

Conference Paper

The Satisfaction Level of Elderly Health Service at the Integrated Community Service Delivery (POSBINDU) of Community Group 02, Lingkar Selatan Village, Bandung City

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Abstract

Background: Elderly health status, particularly about elderly welfare, is regulated by Law Number 13 launched in 1998. The nature of the aging process challenges this population with a wide range of health problems, emerging the need for health prevention and promotion program.

Based on the Regulation Number 43 on 2004, government have launched Intergrated Community Service Delivery (Posbindu) for elderly as one of *Implementation of Elderly Welfare Improvement Efforts*, and this study to describes a case example of a treatment outcome and satisfaction assessment program at the Posbindu that provide comprehensive health service. **Objectives:** This study aim to identify the satisfaction of elderly on the implementation of Posbindu **Methods:** Design of this descriptive survey study are carried out at one time point or over short period. Purposive sampling method to use is total population sampling because the number of elderly relatively small. In this study, the elderly population in Posbindu registered and recorded in 2019 was 81 people and therefore the samples were received based on the required minimum formula of 23 people. Service quality intrument used to measure the satisfaction of the health service include reliability, responsiveness, assurance, empathy, and physical evidence (tangible) assessed, as well as the level of experience of the elderly in health service at the Posbindu. The Likert scale was used to measure opinions and perceptions ranging from 1 to 5. *The Wilcoxon Sign Rank Test* was used for data analysis, which involves a test on two inter-correlated samples (paired samples) from populations with the same average. **Results:** The data analysis results indicated there was a very significant correlation on: 1) the ability of the clinic officers to be fast-responsive in solving the complaints; 2) the Posbindu officers Spaid special attention to the elderly while providing health service; and 3) the rooms of elderly health service were clean, tidy and comfortable. These three indicators should be improved in order to guarantee satisfaction of health service to the elderly. **Conclusions:** There were other parameters which needs to be fixed for the officers to be more fast-responsive in handling the complaints, pay more special attention and improve the cleanliness, tidiness, and comfort of the Intergrated Community Service Delivery (Posbindu) rooms.

Keywords: assurance, emphaty, Integrated Development Post (Posbindu), reliability, responsiveness, tangible, expectation, reality.

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1. Introduction

The success of development of health projects improves the quality of life and community well-being. Among elderly population, the effectiveness of health care program might increase the life expectancy result in the high number of older population. However the increased of life expectancy not always in line with the welfare. Therefore, there is a need to focus on the improvement of the elderly in terms of their welfare through an integrated care. Intergrated Community Service Delivery (Posbindu) is a health service structure from community resource. The purpose of this service is to serve the elderly people in the community through health care services which provided by health care providers, cadre from local community and non-governmental organizations (NGO). The service involves many sectors including the governmental and non-governmental institutions, private, and social organization among others, and emphasizes health service on promotive and preventive basis [1].

Implementation of Intergrated Community Service Delivery (Posbindu) program faces several challenges and barriers, especially in the context of quality of care delivery. As one of the promising strategic effort to prevent and promote health status among elderly, the service should maintain consumer trust and satisfaction towards the quality of care. Previous studies about the patients' preference in hospital selection show that there is an influence of several factors such as

medical service, paramedics, and medical support quality on the outpatient towards customer satisfaction and various service quality variables at Dr. Moewardi Regional Public Hospital of Surakarta [2]. Moreover, the influence of service and facility's quality, the cost of inpatient treatment and religious affiliation had a significant influence on consumer decisions in choosing a hospital for inpatient treatment [3].

Law Number 8 of 1999 regulates consumers' rights for health service. It protects the right to comfort, security, and safety in goods and services, the right to be heard and allowed advocacy, protection, and solution efforts and to be treated or served in non-discriminatory manners. In general, consumers cannot assess the technical competencies and only evaluate the service quality from non-technical characteristics or the level of comfort. Also, the responsiveness of the officers in meeting the customers' needs, communication with the customers, hospitality, and/or the recovery from the disease suffered. Based on service providers, quality is determined by the appropriateness of the service given in line with the development of science and technology and profession autonomy following the patient needs [4].

The measurement of the satisfaction level of the service provided by the Intergrated Community Service Delivery (Posbindu) Community Group 02 to the elderly aimed to evaluate the effectiveness of the officers in health care delivery process. The level of satisfaction has become importance construct in routine health care and the performance of the officers include variables such as reliability, responsiveness, assurance, empathy and tangible [5].

2. Methods

This was a descriptive survey study [6]. Used a small sample which evaluates a situation systematically with accurate facts using survey and unlimited to the collection and compilation of the data. The research was conducted in the Integrated Community Service Delivery (Posbindu) of Community Group 02, in Lingkar Selatan Village, Lengkong Sub-district, Bandung City, 40263. The conceptual framework of this research is illustrated in Figure 1.

Purposive sampling method to use is total population sampling because the number of elderly relatively small. In this study, the elderly population in Posbindu registered and recorded in 2019 was 81 people and therefore the samples were received based on the required minimum formula of 23 people. Service quality instrument used to measure the satisfaction of the health service include reliability, responsiveness, assurance, empathy, and physical evidence (tangible) assessed [5], as well as the level of experience of the elderly in health service at the Posbindu.

2.1. Conceptual Framework

The instrument used in this study was a questionnaire, in form of a list of questions and was used along with interview. The variables of the survey instrument were as shown in Table 1. This was a closed questionnaire with answers provided for the respondents to choose by marking cross (X) in the column provided. It was meant to ease the giving of answers (respondents) and to be more practical, systematic, and efficient in cost and research time. A brief demographic questionnaire was used to collect descriptive information about respondents. This questionnaire included about gender, age, and occupation.

Level of experience of the elderly in health service at the Posbindu survey was modified from its original form with permission from the author. Previously, the survey had been used to identify the perceptions about patients satisfaction among Tuberculosis

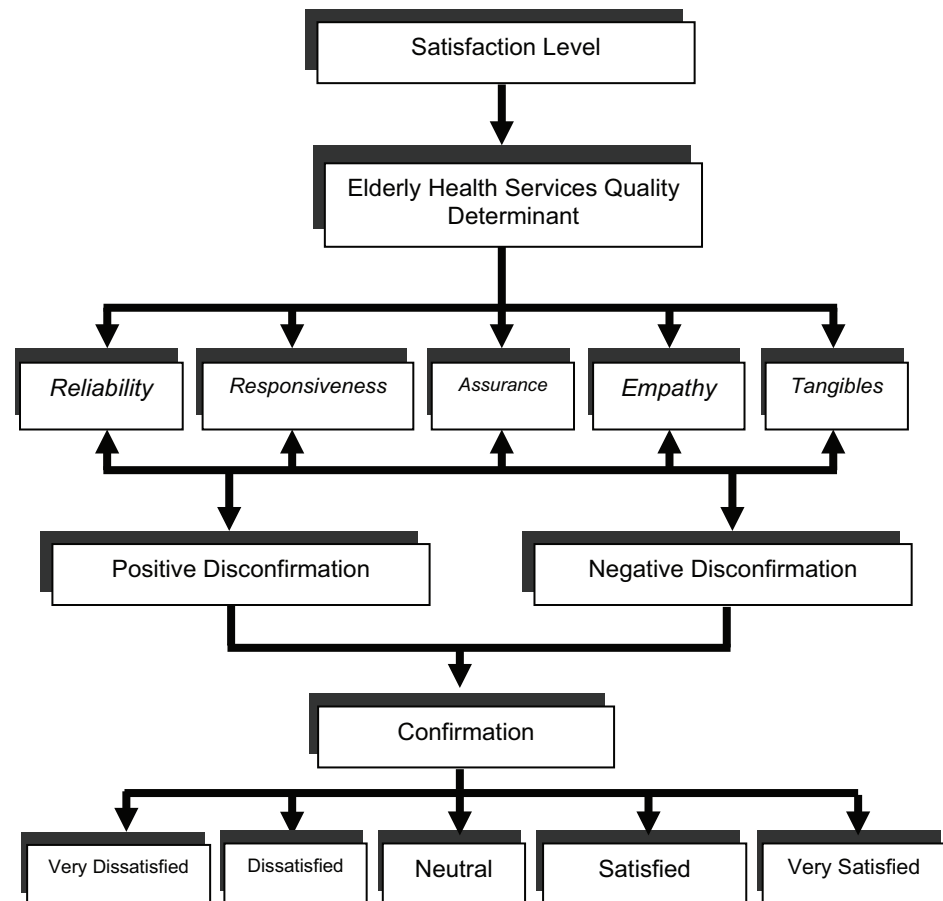


Figure 1: Research.

patients in TB Clinic [4]. The survey data were analyzed using SPSS software, version 24.0, and descriptive statistics, including frequency distribution, and ordered ranking of each survey item, were obtained. The data analysis used the Wilcoxon Sign Rank Test, which is a test of two inter-correlated samples (paired samples) from populations with the same average [7].

The Likert scale [8] fall within the ordinal level measurement 1-5, was used to measure attitude, opinions, and perceptions of a person or a group on social events or symptoms [9]. The assessment was given with the following scores:

1. Very satisfied answer was given a score of 5.
2. Satisfied answer had a score of 4.
3. Neutral answer was given the score of 3.
4. Dissatisfied answer was assigned the score of 2.
5. Very Dissatisfied answer was given the score of 1.

TABLE 1: Content of the Questionnaire.

Dimensions	List of Questions
Reliability	<ol style="list-style-type: none"> 1. a fast and appropriate procedure to receive elderly people 2. checkup service 3. treatment and care services 4. the activity schedule properly
Responsiveness	<ol style="list-style-type: none"> 1. the ability of the officers to be fast-responsive in dealing with complaints 2. providing clear and easy to understand information
Assurance	<ol style="list-style-type: none"> 1. the knowledge of treatment and care services 2. abilities and skills of the officers in providing the services 3. polite and friendly approach 4. the guarantee of security and trust
Empathy	<ol style="list-style-type: none"> 1. the pay special attention to the complaints of every elderly 2. service to all elderly regardless of their social status
Tangibility	<ol style="list-style-type: none"> 1. the cleanliness 2. tidiness 3. comfort of the rooms and officers' appearance

3. Results

The Integrated Community Service Delivery (Posbindu) of Community Group 02, Lingkar Selatan Village, Bandung City, is an elderly health care unit which improves elderly health program directly to pre-elderly, elderly, and high risk aged individuals, and indirectly to families and community where the elderly are located as well as social organizations. The health service is conducted routinely every Thursday in the first week of every month.

Posbindu consists of 8 cadres from the community element and one advisor from the Health Center of Old Cijagra, Bandung City. Programs implemented in this integrated community delivery service (Posbindu) were following the government regulation [10] involving direction, development strategy, and empowerment of the elderly. The program includes basic activities in the community health center, referral service, preventive, promotive, curative, rehabilitative health services, mental health, the prevention of non-infectious diseases, nutrient and health promotion..

In this study, the elderly population in Community Group 02 registered and recorded in 2019 was 81 people and therefore the samples were received based on the required minimum formula of 23 people.

The results of this study showed that the majority of age among respondent was 70 or 60 years old with health problems (47.83%). The sample consisted of 2 males or 4.35%, and 21 females, around 95.65%.

Based on table 2, the elderly number distribution at the Integrated Development Post of Community Group 02, Lingkar Selatan Village, Bandung City, according to the types

TABLE 2: Demographic and Elderly Characteristic at Posbindu of Community Group 02 (N=23).

Elderly Classification	Sum	%
Pre Elderly (45-59 years old)	3	13.04
Elderly (60-69 years old)	9	39.13
High Risk Elderly (70 or 60 with health problems)	11	47.83
Total	23	100
Gender		
Male	2	4.35
Female	21	95.65
Total	23	100
Occupation		
Housewives	21	91.3
Pensioners	1	4.35
Others	1	4.35
Total	23	100

TABLE 3: The Distribution of Elderly at the Integrated Development Post of Community Group 02, Lingkar Selatan Village, Bandung City.

Occupation	Sum	%
Housewives	21	91.30
Pensioners	1	4.35
Others	1	4.35
Total	23	100

of work consisted of Housewives, totaling 21 people or 91.30%, Pensioners, totaling 1 person or 4.35%, and others, totaling 1 person or 4.35%.

The data analysis results from the Wilcoxon Sign Rank Test indicated there was a very significant correlation, as illustrated in the table 3 below, towards:

1. The ability of the officers to be fast responsive in solving the elderly’s complaints had a correlation value of 0.906 at the Significance level (α) of 0.00.
2. The special attention was given to the elderly with a correlation value of 0.906 at the Significance (α) of 0.00; and
3. The elderly health service rooms were clean, tidy, and comfortable with a correlation value of 0.797 at the Significance level (α) of 0.00.

The correlation and t analysis for reliability and assurance variables cannot be computed because of the standard error of the difference is 0. Table 3 confirm from paired samples correlations.

TABLE 4: Paired Samples Correlations.

Dimensions	N	Correlation	Sig.
Responsiveness	23	.906	.000
Emphaty	23	.906	.000
Tangibles	23	.797	.000

4. Discussion

Start with univariate findings that important to be discussed, then bivariate. Do NOT repeated the results of this study in discussion section, paraphrase the results of this study that you would like to discuss then compare with supporting literature.

Start with your finding, how you evaluate costumer satisfasfaction according to the results of this study, then supported by literature.

This study provides a general overview of satisfaction level of elderly health service at the Posbindu. Table 3 shows three of five of variables of satisfaction has statistical significance. The ability of the officers to be fast responsive in solving the elderly's complaints and special attention was given are often cited as major determinants of satisfaction, and in this instance were found to be significantly correlated. The levels of correlation were high. Modest but significant correlations were found between tangibility. Most of an elderly described their experience same as their expectations.

The evidence provided ere would suggest that it can be done in a way that Posbindu provides meaningful information, which in turn can be used to improve service delivery. Satisfaction is an emotional feeling or assessment on the use of a product or services where their expectations and needs are fulfilled. The level of satisfaction is a function of the difference between perceived performance and expectations [11]. In case the performance is below the expectations, the customers are not satisfied and this leads to disappointments. Where performance and expectations match, there is satisfaction. Similarly, a performance above what is expected make consumers very satisfied, a level always desired [12]. However, a negative disconfirmation happens where the quality offered is less than the expected. In creating satisfaction, an integrated system should be created and managed in order to obtain reliable Integrated Community Service Delivery (Posbindu).

Basically, the definition of satisfaction or dissatisfaction is the difference between expectations and perceived performance. The measurement of satisfaction involves the determination of 3 (three) factors including: 1) the choice of proper measurement of performance; 2) the normative measurement process; 3) the instruments and measurement techniques used to create an indicator. The types of performance measurement are as

follows: descriptive performance measurement which provides insights on the operation of a system without assessing its quality; evaluative performance measurement which provides a norm or measurement used as a guidance for assessing the real situation [9, 10].

Responsiveness is the willingness of the suppliers to help the consumers and provide the appropriate services which meet their needs. This dimension emphasizes on the attitude of the service providers to be attentive, fast and precise in dealing with consumer requests, questions, complaints, and problems. Basically, empathy is the ability of the service providers to treat consumers as special individuals with the willingness to offer care and attention needed. Physical evidence (tangible) is the physical appearance of the service providers such as the buildings, equipment layout, interior and exterior, and physical appearance of the service provider and various communication media [13]. From data analysis in the table 3, the responsiveness of the officers in addressing complaints was different from the expectations. On the empathy, there was a difference between the expectations and experiences of health service offered. This was due to the fact that most patients assumed all types of checkup, treatment, and care must be the same as what was received by other victims, and not all the types of checkups were conducted [11].

On the basis of tangibility, there was a difference between the expectations and the real experiences. The rooms were considered less clean, not very tidy or comfortable since there were no self-managed buildings, inadequate maintenance staffs, waiting rooms and cleaning staffs. Additionally, there were no public facilities such as toilets, sitting rooms for the elderly's escorts and televisions as a means of entertainment and giving health information. In effort to fix the inappropriateness between the expectations and experiences of the elderly, the following should be considered a) Re-socializing the procedure of receiving patients by the officers and installing posters in the waiting room; explanation about the types of checkup, treatment, and care in accordance with the complaints of the elderly to the Integrated, the schedule of activities should be determined every month; b) Explaining the period of health checkup and the disease treatment and c) providing waiting rooms for elderly and their escorts or family in order to be more effective. Moreover, completing public toilets, providing televisions, and routinely cleaning the rooms should be considered [4].

5. Conclusion

In general, the satisfaction level of the elderly on the health service provided by the Integrated Development Post officers of Community Group 02, Lingkar Selatan Village, Bandung City, was good. This is due to the fact that the ability of the officers to be fast responsive in solving the elderly's complaints and special attention was given are often cited as major determinants of satisfaction. The dimensions include responsiveness, empathy, and tangibles on the ability to be fast-responsive in solving the complaints. The officers paid special attention to the elderly and the availability of the health service rooms were expected to be clean, tidy, and comfortable.

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