

Conference Paper

Patient Perspectives on Quality of Health Services in Mulyorejo Public Health Centre

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The quality of service of a healthcare facility has a direct impact on the community's perception of it, which can be seen from the level of patient visits. Mulyorejo is one of the 15 public health centres in Malang city with one type of service facility – the general clinic. According to the health profile data of Malang city, in 2017, the number of outpatient visits at Mulyorejo Public Health Centre was 28,462, which increased to 43,101 in 2018. However, based on secondary data that has been obtained, from January to September 2019, the number of patients visiting the Mulyorejo Public Health Centre decreased. This research is a descriptive study with a quantitative approach and a sample size of 70 people, selected through the incidental sampling technique. The data source used is the primary data obtained directly from the distribution of the modified HCAHPS (hospital consumers assessment of healthcare providers and systems) questionnaire to respondents. Based on the final results, the average score on the quality of health services at the Mulyorejo Public Health Centre based on the perceptions of the general poly-patients at the Mulyorejo Public Health Centre was rated “b,” which means that the quality of health services at the Mulyorejo Public Health Centre is good.

Keywords: quality of health services, patient perspectives, public health centre

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1. Introduction

There are several things that must be considered in health service efforts, one of which is the quality of service which has an impact on the community's perceptions of a health service facility. This public perception is the patient's feelings after receiving health services, whether what is obtained is in accordance with what is expected or is the opposite. Patients will have a positive perception if the health services they receive are in accordance with what is expected [1]. Another opinion from Endang states that if the services received by patients have met or exceeded their expectations, it is one of the

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evaluations or assessments of the patient caused by the feeling of a satisfied patient so that the patient can give a good perception regarding the health services provided [2].

Surveys conducted directly in the field regarding patient satisfaction are important to know the results to improve the quality of health services. Therefore, measuring the quality of health services, which can be seen as good and bad, based on people's perceptions of a health service needs to be done regularly. Improved analysis based on the results of a survey of patient satisfaction on the quality of health services will produce good information and evaluation for the progress of organizational innovation and the attitudes of officers in health care facilities [1].

Mulyorejo Public Health Centre is one of 15 health centres located in Malang City. One of the types of service facilities available at Mulyorejo Public Health Centre is the general poly service facility. According to data from the Health Profile of Malang City in 2017, the number of outpatient visits at Mulyorejo Community Health Centre was 28,462 people and increased in 2018 to 43,101 people. Meanwhile, based on secondary data that has been obtained, from January to September 2019 the number of patients visiting the Mulyorejo Public Health Centre varied. The highest number of patient visits was in January with 2,974 visits and the lowest number of patient visits in August was 2,074 visits.

One method that can be used to measure whether a patient is satisfied with the services provided by a health care agency is to use the HCAHPS (Hospital Consumers Assessment of Healthcare Providers and Systems) method. The HCAHPS method is a standard patient satisfaction survey that has been developed since 2002 by the Centres for Medicaid Services (CMS) and the Health Quality Research Agency in the United States. Researchers choose to use the HCAHPS method because it is still rarely used in the setting of the public health centre. HCAHPS survey is often used in hospital settings, nursing homes, other health facilities, and clinical doctors. Referring to the introduction above, this study aims to determine the quality of health services for the Mulyorejo Public Health Centre on several HCAHPS indicators, namely communication with doctors, communication with nurses, responsive attitude, and physical comfort.

2. Material and Method

In this study, researchers used descriptive research with a quantitative approach. This research was conducted in a period of two months, namely in January-February 2020. The population used was all patients with the general clinic at Mulyorejo Public Health

Centre with a sample of 70 people who were determined using the incidental sampling technique. In taking the sample, there were inclusion and exclusion criteria. The data source used is primary data obtained directly from the distribution of the HCAHPS (Hospital Consumers Assessment of Healthcare Providers and Systems) questionnaire to respondents. The questionnaire used in this study is a modified questionnaire from the HCAHPS questionnaire. This questionnaire consists of 7 dimensions and 22 questions. The seven dimensions in the HCAHPS questionnaire are communication with doctors, communication with nurses, responsive attitude, physical comfort, pain control, communication about drugs, and discharge information. The use of the HCAHPS questionnaire has been modified by the researcher and the validity test has been carried out with the results of the calculation of the value of $r = 1$ and the reliability has been tested with a Cronbach Alpha value of 0.881, which means that this questionnaire is valid and reliable for use in the field.

The process of obtaining research samples was carried out randomly by seeing whether the samples to be taken match the inclusion criteria required in this study. When the respondent who will be used as the research sample has been found, the next step is to make an introduction and provide an explanation of the intent and purpose of making the respondent a research sample. The next step is to provide a questionnaire and explain the procedure for filling out the questionnaire to be filled out by the respondent. Then the researcher will cross-check the data that the respondent has provided. If there are respondents who are included in the exclusion criteria, the data provided by the respondent will be issued by the researcher and not included in the research data. This is done until the data from respondents who meet the requirements for the inclusion criteria have reached the limit for the number of research samples, which is 70 samples. The data analysis process was carried out using the SPSS software and the steps use are editing and cleaning, entry data, coding, scoring, and make a conclusion.

3. Results

3.1. Sociodemographic characteristics

Table 1 describes the characteristics of the 70 participants. Just over 75% of respondents are female and the highest of age group is ≥ 25 years. Their academic qualification: 17.1% elementary school, 22.9% junior high school, 48.6% senior high school, and 11.4% college. Almost 55% of the respondents are working in an informal sector. The

TABLE 1: Sociodemographic characteristics of respondents ($n = 70$).

Characteristics	<i>n</i>	%
Sex		
Male	15	21.4
Female	55	78.6
Age group (yr)		
<25	14	20.0
≥25	56	80.0
Academic qualification		
Elementary school	12	17.1
Junior high school	16	22.9
Senior high school	34	48.6
College	8	11.4
Presents job		
Civil servants	4	5.7
Informal sector	38	54.3
Other	28	40.0
Geographical background		
Bandulan	28	40.0
Karang Besuki	5	7.1
Mulyorejo	27	38.6
Pisang Candi	10	14.3
Sources of health service funding		
Without health insurance	33	47.1
Health insurance from premium paying	25	35.7
Health insurance from government subsidies	12	17.1

Source: Author's own work.

geographical background of the participants is very heterogeneous (40% Bandulan, 7.1% Karang Besuki, 38.6% Mulyorejo, 14.3% Pisang Candi). As well as most of respondents have sources of health service funding from self-paying without health insurance (47.1%).

3.2. Communication with doctors

Table 2 summarizes the results of the assessment of respondents on communication with doctors. The doctor's accuracy to listen patient complaints has an average score 4.16, the doctor's ability to explain something that the patients don't understand has an average score 4.01. As well as the mean score in each of the aspects shows that doctors have good communication with patients.

TABLE 2: Aspects of communication with doctors.

Question	Answer (%)					Mean
	1	2	3	4	5	
How often do doctors treat you politely?	1.4	1.4	12.9	52.9	31.4	4.11
How often does the doctor listen to you carefully?	1.4	0.0	15.7	47.1	35.7	4.16
How often do doctors explain things that you don't understand?	0.0	5.7	17.1	47.1	30.0	4.01

Source: Author's own work.

3.3. Communication with nurses

TABLE 3: Aspects of communication with nurses.

Question	Answer (%)					Mean
	1	2	3	4	5	
How often do nurses treat you politely?	4.3	2.9	11.4	48.6	32.9	4.03
How often do nurses listen to you carefully?	1.4	2.9	21.4	44.3	30.0	3.99
How often do nurses explain things you don't understand?	1.4	2.9	22.9	48.6	24.3	3.91

Source: Author's own work.

Table 3 summarizes the results of the assessment of respondents on communication with nurses. The courtesy of nurses to provide services has an average score 4.03, the accuracy of nurses to listen patient complaints has an average value of 4.03. an average of 3.99, the nurse's ability to explain something that the patients don't understand has an average score 3.91. As well as the mean score in each of the aspects shows that nurses have good communication with patients.

3.4. Responsiveness

Table 4 summarizes the results of the assessment of respondents on responsiveness. The assistance provided by the officer if the patients don't understand the administration of the public health centre has an average score 3.80, the assistance given by the officer if the patients don't understand the public health centre service flow has an average score 3.66. As well as the mean score in each of the aspects shows that officers have a responsive to deliver service for patients.

TABLE 4: Aspects of responsiveness.

Question	Answer (%)					Mean
	1	2	3	4	5	
How often do you get help from the public health centre officers if you don't understand the administration of the public health centre?	5.7	2.9	24.3	40.0	27.1	3.80
How often do you get help from the public health centre officers if you do not understand the flow of services provided at the public health centre?	8.6	4.3	22.9	41.4	22.9	3.66

Source: Author's own work.

3.5. Physical comfort

TABLE 5: Aspects of physical comfort.

Question	Answer (%)					Mean
	1	2	3	4	5	
Is the public health centre environment always clean?	2.9	2.9	11.4	40.0	42.9	4.17
Is the public health centre environment always in a tidy condition?	2.9	1.4	12.9	41.4	41.4	4.17
Do you feel that the facilities and infrastructure at the public health centre are complete?	4.3	4.3	8.6	50.0	32.9	4.03
Do you feel that the facilities and infrastructure at the public health centre are suitable for use?	1.4	1.4	8.6	50.0	38.6	4.23
Is the public health centre always in a crowded condition?	1.4	0.0	20.0	32.9	45.7	4.21

Source: Author's own work.

Table 5 summarizes the results of the assessment of respondents on physical comfort. The cleanliness and tidiness of the environment have an average score 4.17, the completeness of facilities and infrastructure has an average score 4.03, the feasibility of facilities and infrastructure has an average value of 4.23, the visitor density has an average score 4.21. As well as the mean score in each of the aspects shows that the patients feel comfortable with the environment.

3.6. Pain control

TABLE 6: Aspect of pain control.

Question	Answer (%)					Mean
	1	2	3	4	5	
How often can a medical officer (doctor / nurse) help you with your pain complaints?	1.4	2.9	15.7	50.0	30.0	4.04
How often are pharmacological services (drugs) able to deal with the complaints of pain that you feel?	2.9	0.0	20.0	55.7	21.4	3.93

Source: Author's own work.

Table 6 summarizes the results of the assessment of respondents on pain control. The assistance from officers to complaints of pain felt by patients has an average score 4.04. The overcoming the patient's pain complaints has an average score 3.93. As well as the mean score in each of the aspects shows that the officers are able to handle patient complaints.

3.7. Communication about drugs

TABLE 7: Aspect of communication about drugs.

Question	Answer (%)					Mean
	1	2	3	4	5	
Did the pharmacy tell you about the uses of your drugs?	5.7	2.9	12.9	37.1	41.4	4.06
Did the pharmacy tell you about any side effects of your medications?	15.7	0.0	8.6	48.6	27.1	3.71
Does the pharmacy tell you when to use the drugs you are getting?	2.9	2.9	8.6	48.6	37.1	4.14

Source: Author's own work.

Table 7 summarizes the results of the assessment of respondents on communication about drugs. The explanation of use of drugs has an average score 4.06, the explanation of the side effects of drugs has an average score 3.71, the explanation of the time to use the drug has an average score 4.14. As well as the mean score in each of the aspects shows that the officers are able to communicate drugs to patients well.

3.8. Discharge planning

TABLE 8: Aspects of discharge planning.

Question	Answer (%)					Mean
	1	2	3	4	5	
How often do you get information about symptoms or health problems that you should be aware of after you leave the public health centre?	2.9	4.3	22.9	50.0	20.0	3.80
How often do you get information about the recommendations you should take to maintain your health after you leave the public health centre?	4.3	2.9	14.3	57.1	21.4	3.89
How often do you get information about whether or not it is necessary to return to the public health centre for repeat health checks?	4.3	2.9	18.6	42.9	31.4	3.94
How often do you get offers to return to the public health centre if you need help after leaving the public health centre?	4.3	10.0	21.4	38.6	25.7	3.71

Source: Author's own work.

Table 8 summarizes the results of the assessment of respondents on discharge planning. The explanation of symptoms or health problems that must be watched out for when patients leave the health centre has an average score 3.80, the explanation of regarding whether or not to return to the public health centre has an average value of 3.89, the explanation of whether or not to return to the public health centre has a value of 3.94, the offering to return to the public health centre has an average score 3.71. As well as the mean score in each of the aspects shows that the information on discharge has been conveyed well to the patient.

4. Discussion

4.1. Communication with doctors

As many as 52.9% of respondents stated that doctors often serve patients politely. Most of the respondents in their research stated that they were satisfied with the doctor's service who was very polite [3]. This can be shown by the politeness and

friendliness of the doctor who always smiles and greets the patient first so that the patient can give a good perception regarding the services provided by the doctor. 47.1% of respondents stated that doctors often listen to patients' complaints carefully. The interpersonal attention factor can provide a large influence on people's perceptions of the quality of a health service [4]. The personal attention factor that the patient gets from the doctor is the doctor's readiness to listen to all the patient's complaints. It is closely related to the level of patient loyalty to the facilities and the quality of health services that the patient has received from a health institution. In question number three in the aspect of Communication with Doctors, 47.1% of respondents stated that doctors often explain things that patients do not understand. The good and wise doctor is one who has an effective way of communicating with patients [5]. The doctor listens to the patient's complaints carefully, answers each patient's question and explains the patient's real condition, and provides sufficient advice that is needed by the patient, not just giving a prescription.

4.2. Communication with nurses

As many as 48.6% of respondents stated that nurses often served patients politely. The communication in nursing has several objectives, one of which is so that the message conveyed by nurses through communication can be understood by patients [6]. In carrying out its role as a communicator, the nurse needs to convey messages about the patient's health condition clearly and completely. So, nurses need to sort out how nurses communicate with their patients. Selection of effective words and using soft and polite speech will make the patient comfortable and the message conveyed by the nurse can be well received by the patient. 44.3% of respondents stated that nurses often listen to patients' complaints carefully. There are three important elements for nurses in implementing therapeutic communication, one of which is attending skills [7]. Attending skill is an indicator related to the overall appearance both psychologically and psychologically when communicating with patients. The nurse must display a posture that shows that the nurse is interested and willing to listen to the patient's story or complaint and then responds to the patient's topic of conversation. In question number three in the aspect of communication with nurses, as many as 48.6% of respondents stated that nurses often explained things that were not understood by patients. The role of nurses is not only to act as communicators, but also as educators who are able to provide education about health to patients [8]. The role of nurses as educators also

aims to motivate patients to do something according to the nurse's advice, which is of course to improve the patient's health status.

4.3. Responsiveness

As many as 40% of respondents stated that respondents often received assistance from public health centre officers if the respondents did not understand the administration of the public health centre. As much as 41.4% of respondents stated that respondents often received assistance from public health centre officers if the respondents did not understand the public health centre service flow. Every public service provider must have service standards and be published and implemented as a guarantee for service recipients. In public services that apply in health care facilities, an explanation of the administration and flow of services to patients is one of the important things that health care workers must do in health care facilities [9]. Administrative explanations include correspondence requirements that must be met, service fees, and service schedules. In addition to explanations related to administration, an explanation of the flow of services must also be conveyed clearly to patients.

4.4. Physical comfort

As many as 40% of respondents stated that the public health centre often maintained the cleanliness of the environment of public health centre and 41.4% of respondents stated that the public health centre often maintained the tidiness of the environment of public health centre. Physical comfort at health service facilities affects the quality of health services. A comfortable, neat, and clean room must be kept and maintained [10]. The psychological effects caused by the patient by the physical comfort of this clean and tidy environment can reduce the patient's boredom in waiting for the health services they will receive. As much as 50% of respondents stated that the facilities and infrastructure in the public health centre are complete and in a suitable condition. Physical comfort is not only always related to clinical effectiveness but also related to health services that are not related to clinical effectiveness but can affect the creation of good quality health services from customer perceptions [1]. The comfort of the physical environment is closely related to a beautiful and clean environment, as well as the completeness and feasibility of the facilities provided by a health service facility to customers. In question number three regarding this aspect of physical comfort, as many as 45.7% of respondents stated that the public health centre is always in a crowded state. Comfort

is a condition after the fulfilment of one of the basic human needs, namely the need for comfort and tranquillity which improves daily performance. Amelia also explained that the comfort referred to in her research is related to the physical appearance of the public health centre [11]. According to him, there are several factors that can affect the physical appearance of the public health centre, one of which is the environment of the public health centre which is orderly and not overcrowded. This more or less affects the patient's comfort because an environment that is not crowded will create a sense of calm so that it will create a feeling of comfort for its customers.

4.5. Pain control

As much as 50% of respondents stated that medical personnel can assist in handling complaints of pain felt by patients. The relationship between health workers and patients is a major factor in the success of providing health services because the success of pain management and improvement of patient health is strongly influenced by the relationship between health workers and patients [12]. Therefore, in providing health services, it is hoped that health workers will be able to facilitate the effectiveness of this relationship by paying attention to the professionalism of the relationship between health workers and patients which includes mutual trust from both parties. In question number two in the aspect of Pain Control, as many as 55.7% of respondents stated that pharmacological services were often able to resolve patient complaints. The success of treatment can be influenced by the 'six right' principle, namely the right drug, the right dose, the right time, the right patient, the right way of administration, and the right documentation [13]. If the "six right" principle is applied properly, it is likely that the patient's success rate of healing through this treatment will be successful.

4.6. Communication about drugs

As many as 41.4% of respondents stated that pharmacy officers always provide explanations to patients about the use of drugs received. As much as 48.6% of respondents stated that pharmacy officers often provide explanations to respondents about side effects of drugs received. In question number three in the aspect of communication about this drug, as many as 48.6% of respondents stated that pharmacy officers often provide explanations about the time to use the drugs received. The things that need to be conveyed to consumers related to drugs received by patients are the name of the drug (trademark) and its use; how to use the drug which includes the rules for

use, dosage, and time of use; as well as side effects of drugs received by the patient [14]. It is very clear that the aim of the patient's cure rate is to be effective through the administration of this drug if consumed properly and correctly.

4.7. Discharge planning

As many as 50% of respondents stated that health workers often provide information about symptoms or health problems that patients should be aware of after leaving the public health centre. As much as 57.1% of respondents stated that health workers often provide information about recommendations that must be taken to maintain patient health after leaving the public health centre. The reliability in terms of knowledge and professionalism is something that must be owned and implemented in every service provided. The implementation of discharge planning is about the reliability of health workers in explaining activity restrictions, information on drugs, signs and symptoms of disease, as well as an explanation of clear infection prevention to patients. As much as 42.9% of respondents stated that health workers often provide information about whether or not a patient needs to return to the public health centre for another medical check-up. The same thing is also shown based on the results of research conducted by Baker which explains that nurses who often ask about the patient's condition and explain the schedule for re-control properly make patients feel cared for in the health condition they are experiencing [15]. In question number four in the aspect of Returning Information, 38.6% of respondents stated that respondents often received offers to return to the public health centre if the patient needed help after leaving the public health centre. The patients' perceptions of the health services they receive are strongly influenced by the ability of health service providers to understand their needs and wants [16]. The need that the patient wants is related to how capable the doctor is in dealing with things that make the patient depressed, such as explaining the patient's condition, providing alternative treatments for the patient's recovery, and offering to check his health again if the patient needs help, and most importantly, the emergence of feelings patient comfort when talking to a doctor.

5. Conclusion

The conclusions that can be drawn from the results of this study are as follows. The quality of health services based on the perceptions of general poly patients on the aspect of communication with doctors is in the very good category. The quality of

health services based on the perceptions of general poly patients on the aspect of communication with nurses is in the good category. The quality of health services based on the perceptions of general poly patients on the aspect of responsiveness is in the good category. The quality of health services based on the perceptions of general poly patients on the aspect of physical comfort is in the very good category. The quality of health services based on the perceptions of general poly patients on the aspect of pain control is in the good category. The quality of health services based on the perceptions of general poly patients on the aspect of communication about drugs is in the good category. The quality of health services based on the perceptions of general poly patients on the aspect of discharge planning is in the good category.

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Conflict of Interest

We declare that have no conflict of interest and certify that the submission is original work and is not under review at other publication.

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