

# Patient Satisfaction on Health Service Center In Urban and Rural Area

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## ABSTRACT

**Background:** Patient satisfaction with health services describe the level where the needs of patients in line with expectations and provide a standard of service that is acceptable. The main factor of satisfaction is the quality of health care provided by hospital care, processes of care, and outcomes of care. **Objective:** The aim of this research is to know the patient's level of satisfaction in health service center in urban and rural area Kutai Kartanegara Regency East Kalimantan. **Methods:** This pilot pathfinder survey was conducted on 23-25 February 2017 in Kutai Kartanegara Regency, 95 respondents in urban area and 97 respondents in rural area. All respondents were given Health Care Satisfaction questionnaire which was measured using 5 dimensions (assurance, empathy, responsiveness, physical appearance, medical services). It contains 22 questions with 5 alternative answers. The entire primary data collected was processed using SPSS 22.0 software. **Results:** This survey shows the level of satisfaction of health service is higher in men than in women. This result showed that person's education level affects satisfaction. The result also presented that daily income affects the satisfaction of respondents. Based on survey health service, satisfaction level are most numerous in urban area for each dimension. In urban area, respondents were satisfied at most the dimension of empathy and medical services (95.8%), when in rural area, respondents were satisfied at most on the dimension of responsiveness (89.9%). **Conclusion:** There is a difference in the satisfaction level between urban and rural areas which showed in 5 dimensions. This result would be a reference to improve the quality of service in Kutai Kartanegara regency.

**Keywords:** Patient Satisfaction, Health Service, Urban, Rural

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## INTRODUCTION

In the projection data of Central Bureau of Statistic of Kutai Kartanegara Regency, the population growth was amounted to 2.48% on 2015, most of the residents lived in the Capital of Kutai Kartanegara, namely Tenggarong (15.92%). Furthermore, other residents were living in the Tenggarong Seberang District (9.96%), Samboja District (8.84%) and in the Loa Janan (8.76%). The rest were scattered in fourteen districts. Distribution pattern in a few years was not much changed. While the district with the lowest presentation of population 1.25% was Muara Wis. The total number of Kutai Kartanegara population in 2015 was 717,789 which consists of 370,070 men and 340,719 women (Kutai Kartanegara Dalam Angka, 2006).

Most of the world economy has become one of the services oriented to quality of service, the service provided is a central issue for any kind of business. This is the reason why most organizations seeking to satisfy user (client, customer, consumer or patient) of products or services. There is a lot of literature, utilizing a variety of study designs, in

various fields of sociology psychology, marketing and health care management on the concept of satisfaction (Sowole, 2007). Research in the field of health management is more concerned with quality assurance or aspects of continuous quality improvement of service standards to promote the quality of service. Depending on the required information, quality assessment or assurance program carried out through a number of methods of data collection, including the review of cases of patients, clinical examination of the patient, the evaluation setting where care is given, and measures of patient satisfaction. Most organizations can not rely solely on the cost be reduced, but need to consider patient satisfaction and quality levels. Increase patient satisfaction becomes an important indicator of the quality of dental care (Sowole, 2007).

Satisfaction aspects depend largely on expectations. Patient satisfaction with health services describe the level where the needs of patients "In line with expectations and provide a standard of service that is acceptable". Several factors have been shown to affect patient satisfaction with the services of his/her teeth namely "technical skills, interpersonal factors, patient comfort, cost, and facilities" (Balkaran et al, 2014; Naskar P et al, 2016). The main factor of satisfaction is the quality of health care provided hospital car, processes of care and outcomes of care. There are five dimensions of service quality to be considered, as developed as follows: physical evidence, reliability, responsiveness, assurance and empathy certainty (Wibawa & Pinzon, 2016). The success of oral health care can be judged by the level of patient satisfaction. Instruments such as structured questionnaires that measure the patient's response to treatment the teeth can help in assessing patient satisfaction with respect to dental care obtained (Habib et al., 2014).

Research conducted by Osman et al (2015) in Albaha, Saudi Arabia showed that 68,75% of the individuals interviewed expressed satisfaction with the excellent on health services provided, 37,5% of the respondents expressed a negative attitude towards the doctor's ability to provide the necessary care, acceptance and behavior and listen well the words from their doctor who acts as a health care provider. The other study was conducted by Jannah in 2003 on the analysis of the quality of service to realize the satisfaction of patients at the Hospital Pekalongan Siti Khodijah, the results showed that as many as 48% of patients felt less satisfied with the doctor's attention, lack of the ability to communicate to the patient by the medical staff (Jannah, 2003).

In 2015 in Kutai Kartanegara Regency, the number of medical personnel registered was 221 personnels with the details of 135 general practitioners, 44 specialists, and 42 dentists. Employment status of medical personnel in primary health consists of 71 general practitioners, 34 dentists and specialist doctor yet, staffing of medical personnel in hospitals Kutai Kartanegara consists of 44 general practitioners, 44 specialists many, and 8 dentists ( Dinas Kesehatan Provinsi Kalimantan Timur, 2013, Kutai Kartanegara dalam angka, 2006). Based on data from District Health Bureau, known ratio of medical staff per 100,000 population is 7.3 dentists per 100,000 (Pramanik, 2016). When compared to the standards established by the World Health Association namely the dentist was 50 per 100,000 population, thus when the number of the population is not balanced by the number of health workers, it will affect the quality of health services and the impact on people's satisfaction and will continue to the decision of choosing a better service elsewhere (World Health Organization, Alotaibi, 2016). Therefore, the lack of medical personnel at the Kutai Kartanegara Regency can affect the quality of service and the impact on people's satisfaction, in additional the lack of health care centers that are not comparable to the area makes public difficult in obtaining health services. To determine the quality of a health service, a survey on patient satisfaction rate on oral health care needs to be done. Researcher wants to know the description of levels of patient satisfaction in dental and oral health services at the Kutai Kartanegara Regency.

## METHOD

This pilot pathfinder survey was conducted on 23-25 February 2017, and had the requisite of 100 sample in urban and rural area. Total sample in this survey was 192, 95 respondents in urban area and 97 respondents in rural area. All respondents were given Health Care Satisfaction questionnaire which was measured using a questionnaire by Dr. Dena A. Ali which consists of 5 dimensions (assurance, empathy, responsiveness, physical appearance, medical services), it contains 22 questions with 5 alternative answers (Ali, 2016). Code 5 (very satisfied), Code 4 (satisfied), Code 3 (fairly satisfied), Code 2 (dissatisfied), Code 1 (very dissatisfied). Rating of 5 dimensions Health Care Satisfaction of 22 questions : maximal score 110 and minimal score 22. Score that less than 66 was categorized as dissatisfied, while score that more than 66 was categorized as satisfied. The entire primary data collected was processed using SPSS 22.0 software.

## RESULT AND DISCUSSION

**Table 1 Demographic characteristics of respondents (gender, age, education, and income per month).**

Variable	Urban		Rural		Total	
	n	%	n	%	n	%
<b>Gender</b>						
Male	21	22.1	28	28.7	49	25.4
Female	74	77.9	70	74.6	144	74.6
<b>Age (year)</b>						
18-44	32	52.3	29	47.5	61	31.6
≥ 45	63	47.7	69	52.3	132	68.4
<b>Education</b>						
None	1	1.1	5	5.1	6	3.1
Primary School	9	9.5	21	21.4	30	15.5
Junior High School	7	7.4	20	20.4	27	14.0
Senior High School	55	57.9	45	45.9	100	51.8
Bachelor's	27	23.2	7	7.1	29	15.0
<b>Income per month (rupiah)</b>						
0-100.000	31	32.6%	62	63.3%	93	48.2%
200.000-500.00	3	3.2%	3	3.1%	6	3.1%
600.000-1.000.000	6	6.3%	5	5.1%	11	5.7%
>1.100.000	55	57.9%	28	28.6%	83	43.0%

**Table 2 Percentage of Health Service Satisfaction based on urban and rural areas.**

Areas	Assurance	Empathy	Responsiveness	Tangible	Reability
Urban	94.7	95.8	93.7	95.8	95.8
Rural	84.7	83.7	89.8	88.8	88.8

Based on the Table 2, distribution of health service satisfaction level are most numerous in urban area for each dimension. In urban area, respondents were satisfied at most the dimension of empathy and medical services (95.8%), and least in the dimension of responsiveness (93.7%). Whereas in rural area, respondents were satisfied at most on the dimension of responsiveness (89.9%) and least in the dimension of empathy (83.7%).

**Table 3 Percentage of Health Service Satisfaction by Gender**

Gender	Assurance	Empathy	Responsiveness	Tangible	Reability
Male	89.8	93.9	95.9	98	93.9
Female	89.6	88.2	90.3	90.3	91.7

Table 3 shows the level of satisfaction of health service is higher in men than in women. Male respondents were satisfied at most on the dimensions of the physical appearance (98%) and least in the dimensions of assurance (89.8%). While the female respondents were satisfied at most on the dimensions of the medical services (91.7%) and least in the dimensions of empathy (88.2%).

**Table 4 Percentage of Health Service Satisfaction by Age**

Age	Assurance	Empathy	Responsiveness	Tangible	Reability
18-44	31.8	32.4	32.2	31.5	32.6
>45	68.2	67.6	67.8	68.5	67.4

Table 4 illustrates the distribution of health care satisfaction levels which are most numerous at the age of 45 years and above. Respondents aged 18-44 years old were most satisfied on the dimension of medical services (32.6%), and least in the dimension of physical appearance (31.5%). For ages 45 years and older, respondents were satisfied on the dimension of physical appearance (68.5%) and least satisfied in the dimension of medical services (67.4%).

**Table 5 Percentage of Health Care Satisfaction based on the respondent's last education level.**

last education level	Assurance	Empathy	Responsiveness	Tangible	Reability
No School	100	100	100	100	100
Elementary	90	93.3	93.3	93.9	100
Junior high	85.2	77.8	85.2	85.2	88.9
Senior high	89	90	90	91	88
Bachelor	93.1	93.1	100	100	100

Table 5 describes the level of health care satisfaction which is same for all dimension (100%) of the respondents with no education level. Respondents with elementary education level were satisfied most on the dimension of the physical appearance (93.9%) and least on the dimension of assurance (90%). Respondents with junior high school education level were satisfied most on the dimension of medical services (88.9%) and least on dimension of empathy (77.8%). Respondents with senior high school education level were satisfied most on the dimension of physical appearance (91%) and least on the dimension of medical services (88%). Respondents with bachelor's degree education level were satisfied most on the dimension of responsiveness, physical appearance and medical services (100%) and least on the dimension of assurance and empathy (93.1%).

**Table 6 Health care satisfaction based on respondents's income per month**

Income (Rp)	Assurance	Empathy	Responsiveness	Tangible	Reability
0-100.000	86	84.9	87.1	89.2	90.3
200.000-500.000	83.3	100	100	100	83.3
600.000-1.000.000	100	90.9	90.9	100	90.9
>1.100.000	92.8	94	96.4	94	95.2

Table 6 describes the level of health care satisfaction of respondents. Respondents with income per month 0-100,000 were satisfied most on the dimension of medical services (90.3%). Respondents with income per month 200,000-500,000 were satisfied most on the dimension of empathy, responsiveness, and physical appearance (100%). Respondents with income per month 600.000-1.000.000 were satisfied most on the dimension of assurance and physical appearance (100%). While respondents with income per month more than 1,100,000 were satisfied most on the dimension of responsiveness (96.4%).

In the urban and rural areas, respondents in urban area were more satisfied on the services than respondents in rural area. Several literature has described that the location including the distance is a very important factor, especially over longer distance such as the rural area may hamper the respondents to health services and ultimately reduce their level of satisfaction (Ezat et al, 2010). Pramanik explained that the report published by the Ministry of Health and Family Welfare Government of India in 1996 declared a state of health care ratio of urban and rural India (Pramanik, 2016). It is found that there is a big gap between the health status of urban and rural health status. Although the number of population in rural areas is higher than in urban areas, the quality of health is worse in rural areas compared to urban areas. Patil et al in 2002, adding that rural health care lagged due to subjective factors, such as 'lack of health literature and health awareness, lack of care maternal and child health services, occupational hazards and so forth (Patil et al, 2002).

The survey results show that women have a sense of satisfaction to health care better than men. This survey inconsistent with Johari et al, Sharifa Ezat et al, Nora et al. Their studies show that men should have a higher level of satisfaction than women. This can happen because women look more selective and sensitive to the informal body language or communication they deem negative and thus creating discontent (Johari et al, 2006; Nora'i et al 2007; Sharifa et al, 2007).

Age category in this survey shows that the age group of 45 years and older have a higher sense of satisfaction in every dimension. These results together with the results of Nora et al, which showed that older age have higher satisfaction level, because an older age have higher expectations level, while the younger age groups may feel that the younger ones to express their dissatisfaction and more critical than the old age so it has a higher dissatisfaction rate than old age (Nora'i et al 2007).

The survey showed that a person's education level affects satisfaction. In this case the higher one's education, the chances of him to gain information and knowledge will be even greater, resulting in satisfaction with a quality of service knowledge will influence the attitudes and behavior of a special someone where respondents are less educated are not critical even apathetic to health care that he receive (Jalimun, 2014; Wang, et al, 2015). Results of other studies found that low education level was associated with higher levels of satisfaction compared to the level of higher education have a higher dissatisfaction. This is in line with Johari et al, Nora et al, SharifaEzat et al. In this study, there's significant association between education level of respondents with all dimensions. Respondents with higher levels of education have more knowledge, and it is easier to express their dissatisfaction (Ezat et al, 2010, Johari, 2006, Nora'i et al, 2007).

This survey shows that income affects the satisfaction of respondents, where respondents with lower income have a high sense of satisfaction. This is in line with SharifaEzat et al in 2010 the income of patients have a role in influencing patient satisfaction, which means that the higher the income, the level of satisfaction and dissatisfaction are also higher (Nora'i et al, 2007).



In a competitive global world, the hospital can successfully apply the appropriate repair service process. This leads to the question related to what and how the quality of service and patient's satisfaction should be improved. Therefore it is very important to know how to improve the quality of services for all dimensions in line with expectations and perceptions of patients. The behavior of physicians have an important role in patient's satisfaction and then followed by the availability of medicines, hospital infrastructure, staff behavior, and medical information. The main reason why patients return to a health facility is the satisfaction of physicians, hospitals, interaction with patients, nurses, and hospital facilities. Thereby identifying the factors that can increase patient satisfaction that is useful to improve the quality of service is very important to do, especially in health facilities (Chang WJ & Chang YS., 2013; Devi & Muthuswamy, 2016; Makarem, et al, 2016).

Overall questions is more to be answered as 'satisfied' by the respondents in oral health care. Responsiveness dimension is the dimension that has a low level of satisfaction in urban areas, so this needs to be a concern. In providing health services, health services need to be considered quick and responsive. The main cause of dissatisfaction is due to long waits before treatment. Empathy dimension is the dimension of the lowest levels of satisfaction in rural areas, it also needs to be a concern, where the ability of doctors to provide care to patients, care and friendliness on patients need to be improved. It is revealed that the physician has the most important role in the improvement of service satisfaction (Ibrahima, 2016; Naskar et al, 2016, Singh et al, 2016).

## CONCLUSION

From the survey results regarding our patient satisfaction to oral health service in Kutai Kartanegara Regency, based urban and rural, it was found that in the Urban area, patient's satisfaction rate was highest in the dimensions of empathy, physical appearance, medical services, assurance and least on the dimensions of responsiveness. Whereas in rural area, the highest level of patient satisfaction is on the dimensions of responsiveness, and physical appearance, medical service, assurance and the last dimension of empathy.

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