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3 Expectation versus realization.pdf yuniarti 3 Expectation versus realization

WORD COUNT CHARACTER COUNT

2011 Words 12761 Characters

PAGE COUNT FILE SIZE

4 Pages 522.7KB

SUBMISSION DATE REPORT DATE

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Expectation Versus Realization Of Health Services in Tirto Public Health Centers Pekalongan City

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Abstract

Background Public Health Services (puskesmas) is most utilized health facility such as spearhead of health services and health development. Therefore, quality of health services of puskesmas must improved continously to comply public satisfaction as users of puskesmas services. Satisfaction could be reached if expectation before patient received services exceeded realization after receive health services. Purposes of this study are knowing about disparity between public expectation and realization of health services in public health centers. Methods This is a literature study with theoritical analysis related to theories about quality, satisfaction and health services. These contained in books, journals and relevant survey reports. Result and discussion Dimension of health services quality including ten aspects: one effectiveness, efficiency and punctuality. Those all dimentions correlated one others that influencing patient satisfaction in health services. Generally, good quality of health services could reduce the disparity about expectation and realization of patients. Patient satisfaction is well perception about health services accepted, that non differences between patient's expectation and health services availabled. Conclussion and suggestions Increasing level of satisfaction implemented by doing continous improvement and persistenly. Its needed innovation to make continous improvement adjusted the characteristics of patients.

Keywords: expectation, health service, realization

Introduction

Dynamics and progress of community changed community needs of health services. The impacts of changes not onto making easier access of health services, these also related to health service quality. The changes of community dynamics, health service need and health service demand be patient oriented in health care. Patient satisfaction is patient perception, positive or negative perception about health service received. Patient satisfaction related expectation to health service accepted.

Patients satisfaction become indicators of health service quality, which are brokendown into quality dimensions. Health service quality related to tangible of health service, including facilities, sophisticated medical devices, and other tools needs. Dimension of health service quality used as indicators of patient satisfaction are including: technical competency, savety, convenience, information, emphaty or human relationship, access, effectiveness, efficiency, continuity, and punctuality.

As indicators of health service quality, measuring patient satisfaction continuously. It

purposes to assess the changes level of patient satisfaction, it increases or decreses. Higher patient satisfaction indicate the commitmen of health service provider making continuous improvement, and making service quality as indicators of health service performances. Measuring patient satisfaction by comparing between expectation before using health service and realization after accept health services.

Methods

This study is a descriptive research with quantitative approach. Its describing about the differences of expectazion and realization of patients in public health center. Samples size are about one hundred and fifty patients in April 2019. Samples technique using accidental random sampling technique, and research location in Puskesmas Tirto Pekalongan City Province of Central Java. This study using quesionaire that contains ten dimensions of quality health services. Ten dimensions of quality health services including: competency, access, effectiveness, efficient, safety, convenience. information. human relation. continuity and punctuality.

Results

Results of this study consists of two phases, that are before using health services to know about expectation and after using health services to know about satisfaction. The lack of expectation and realization indicates unsatisfaction. The differences of expectation and satisfaction known in these tables below:

Table 1. Satisfaction of provider's competency

| | r - 1 | |
|-------------|-------------|--------------|
| Expectation | Realization | Satisfaction |
| 100% | 99% | 99/100 = 99% |
| | | |

Table 1 shows level of satisfaction is 99% points.

Table 2. Satisfaction of health service savety

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 98% | 98/100 = 98% |
| | | |

Table 2 shows satisfaction level of health service savety is 98%.

Table 3. Satisfaction of health service access

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 96% | 96/100 = 99% |
| | | |

Table 3 shows information that 96% patient are satisfactied.

Table 4. Satisfaction of health service effectivity

| | | <i>J</i> |
|-------------|-------------|--------------|
| Expectation | Realization | Satisfaction |
| 100% | 95% | 95/100 = 95% |
| | | |

Table 4 gives information about 95% patients satisfied with health service effectiveness.

Table 5. Satisfaction of health service efficient

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 99% | 99/100 = 99% |
| | | |

From table 5 known 99% patients satisfied with health service efficient.

Table 6. Satisfaction of health service continuity

| | | <u> </u> |
|-------------|-------------|--------------|
| Expectation | Realization | Satisfaction |
| 100% | 97% | 97/100 = 97% |
| | | |

From table 6 known that 97% patients satisfied with health service continuity.

Table 7. Satisfaction of convenience

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 99% | 99/100 = 99% |
| | | |

Based on table 7 known that dimension of convenience is about 97%.

Table 8. Satisfaction of health service information

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 94% | 94/100 = 94% |
| | | |

Table 8 shows 94% patients are satisfied with information of health service.

Table 9. Satisfaction of human relation in health service

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 97% | 97/100 = |
| | | 97% |
| | | |

From table 9 we know 97% patient satisfied with human relation between provider and patients.

Table 10. Satisfaction of health service punctuality

| Expectation | Realization | Satisfaction |
|-------------|-------------|--------------|
| 100% | 93% | 93/100 = 93% |
| | | |

Table 10 shows 93% patients satisfied with punctuality of health service, its the lowest one.

Discussion

Patients satisfaction is one of indicator to measure quality of health services. Higher satisfaction indicates health services delivered well and standardized. Health service quality refer to perfectness of health service to fulfill patient satisfaction. From table 1 knowing that satisfaction level of technical competency is 99% its almost perfect. It means providers having good performance in delivery health services, professional looks and well skilled. Commonly, patients couldn't know technical aspect of skills and competency, patients only know from interpersonal relationship and convenience (Supartiningsih, 2017).

One of quality dimension in health service is patient savety, which is to ensure patients save from risks and injury caused malpractices. Refer Management Pekalongan, Indonesia, August, 7-8, 2019

to PMK Nomor 11 Tahun 2017 Tentang Keselamatan Pasien 2nd clause mentioned that regulation about patient savety to increase quality health services in health care facility through implementation of risk management in throughout service aspects. Seven steps towards patient savety including: build awareness about patient savety, leading and support staffs, integrate activities in risk management, develop report system, involve and build communication to patients, learn and share experiences about patient savety and prevent injury through patient savety implementation system.

Results show patient satisfaction in access dimension are about 96 percents. These good access towards public health center is in strategic location, streamlined of highway, good transportation and good ability to pay. Puskesmas Tirto I is located in center of recidential environment that giving eazy way to access it. Access gives opportunity for patients to use health service such as their need. Access has five provider's perspectives: proximity, patients have ability receiving health services, availability of health services, ability to pay and suitability (http://mutupelayanankesehatan.net).

Continuity is providing health services well which is referring to availibity of health service and every single time. Based on study about Continuity of Maternal Health Care Utilization in Indonesia (Sulistyowati, Puti Sari, dan Dwi Hapsari); estimation about continuity of health service is more to higher social economic status; high education, have works and good financing. Continum care would increase health outcome, there is positive relationship between health service utilization with health prevention (Dwi Siska Kumala Putri, dkk).

Convenience is pattern of pleasure, relief, physical completeness in dimension. phsycospiritual dimension social environment. Convenience a phsycois situational that depends patients on characteristic. Commonly, convenience only known by asking to patient directly how comfortable they are. Concenience becoming goal in nursing care that is healing patients (Allygood & Tomey, 2006) in Syafrisar, 2018. Convenience has no direct correlation with health service effectivity, but it influences patient satisfaction. Convenience could construct patients trust to health service provider (Pohan, 2004). Perception patient about health service received depends on health service provider fulfill the needs, demands and expectation of patients, and these can contruct positive perception (Eka Sartika Bancin, 2018).

Excellent service is special services to give best services, which is service giving to patients based on quality standard for filling patients needs and patients demands. Main principle of improving service quality is patient savety and health service standard. Commonly, patient doesn't only need the cure but be oriented in health service process too. Health service outcomes are including clinical outcomes, benefit received and experience unsatisfaction. satisfaction and **Patients** experience depend on health services process in front line its micro service that given directly (Rizanda Machmud, 2018).

Health service standards needed to decrease variation of process, professional requirements and measure service quality. Standards implemented to secure patient savety and health provider savety. Decresing health service variation could improve concistency of health service, decreasing morbidity and mortality, increasing health status, increasing efficiency and making easier for provider giving health services (Rizanda Machmud, 2018)

A model about consumer satisfaction explains there are key factors related to health service: complexity, unconvience, patient involving and urgency of health service (Sollecito, Johnson, 2011). Patient satisfaction has main roles for measuring the service quality, and more over patient satisfaction build patient loyality and contribute to spreadhead the markets of health service coverage (Buhang, 2007) in Uswatun Khasanah, 2019.

Conclusion and recommendation

Generally, has no disparities between expectation and realization of patients perception of health service. The average of patient satisfaction is more over 90%, these show that health service in Tirto Public health

center is standardiced and consumer satisfaction oriented.

Recommendation needed to maintain patient satisfaction, mainly in convenience and human relation dimensions. Performance of provider needed maintained and improved to implement total quality management in Tirto public health center.

Increasing level of satisfaction implemented by doing continous improvement and persistenly. Its needed innovation to make continous improvement adjusted the characteristics of patients.

Acknowledgements

We thank to Puskesmas Tirto of Pekalongan City Central Java for their valuable supports and helping of this study.

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