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Analysis Of Differences In The Quality Of Health Services In Main Accreditation And Basic Accreditation Community Health Center In Tana Toraja Regency

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ABSTRACT

Development in the health sector is essentially an effort carried out by all components of the Indonesian nation with the aim of increasing awareness, willingness, and ability to live a healthy life for everyone to realize the highest public health status, as an investment for the development of socially productive human resources. and economical. The existence of continuity between program and sector efforts as well as continuity with the efforts that have been implemented are critical factors for the success of health development. This study aims to measure and analyze differences in the quality of health services at the Main Accreditation Health Center at the Makale Health Center and the Basic Accreditation Health Center at the RantetayoCommunity Health Center (Puskesmas), Tana TorajaRegency. This research is an analytic observational design with a cross-sectional study approach. The study population was all outpatients visiting the Makale CommunityHealth Center (main accreditation) in 2019 totaling 19,654 people and outpatients visiting the Rantetayo CommunityHealth Center (basic accreditation) in 2019 totaling 11,902 people. The sample in this study used a proportional random sampling technique with a sample size of 100 people. The Makale Health Center (main accreditation) was 62 people and the RantetayoCommunity Health Center (basic accreditation) was 38 people. The selection of respondents was done by accidental sampling. The results showed that there were differences in the dimensions of affordability/access, security, comfort, information, timeliness, and human relations at major accreditation health centers and basic accreditation health centers. The quality of health services at the main accredited health centers and basic accreditation health centers is a good category. Puskesmas(Community Health Center) are expected to maintain and further improve the services provided so that patients are still more satisfied with coming to visit the puskesmas (Community Health Center). It is hoped that the head of the puskesmas as the person in charge at the puskesmas will further maximize the performance of health workers through monitoring and evaluation, which is carried out at monthly and quarterly workshops.

Keywords: *Quality, health services, accreditation, Puskesmas (Community Health Center)*

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1. Introduction

Development in various fields is increasing, people's knowledge is increasing so that people's interest and need for health services is also increasing. These advances have spurred the community to obtain quality services (Palutturi et al., 2015). Puskesmas has the principle of providing health services, namely meeting the needs and demands of the community as patients who expect a solution to their health problems. Therefore, health centers are expected to be able to provide health services as an effort to maintain health and care measures that meet quality standards, served by competent resources with the help of adequate medical equipment so that they are expected to obtain a healthy condition. Building public trust by improving the quality of services so that the quality of health services for the community will be created to always interact (Tahir et al., 2020).

Quality health service is a service that always strives to meet patient expectations so that patients feel satisfied and will feel very grateful for all that is expected to meet patient needs. The quality of health services provided by puskesmas points to the level of perfection of health services in meeting the demands and needs of each patient (Said &Palutturi, 2018). The quality of health services is multidimensional, as is the quality of goods or services. Dimensions of health service quality include dimensions of affordability or access to services, security dimensions, convenience dimensions, information dimensions, timeliness dimensions, and dimensions of human relations (Pohan, 2003).

Affordability or access to health services is still experiencing obstacles, the geographical location of our country which consists of islands and mountains, and the use of regional languages that are still used by the community (Arifin et al., 2019; Amran et al., 2020).

Puskesmas accreditation is one of the regulatory mechanisms that aims to encourage efforts to improve the quality and performance of Puskesmas services carried out by independent institutions and / or institutions established by the Ministry of Health which are authorized by the Ministry of Health of the Republic of Indonesia (Tahir et al., 2020; Abas et al., 2020; Abas et al. al., 2020). Based on data from the Indonesian Ministry of Health's Data and Information Center in 2019, Indonesia has 9,993 health centers and 8,619 accredited health centers. With the Plenary Accreditation status of 276 health centers, Main Accreditation of 1,555 health centers, Middle Accreditation of 4,766 health centers, Basic Accreditation of 2,020 health centers, and 2 health centers failing to pass (FKTP SIAF Application, Dinkes Tana Toraja, 2019).

Data from the South Sulawesi Provincial Health Office in 2019 in South Sulawesi has 453 Puskesmas spread across 24 Regencies/cities. In the implementation of accreditation that has been carried out from 2016 to 2019, 424 health centers have been accredited (South Sulawesi Provincial Health Office, 2019). For Tana Toraja Regency, it has a total of 21 health centers spread across 19 districts, 16 inpatient health centers, and 5 outpatient health centers. Of the 21 puskesmas (Community Health Center), all have been accredited from 2016 to 2019. Accredited health centers receive varying accreditation status, namely 2 primary health centers, 11 primary health centers, and 8 basic health centers (Dinkes Tana Toraja, 2019).

This study compared the quality of service at puskesmas (Community Health Center) with the highest and lowest accreditation status in Tana TorajaRegency. The purpose of this study was to analyze the differences in the quality of health services at the Main Accreditation Health Center at the Makale Health Center and the Basic Accreditation Health Center at the Rantetayo Health Center, Tana TorajaRegency.

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2. Methods

Thistypeofassessmentusesananalyticobservationaldesignwith a cross-sectional study approach. The study populationwasalloutpatientsvisitingtheMakale puskesmas (main accreditation) in 2019 totaling 19,654 peopleandoutpatientsvisitingtheRantetayo puskesmas (basicaccreditation) in 2019 totaling 11,902 people. The sample in this study useda proportionalrandom sampling techniquewith a samplesizeof 100 people. The Makale Puskesmas (main accreditation) was 62 peopleandtheRantetayo Puskesmas (basicaccreditation) was 38 people. The selectionofrespondentswasdonebyaccidental sampling.

3. Results and Discussion

The characteristicsoftherespondents in this study are more in-depth, thenthey are describedaccordingtotheage, gender, andeducationoftherespondents.

Table 1.Frequency Distribution of Respondent Characteristics by Age, Gender, Education

Respondent Characteristics	Puskesmas (Community Health Center)	Service Quality				Total	
		Good		Not Good			
		n	%	n	%	N	%
Age	**Makale**	**59**	**95.16%**	**3**	**4.84%**	**62**	**100.00%**
	<= 20	7	11.29%	0	0.00%	7	11.29%
	21-30	18	29.03%	1	1.61%	19	30.65%
	31-40	12	19.35%	1	1.61%	13	20.97%
	41-50	11	17.74%	1	1.61%	12	19.35%
	>= 50	11	17.74%	0	0.00%	11	17.74%
	Rantetayo	**25**	**65.79%**	**13**	**34.21%**	**38**	**100.00%**
	<= 20	3	7.89%	0	0.00%	3	7.89%
	21-30	3	7.89%	1	2.63%	4	10.53%
	31-40	6	15.79%	1	2.63%	7	18.42%
	41-50	5	13.16%	2	5.26%	7	18.42%
	>= 50	8	21.05%	9	23.68%	17	44.74%
Sex	**Makale**	**59**	**95.16%**	**3**	**4.84%**	**62**	**100.00%**
	Male	15	24.19%	1	1.61%	16	25.81%
	Female	44	70.97%	2	3.23%	46	74.19%
	Rantetayo	**25**	**65.79%**	**13**	**34.21%**	**38**	**100.00%**
	Male	12	31.58%	5	13.16%	17	44.74%
	Female	13	34.21%	8	21.05%	21	55.26%
Education	**Makale**	**59**	**95.16%**	**3**	**4.84%**	**62**	**100.00%**
	Elementary School	2	3.23%	0	0.00%	2	3.23%
	Junior School	24	38.71%	0	0.00%	24	38.71%
	High School	2	3.23%	0	0.00%	2	3.23%
	Higher Education	31	50.00%	3	4.84%	34	54.84%
	Rantetayo	**25**	**65.79%**	**13**	**34.21%**	**38**	**100.00%**
	Elementary School	5	13.16%	4	10.53%	9	23.68%

	Junior School	16	42.11%	6	15.79%	22	57.89%
	High School	2	5.26%	2	5.26%	4	10.53%
	No Education	0	0.00%	1	2.63%	1	2.63%

Source: Primary data, 2020

Based on table 1. it can be explained that the respondents at the main accreditation health centers, the age category with the least respondents, namely <20 years, there were 7 people (11.3%) who stated that the quality of service was good. The age category with the most respondents was 21-30 years old as many as 19 people (30.65%) 1 person stated that the quality of service was not good and the students stated that the quality of service was good. While respondents in basic accreditation health centers, the age category with the least respondents, namely <= 20 years, there were 3 people (7.89%) who stated that the quality of service was good. In the age category with the most respondents, namely> = 50 years, 17 people (44.74%) 9 people stated that the quality of service was not good and the students stated that the quality of service was good.

In the gender category, the number of female respondents is more than that of men. In total 67 respondents (67%) were women while the remaining 33 respondents (33%) were men. In the main accredited puskesmas, 46 people (74.2%) were women while 16 people (25.8%) were men. In basic accreditation puskesmas (Community Health Center), 21 people (55.3%) were women, while 17 people were male (44.7%).

The education category of respondents in the main accredited puskesmas (Community Health Center), the education category with the least respondents, graduated from elementary school and graduated from high school as many as 2 people (3.23%) who stated that the quality of service was good. The education category with the most respondents was higher education with 34 people (54.84%) 31 people stated that the quality of service was good and the students stated that the quality of service was not good. Whereas respondents in basic accreditation health centers, the education category with the least respondents, namely not going to school, was 1 person (2.63%) who stated that the quality of service was not good. The age category with the most respondents was junior high school graduation as many as 22 people (57.89%) 16 people stated that the quality of service was good and students stated that the quality of service was not good.

Table 2. Distribution of Respondents by Health Service Quality Score at Main Accreditation Health Centers and Basic Accreditation Puskesmas

Puskesmas (Community Health center)	Main AccreditationHealth Center		BasicAccreditationHealth Center		Score Total
Dimension	Total Response	Score	Total Response	Score	
Affordability	1330	89.4	734	80.5	86.0
Security	1289	86.6	699	76.6	82.8
Comfort	1265	85.0	730	80.0	83.1
Information	1239	83.3	697	76.4	80.7
Punctuality	1257	84.5	737	80.8	83.1
Human relationship	1293	86.9	734	80.5	84.5
Total Score		84.5		79.1	86.0

Source: Primary data, 2020

Based on table 2 it can be explained that the total score of health service quality for all dimensions is 86%, where the main accreditation health center score is 84.5% and the basic accreditation health center score is 79.1%. This means that the quality of service at the main accreditation health center and the quality of service at the primary accreditation health center are good because the score is ≥75%.

To find out whether there are differences in dimensions between the main accredited puskesmas and basic accreditation, it is necessary to know the average of each puskesmas (Community Health Center).

Table 3. VariableDescriptiveStatistics Data on Service Quality in PrimaryAccreditationand Basic Accreditation Puskesmas

Variable	Status Akreditasi Puskesmas	*Mean* ± *SD*	Selisih *Mean*	*p-value*
Affordability	Utama	21.45 ± 1.964	2.136	0.000
	Dasar	19.32 ± 1.579		
Security	Utama	20.79 ± 2.181	2.396	0.000
	Dasar	18.39 ± 2.433		
Comfort	Utama	20.40 ± 2.419	1.193	0.019
	Dasar	19.21 ± 2.418		
Information	Utama	19.98 ± 2.426	1.642	0.001
	Dasar	18.34 ± 2.351		
Punctuality	Utama	20.27 ± 2.348	0.879	0.043
	Dasar	19.39 ± 2.123		
Human Relationship	Utama	20.85 ± 2.475	1.539	0.002
	Dasar	19.32 ± 2.255		

Source: Primary data, 2020

Based on Table 3, the affordability variable shows that at major accreditation health centers the mean value of the dimension of affordability/access to service quality is 21.45 with a standard deviation score of 1,964. At the basic accreditation puskesmas (Community Health Center), the mean value of the dimension of affordability/access to service quality was 19.32 with a standard deviation score of 1.579. The results of statistical tests using the Independent Sample T-Test Method, the value obtained is p-value = 0.000 <(α = 0.05) then Hα is accepted. The safety variable at the main accredited health center, the mean value of the dimension of safety to service quality, was 20.79 with a standard deviation score of 2.181. At the basic accreditation health center, the mean value of the dimensions of safety to service quality was 18.39 with a standard deviation score of 2.433. The results of statistical tests using the Independent Sample T-Test Method, the value obtained is p-value = 0.000 <(α = 0.05) then Hα is accepted. The comfort variable in the main accredited health center, the mean value of the dimension of convenience to the quality of service is 20.40 with a standard deviation score of 2.419. At the basic accreditation health center, the mean value of the dimension of convenience to service quality is 19.21 with a standard deviation score of 2.418. The results of statistical tests using the Independent Sample T-Test Method, the value obtained is p-value = 0.019 <(α = 0.05), then Hα is accepted.

The information variable at the main accreditation health center, the mean value of the dimension of information on service quality was 19.98 with a standard deviation score of 2.426. At the basic accreditation health center, the mean value of the dimensions of information on service quality was 18.34

with a standard deviation score of 2.351. The results of statistical tests using the Independent Sample T-Test Method, the value obtained is p-value = 0.001 <(α = 0.05) then Hα is accepted. The variable of punctuality at the main accredited health centers, the mean value of the dimension of timeliness to service quality was 20.27 with a standard deviation score of 2.348. At the basic accreditation health center, the mean value of the dimension of timeliness of service quality was 19.39 with a standard deviation score of 2.123. The results of statistical tests using the Independent Sample T-Test Method, the value obtained is p-value = 0.043 <(α = 0.05), then Hα is accepted. The inter-human relationship variable at the main accredited health centers, the mean value of the dimensions of human relations on service quality was 20.85 with a standard deviation score of 2.475. At the basic accreditation health center, the mean value of the dimensions of human relations to service quality was 19.32 with a standard deviation score of 2.255. The results of statistical tests using the Independent Sample T-Test Method, the value obtained is p-value = 0.002 <(α = 0.05) then Hα is accepted.

The dimension of affordability/access to quality health services means that health services must be accessible to the community, not hindered by geographical, social, economic, organizational, and language conditions. Geographical access includes distance, duration and travel costs, or other physical barriers that can prevent a person from accessing health services. Access to language means that in carrying out health services, the language or dialect used can be understood by the patient. Similar research was conducted by Zulfiana et al (2013), regarding the analysis of patient satisfaction with aspects of service quality in the TPPRJ section of the Banyumanik Hospital Semarang, the dimensions of service quality, the dimension of access to services, showed that 68.7% of patients were satisfied and 50.5% of patients were not. satisfied.

The security dimension means that health services must be protected from harm, both for patients, service providers, and the surrounding community. Patients and service providers must avoid infection, risk of injury, drug side effects that may arise in the health service itself13. Similar research conducted by Setiadi&Sugiyanto (2012) on Analysis of Patient Satisfaction with Service Quality at TPPRJ at Bhakti Wira Hospital Tamtama Semarang shows the same results, namely the safety at the hospital, more respondents expressed a sense of satisfaction when compared to respondents who expressed dissatisfaction. From the results of the univariate test, the research showed that only 11.2% of respondents felt that the safety was not good and the final result was that the better the safety in the hospital, the more patient satisfaction was.

According to Lori Di Prete, quality maintenance activities can involve several dimensions, one of which is comfort and enjoyment of service, this is related to health services that are not directly related to clinical effectiveness, but can affect patient satisfaction and their willingness to return to health facilities for services. next. The convenience dimension is not directly related to the effectiveness of health services but affects patient/consumer satisfaction. It is also related to the physical appearance of health services, service providers, medical and non-medical equipment. The results of this study are in accordance with what was said by Suwardi (2011) regarding patient perceptions of service quality with the results of research on the quality of services at Bayudono Hospital in the good category measured based on customer perceptions. The dimension of service quality is a tangible dimension that gets the highest score.

Quality health services must be able to provide clear information about what diseases the patient has, how the patient's history of illness, where appropriate follow-up services if the patient needs a referral, and providing education and counseling. This dimension of information is very important at the health center and hospital level. This dimension includes the most dynamic dimensions. Along with the increase in the activity intensity of each individual, customer expectations of this dimension are

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increasing. Delivering clear information about what, who, when, where, and how the health service will be and/or has been implemented to customers can realize quality health services (Datuan et al., 2018).

Health services should be carried out at the right time and manner, by health service providers who are competent and use the right tools and medicines. The results of the same study by Mokobimbing et al (2019) concerning the Analysis of Patient Satisfaction Levels in terms of Differences in Accreditation Status showed that the level of patient satisfaction at basic accreditation puskesmas (PuskesmasSario) and middle accreditation puskesmas (PuskesmasRanotanaWeru) showed that the level of satisfaction was on the reliability dimension. (reliability) at the basic accreditation health center, 62 respondents said they were satisfied and 38 respondents said they were not satisfied. Research by Sakilah et al (2020) shows the attitude of respondents before accreditation changes after accreditation. Human-to-human relationships are interactions between health service providers (providers) and patients or consumers, among health service providers. Good human relationships will generate trust or credibility by respecting each other, keeping secrets, mutual respect, responsiveness, giving attention, and others. Listening to complaints and communicating effectively are also important (Ramli et al., 2020).

4. Conclusion

This study concluded that there were differences in the dimensions of affordability/access, security, comfort, information, timeliness, and human relations at major accredited health centers and basic accreditation health centers. The quality of health services at the main accredited health centers and basic accreditation health centers is a good category. It is recommended that the head of the puskesmas (Community Health Center) as the person in charge at the puskesmas (Community Health Center) is expected to maximize the performance of health workers through monitoring and evaluation which is carried out monthly and quarterly workshops. It is hoped that the head of the Rantetayopuskesmas (Community Health Center) will pay more attention to UKP services. Health workers in providing health services still follow the existing SOPs as guidelines for providing services to patients. Puskesmas are expected to maintain and further improve the services provided so that patients are still more satisfied with coming to visit the puskesmas.

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