PATIENT'S SATISFACTION IN UTILIZING PUBLIC HEALTH CENTER SERVICES DURING THE COVID-19 PANDEMIC BASED ON GENDER, AGE, EDUCATION LEVEL, AND OCCUPATION

Ristya Widi Endah Yani[1]*, Abu Khoiri[2], Taufan Bramantoro[3]

1. Faculty of Dental Medicine, University of Jember, Jember, Indonesia

2. Faculty of Public Health, University of Jember, Jember, Indonesia

3. Faculty of Dental Medicine, Universitas Airlangga, Surabaya, Indonesia

Correspondence: ristya_widi@unej.ac.id

ABSTRACT

A public health center is at the forefront of breaking the COVID-19 chain. Limiting the number of patients accessing care during the pandemic is thought to affect patient satisfaction with the quality of service at the public health center during the COVID-19 pandemic. This study aims to know the level of satisfaction of patients visiting a health center based on gender, age, education level, and profession criteria during the COVID-19 pandemic in Sumbersari District, Indonesia.

This study used an analytical observational study method for visitors of the Sumbersari Public Health Center in February-March 2021. The population was 126,279 people visiting Sumbersari Public Health Center, meaning a purposive sampling requires 100 people to participate. The research variables were gender, age, education level, occupation, and the patient's satisfaction. The measuring instrument used was a questionnaire. The data were analyzed descriptively using logistic regression test.

There is no effect of gender and age on patient satisfaction (p> 0.05). There is an effect of the level of education on patient satisfaction (p <0.05) with OR = 3.32. There is an effect of work on patient satisfaction (p <0.05) with OR = 0.054, meaning that respondents who work, the chance to feel dissatisfied is 18.5 times greater than respondents who do not work.

KEYWORDS

pandemic, patient's satisfaction, public health center

INTRODUCTION

A public Health Center is at the forefront of breaking the COVID-19 chain. The efforts to prevent the spread of COVID-19 can be carried out by limiting face-to-face health services, using communication and information technology. [1,2] This led a decrease of patient visits due to the changing flow of the health service process, limiting the number of patients in an effort to avoid crowds, and implementing standard preventive measures, early identification, and controlling the source of the virus.[3] Patient satisfaction is crucial and is closely related to the rate of patient return visits as an indicator of qualified health services. To assess the level of patient satisfaction,

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there are five dimensions of assessment of the health service's quality: (a) reliability; (b) responsiveness; (c) assurance; (d) empathy and (e) tangible. The dissatisfaction of patients visiting health care facilities in North Shoa Ethiopia during the COVID-19 pandemic was 55.4%.[4] 36% of parents with allergic child patients felt that there was no difference between telemedicine examination and direct examination by meeting a doctor, the rest felt that telemedicine examination was not as good as direct examination.[5] According to the research by Astari at the Cicendo Eye Hospital during the COVID-19 pandemic, the empathy dimension shows satisfied results while reliability, responsiveness, assurance and tangible show unsatisfied results.[6]

The patient limitation during a pandemic is thought to affect patient satisfaction on services at public health centers. This is aligned with the research of Pangoempia et al [7] that there is a change in the operational hours of the public health center. In their study there were two open services before pandemic and there was one open service during pandemic. Patient satisfaction can also be influenced by demographic status such as gender, age, education level, and occupation.[8]

Sumbersari is a district with the highest number of COVID-19 cases in Jember Regency.[9] Based on these problems, researchers are interested in knowing the level of satisfaction of patients visiting the health center based on gender, age, education level, and profession during the COVID-19 pandemic in Sumbersari District.

METHOD

This research used analytical observational research with a cross-sectional approach to the visitors of Sumbersari public health center during the COVID-19 pandemic in February-March 2021.

The research population was people visiting Sumbersari public health center in 2020 as many as 126,279. The sample as many as 100 people were selected by a purposive sampling with Slovin's Formula. The 100 people selected as sample were those who visited the public health center on February-March 2021 and were suitable with the criteria in this research. The inclusion criteria of the respondents were the 12-65 year-old-people visiting Sumbersari public health center, those who could operate gadget, and those who were willing to be involved in this research. The exclusion criteria were the illiterate visitors and those who had mental disorders.

The selected sample was given a consent form. If they agreed to be the participant by signing the informed consent, they were allowed to answer the questionnaire by filling it in via Google Form. In the process of filling in the questionnaire, the participants were accompanied and guided by the researchers.

The research variables were gender, age, level of education, occupation, and patient's satisfaction. The measuring instrument used is a questionnaire containing 25 items delivered via Google Forms. The questionnaire was adopted from Asres' research.[10] The data were analyzed descriptively and continued with logistic regression to analyze the effect of gender, age, education level, and work on patient satisfaction. The patient's satisfaction was tested by validity tests using Correlation Product Moment and tested by reliability test using Alpha Cronbach's.

This research was approved and managed by the Ehical Committee of Medical Research, Faculty of Dentistry, University of Jember number 1428/UN25.8/KEPK/DL/2021 on 30th January, 2021.

RESULT

The results depict the data based on several characteristics of patients who visited the Sumbersari Public Health Center. Characteristics of respondents based on gender can be seen in Table 1.

TABLE 1. CHARACTERISTICS OF RESPONDENTS BASED ON GENDER

Gender Category	Frequency	Percentage
Male	40	40.0
Female	60	60.0
Total	100	100.0

The number of female respondents (60%) are more than males (40%). In choosing the sample based on the variable of gender (men and women), it was taken randomly. It does not matter about the number of each gender. The distribution of respondents based on age can be seen in Table 2.

Table 2 shows that most of the visitors of the public health center are teenagers. Another characteristic of

respondents in this study is also seen from the level of education as listed in Table 3.

Table 3 shows that people with bachelor degrees are the majority 0f visitors. Furthermore, the characteristic of respondents based on profession can be seen in Table 4.

TABLE 2. CHARACTERISTICS OF RESPONDENTS BY AGE

Age Category	Frequency	Percentage
Teenagers (12-25 years old)	44	44.0
Adults (26-45 years old)	30	30.0
Elderly (46-65 years old)	26	26.0
Total	100	100.0

TABLE 3. CHARACTERISTICS OF RESPONDENTS BASED ON EDUCATION LEVEL

Education Level	Frequency	Percentage
Elementary School	10	10.0
Junior High School	2	2.0
Senior High School	30	30.0
Bachelor Degree	58	58.0
Total	100	100.0

TABLE 4. CHARACTERISTICS OF RESPONDENTS BASED ON EMPLOYMENT

Employment	Frequency	Percentage
Does not work	26	26.0
Working	74	74.0
Total	100	100.0

Table 4 shows the patients who visited the Sumbersari Public Health Center during the COVID-19 pandemic were dominated by people who were working (74%). Respondents with various categories mentioned in the previous tables have different satisfaction levels when visiting Sumbersari Public Health Center. Characteristics of respondents based on satisfaction levels can be seen in Table 5.

Table 5 shows that most of respondents (58%) were dissatisfied with the quality of health services at the public health center. A logistic regression test was carried out to analyze the effect of gender, age, level of education and occupation on the satisfaction responses of patients visiting the public health center, which can be seen in Table 6.

TABLE 5. CHARACTERISTICS OF RESPONDENTS BASED ON SATISFACTION VISITING THE HEALTH CENTER

Level of Satisfaction	Frequency	Percentage
Dissatisfied	58	58.0
Satisfied	42	42.0
Total	100	100.0

TABLE 6. TEST OF THE EFFECT OF GENDER, AGE, EDUCATION LEVEL AND OCCUPATION ON PATIENT SATISFACTION VISITING PUBLIC HEALTH CENTER

Variable	Sig	Information	OR
Gender-Satisfaction	.097	No effect	2.324
Age-Satisfaction	.354	No effect	1.377
Level of education-Satisfaction	.005	Effecting	3.321
Occupation-Satisfaction	.000	Effecting	0.054

Table 6 shows that there was no effect of gender (p-value = 0.097 (p> 0.05), with OR= 0.354) and age (p-value = 0.354 (p> 0.05), with OR= 1.377) on the level of patient satisfaction. There was an effect of the level of education (p-value = 0.005 (p <0.05) with OR = 3.321) and occupation (p-value = 0.000 (p <0.05) with OR = 0.054) on patient satisfaction.

The validity test on the survey data, using Correlation Product Moment of the 25 question items showed the score of r was bigger than r table (0,195). This means that the data instruments were valid. Moreover, the reliability test using Alpha Cronbach's showed that the score was above 0,6 which also means that the data instruments were reliable.

DISCUSSION

The majority of female respondents visiting Sumbersari Public Health Center is similar to Rahmayanti's research which states that 60.9% of visitors to the Sukmajaya Community Health Center are women. [11] Women use health services more than men because women have a greater health concern, self-care and are more likely to report symptoms of illness.[12] Lim also found that women are more active in seeking treatment than men who can more withstand the pain.[13]

Based on the age category, the elderly were the least number of visitors of the public health center because they were economically dependent, so they tended to avoid visiting health facilities when they were sick. During the COVID-19 pandemic, the Government issued a policy classifying that people under 45 years old can have free activities while those over 45 were limited.[14] The health monitoring of the elderly can be carried out through homecare, thereby minimizing the elderly as a risk group to visit the facilities.[15] The Implementation of health services during the COVID-19 pandemic in Bekasi City Region, Indonesia in 2020 showed that most of the respondents (82.2%) who visited health services during the pandemic were aged 15-25 .[16] The elderly tend to treat themselves with traditional medicine.[17] Siagian said that the low number of visits by elderly respondents could be due to the fact that they are a group at risk of being exposed to COVID-19 so they tend to avoid visits to health facilities.[18]

The next characteristic of the respondent reviewed is the education level. Not only transferring knowledge, but education is also about shaping the awareness and personality of individuals and communities that influences ways of thinking and perceptions of a problem. The higher one's education level is, the more efficient it will be in utilizing health services.[19] People with higher education feels more in need of health service assistance, while someone with low education will endure the pain and prefer to seek traditional medicine.[20] The huge number of Bachelor Degree (BD) respondents in this study was also due to the location of the study where this research was conducted in Sumbersari district located in the center of the city. This is supported by the statement of Jamaludin that the level of education of urban communities is relatively higher when compared to rural communities.[21]

Occupation is another factor influencing a person in utilizing health services. Hafizurrachman said that along with the increase in the community's economy, it is necessary to improve the quality of health services, so that people who work will have the ability to find qualified health services.[22] The most significant predisposing factor affecting the level of patient satisfaction with health services is the fulfillment of expectations.[23] People who have jobs will have expectations for health services related to satisfaction.[24,25]

The majority of dissatisfied respondents who visited the public health center were motivated by the COVID-19 pandemic which required changes to the flow of the health service process, limiting the number of patients in an effort to avoid crowds, and implementing standard preventive measures, early identification and control of the

source of the virus.[3] At Dangila Primary Hospital, Nortwerst, Ethiopia, 59.5% of patients felt that their visiting hours at a health facility were inadequate. 62.5% of patients were dissatisfied with hospital services. 76.6% of patients were not satisfied with the queuing process.[10]

Health services currently follow the first edition of the Guidelines for the Prevention of Corona Virus Disease-19 published by Ministry of Health of Indonesia.[15] Patient satisfaction can be affected by the health protocols and the COVID-19 triage service flow. Encouraging society to obey the helth protocols changes the flow of services to patients that can make patients uncomfortable.[6]

Research conducted by Fadila and Zulkarnain stated that there is no effect of age on patient satisfaction.[26] Another study conducted by Kuntoro and Istiono also showed that there was no difference in patient satisfaction with services at outpatient registration sites in terms of patient age characteristics.[27] Every patient wants the same attention and care.

CONCLUSION

There is a correlation between education level and patient satisfaction. [28,29] The level of education is one of the factors influencing a person's expectations and perceptions of health services. Someone with a higher education level is more likely to demand or criticize the health services and high-quality services are needed to achieve user satisfaction. The level of satisfaction of a person with higher education will decrease when expectations are not met.

Most of the visitors of Sumbersari Public Health Center during the pandemic were those who had jobs. The occupation of the head of family greatly affects the satisfaction of receiving health services in the context of treating illnesses of family members.[30]

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