lifestyle	1 / 2 / 3 / 4 / 5
12.	Caring for patients needs	1 / 2 / 3 / 4 / 5
13.	The officers are communicating well while the patients in the community health centers	1 / 2 / 3 / 4 / 5
14.	Engaging the patients in making clinical decision	1 / 2 / 3 / 4 / 5
15.	The officers keep the confidentiality of the patients health data	1 / 2 / 3 / 4 / 5
16.	Patients get the doctors, nurses and other health professionals according to his/her preferences	1 / 2 / 3 / 4 / 5
17.	Affordable service cost	1 / 2 / 3 / 4 / 5
18.	Clean, tidy and comfortable waiting room	1 / 2 / 3 / 4 / 5
19.	Clean, tidy and comfortable service room	1 / 2 / 3 / 4 / 5
20.	Clean, tidy and comfortable ward room	1 / 2 / 3 / 4 / 5