Service Quality, Satisfaction and Patient Loyalty in Public Health Center of Bengkulu

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A B S T R A C T

Loyalty services by patients depend on the quality of service received. Therefore, quality is the main competitive advantage and is an important aspect of a health service. In Bengkulu City, there were 156,854 people with a total contact rate of 15,726 (10.06%) with sick visits of 13,068 (8.33%) and healthy visits of 2,658 (1.69%). The high number of sick visits requires quality individual health services. The research design used was exploratory with a cross-sectional observational approach with hypothesis testing. And then to determine the relationship between the quality of curative services, quantitative methods, and qualitative methods, to determine the role of management in improving the quality of health services on patient satisfaction and customer loyalty in community health centre services. The results showed a significant relationship between the quality of health services and patient satisfaction and patient satisfaction with the customer loyalty to the community health centre in Bengkulu City (p = 0.001). Analysis of management improvements to improve the quality of achieving the health centre's indicator targets includes planning. So every three months, to discuss any problems in the implementation of each program, monitoring the assessment and evaluation of the implementation of activities at the community health centre carried out internally and externally. The services provided are good because the community health centre officers carry out efforts in service quality, especially in terms of the dimensions of empathy and physical evidence. Nevertheless, the community health centre should continue to improve service performance to meet the wishes and needs of patients with continuous and programmed efforts.

A B S T R A K

Kualitas pelayanan merupakan keunggulan bersaing yang utama dan perlu disadari bahwa kepuasan pasien merupakan aspek penting dalam suatu pelayanan kesehatan. Jika pelayanan yang diperolah memenuhi harapan pasien maka akan memunculkan minat memanfaatkan kembali penyedia pelayanan kesehatan tersebut. Di Kota Bengkulu terdapat sebanyak 156.854 jiwa dengan jumlah kontak rate 15.726 (10,06%) dengan kunjungan sakit sebanyak 13.068 (8,33%) dan kunjungan sehat 2.658 (1,69%). Masih tinggi angka kunjungan sakit menuntut pelayanan kesehatan perseorangan yang bermutu. Desain penelitian yang digunakan adalah eksploratori dengan pendekatan observasional Cross Sectional untuk metode kuantitatif dengan uji hipotesis dan metode kuantitaf untuk mengetahui peran manajemen dalam peningkatan mutu pelayanan kesehatan terhadap kepusasan pasien dan kepuasan pasien terhadap minat memanfaatkan kembali puskesmas. Hasil penelitian menunjukan terdapat hubungan yang signifikan mutu pelayanan kesehatan terhadap kepusasan pasien dan kepuasan pasien terhadap minat memanfaatkan kembali puskesmasdi Kota Bengkulu (p=0,001). Hasil penelitian kualitatif menunjukan pelayanan yang diberikan

sudah baik karena petugas puskesmas menjalankan upaya demensi kualitas pelayanan terutama dari segi dimensi empaty dan bukti fisik. Meskipun demikian, sebaiknya pihak puskesmas harus terus melakukan pembenahan untuk meningkatkan kinerja pelayananguna memenuhikeinginan dan kebutuhan pasiendengan upaya secara kontinyu dan terprogram.

INTRODUCTION

Public Health Centre is a health service facility that organizes public health efforts (UKM) to support the archievement of minimum service standars for the City Regency in the health sector through promotive and preventive efforts by prioritizing target groups. Therefore, the citizen able to maintain, improve and prevent health problems disease. Add-on, public health centre also organizes individual health efforts (UKP) which are oriented to the users and focused on curative services. Community Heal this a health service facility that organizes first-level public health efforts and individual health efforts that prioritizes promote and preventive efforts with group and community targets to achieve good public health degrees and as a center, Primary individual health services, acting as gate keepersor first contact informal health services and controlling by medical servicest and ards (Permenkes RI, 2019). Planning, implementation, regulation, and evaluation are the tasks of integrated and interrelated Puskesmas management. The management function should be enhanced by planning based on situation/needs analysis, maximizing the role of cross-sectoral stakeholders, strong commitment, professionalism, and integrated supervision which is reviewed monthly through mini workshops to propose solutions. Service commitment indicators are achieved through planning, implementation, management, and assessment. The implementation of the Puskesmas carries out all promotive, preventive, and curative efforts in an integrated manner. The management function has a modest and positive impact on service commitment; the better the management function, the greater the service commitment indicator (Syaiful Anwar et al., 2020).

Quality services will benefit patients as service users and Community health centers as service providers, and more patient visits to the Community health center, the more expenses for service operations. Service quality is determined mainly by the availability and motivation of employees who provide services. This mutually beneficial condition aligns with previous research that stated that a health facility's quality could be seen from the services offered. Health facility services are a determining factor for patient satisfaction and loyalty. Satisfaction is the result of a comparison of services obtained and the expectations of each patient (Ridwan & Saftarina, 2015).

The factors that affect the quality/quality of health services are grouped into three main categories about to service providers, service patients, and the environment in which health services are provided. The environment is the organization of health services, the resources and facilities needed to provide services (Mosadeghrad, 2017). The satisfaction of health service user sisclosely related to the results of health services, both medically and non-medically suchas the fulfill mentoftreatment. Performance problems at the community health center significantly impact the services provided to patients, which can be seen from the decrease of patient visits to the community health center in the previous year. Organizational culture and work environment are one a spectof health center service management that can affect patient satisfaction in receiving services,so it is hoped that the management can improve the sea spects optimally so that patient satisfaction can be furtherim proved (Kurniasari & Koesnadi, 2021).

Previous research related to the interest of patients visiting the Air Hitam Laut health center stated that 61.5% of respondents had a good perception of service quality and as many as 69.8% of patients were interested in repeat visits. Furthermore, the results of statistical tests showed that there was a significant relationship between perceptions of service quality and the patient's interest in repeat visits to the Air Hitam Laut Public Health Center (p = 0.004). This shows that most patients are interested in making repeat visits to the community health center as First Level Health Facilities (FLHF). Good service quality will provide satisfaction to patients who will ultimately reuseand recommend these health services to those around them, thus influencing the decision to make repeatvisits (Armada et al., 2020). In line with the research of Andoko, et al 2018 shows there is a relationship between physicalevidence (p-value: 0.000 and OR: 3.859), reliability (p-value 0.000 and OR: 4.202), responsiveness (p-value:0.000 and OR: 4.725), assurance (p-value: 0.000 and OR: 5.440) and empathy (p-value:0.000 and OR:6.944)with patient satisfaction at Way Halim Public Health Center, Bandar Lampung City. It is shown that the primary demand of patients is to go to the community health center to get services related expectations (Andoko et al., 2018).

Puskesmas management is very important to ensure patient satisfaction and program objectives that must be met from month to month and year to year. The implementation of the Puskesmas program requires reliable management and sustainable development initiatives. Puskesmas can develop a management theory that is in line with the objectives of achieving the goals and objectives that have been determined. Program success, as judged by many metrics, must be achieved by properly and sustainably managing limited resources. Efforts to improve the management function of the Puskesmas are very useful in meeting the program objectives which are described in the following frame work:

Based on the picture above, the patient's desire to return to health care facilities is influenced by access, services, and the availability of all the necessary tools and drugs at the facility, because easier access to service facilities makes it easier for patients to visit, while access is more difficult, such as roads and transportation facilities are difficult, making it difficult for patients to return. The services provided are related to the patient's desire to return because what the patient experiences when receiving the service will give the patient satisfaction to return to the facility for further services, and vice versa. Availability of instruments and medication encourages patients to return because they know they will get a checkup using the tools available at the facility(Febriawati, 2020).

Based on the P-Care report from the Bengkulu Social Health Insurance Administration office (BPJS) in 2016, the number ofparticipants for the National Health Insurance (JKN) in Bengkulu City was 156,854 people with a total contact rate of 15,726(10.06%). Sick visits were13,068 (8.33%) with healthy visits 2,658(1.69%). The high number of sick visits requires quality individual health services. The purpose of the study was to analyze the effect of the quality of health services on patient satisfaction and the impact of patient satisfaction on interest in returning to the community health centre in Bengkulu.
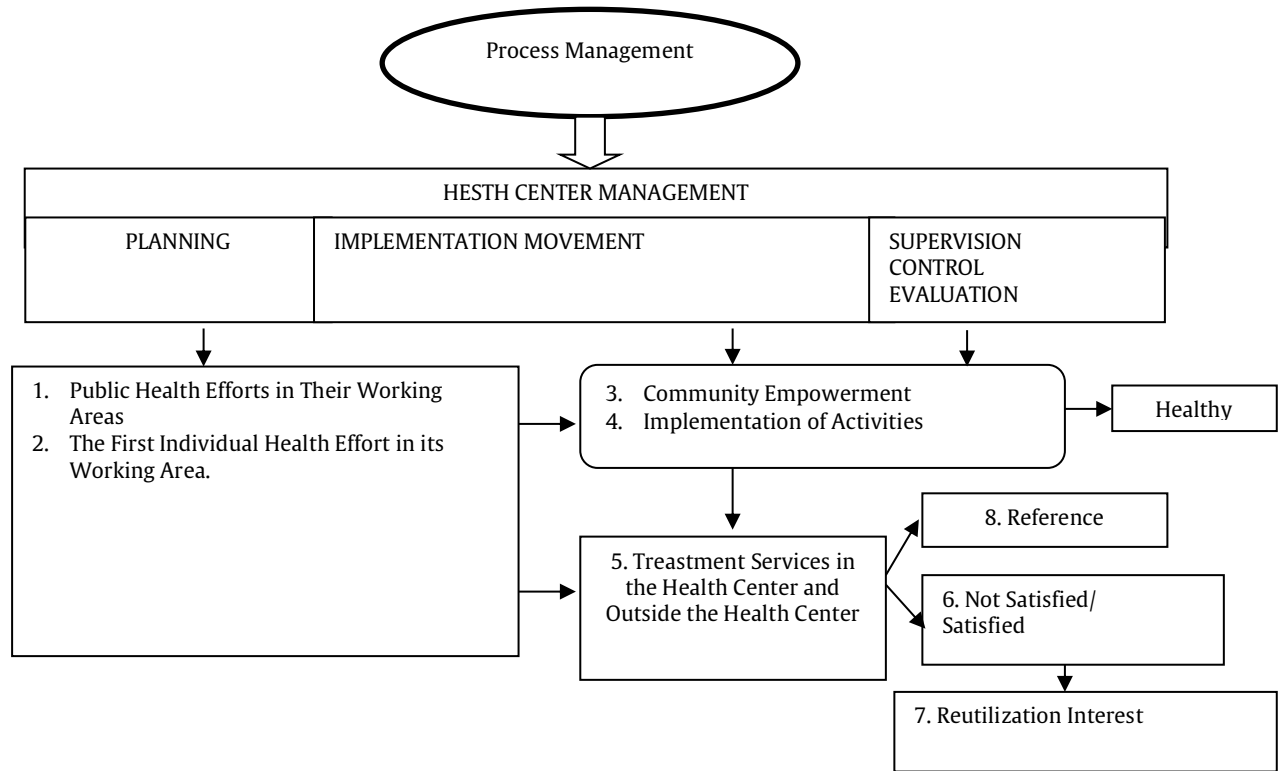
Source: Developed from: Theory (Green L. W., Kreuter, 2015) Health System (WHO), Service Quality, model of factors that affect the quality of health services (Mosadeghrad, 2017) and Concepts of Policy Analysis (Dunn, 2004)

METHOD

The research design used is exploratory with a cross-sectional observational approach for quantitative methods with hypothesis testing. The research was carried out in two stages as follows: the first stage was a quantitative method to determine the quality of health services on patient satisfaction and patient satisfaction with the customer loyalty the community health center, the second stage was a study using a qualitative method approach by conducting a qualitative analysis to determine the commitment of officers to provide health services to factors -factors that affect the quality of health services and quality improvement policies. The sample for the service quality variable with patient satisfaction is the National Health Insurance (JKN) participants who seek treatment at 20 health centers in Bengkulu City. Sampling using the Accidental Sampling method, namely JKN participants who came at the time of the study who were queuing to get Puskesmas services during Puskesmas service hours. The sample obtained from the study amounted to 351 people from 20 health centers, while the informants in this study using the purposive sampling method, namely the head of the puskesmas and the person in charge of the individual health effort program. This data collection was carried out from June to October 2020. The inclusion criteria in this study were JKN participants, people who visited/treated at the Puskesmas at the time of the study, visiting participants who were sufferers of hypertension and diabetes mellitus. Exclusion criteria are general participants or not BPJS health participants,

Data collection used primary data where researchers were assisted by enumerators to visit 20 Puskesmas in Bengkulu City and interview respondents who were receiving services at the Puskermas. This primary data collection was carried out by 5 enumerators assigned or responsible for 4 Puskesmas which had been divided based on the proximity between the Puskesmas. The enumerator is tasked with completing 1 Puskesmas first and then continuing with the next Puskesmas. The informant who is the head of the Puskesmas and the person in charge of the individual health effort program was interviewed by in-depth interviews which were carried out directly by researchers from all 20 Puskesmas. The interview guidelines used for the head of the Puskesmas related to the management of the Puskesmas include planning consisting of how to plan the program/performance of the Puskesmas, Mobilizing Implementation related to the implementation of the Puskesmas mini-workshop, and monitoring and controlling the assessment related to the follow-up to the implementation of the program/performance of the Puskesmas. The interview was carried out after the primary

data collection for respondents was carried out, and the interview process to the head of the Puskesmas and the person in charge of the individual health effort program was carried out.

The instrument used for primary data collection is a questionnaire. The questionnaire consisted of questions on the independent variable of the quality of health services consisting of 20 questions related to the services obtained by respondents when visiting the Puskesmas, patient satisfaction questionnaires related to questions about perceptions of satisfaction with the services received. The dependent variable questionnaire, namely patient satisfaction related to the satisfaction received by the response to the services received from the Puskesmas, the interest in returning contained a questionnaire about the respondent's desire to reuse the services obtained from the puskesmas. The instrument/questionnaire used in this study was prepared by the researcher. The influence of the satisfaction variable with the interest in returning/continuing to use the puskesmas using the chi square test analysis because the patient satisfaction variable is in the categorical form and the interest in returning/continuing to use the puskesmas is in the categorical form. The qualitative data analysis carried out includes an interactive model by means of data reduction related to the selection process, focus, simplification, abstraction and transformation of the data that appears in the researcher's notes or transcription, the next step is data analysis with data arrangement to draw conclusions, the last step is drawing conclusion/verification where conclusions are drawn as well as research verification.

RESULTS AND DISCUSSION

1. Univariate Analysis

Quality of Health Center Services in Bengkulu City

The quality of health services at the Bengkulu City Health Center can be seen in Table 1.
From the results of the univariate analysis of the service quality variables at the Community health center in Bengkulu City, the average service quality was 76.41 with a minimum of 53, a maximum of 99, and a standard deviation of 9.449.

Table1
Health Center Service Quality

Variable	Minimum	Maximum	Mean	Standard Deviation	N
Service Quality	53	99	76.41	9,449	351

Source:Processed Data

Patient Satisfaction at Bengkulu Health Center

The distribution of the frequency of assessing patient satisfaction with services obtained from the Bengkulu City Health Center based on the results of questionnaire data in the form of questions given to patients at the Community health center can be seen in Table 2.

Based on Table 2, most of the patients were satisfied (50.4%) and very satisfied (15.1%) with the Bengkulu City Health Center services.

Table 2
Univariate Analysis of Patient Satisfaction at the Bengkulu City Health Center (N=351)

Patient Satisfaction	N	%
Not satisfied	12	3.4
Less satisfied	109	31.1
Satisfied	177	50.4
Very satisfied	53	15.1
Amount	351	100

Source: Processed Data

Interest in Returning to the Health Center in Bengkulu

Distribution The frequency of interest in returning patients who took treatment to the Community health center in Bengkulu based on the results of questionnaire data given to patients at the Community health center at the time of the study can be seen in Table 3. Based on Table 3, shows that most of the patients who visited the Community health center had an interest in returning to take treatment at the Community health center again.

Table 3
Analysis of Patient Satisfaction with Interest in Returning to the Bengkulu City Health Center

Reutilization Interest	N	Average
Not	105	29.9
Yes	246	70.1
Total	351	100

Source: Processed Data

2. Bivariate Analysis The Effect of Health Service Quality on Patient Satisfaction at the Bengkulu City Health Center

The effect of the quality of health services on patient satisfaction at the Bengkulu City Health Center using ANOVA analysis can be seen in Table 4.

Table 4 shows that the average quality of the quality of health services for dissatisfied patients is 66.75 with a standard deviation of 6.32. In patients who are not satisfied the average quality assessment of quality of health services is 69.03 with a standard deviation of 6.895. In patients with satisfying patient satisfaction, the average service quality assessment is 78.6 with a standard deviation of 5.535. Meanwhile, patients who are very satisfied with the average quality assessment of the quality of health services are 76.41 with a standard deviation of 9.449.

The results of statistical tests obtained p-value = 0.001 which means at alpha 5% so it can be concluded that there are differences in the assessment of the quality of health service quality from the four levels of patient satisfaction. Further analysis proves that the groups that are significantly different are the level of satisfaction dissatisfied with satisfied, dissatisfied with very satisfied, less satisfied with satisfied, less satisfied with very satisfied, satisfied with

dissatisfied, satisfied with less satisfied, satisfied with very satisfied, and very satisfied. Satisfied with dissatisfied, very satisfied with less at is fied, and very satisfied with satisfied. This is in line with previous research which states that service quality has a positive influence on patient satisfaction (p < 0.05). The better the quality of service, the more satisfied the patient is with the health service, and the greater the patient's desire to be loyal in using health services and willing to recommend it to others. In addition, a good image of a health service can influence the patient's perception that the services received are believed to provide comfort. Patients with a negative hospital image are 1.89 times more likely to be dissatisfied than those with a positive hospital image (Anfal, 2020).

Table 4
Quality of Health Services and Patient Satisfaction

Variable	mean	Standard Deviation	95% CI	P-value
Patient Satisfaction				
Not satisfied	66.75	6.32	62.73 – 70.77	
Less satisfied	69.03	6.895	67.72 – 70.34	0.001
Satisfied	78.60	5.535	77.44 – 79.76	
Very satisfied	76.41	9,449	84.93 – 87.98	

Source: Processed Data

In line with the results of research by Hasan, et al (2018) found that the quality of health services has a close relationship with customer loyalty. Service with a good image will generate trust, confidence, support, and loyalty from the community. This is because the quality of service felt by the patient by his expectations and the quality of service has been met so that a sense of patient dependence on the health service will arise [8]. Another study conducted by Ichlas et al (2019) showed that there was a positive and significant effect between service quality and trust on patient satisfaction (p < 0.05). The better the quality of service provided, the trust and patient satisfaction will increase (Hasan et al., 2018).

The results showed, from the four levels of patient satisfaction, the average quality assessment of the quality of community health center services in Bengkulu City was the highest in patients with a satisfied category, namely78.6. Thus, most of the patients were satisfied with the health services at the Bengkulu City Health Center. So, it can be concluded that the quality of health services greatly affects the level of patient satisfaction at the Bengkulu City Health Center with a p-value= 0.001. Patients who expressed satisfaction with the quality of health services generally received good service. Good service quality has a positive impact on patient recovery by with the nature of basic services, namely meeting the needs and demands of users of health services. Patients often feel that the service they receive is different because of their insurance ownership. There are differences in the satisfaction of BPJS patients and general patients based on the dimensions of responsiveness (Yanuarti et al., 2021).

The biggest satisfaction in non insurance patients is on the Assurance variable (-1,002) and the smallest satisfaction is on the Tangibles variable (-1,357) and the biggest satisfaction of BPJS health insurance patients is on Assurance variable (-1,085) and their smallest satisfaction is on Responsiveness variable (-1,367). The non insurance patients gap is (-0,217) and the BPJS health insurance patients gap is (-1,206), both of them were classified into low satisfaction level. The result of Importance performance analysis value of non insurance patient showed Responsiveness attributes that should be prioritized and improved while in BPJS health patients showed Responsiveness and Reliability attributes that should be prioritized and improved by Negara General Hospital (Dewi & Ramadhan, 2016).

According to Rombon, et al (2020) quality, efficient and effective health services can increase patient satisfaction. Patient satisfaction is a reflection of the quality of service received because the patient's experience with health workers and the surrounding environment is a significant assessment of patient satisfaction (Rombon et al., 2020). In line with the research of Merkoiris, et al (2013) stated that the quality of service quality will have an impact on more efficient and effective services(Merkouris et al., 2013). For the improvement of the quality of health services at the Community health center to run well, there must be a strong strategy and desire from managers and all stakeholders as research conducted by Hellen, White, and Wright (2012) stated that: long-term mental health facility quality assessments made by service managers positively impact the autonomy and care experience for service users. Interventions that improve service quality can provide separate promotions for service users(Hellen Killaspy et al., 2012)

Research by Ahmed, et al (2017) suggests that service quality, patient satisfaction, and loyalty data can be used in quality management. Thus, enabling service managers to monitor and maintain service quality. Service providers can better understand how various dimensions and items affect overall service quality and design efficient service delivery processes. Through the identification of service quality strengths and weaknesses, providers can allocate resources to services and ultimately improve service quality (Ahmed et al., 2017).

Improving the quality of services at the Bengkulu City Health Center can be improved by training personnel, to increase knowledge and skills in providing services. Improving service skills can improve quality and have an impact on patient satisfaction. Patient satisfaction can in crease confidence in services and reduce referrals or requests for referrals to advanced health services. Improving the quality of services can reduce service referrals to advanced health facilities, such as hospitals.

Effect of Patient Satisfaction on Customer loyalty Public Health Centers in Bengkulu City

The effect of patient satisfaction on customer loyalty community health center services as a first-level health facility using chi-square (x2) analysis can be seen in Table 5.

Table 5.
Effect of Patient Satisfaction on Customer loyalty to the Community health center

| Patient Satisfaction | Reutilization Interest | | | | Total | | P value |
| | Not Reutilization Interest | | Reutilization Interest | | | | |
	tidak	%	Ya	%	N	%	
Not satisfied	10	9.5	2	0.8	12	3.4	
Less satisfied	73	69.5	36	14.6	109	31.1	0.001
Satisfied	22	21.0	155	63.0	177	50.4	
Very satisfied	0	0	53	21.5	53	15.1	

Source: Processed Data

Based on table 5 above, it is known that the results of the analysis of relate between patient satisfaction and customer loyalty community health center services in Bengkulu City show that patients with a level of satisfaction with service quality (63.0%) are more interested in reusing community health center services as First Level Health Facilities (FKTP) in Bengkulu City than patients with very satisfied (21.5%), less satisfied (14.6) and dissatisfied (0.8%). Patient satisfaction with the level of satisfaction with the quality of health services who have no interest in returning to the community health center there is as many as 22 patients (21%). The results of statistical tests obtained p value = 0.001 so it can be concluded that there is an influence between patient satisfaction and interest in returning to community health center services in Bengkulu City.

This is in line with previous research which states that patients who are satisfied with the services received in a health service tend to use the health service again. If patient satisfaction is below what is expected, the patient will lose interest in making repeat visits to the health care provider. This shows that there is a positive and significant effect between patient satisfaction on the interest in repeat visits, the higher the patient satisfaction, the higher the interest in repeat visits for treatment in health services (Daniati et al., 2021).

The results of research conducted by Mudlikah, et al (2020) stated that 56.4% of patients were satisfied with the services of the community health center and 84.2% of patients were interested in reusing the health services of the community health center. The results of statistical tests showed p = <0.05, which means that there is a relationship between patient satisfaction and customer loyalty health services provided by the community health center. Community health center is one of the public sector services that prioritizes quality health services. Good service is the hope of every patient who visits so that later the patient has and is interested in making a return visit if they want to do an examination. Customer satisfaction or disappointment with the service will affect their behavior after that (Mudlikah et al., 2020).

Understanding the needs and desires of patients is an important factor that affects patient satisfaction. Satisfied patients are a very valuable asset because if patients are satisfied, they will continue to use the service of their choice, but if patients are not satisfied they will tell twice as much to others about their bad experience. Thus, if the patient already believes in health services, it will lead to an intention to seek treatment again in the future (Kaseger et al., 2021).

The results showed that most of the patients (63.0%) feel satisfied with the quality of health services that affect the customer loyalty community health center services in Bengkulu City. Thus, it can be concluding the patient's interest in repeat visits is strongly influenced by the experience of the services provided previously. After receiving health services, patients will compare the services received with the expected services, thus influencing the decision to make repeat visits which will affect patients about the services provided. This is in line with previous research which showed that a high level of satisfaction had an effect on the participants' customer loyalty to primary health services in both provinces. However, there is a need to address or improve these factors to increase the level of patient satisfaction. Staff must continue to listen, respect and treat patients with courtesy and also implement an efficient work schedule to reduce patient waiting time (Nunu & Munyewende, 2017)

According to Oktarina's research (2017) at the Air Cold Health Center in Padang City on the determinants of customer loyalty outpatient services, it shows that most patients are satisfied with the reliability dimension of 60.8%, the responsiveness dimension of 62%, and the assurance dimension of 58.2%., the empathy dimension is 60% and direct evidence is 62%. To improve patient perceptions of service quality, it is necessary to pay attention to five dimensions of quality that can influence patient customer loyalty re-service at the community health center, namely by increasing patient perceptions of the reliability dimension through building a quality work culture, perceptions of the responsiveness dimension through maximizing the performance of officers and minimize patient waiting time (Oktarina, 2017).

According to Setyawan's research (2019) patients' satisfaction was affected by all dimensions of health service quality (RATER) simultaneously. However, different values will be obtained if all dimensions were measured separately, range from 10% to 33.2%. It could be concluded that patients' satisfaction were influenced by the quality of medical staff services through its five components: reliability, assurance, tangible, empathy and responsiveness (Setyawan et al., 2019).

Good health services can create a sense of satisfaction in every patient in accordance with the average level of satisfaction in the main target population of health services and patient satisfaction will be achieved if the results obtained by each patient are maximal by considering the patient's physical condition, abilities, and responsiveness to needs. patient. In order to improve health services in the country, health care workers should have stable emotions, are not easily influenced by situations, and can manage sentiments regularly to prevent the sensation of irritability so as to be able to provide comfort to patients and arouse interest from patients to visit again.

The Role of Management in Improving the Quality of Public Health Centers in Bengkulu City

In this study, the researchers conducted in-depth interviews using interview guidelines for research informants, namely the head of the community health center and PJ of the Individual Health Efforts (UKP) program at three health centers in Bengkulu City (Betungan Public

Health Center, Bengkulu City, Anggut Atas Public Health Center, Bengkulu City and Bengkulu City Community Health Center). analysis of management improvements in an effort to improve the quality of achieving the target health center indicators which include planning, mobilizing and implementing, monitoring, evaluating and evaluating the implementation of activities at the community health center with the following research results:

"*Planning and all the problems encountered in the field, whether from UKP or SME programs are a ways discussed during mini-workshops. Yes, the discussion n this minilog is used as an improvement plan forimprove the quality of health centers in order to provide the best service*" (informant 1).

"*All sections report on the lack of tools and materials needed to improve the quality of community health center services. After that, a proposal is made to the health office regarding the purchase of tools and materials needed for service purposes so that patients can seek treatment at the community health center and are not referred.*" (Informant 2).

"*Each community health center program has a PJ who is responsible for implementing the program and every obstacle will be discussed and future improvements planned in mini workshops which are held once every quarter. starting from data collection, problem identification, problem causes, problem priorities, and follow-up plans*" (informant 3).

"*Give explanations to patients that not all diseases can be referred because some diseases can still be treated at the community health center*"(informant 4).

"*Supervised by the internal audit of the community health center then reported to the quality team, later the quality team will report to the head of the community health center*" (informant 5).

"*To build patient trust, we always try to provide the best service, especially friendliness to patients, because patients who come in sick, in addition to needing medicine, they also assess how we health workers provide services. If patients complain, of course they have had a bad experience and don't want to go back to our health center for treatment again*" (informant 6).

The results showed that the person in charge of the Community health center UKP developed a performance improvement plan which was an integrated part of the community health center quality planning. There are mini workshops held every three months to discuss any problems in the implementation of each program. Based on the results of interviews with informants, the services provided were good because the community health center officers carried out efforts to improve the quality of service, especially on the empathy dimension, namely the officers were very concerned about the patient's treatment and always gave explanations about all things that the patient did not understand. In the dimension of physical evidence, the community health center has tried to improve facilities and infrastructure by submitting service support facilities to the health office.

Service quality is an important factor that can shape patients' trust in the community health center so as to create their loyalty as consumers of health services. Research conducted by Artini, et al (2016) related to the implementation of community health center management and service quality at the Karangasem Regency Health Center, Bali, shows that the implementation of community health center management is still included in the poor category, namely planning (50.5%), implementation and control (54.1%) and supervision and accountability (54.1%). Thus, quality health services need to be supported by good health center management and the availability of professional personnel (Artini et al., 2016).

Research conducted by Shobirin (2016) states that the application of community health center management to treatment programs at Community health center throughout Bangkalan Regency is included in the poor category, which is 76.2% and the application of community health center management to good category is 23.8%. Management implementation is less because it is influenced by less planning (52.3%), less implementation and control (54.2%) and less supervision and accountability (54.2%). Thus, the work commitment of community health center officers is needed to be actively involved in carrying out health care services so that the services provided are by patient expectations so that it raises customer loyalty community health center services (Shobirin, 2016).

A health service will be considered satisfactory if the patient's expectations can be met so that the patient's desire arises to return to visit health services. Thus, there is a fairly large relationship between patient expectations of a health service. Patients have the hope that the health services they receive can be provided quickly, accurately, at the forefront, of quality and with good empathy in service delivery (Febriawati et al., 2021)

Management of Community Health Centers is not only influenced by access to health services but is also influenced by the quality of health services. Where access to health services can be achieved properly if the management of the Community Health Center implemented has good planning, optimal organization, effective movement and implementation and good supervision, control and assessment (Ainurrahmah, 2017).

Community health center as primary health service providers have a role to support increased access and quality of health services to the community, supporting the implementation of the National Health Insurance (JKN) and supporting the achievement of adequate health center indicators not only paying attention to the number or capacity of services but also paying attention to the level of accessibility. important things that need to be considered to improve the quality of service (Kemenkes RI, 2012).

LIMITATION OF THE STUDY

This study is restricted by the sample collected depending on the time the researcher performs the research, therefore the research samples are the individuals who come to the puskesmas during the time of the research.

CONCLUSIONS AND SUGGESTIONS

Based on the results of the study, it can be concluded that there is an influence that is significant on the quality of health services on patient satisfaction at the Bengkulu City Health Center (p = 0.001). In line with high patient satisfaction, it will generate customer loyalty community

health center as a First Level Health Facility (FKTP) in Bengkulu City (p = 0.001). The results of the qualitative research show that the services provided are good because the community health center officers carry out efforts to improve the quality of service, especially in terms of the dimensions of empathy and physical evidence. Nevertheless, community health center must continue to pay attention to service quality by professional standards and codes of ethics and make improvements to improve service performance in order to meet the wishes and needs of patients with continuous and programmed efforts.

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Conflict of Interest statement

The authors have no conflicts of interest with the material presented in this manuscript. The authors declare that no ethical issues may arise after the publication of this manuscript.

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