Original Research

Assessing the service quality at health service facilities during the COVID-19 pandemic in North Buton District, Indonesia

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Abstract

Background: The degree of quality health is greatly influenced by existing health services. Thus, assessing the service quality during the COVID-19 pandemic is necessary.

Objective: This study aimed to describe the quality of services in health service facilities in North Buton District during the pandemic.

Method: A descriptive survey research was conducted in 2021. A total of 400 respondents were selected using accidental sampling. Data were analyzed using descriptive statistics and presented in the form of frequency distribution tables and narratives.

Results: The quality of service (tangible, reliability, responsiveness, assurance, and empathy) was sufficient. Changes in the quality of health services were more likely related to changes in service flow and operating hours. However, although the service quality was adequate, some respondents (8% to 12%) complained about unavailability of hand sanitizer in the waiting room, inadequate detailed information related to COVID-19, slow registration process, lack of medical personnel, and less friendly healthcare workers.

Conclusion: This study may serve as input for health policymakers and hospital and public health center managers to improve health service quality.

Keywords: COVID-19; quality of service; tangible; reliability; responsiveness; assurance; empathy

Background

Coronaviruses are a large family of viruses that cause diseases ranging from mild to severe symptoms. Coronavirus Disease 2019 (COVID-19) is a new type of disease that has never been identified before in humans. (Puspitasari, Yusuf,

Sinuraya, Abdulah, & Koyama, 2020; World Health Organization, 2020) Therefore, a countermeasures strategy is needed following the transmission that occurs both at the national and provincial levels to slow it down and delay the spread of transmission, providing optimal health services for patients, especially in critical cases; and minimizing the

impact of the COVID-19 Pandemic (Paschalia, Doondori, Kurnia, & Se, 2022; Tosepu, Effendy, & Ahmad, 2020; Yuliana, 2020). Therefore, the prevention and control of COVID-19 must be placed at the forefront of all government policies (Alyami et al., 2020; Hastuti, Nurdjannah, Suryani, Suyitno, & Tukiyo, 2022; Kementerian Kesehatan Republik Indonesia, 2020).

Based on the update of world COVID-19 development data as of April 4, 2021, the total confirmed cases are 131,020,967 with 2,850,521 deaths, and Indonesia occupies the 19th position for COVID-19 cases with a total of 1,537,967 cases. North Buton Regency has 37 positive cases, 29 recovered cases, and seven deaths (Dinas Kesehatan Provinsi Sulawesi Tenggara, 2021).

Existing health services greatly influence the degree of quality health. Quality health services are health services that can satisfy every consumer or user of services whose implementation is in accordance with professional standards and codes of ethics (Azwar, 2007).

One of the regions in the Southeast Sulawesi region that currently focuses on providing quality health services expected to give satisfaction to the community is North Buton Regency. From the existing data, North Buton Regency has one hospital unit, a general hospital owned by the local government. This hospital has emergency service capabilities level 1.

From the data on the number of pediatric visits in health facilities from year to year, it continues to experience changes. It can be seen in 2017 from the number of outpatient visits at public health centers (called Puskesmasnd in hospitals, amounting to 47,170 people. Then there was a very significant increase in 2018. Outpatient visits amounted to 74,864 people. The number of visits decreased in 2019 to 43,671 people (Dinas Kesehatan Buton Utara, 2021).

To improve health services in North Buton Regency, the Health Office has carried out various plans to improve human resources (HR) and logistics and management systems (COVID-19) and policies to provide support for health services amid the COVID-19 pandemic. Therefore, it is necessary to assess

the quality of services in health service facilities in North Buton District during the pandemic.

Methods

Study Design

Descriptive survey research was employed to obtain information on the impact of COVID-19 on service quality in health service facilities in the North Buton District in 2021.

Samples

The study population is the entire North Buton community that utilizes health services in the public health center and general hospital in the North Buton District, with 66,429 people. A total sample of 400 respondents was selected using accidental sampling.

Data Collection

Data were collected using validated questionnaires by respondents regarding the COVID-19 Pandemic, observation sheets, documents from the public health center, and the health profile of North Buton Regency.

Data Analysis

Data were analyzed using descriptive statistics and presented in the form of frequency distribution tables and narratives.

Ethical Consideration

The ethical consideration for this study has been secured by the Faculty of Public Health, University of Mandala Waluya Indonesia. Each respondent has received appropriate informed consent.

Results

Characteristics of Respondents

Table 1 is related to respondents' characteristics, including gender, age, education, occupation, and income. By gender, it was dominated by females, namely 258 respondents (64.5%) and males 142 respondents (35.5%). According to age, the highest age group, namely 20–40 years, with 237 respondents (59.3%), while the lowest group was the > 60 years old group, with as many as one respondent (0.3%). According to education, the total number of respondents with a high school education level was 137 respondents (34.3%), and the least S3 education level was one respondent (0.3%).

According to the highest occupation, namely farmers and fishermen, as many as 121 respondents (30.3%), while the lowest was workers, with as many as 11 respondents (2.8%). According to income, the highest in the range of Rp. 500.000 was 154 respondents (38.5%), while the lowest income was in the range of > Rp. 5.000.000 was nine respondents (2.3%).

Table 1 Characteristics of respondents

Characteristics	n	%
Gender		
Man	142	35.5
Woman	258	64.5
40-49 Years	29	46.8
50-59 Years	12	19.4
Age		
< 20 Years	54	13.5
20 - 40 Years	237	59.3
41 - 60 Years	108	27.0
> 60 Years	1	0.3
Education		
Not Finished Elementary	18	4.5
School		
SD (Elementary school)	45	11.3
SMP (Junior high school)	59	14.8
SMU (Senior high school)	137	34.3
Diploma (D1/D2/D3)	31	7.8
S1 (Bachelor)	109	27.3
S3 (Doctoral)	1	0.3
Work		
Student	33	8.3
PNS/TNI/POLRI	37	9.3
Private Employees	33	8.3
Laborer	11	2.8
Self-employed	81	20.3
Farmer/Fisherman	121	30.3
Miscellaneous	84	21.0
Income		
≤ Rp. 500.000	154	38.5
> Rp. 500.000 - 1.000.000	120	30.0
> Rp. 1.000.000 - 5.000.000	117	29.3
> Rp. 5.000.000	9	23
Total	400	100.0

Frequency Distribution of Service Quality

Table 2 shows service quality dimensions consisting of tangible (physical evidence), reliability, responsiveness, assurance, and empathy. According to physical evidence, the number of service quality was sufficient; there were 355 respondents (88.8%), and physical evidence in the less category amounted to 45 respondents (11.3%). Based on the reliability, the quality of service was sufficient, according to 368 respondents (92.0%).

Based on responsiveness, the quality of service was adequate, with 352 respondents (88%). In addition, the assurance dimension was sufficient, amounting to 358 respondents (89.5%), and the empathy dimension was also good, with 362 respondents (90.5%).

Table 2 Frequency distribution of service quality

Dimension	n	%
Tangible		
Less	45	11.3
Enough	355	88.8
Reliability		
Less	32	8.0
Enough	368	92.0
Responsiveness		
Less	48	12.0
Enough	352	88.0
Assurance		
Less	42	10.5
Enough	358	89.5
Empathy		
Less	38	9.5
Enough	362	90.5
Total	400	100.0

Discussion

Tangible (Physical Evidence)

According to the quality of health services in North Buton Regency during the COVID-19 pandemic, in accordance with respondents' responses in terms of physical evidence, most respondents have good perceptions of health services. Based on the results of the study on 7 question items contained in the tangible dimension (physical evidence), the average respondent expressed agreement.

Respondents mostly agreed to assess the cleanliness of the waiting room; the availability of hand washing and hand sanitizer in the waiting room; the existence of a distance limiter in the examination of patients; the distance between seats; health workers who looked clean and tidy (wearing COVID-19 PPE); sterile equipment; and information boards regarding COVID-19.

However, some still doubt this, especially regarding the handwashing and hand sanitizer available in the waiting room. Based on the results of interviews with several respondents, it is known that there are still many complaints about the adequacy of hand washing stations or the availability of hand sanitizer. This, of course, can affect the comfort of patients and their families because washing hands or wearing hand sanitizer is a step to prevent the spread of COVID-19.

Hand washing is one of the sanitary measures by cleaning hands and fingers using water and soap by humans to clean and break the germ chain. Hand washing is also one effort to prevent disease (Yusup, 2020).

Washing with water and soap becomes the most effective method because it contains fat-like compounds called amphiphiles, similar to lipids found in viral membranes. When soap comes into contact with this fatty substance, it binds to it and causes it to detach from the virus. It also forces the virus to break away from the skin.

Completeness of facilities is an asset in an organization to achieve organizational goals such as health services. Complete facilities: then, health workers will be able to carry out their duties and functions as health service providers, which can improve the performance of officers and provide satisfaction to the patients they care for (Akbar & Risky, 2020; Sharifi et al., 2021).

The need to improve the quality of health services starts with the physical appearance of health services, the appearance of officers, facilities, and infrastructure for health services so patients can feel comfortable with a clean and tidy atmosphere. This is in accordance with a study that improving the quality of public health center services is an actual demand of the community, with priority setting as the first step in maintaining the quality of puskesmas health services (Muninjaya, 2004)

Reliability

Reliability is the ability of health services to carry out services in accordance with what has been promised promptly. The importance of this dimension is that patient satisfaction will decrease if the services provided are not as promised. So this component or element of the reliability dimension is the provider's ability to deliver health services appropriately and charge appropriately (Akbar, 2020).

The results of this study showed that for the dimension of reliability, respondents mostly stated

that they agreed with the health services provided by health workers during the COVID-19 pandemic. Based on the results of the study on 7 question items contained in the dimension of reliability (reliability), the average respondent expressed agreement and strongly agreed. Most respondents stated that service quality is sufficient for health workers' reliability in providing health services. However, some respondents still note that health workers have not provided clearer and more detailed information about COVID-19.

In addition, reliability issues still need to be improved again, related to the problem of health workers helping patients sincerely overcome problems. The results showed that it had happened to patients who received poor service and could not solve the problem because of the convoluted process. This is in accordance with Ross (2017) stated that the quality of service that customers describe as how big the gap between customer responses or the reality of the service received compared to customer expectations of the service received.

In providing health services, openness is essential to form mutual trust between health workers and patients. Health services also need to improve the ability and knowledge of officers in providing health services, especially in providing information about treatment and actions taken to patients. The results of this study are in line with research conducted by Nugraha and Sumadi (2020) on the Effect of Service Quality and Price Perception on Patient Satisfaction in Type C Hospitals, Kebumen Regency, which states that service reliability is sufficient.

Responsiveness

Responsiveness is the provider's ability to be carried out directly with patients to provide services quickly and responsively. In addition, responsiveness can foster a positive perception of service quality (Fanny, Ahmad, & Liaran, 2019).

The results of this study showed that respondents stated that it was enough with the services provided in terms of the dimension of responsiveness because, based on the answers from respondents, the registration department served quickly, health workers listened carefully to patient complaints, health workers were responsive in helping patients who came, health workers provided opportunities for patients and families to ask questions, health

workers always asked patient complaints and health workers answered patient complaints.

This demonstrates that most respondents are satisfied with the quality of service provided by health workers' responsiveness in delivering health services during the COVID-19 pandemic. Health workers have good responsiveness, are always ready to provide health services, offer assistance when requested or not asked, immediately serve when needed, and prioritize services to more emergency patients.

However, based on the results of research, the resilience of health workers in carrying out services has not been fully optimal. Some respondents still disagree with this, namely, related to the problem of the speed of health workers in the registration section in providing services. Based on the results of interviews with several respondents, there are still complaints that need attention, namely related to fast service by health workers, so that sometimes there is a buildup of patients in the registration process who sometimes do not pay attention to distance in the midst of the COVID-19 pandemic. This is also in accordance with research conducted by Kosnan (2020) on the Effect of Service Quality on Inpatient Satisfaction at the Merauke Regency Regional General Hospital.

Assurance

Assurance is the knowledge and behavior of employees to build trust and confidence in patients in consuming the services offered. This dimension is particularly important because it involves public perception of the high risk of uncertainty about the capabilities of healthcare providers (Subianto, 2019).

The problem in the field is that some respondents complain that health facilities are not supported by reliable medical personnel, which can cause patient confidence to recover and create a family atmosphere between health workers and patients. For example, several hospitals lack doctors, so nurses or midwives carry out examinations or diagnoses.

Health workers must always work with a sense of responsibility, respect patient privacy, provide comfort, and reduce the risk of new diseases. Therefore, in providing health services, not only the

safety factor needs to be considered but also the accuracy factor because health workers who are meticulous in providing health services will be able to create a sense of security and comfort for patients.

This research was also conducted by Rofiah (2019) at the Rantang Health Center, which stated that the dimension of guarantee/certainty significantly determines patient satisfaction.

Empathy

Empathy *i*s the ability of health services carried out directly by health workers to provide attention to individual patients, including sensitivity to patient needs (Delgado, Bonache, Betancort, Morera, & Harris, 2021; Hadjam, 2001). The results of this study showed that most respondents were satisfied with the ability of health workers to provide health services to them. Health workers are able to understand and place themselves in the situation that patients are experiencing.

In terms of empathy, some respondents felt that health workers still did not give greetings to patients who came. In addition, respondents wanted a better attitude from officers in serving every patient who visited by always greeting patients.

Health services in North Buton Regency during the COVID-19 pandemic are very good. This is shown by the answers of respondents, who mainly state that health workers always behave friendly and politely when serving patients, provide services to patients without being picky, always give greetings to patients who come, try to calm the patient's anxiety about the disease they have suffered, use language that is easy for patients to understand when communicating, and take special time to communicate with patients. Our research is in line with a previous study (Natassa & Dwijayanti, 2019) revealed that there is a significant relationship between empathy and patient satisfaction.

Conclusion

The quality of service (tangible, reliable, responsive, assurance, and empathy) in general is sufficient in health services in North Regency during the COVID-19 pandemic. The changes in the quality of health services are more likely related to changes in service flow and operating hours. This study may

serve as input for health policymakers and hospital and public health center managers to improve health service quality.

Declaration of Conflicting Interest

The authors declare that there is no conflict of interest.

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Author Contribution

Made substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data: LOA, MIA. Involved in drafting the manuscript or revising it critically for important intellectual content: N, PA. Given final approval of the version to be published. Each author should have participated sufficiently in work to take public responsibility for appropriate portions of the content: IP, MH. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: LOA, MIA, N, MH.

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