



Effects of Quality of Administrative Services and Quality of Health Services on Patient Satisfaction in Tanjung Redeb Health Center, Berau Regency

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Abstract

This research was driven by patient satisfaction survey data at the Tanjung Redeb Public Health Center (Pukesmas), Berau Regency which provided input and advice on service quality, where administrative services and services were provided by health workers (medical and paramedical). The existence of dissatisfaction on the part of the patient, triggers the authors to investigate the quality of administrative services and the quality of health care services on patient satisfaction simultaneously. The objectivity of the sample was outpatients at the Tanjung Redeb Puskesmas (Berau Regency). The correlational quantitative approach and accidental sampling technique invited 100 respondents to be interviewed. Collecting data using a questionnaire with a Likert scale. Through multiple linear regression analysis, it shows that there is a positive and significant effect between the quality of administrative services and the quality of health care services on the level of patient satisfaction. The research output also stimulates the improvement of professional service quality. Future research directions need to consider other aspects beyond the factors that influence patient satisfaction other than the level of service.

Keywords: service quality, community health center, multiple linear regression, Berau.

1. Introduction

1.1 Background

Service quality is always focused on the interests of customers (Ratnasari et al., 2022). Thus, products are designed, manufactured, and services are provided to meet customer desires (Ramadania et al., 2022). According to Angelova & Zekiri (2011) and Naini et al. (2022), quality refers to everything that determines customer satisfaction, a product produced can only be said to be of quality if it is under customer desires, can be used properly, and produced in an optimal way.

Government Regulation Number 25 of 2000 which refers to Law Number 22 of 1999 (article 19, paragraph 2) relating to provisions to ensure that all matters relating to revenues and expenditures managed by the Governor or Regent/Mayor and their apparatus, are classified in the framework of implementation of decentralization or implementation of reconcentration and co-administration tasks. For example, levies from Community Health Centers (Pukesmas) are revenues in the context of implementing decentralization and are administered into the Regional Revenue and Expenditure Budget (APBD). Thus, the district/city government is fully responsible for the implementation of development and the degree of public health in its territory.

Gradually, the function of the pukesmas has changed with decentralization (Hidayat et al., 2018; Kristiansen & Santoso, 2006; Rintani & Wibowo, 2019). At the same time, the Puskesmas is transforming into an independent health service unit from what was originally only a functional implementing unit in the health sector, now it is prioritized independently to collect income on a regular basis. But, the level of patient satisfaction is highly dependent on



the quality of Puskesmas services (Issalillah et al., 2022; Mirshanti et al., 2017; Pramudya et al., 2021; Resty & Devis, 2019). Publication by Fatimah et al. (2022), Nurjaman (2019), Satrianegara et al. (2020), Sirait & Simatupang (2022), and Vatica et al. (2021) discusses measuring the level of patient satisfaction is closely related to the quality of service, both the quality of administrative services and the quality of services by health workers at the Puskesmas.

1.2 Problem Statement and Aims

Recently, factual data based on observations at the Tanjung Redeb Health Center through the "Public Health Survey", we found that there were several complaints and suggestions for improvement from the visiting community. About health services at the registration section, they complained about the lack of officers on duty, so that patient queues often overflowed. Then, the counter staff was not friendly, as seen from the communication etiquette and facial expressions to the Puskesmas patients. Long service duration, where service administration is still done manually. It should be noted that until now the officers have not received adequate training on customer service. Besides, a small parking space to a narrow waiting room.

Referring to the survey, patient satisfaction is an essential thing that must be improved by administrative services and public services such as medical and paramedics at the Puskesmas. Here, Manzoor et al. (2019) and Prakash (2010) define patient satisfaction as a feeling that arises as a result of the performance of health services obtained after they compare with what is expected. Patient satisfaction as a user is one of the elements in assessing the quality of health services (Pini et al., 2014). The quality of health services refers to the level of perfection of health services to stimulate self-satisfaction (Mohammad Mosadeghrad, 2013). The more perfect the level of patient satisfaction, the better the quality of health services (Almomani et al., 2020). Through this research, the authors are motivated to make a vital contribution in identifying the role of the quality of administrative services and health care services on patient satisfaction. The chaos in providing administrative services and health personnel has become a focus and a problem at the Tanjung Redeb Health Center in Berau Regency.

2. Literature Review

2.1 Customer Satisfaction vs. Patient Satisfaction

Syafarudin (2021) explains that customer satisfaction is a feeling of disappointment or pleasure from an individual that arises after comparing a product or service that is thought of against the expected performance. Implicitly, patient satisfaction is the level of individual feeling after comparing the perceived performance compared to expectations (Williams et al., 1998). Thus, the level of satisfaction is a function and comparison between performance and expectations (Ilgen & Hamstra, 1972). If the impression of a performance is below expectations, then they will be disappointed and conversely, if the impression of the performance is in line with or according to predictions, then consumers will be happy.

Patient satisfaction arises from the level of feeling due to the effect of health service performance obtained after they compare with what is expected. Karsana & Murhadi (2021) and Lusiani et al. (2020) states that patient satisfaction is a feeling when obtaining health service performance.

Patient satisfaction standards in the field of health services are set nationally by the Ministry of Health (Yulviana et al., 2019). According to the Regulation of the Minister of Health of the Republic of Indonesia Year 2016, the "Minimum Service Standard for patient satisfaction is above 95%" (Mutiasari et al., 2021).



2.2 Towards Patient Satisfaction

The dimensions of patient satisfaction include: satisfaction with access to health services, satisfaction with the quality of health services, satisfaction with the health service process, and satisfaction with the health care system (Arista & Idris, 2019; Chimbindi et al., 2014; Cleary & McNeil, 1988). The level of patient satisfaction is reflected by instruments such as questionnaires as a measuring tool. These four dimensions are targeted to analyze service quality based on patient perceptions.

In general, service quality emphasizes resources, for example of administrative services in public spaces such as Puskesmas. This is influenced by several things, including factors of experience, skills, knowledge, and abilities (Pananrangi et al., 2020; Yunita, 2013).

With the revitalization of the development of government human resources, especially in the health sector, it is expected to improve the quality of the apparatus, both institutionally and personally. In the end, it will lead to improving the quality of health care services to the public. Rhee & Rha (2009) describe the attributes that must be attached to the quality of public services, i.e. aspects of the timeliness of services which include waiting times and processes, service accuracy that is free from errors or human errors, friendliness and courtesy, ease of getting services, comfortable comfort related to the availability of information, parking space, service space, and location. Then, service support attributes, such as facilities and cleanliness. Furthermore, the support department in the service of health workers is also required to pay attention to 10 pillars: timeliness, accuracy, courtesy and friendliness, responsibility, completeness, convenience, variety of models, personal service, comfort, and supporting attributes (Ali et al., 2021; Barrows et al., 2011; Clemes et al., 2011).

Through comprehensive service quality elements, it is necessary to analyze patient satisfaction which is divided into four main components including: access satisfaction, quality, processes, and systems in health services (Yashin et al., 2016; Xesfingi & Vozikis, 2016). It is reasonable and logical to offer three hypotheses as follows:

H1. Quality of administration service partially affects patient satisfaction.

H2. Quality of health services partially affect patient satisfaction.

H3. Quality of administration service and quality of health services affect patient satisfaction simultaneously.

2.3 Research Framework

The foundation of the model is built based on various syntheses of the literature. Therefore, we propose three variables in this study, where the quality of administrative services and the quality of health care services act as independent variables. Then, which is positioned as the dependent variable is patient satisfaction. For this reason, the premise of the research framework is shown in Figure 1.

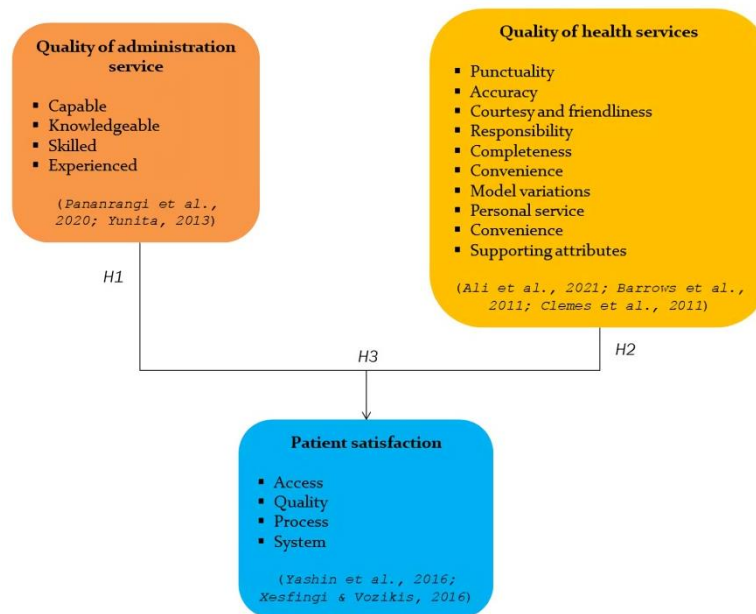


Figure 1. Hypothesis chart

Source: Authors

From the above construct, the combination of two variables: the quality of administrative services and the quality of health care services becomes a combination in realizing sustainable patient satisfaction. There are 4 indicators on the quality of administrative services and patient satisfaction, while the service quality of health workers is supported by 10 indicators. Overall, the indicators of the three variables are 18.

3. Research Method

3.1 Approach and Sample

The type of study is quantitative, which is interpreted into a correlational method (Fitriadi et al., 2022). In the first step, the empirical representation is poured through numbers, so that the display is described descriptively. With this method, it also explains the causal relationship between variables, tests hypotheses, and concludes statistical data (Maria et al., 2022). The correlational analysis phase tries to explore why and how a phenomenon occurs, and its dynamics is tested using several component variables. The determination of the independent variable on the dependent variable will show its contribution.

The focus of the research population is residents who live in 3 Kelurahan (Tanjung Redeb, Gunung Panjang, and Bedungan), where this is the working area of the Tanjung Redeb Health Center totaling 37,529 people. The accidental sampling implemented included 100 patients. In its operation, the technique of assessing patient satisfaction is based on the response that is actualized into a Likert scale (4 points). Determination of "Slovin formula" to get a representative sample of the object (Slovin, 1960). These instruments are widely used in public health science and literature on HR governance (e.g. Khorida et al., 2019; Lutfiansyah, 2021).

3.2 Model

The degree of relationship between variables was developed by multiple linear regression. This analysis serves as a tool to test a partial or simultaneous hypothesis. In essence, linear regression is part of correlational studies relevant to public health (e.g. Abdelbasset et al., 2019; Ellis-Jacobs, 2011; Naimi et al., 2017). After the survey data is obtained, it is tabulated into the



SPSS software. Data interpretation is not only concerned with multiple regression calculations, but also descriptive statistics related to the characteristics of the informants.

4. Findings and Discussions

4.1 Respondent Profile

In terms of patient gender, the proportion of women who visited the Tanjung Redeb Health Center tended to be dominant compared to men. The percentage is 64% versus 36%. Table 1 indicates that female patients are more susceptible to disease than male patients.

Table 1. Patient profile by gender

Gender	Frequency	Percentage
Male	36	36
Female	64	64
Total	100	100

Table 2. Patient profile by age

Ages	Frequency	Percentage
13–26	32	32
27–40	46	46
41–54	13	13
55–68	9	9
Total	100	100

Of the 100 patients who visited the Tanjung Redeb Health Center, overall dominated by those aged 27–40 years (46%), then 32% of patients aged 13–26 years, 13% of whom were aged 41–54 years, and the rest 9% were from 55 to 68 years of age (see Table 2).

Table 3. Patient profile by profession

Profession	Frequency	Percentage
Not yet working	6	6
Honorary teacher	2	2
Helper	2	2
Honorary employee	2	2
Housewife	25	25



Private sector employee	7	7
College student	2	2
Trader	2	2
Student	9	9
Retired	4	4
Nurse	2	2
Farmer	2	2
Civil servant	7	7
Entrepreneurs	26	26
Total	100	100

Table 3 informs that the occupational characteristics of the patients are generally those who work as entrepreneurs (26%) and housewives (25%). As many as 9% of students who are still active in school, government employees/civil servants (7%), and some are not yet working (6%). The rest, 14% are farmers, nurses, traders, college students, temporary government employees, helpers, and honorary teachers.

Table 4. Patient profile by certificate

Last certificate	Frequency	Percentage
D3	2	2
S1	20	20
SD	5	5
SMA	55	55
SMK	10	10
SMP	8	8
Total	100	100

The educational background of the most dominant patients who visited the Tanjung Redeb Health Center were those with a high school diploma (SMA) by 55%. On the one hand, 20% of those who have the competence of a bachelor's degree (S1), then 10% of vocational high school (SMK), 8% of patients with a junior high school certificate (SMP), about 5% of elementary school (SD) and those who have achieved a diploma (D3) is 2% (see Table 4).



Table 5. Patient profile based on treatment experience

Experiencene	Frequency	Percentage
1 time	22	22
2 times	9	9
3 times	6	6
> 3 times	63	63
Total	100	100

Table 5 implies the experience of patients seeking treatment at the Tanjung Redeb Health Center. A total of 63% responded that they had visited 3 times, while 22% had visited 1 time. The visit rate of 2-3 times reaches 15%. Generally, the duration of outpatient treatment at the Tanjung Redeb Health Center takes less than 3 days (see Table 6).

Table 6. Patient profile based on length of treatment (days)

Long time outpatient	Frequency	Percentage
< 3 days	100	100
4 days	0	0
5 days	0	0
> 5 days	0	0
Total	100	100

Table 7. Patient profile based on length of treatment (hours)

Long time outpatient	Frequency	Percentage
< 1 hour	70	70
2 hours	26	26
3 hours	1	1
> 4 hours	3	3
Total	100	100

In detail, based on hours, the average length of treatment for patients spent less than 1 hour (70%). Respondents who complained that the length of treatment was about 2 hours around 26% and 4% of respondents stated that the treatment could take 3 to more than 4 hours.



4.2 Regression Results

Regression analysis tool is applied to measure the relationship between the independent variable and the dependent variable, thus indicating the direction of the relationship is positive or negative. This analysis forms an equation described in Table 8.

Table 8. Variable regression coefficient

Variables	β	t-statistics	S.E
Constant	7.575	1.367	5.542
Quality of administration service	0.603	5.781	0.104
Quality of health services	0.141	2.028	0.069
F-statistics = 35.132			

R Square = 0.420

Based on the statistical predictions above about the factors that affect patient satisfaction at the Tanjung Redeb Health Center, it is concluded that the two independent variables have a positive impact, where when the quality of administrative services increases by 1%, then patient satisfaction increases by 60.3%. Then, the increasing service of health workers, also increases patient satisfaction reaching 14.1%. In this model, the variables of administrative services, health service personnel, and health workers, form a coefficient of determination of 42%. The strength of the model is categorized as "moderate", where there are still 58% of factors that are not accurate in the analysis.

Table 9. Hypothesis test

Variables	T-statistics	Prob.	Hypothesis accepted?
Quality of administration service	5.781	0.000	Yes
Quality of health services	2.028	0.045	Yes
F prob. = 0.000			Yes

R = 0.648

Table 9 tests the hypothesis between quality of administration service and quality of health services with patient satisfaction at Tanjung Redeb Health Center. As a result, the two independent variables simultaneously affect the increase in patient satisfaction, where $p = 0.000 < 0.05$. Partially, the quality of administration service has a significant effect on patient satisfaction ($p = 0.000 < 0.05$) and the quality of health services also has a significant effect on patient satisfaction ($p = 0.045 < 0.05$). There is a correlational relationship between the quality of administration service and quality of health services with patient satisfaction, as indicated by the correlation value (R) reaching 64.8%.



4.3 Justification

As a comparison with current conditions, various studies have been conducted on the impact of quality of administration service and quality of health services on patient satisfaction to increase patient satisfaction. For example, at the Baptist Hospital in Batu Regency. Although the quality of functional services has a positive effect on patient happiness, it is not significant (Pradani et al., 2018). Interestingly, a case study at the KRT Hospital in Setjonegoro Wonosobo, Indarwati & Phuoc (2018) identified the number of outpatient visits has decreased since 2016, which is influenced by the quality of administrative services for patients who have a National Health Insurance (JKN) card. If we examine the aspect of the quality of health care services at the Royal Prima Hospital (Medan) which was "low" during February 2018–August 2018, it actually led to a decrease and rejection of patient visits (Simanjorang et al., 2019). Uniquely, Janicijevic et al. (2013) detected that 50 health institutions in Serbia showed a relatively low correlation in the relationship of patient satisfaction with health care services. In Johor, at the Maharani Muar Healthcare Facility Health Clinic, on average, patients who visit the clinic are mostly "satisfied" with the interactions between nurses and doctors (Marzo et al., 2021). In addition, the quality of health services and administrative systems provided by the manager of the Menoufia University Hospital in Egypt to patients is evident in the "moderate perception" (El Nahas et al., 2018). On another occasion, Munawaroh et al. (2021) explore key strategies in health care organizations using a meta-analysis throughout 2010–2021. As a result, 9 articles prove that patients accessing health services are influenced by an adequate level of service quality.

The implications of this study show that patient satisfaction is still low with pharmaceutical services, patient waiting rooms, parking spaces, other supporting facilities that are not yet available, and small physical buildings, so that some informants respond negatively to that section.

5. Conclusions

The focus of this research is to expose the extent to which the role of the quality of administrative services and the quality of health care services on patient satisfaction at the Tanjung Redeb Health Center. The distribution of the questionnaire was carried out in 2022 using a Likert scale and analyzed by multiple regression. As a result, there is a simultaneous long-term effect of the quality of administrative services and the quality of health care services on the satisfaction of patients seeking treatment at the Tanjung Redeb Health Center. In the short term effect, the quality of administrative services and the quality of service personnel partially influence health on patient satisfaction.

Weaknesses in this study are shown by the causality model of the independent variables, which only gives a determination of 42% of patient satisfaction. So, suggestions for future research directions are to consider dimensions beyond the quality of administrative services and the quality of health care services.

In the managerial element, it is also recommended to the managers of the Puskesmas in Tanjung Redeb to further improve the quality of administrative services or the quality of services for health workers sustainably. It is indeed not easy, but through training and tiered technical help, it is hoped that there will be a more competent synchronization of the handling of patients, especially those who must be treated accurately.

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