Research Article

The Relationship Between The Health Centre Service Quality And Facilities With Inpatients Loyalty

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ABSTRACT

Background : The quality of services and facilities at the health centre which are still very limited have resulted in complaints that are often heard from health service users in the form of low loyalty to the health services provided which can lead to a decrease in the number of visits over time. The purpose of this study was to determine the relationship between quality of service and facilities at the health centre with inpatient loyalty

Methods: The type of research used is quantitative research with a Cross Sectional Study design. The population in this study were all patients who had been hospitalized at the health centre, with a total sample of 95 patients selected using a simple random sampling technique.

Results: The results of the bivariate analysis showed that the patient's perceived low loyalty was 17(29.82 %)in patients with poor reliability assessment, 27 (47.37 %) in patients with poor responsiveness, 9 (33.33 %) in patients with poor attention and23 (40.35 %) in patients who felt that the health centre facilities were lacking. The results of statistical tests using the Chi-Square test obtained a significance value that was lower than the alpha value so that it could be concluded that the variables of reliability, responsiveness, attention, health center facilities had an effect on inpatient loyalty with the value of each p- value: 0.000; 0.020; 0.031; 0.049.

Conclusion: This study proves that the reliability, responsiveness, attention and facilities of the health centre are related to inpatient loyalty. There needs to be a policy by the service provider, in this case, the manager of the Health centre staff in improving the quality of health centre services.

Keyword : loyalty, reliability, responsiveness, attention, facilities, health center

INTRODUCTION

One of the priority health facilities formed by the government to improve public health status is the Health centre. The Health centre as an integrated service unit for the health service carries out part of the operational technical tasks for the district/city health service and is the first-level implementing unit and the spearhead of health development in Indonesia. The Health centre has a mission to support the achievement of the National health mission as well as the Health centre area, namely to increase awareness, willingness and ability to live healthy for everyone who lives in the working area of the Health centre so that the highest degree of health is realized [1,2].

The competition that arises with the rise of new Health centre and the growing development of government Health centre actually has a positive impact on hospital users, namely making them have many choices [3]. However, on the other hand , this condition creates intense competition between hospitals, which forces them to compete with each other to be the best. This was done in order to gain customer loyalty, a target that every company always wants to achieve, including hospitals [4]. Loyalty is used to describe a customer's willingness to continue to subscribe to a company in the long term, by buying and using its goods and services repeatedly, preferably exclusively, and voluntarily recommending the company's products to friends. rated customer loyalty as a more reliable measure of predicting sales and financial growth, compared to customer satisfaction. Different from satisfaction which is an attitude, loyalty can be defined based on buying behavior. Loyal customers are those who make regular repeat purchases, buy between product and service lines, refer others and show immunity to the pull of competitors [5,6].

The Tongkuno Health Center is one of the 27 health centers in Muna district which is included in the treatment health center category. From the results of direct interviews with 4 inpatients at the Tongkuno Health Center (Wednesday, March 29 2017), it is known that there are still complaints about health services that are considered unsatisfactory. This can be seen from reports of the last three months regarding inpatient visits, namely in January the number of visits was 137 people, then in February it decreased to 105 visits and in March it dropped dramatically to only reaching 78 visits (Tongkuno Health Center, 2017). This was because 27 patients who had received treatment no longer wanted to seek treatment at the Tongkuno Health Center.

The decrease in Health centre visits is closely related to the low quality of Health centre services and the decline in the community's economy due to the economic crisis, especially those who are regular customers of the Health centre. The low quality of health services is caused not only by the limited availability of facilities/infrastructure and professional staff, but also by the workload of the Health centre. However, with the Decree of the Minister of Health number 128 concerning Basic Health Center Policies, the workload has been reduced. Then from that, the Health centre faces hidden competition because many health workers (including paramedics) also sell health services privately, so that in facing this kind of internal competition, Health centre inevitably have to improve the quality of their services including the image of *Health centre*services . Therefore, efforts are needed to understand the quality of service expected by patients, because for

patients good quality is what can give satisfaction, while for service providers it is appropriate.

Aspects of service quality include several factors, including: Reliability, Responsiveness, Empathy, and Health Center Facilities. An aspect that is no less important is the influence of the level of patient complaints on the services provided by the Health centre or the response of the Health centre to patient complaints [7]. Complaints are a reflection of patient dissatisfaction with the services provided by the Health centre and in the long term, if left unchecked, this can result in a decrease in service sales or a decrease in Health centre profits [4].

The Tongkuno Health Center in its operations can be classified as a service Health Center, the ability to provide satisfaction to its patients (patients) is determined by the perception of service quality which consists of five dimensions in meeting the expectations of its patients. These dimensions include the first, reliability includes the ability to provide promised services promptly, accurately and satisfactorily. Second, responsiveness, namely the desire to help patients and provide responsive services. Third, empathy includes ease in making relationships, good communication, personal attention and understanding the needs of patients. Fourth, Facilities include physical facilities, equipment, officers, and means of communication.Thus the purpose of this study was to determine the relationship between service quality and health centre facilities with inpatient loyalty in the working area of the Tongkunohealth centre, Muna district.

METHOD

The type of research used is quantitative research with a Cross Sectional Study design. The population in this study were all patients who had been hospitalized at the Tongkuno Health Center, with a total sample of 95 patients selected using a simple random sampling technique.namely a simple random drawing technique using a random table.

Loyalty Variable Hospitalized patient which is the dependent variable is the response to buying behavior that can be revealed continuously by decision makers by paying attention to one or more alternative brands from a number of similar brands and is a function of psychological processes. This patient loyalty criterion is called high if the respondent's answer score is $\geq 62\%$ and low if the respondent's answer score is $\leq 62\%$. Furthermore, for the operational definition of the independent variable reliability is the loyalty of inpatients whoare assessed based on the ability of officers to provide the promised services accurately, thoroughly and reliably. Responsiveness is the patient's expectation which is assessed based on the speed of the officer's response to the problems faced by inpatients .Attention is the patient's expectation which is assessed based on the ability of the nurse to understand and place herself in the situation that the patient is currently experiencing .Facilities are patient loyalty which is assessed in terms of the embodiment of the services displayed by officers as well as the facilities and infrastructure in the health centre. The criteria for each independent variable are sufficient if the respondent's answer score is $\geq 62\%$ and less if the respondent's answer score is $\leq 62\%$.

Data reliability ,responsiveness , attention and facilities in two ways , namely

interviews using interview guidelines and observation or direct observation. The research data were then analyzed univariately and presented in the form of a frequency table. Whereas for bivariate analysis which aims to see the relationship between the two variables which include the independent variable and the dependent variable using the 2x2 contingency Chi-square test (X^2) at the 95% confidence level ($\alpha = 0.05$).

RESULTS

According to the research data that has been collected, it shows that the patient is female49 (51.58%) more than male patientsas many as 46 people (48.42 %). In the patient's age, the age group 41 – 50 43 people (44.33%) were more dominant, while the lowest age group in the range <30 was 8 people (8.25%). Furthermore, at the level of education, the most patients were elementary schools , namely 31 (32.63 %) patients and a few high school students, 10 (10.53 %) patients . Patient characteristics are presented in table 1

Table 1. Characteristics of patients

Patient Characteristics	n	%
Gender		
Man	46	48.42
Woman	49	51.58
Age Group (Years)		
<30	8	8,42
31–40	14	14.74
41–50	43	45,26
>51	30	31.58
Level of education		
Not Completed In Primary School	21	22.11
Sd	31	32.63
Junior High School	20	21.05
High School	10	10.53
S1	13	13.68

The results of the bivariate analysis showed that in patients with poor reliability ratings, 26(68.42 %) patients feel high loyalty and 17(29.82 %) low loyalty patients . In patients with unresponsiveness, 28 (73.68 %)Patients feel high loyaltyAnd27 (47.37 %) patients feel less Loyalty . In patients with poor attention ,22(57.89 %) patients feel high loyaltyand 9 (33.33 %) patients felt low loyalty . Furthermore, patients who said that the health centre facilities were lacking, 24 (63.16 %) patients feel high loyaltynot enoughand 23 (40.35 %) patients feel low loyalty . The results of statistical tests using the Chi-Square test obtained a p-value lower than the alpha value so that it can be concluded that the variables of reliability, responsiveness, attention, health centre facilities have an effect on inpatient loyalty in the working area of the Tongkuno Health Center (0.000; 0.020; 0.031; 0.049) (Table 2).

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Table 2.Bivariate Analysis

Variables	Inpatient loyalty		Total n (%)	P-values
	Tall n (%)	Low n (%)		
reliability				
Enough	12(31,58)	40(70,18	52(54,74)	0.000*
Not enough	26(68,42)	17(29,82	43(45,26)	
responsiveness				
Enough	10(26,32)	30(52,63)	40(42,11)	0.020*
Not enough	28(73,68)	27(47,37)	55(57,89)	
Attention				
Enough	16(42,11)	38(66,67)	54(56,84)	0.031*
Not enough	22(57,89)	19(33,33)	41(43,16)	
Facility				
Enough	14(36,84)	34(59,65)	48(50,53)	0.049*
Not enough	24(63,16)	23(40,35)	47(49,47)	

*a p-value <0.05 was statistically significant (Chi-Square Test)

DISCUSSION

Our research found that lack of reliabilityWhat is felt by the patient is because the patient's place of residence is far from the health center so that if he is sick, he prefers to seek treatment at home. In addition, patients feel that they do not get an explanation about the patient's health condition, the lack of officers in providing information about the efficacy of the drugs given to patients [8] . Even so, the Tongkuno Health Center is the only closest health service, so patients hope that the service can get better in the future.In addition, the attitude of health workers who sometimes discriminate between patients in providing services, the lack of health workers in providing counseling to patients and the lack of attention of health workers in monitoring patient health developments [9,10] .

The lack of responsiveness felt by inpatients is causedofficers never offer service assistance to patients and lack of communication with patients Ists and their families regarding the health conditions faced by patients [11] . One of the patient complaints about the services of officers in patient care is communication between officers and patients and their families, so the results of this study are in line with that research. Responsiveness in health services can be measured from the ability of health workers to serve patients at the reception of patients such as immediately taking anamnese books to record patient complaints, officers immediately take patients to the examination room and immediately examine patients, health workers immediately take pushchairs to bring patients who cannot walk and don't let the patient wait long, are quick to be examined by a doctor and quick to provide assistance when the patient needs help [12–14] .

Furthermore, the lack of attention felt by patients is due to the fact that some officers are still not aware of their duties and responsibilities as health workers. Customer complaints (patients) from the Attention dimension are included in the *attitudinal complaint category* (complaints due to the attitude of service personnel). This problem occurs due to a sense of attention from officers who do not care about the problems faced by customers, in this case, patients [15] . The results of our

observations show several elements that have not been implemented properly, for example health workers never ask what complaints are faced by patients, especially those related to their health, the patience of health workers is relatively lacking in dealing with patient needs and complaints, the response of officers is still relatively lacking patient requests to be given action, the lack of officers in understanding the situation that is being experienced by patients and the attitude of officers who are relatively lacking in listening to patient complaints and the absence of health education given to patients [16,17].

The lack of health centre facilities felt by in-patients was caused by the condition of the room which was not clean and tidy, there was a lack of furniture in the room, for example waiting chairs, pushchairs and hot rooms .To overcome this problem, it is necessary to have a policy made by the leadership of the health centrethrough the provision of health facilities and infrastructure, for example adjusting the area of the room with the number of beds, providing medical equipment according to the needs of patients and giving strict sanctions to officers who violate the professional code of ethics and service standard [18,19]. Based on our observations ofIn this Health centre facility, there are several elements that have not been fulfilled, namely the condition of the room is narrow so the atmosphere of the room is uncomfortable, meaning that the area of the room is not proportional to the number of beds, stuffy, lack of air circulation. Likewise with the condition of cramped bathrooms and insufficient water, the attitude of health workers when providing passive services, the cleanliness of the facilities/infrastructure used by patients is still lacking, the fans are dirty. Organizations operating in the service sector that are very successful must have three things in common, namely the formulation of a good service strategy , people at the forefront who are customer/consumer oriented and a friendly customer system [20].

CONCLUSION

This study proves that the reliability, responsiveness, attention and facilities of the health centre are related to inpatient loyalty. To be able to improve the quality of health services, a health centre must be able to maintain and improve the quality of the reliability, responsiveness, attention and facilities of the health centre that are owned so that it can satisfy patients and increase patient loyalty to visit the health centre for medical examinations. There needs to be a policy by the service provider, in this case the manager of the Health centre staff themselves by increasing reliable and professional human resources through formal education and training for health workers , so that the code of ethics and service standards can run professionally.

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REFERENCES

1. Organization WH, others. Situational assessment report: quality improvement and patient safety:

Tellewoyan Memorial Hospital and Lofa County Health System.

2. Djuari L. *Textbook of Health Service Management* . Airlangga University Press, 2021.

3. Organization WH, others. *WHO community engagement framework for quality, people-centred and resilient health services* . 2017.

4. Anabila P. Service quality: A subliminal pathway to service differentiation and competitive advantage in private healthcare marketing in Ghana. *Health Mark Q* 2019; 36:136–151.

5. Akbar, Muhammad Ikhsan, et al. "Assessing the service quality at health service facilities during the COVID-19 pandemic in North Buton District, Indonesia." Public Health of Indonesia 8.4 (2022): 116-122.

6. Gonzalez ME. Improving customer satisfaction of a healthcare facility: reading the customers' needs. *Benchmarking An Int J* .

7. Meesala A, Paul J. Service quality, consumer satisfaction and loyalty in hospitals: Thinking for the future. *J Retail Consumer Service* 2018; 40:261–269.

8. Bo HX, Li W, Yang Y, et al. Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. *Psychol Med* 2021; 51:1052–1053.

9. Hubley S, Lynch SB, Schneck C, et al. Review of key telepsychiatry outcomes. *World J psychiatry* 2016; 6:269.

10. Fatima T, Malik SA, Shabbir A. Hospital healthcare service quality, patient satisfaction and loyalty: An investigation in the context of private healthcare systems. *Int J Qual \& Reliab Manag* .

11. Mirzoev T, Kane S. What is health systems responsiveness? Review of existing knowledge and proposed conceptual framework. *BMJ Global Heal* 2017; 2: e000486.

12. Khan G, Kagwanja N, Whyle E, et al. Health system responsiveness: a systematic evidence mapping review of the global literature. *Int J Equity Health* 2021; 20:1–24.

13. Adelabu A, Akinyemi O, Adebayo A, et al. Assessment of the level and distribution of health system responsiveness in Oyo State, Nigeria. *BMC Health Serv Res* 2022; 22:1–15.

14. Hossain MS, Yahya SB, Khan MJ. The effect of corporate social responsibility (CSR) health-care services on patients' satisfaction and loyalty--a case of Bangladesh. *Soc Responsive J* 2019; 16:145–158.

15. Akbar, Muhammad Ikhsan. "Analysis Of The Needs Of General Practitioners In Public Health Centers Using Health Workload Method." Public Health of Indonesia 6.2 (2020): 63-9.

16. Williams DR, Lawrence JA, Davis BA, et al. Understanding how discrimination can affect health. *Health Serv Res* 2019; 54: 1374–1388.

17. Greenhalgh T, Papoutsi C. Studying complexity in health services research: desperately seeking an overdue paradigm shift. *BMC medicine* 2018; 16:1–6.

18. Fotovatfard A, Heravi G. Identifying key performance indicators for healthcare facilities maintenance. *J Build Eng* 2021; 42:102838.

19. Okada RC, Simons AE, Sattineni A. Owner-requested changes in the design and construction of government healthcare facilities. *Procedia Eng* 2017; 196:592–606.

20. Ahmadi-Javid A, Seyedi P, Syam SS. A survey of healthcare facility location. *Comput \& Opera Res* 2017; 79:223–263.