



The relationship of quality of service for the elderly with the interest of reviewing elderly posyandu

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ABSTRACT

Public Health Center is a basic health service that is the spearhead of health services. Some of the efforts that have been made by the head of the Sukaraja Nuban Public Health Center to improve the service quality for the elderly are adding medical and non-medical equipment. However, the coverage of elderly services from 2018 to 2020 is still below the target, in 2019 it reached 69.9% and in 2020 the coverage of elderly services fell to 69.9%. The research objective was to determine the correlation between the quality of patient care and the interest in revisiting outpatients. The research type conducted is quantitative with a cross-sectional research design. The population taken was all patients who visited the Public Health Center in 2020. The sample was taken by using the accidental sampling technique with a total sample of 105 respondents. The data analysis used the Chi-Square test at $\alpha = 5\%$. The results showed that the correlation between physical evidence and p-value = 0.073, the correlation with p-value = 0.001, the correlation of responsiveness with p-value = 0.938, the correlation of assurance with p-value = 0.797, the correlation of empathy with p-value = 1.545. To increase interest in repeat visits, Puskesmas must improve the quality of services provided to the community, especially the elderly

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ABSTRAK

Peningkatan kualitas pelayanan adalah salah satu isu yang sangat krusial dalam manajemen. Mutu pelayanan kesehatan masyarakat perlu terus ditingkatkan untuk meningkatkan derajat kesehatan masyarakat. Dalam memberikan pelayanan lansia, dibutuhkan penatalaksanaan dengan mempertimbangkan gangguan-gangguan fungsional yang terjadi dan juga perlu adanya pendekatan yang holistic dan ekonomis. Tujuan dari penelitian ini adalah Untuk mengetahui Hubungan Kualitas Pelayanan Lansia Terhadap Minat Kunjungan Ulang Posyandu Lansia. Waktu penelitian dilakukan pada bulan November 2021. Teknik pengambilan sampel menggunakan teknik accidental sampling dan diperoleh jumlah sampel 105 pasien lansia. Analisis data menggunakan uji Chi Square pada $\alpha = 5\%$ Hasil penelitian menunjukkan bahwa hubungan bukti fisik dengan nilai $p=0,073$, hubungan dengan nilai $p=0,001$, hubungan daya tanggap dg nilai $p=0,938$, hubungan jaminan dengan nilai $p=0,797$, hubungan empati dg nilai $p=1,545$. untuk meningkatkan minat kunjungan ulang, Puskesmas harus meningkatkan kualitas pelayanan yang diberikan kepada masyarakat khususnya lansia.

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INTRODUCTION

Development in the health sector is an important part of national development. The main goal of development in the health sector is to improve the health status of the community. Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 defines Puskesmas as a health service facility that organizes community health efforts and first-level individual health efforts, with priority on promotive and preventive efforts, to achieve the highest degree of health. public health in their working area. To retain customers, puskesmas are required to always maintain consumer trust by paying attention to consumer needs as an effort to fulfill desires and expectations for the services provided. Improving service quality is a very crucial issue in management. The quality of public health services needs to be continuously improved to improve public health status (Amer and Azwar, 2013).

In order to realize an optimal degree of public health, the Indonesian government has drawn up the National Medium Term Development Plan (RPJMN) for 2020-2024. The goals of the 2020-2024 RPJMN are in line with the Sustainable Development Goals (SDGs) program. The 17 targets in the SDGs and their indicators have been accommodated in 7 national development agendas. In addition, four pillars of the 2020-2024 RPJMN IV were also established. The second pillar of the 2020-2024 RPJMN is the increasing welfare of the people. One layer of society that requires attention about their health is the elderly.

The aim of health service in the elderly is to provide an opportunity to optimize health and prevent morbidity. The need for health services in the elderly is due to a decrease in physiological function, so that the elderly need treatment. In providing elderly services, management is needed by considering the functional disorders that occur and also the need for a holistic and economical approach (Nurkholifah, 2016).

Quality or satisfying services if these services can meet the needs and expectations of the community. Therefore, service quality is very important and always focus on customer satisfaction. There are five main dimensions of service quality in order of relative importance, namely reliability, responsiveness, assurance, empathy, tangible (Dwiyanto, 2017).

The Indonesian Ministry of Health (2016) revealed that more than half of the elderly population in Indonesia experienced health complaints in the last month in 2015, which was 57.96%. The morbidity rate for the elderly was recorded at 28.62%, meaning that out of every 100 elderly people in Indonesia, there are around 28 of them experiencing pain. The three places most elderly people visit for outpatient treatment are doctors/midwives' practices (43.11%), health centers (25.97%), and government hospitals (12.72%). It can be seen that the puskesmas is not the main choice for treatment.

East Lampung Regency consists of 33 Community Health Centers, most of which are Community Health Centers. The achievement of the elderly receiving health services is still below the target in 2017 reaching 76.51% and in 2018 reaching 81% but has not yet reached the 100% MSS target, one of which is the Sukaraja Health Center Nuban. Several efforts have been made by the head of the Sukaraja Nuban Health Center to improve the quality of services for the elderly by adding medical and non-medical equipment. However, the coverage of elderly services from 2018 to 2020 is still below the SPM target, namely in 2018 the coverage of

elderly services is 60.76%, in 2019 it reaches 69.9% and in 2020 the coverage of elderly services drops to 69.9%.

Based on the description of the study above, the researcher wants to conduct research with the title "The Relationship between Quality of Elderly Services and Interest in Visiting Elderly Posyandu at the Sukaraja Nuban Health Center, Batanghari Nuban District, East Lampung Regency in 2021".

METHOD

Data Source and sample

The type of research used in this research is quantitative. The analytic survey design uses a cross-sectional approach to determine the relationship between the quality of service for the elderly and the interest in returning to the elderly Posyandu. The research design used was cross sectional. The sample in this study were elderly patients who visited the Sukaraja Nuban Health Center, East Lampung Regency. The research population was 143 people and the sample size was 105 respondents who were taken by accidental sampling technique. The instruments used were health service quality questionnaires and repeat visit interest questionnaires. This research was carried out at the Sukaraja Nuban Health Center, East Lampung Regency from November to December 2021.

Variable and instrument

The independent variable in this study is the quality of service for the elderly as measured using a service quality questionnaire using the dimensions of physical evidence, reliability, responsiveness, assurance and empathy. The dependent variable of this study is interest in repeat visits. The data collection tool for the relationship between elderly health service quality and interest in repeat visits in this study was a questionnaire containing questions on each dimension of service quality developed from indicators of empathy (caring attitude), tangibility (direct evidence), assurance, reliability. (reliability) and responsiveness (responsiveness). The questionnaire used was adopted from a research questionnaire conducted by Afifah (2017) with the research title "Relationship of Health Service Quality with Patient Repeat Visit Interests at the Cangkringan Sleman Health Center"

The scale used in describing the value of the answers to the questions posed in this questionnaire uses a Likert scale with an answer score of 4 for statements that strongly agree, 3 for statements that agree, 2 for statements that do not agree and 1 for statements that strongly disagree. The questions asked were structured questions, where respondents only answered according to predetermined guidelines.

Questions were asked verbally by the researcher from written questions. This is done because elderly patients tend to experience a decline in motor and visual function. The service quality questionnaire was prepared based on the SERVQUAL concept which consists of five service dimensions, namely reliability, responsiveness, assurance, empathy, and tangibles. Meanwhile, the questionnaire on the intention to revisit the elderly was prepared based on the concept of research conducted by Kunik (2017).

Data Analysis

Data analysis was performed using a univariate percentage frequency distribution. Univariate analysis using the help of a computer program. The test used in the bivariate analysis is the Chi-Square test with a significance level of $\alpha = 5\%$ (0.05) and a 95% confidence level.

RESULTS AND DISCUSSION

Characteristics of Respondents

The results of this study is sample of 105 respondents. Based on gender, the majority of respondents were women, namely 63 people (60%) and only 42 people (40%) were male. The number of respondents based on age showed that the respondents were aged 60 years and over. If seen from the percentage of education, it shows that the highest educational characteristics of the respondents were high school with 29 people (27.6%), elementary school with 32 people (30.5%), junior high school with 30 people (28.6%), then Higher Education as many as 9 people (8.5%), and those who did not graduate from Elementary School as many as 5 people (4.8%).

Table 1 Characteristics of Respondents

Characteristics	Total	Percentage (%)
Gender :		
a. Female	63	60
b. Male	42	40
Age \geq 60 years	105	100
Education :		
a. Not Completed In Primary School	5	4,8
b. Elementary School	32	30,5
c. Junior High School	30	28,6
d. High School	29	27,6
e. Higher Education	9	8,5

Based on table 2, it was found that from the tangible dimension, the majority of respondents stated that the quality was not good, as many as 57 respondents (54.3%). From the reliability dimension, the majority of respondents said the quality was deficient as many as 54 respondents (51.4%). From the responsiveness dimension, the majority of respondents stated that the quality was deficient as many as 56 respondents (53.3%). From the Assurance dimension, the majority of respondents said the quality was deficient as many as 53 respondents (50.5%). From the Empathy dimension, the majority of respondents said the quality was not good as many as 54 respondents (51.4%).

Table 2 Frequency Distribution of Respondents based on the dimensions of service quality

No	Dimensions	Category	Total (n)	Percentage (%)
1.	Tangible	Deficient	57	54,3
		Good	48	45,7
		Total	105	100
2.	Reliability	Deficient	54	51,4
		Good	51	48,6
		Total	105	100
3.	Responsiveness	Deficient	56	53,3
		Good	49	46,7
		Total	105	100
4.	Assurance	Deficient	53	50,5
		Good	52	49,5
		Total	105	100
5.	Empaty	Deficient	54	51,4
		Good	51	48,6
		Total	105	100

Based on table 3, it was found that 29 (27.6%) respondents did not make repeat visits while those who made repeat visits were 76 (72.4%) respondents.

Table 3 Frequency distribution of interest in returning to the elderly Posyandu

Review of Interest	Total (n)	Percentage (%)
No repeat visits	29	27,6
Repeat visits	76	72,4
Total	105	100

40 respondents (36.8%) had good tangible quality and repeated visits with a p value of 0.037 (p value < 0.05). From the reliability dimension, 25 respondents (46.3%) had deficient quality results and did not repeat visits and 47 respondents (92.2%) had good quality reliability and repeated visits with a p value of 0.001 (p value < 0.05). From the dimensions of responsiveness, 15 respondents (26.8%) had deficient quality results and did not repeat visits and 35 respondents (71.4%) had good quality responsiveness and repeated visits with a p value of 1,000 (p value > 0.05). From the assurance dimension, 13 respondents (24.5%) had deficient quality and did not repeat visits and 36 respondents (69.2%) had good quality assurance and repeated visits with a p value of 0.619 (p value > 0.05).

Table 4 shows that 21 respondents (36.8%) stated that the tangible quality was deficient and did not repeat visits and

Dimensions	Review of Interest				Total		P Value	PR	CI (95%)
	No	%	Yes	%	N	%			
Tangible									
Deficient	21	36,8	36	62,2	57	100	0,037	2,221	1,078-4,533
Good	8	16,7	40	36,8	48	100			
Total	29		76		105				
Reliability									
Deficient	25	46,3	29	53,7	54	100	0,001	5,903	2,207-15,785
Good	4	7,8	47	92,2	51	100			
Total	29		76		105				
Responsiveness									
Deficient	15	26,8	41	73,2	56	100	1,000	0,938	0,0505-1,741
Good	14	28,6	35	71,4	49	100			
Total	29		76		105				
Assurance									
Deficient	13	24,5	40	75,5	53	100	0,619	0,797	0,427-1,488
Good	16	30,8	36	69,2	52	100			
Total	29		76		105				
Empaty									
Deficient	18	33,3	36	66,7	54	100	0,259	1,545	0,811-2,946
Good	11	21,6	40	78,4	51	100			
Total	29		76		105				

In this study, based on the results of the chi square test on the relationship between service quality (tangible dimension) and interest in repeat visits, the value (95%) CI = 1,078-4,533 means that a poor tangible quality relationship has a risk of 2 times greater causing the elderly to not revisit. The p-value obtained was 0.037, this means that there is a relationship between the quality of service from the dimensions of physical evidence (tangible) and the interest in revisiting the elderly at the elderly Posyandu at the Sukaraja Nuban Health Center, East Lampung Regency in 2021.

This is in line with the results of research conducted by Veronica (2021) at dr. R.M Doelham Binjai who stated that statistically there is a relationship between physical evidence and interest in repeat visits with p-value = 0.002 and OR = 14.476, which means that patients who have felt that the quality of good physical evidence is 14 times more likely for the elderly to visit again than with bad physical evidence. Patients state that they have good quality assumptions such as a clean room, doctors who treat patients well and an adequate number of doctors who will provide comfort during repeat visits. Physical evidence, namely the availability of facilities and infrastructure that can be visually or physically seen and felt by patients so that they become an attraction for health services including physical facilities, completeness of facilities and infrastructure, there are neat facilities with sufficient numbers and other supporting things owned by health service facilities, (Suci, et al. 2019). The relationship between the quality of physical evidence services in this study used several question indicators such as a clean and tidy waiting room, large parking area, neat appearance of officers, clean and tidy examination room, completeness of examination tools, availability of room signs, clear information boards, etc.

Based on the results of the chi square test between the reliability dimension and the interest in repeat visits, the value PR = 5.903 and (95% CI = 2.207-15.785) means that the quality of service from the reliability dimension which is not good has a greater risk of causing the elderly to not make repeat visits. The p value = 0.001, this means that there is a relationship between service quality and the reliability dimension with the interest in revisiting the elderly at the

elderly Posyandu at the Sukaraja Nuban Health Center, East Lampung Regency, in 2021.

This research is in line with the research by Sari Reskyanti, et al at the Abeli Health Center in Kendari City in 2020 which stated that there was a significant relationship between the quality of reliability and interest in repeat visits, with a p-value of 0.007. The ability to provide services in accordance with applicable procedures and without making mistakes will foster a sense of trust from patients to service providers. Health care facilities are increasingly competing to increase the reliability dimension in the performance of service providers such as improving the quality of officer performance, reliability in using skills or expertise and so on.

In this study, some of the respondents who were interviewed had a good relationship with service quality on all question indicators such as questions related to staff skills in serving patients, staff skills in explaining so that they were easily understood by patients, staff timeliness in providing services so that patients had a quality relationship. good for healthcare workers. Therefore, the relationship between service quality and reliability is very important in efforts to improve service quality so that it will encourage patients to return.

Quality is a dynamic condition associated with products, services, processes and environments that meet or exceed expectations. If the service or service received exceeds customer expectations, then the quality of the service or service is affected as an ideal quality. Conversely, if the service or service received is lower than expected, then the quality of the service or service is adversely affected.

Efforts to provide health services to the elderly in general always provide direction in facilitating health workers in providing social, health, care services and improving the quality of services for the elderly. The emergence of a person's interest is caused by several important factors, namely factors that influence interest both from the internal side which includes emotional or external which includes encouragement and also social. There are several factors that can influence interest in repeat visits, including the availability of continuous services, acceptable and reasonable services, easy, fast, affordable and quality services.

In this study, based on the results of the chi square test, it was found that the p-value = 1.000 and the PR value = 0.938 (95% CI = 0.505-1.741) on the relationship between quality of service on the responsiveness dimension to the intention of visiting the elderly at the elderly Posyandu. This shows that there is no relationship between Service Quality in the responsiveness dimension and interest in revisiting the Sukaraja Nuban Health Center in East Lampung Regency in 2021.

This research is in line with the research of Aloysius, et al at the Bakunase Health Center in Kota Raja District in 2020 which stated that there was no significant relationship between the Quality of responsiveness and interest in repeat visits with p-value = 0.821 and also in line with Dwi Astuti's research at the Guntur 1 Public Health Center, Demak In 2017, it obtained a p-value = 0.374, which means that there is no relationship between the quality of responsiveness and interest in repeat visits. Based on the results of the bivariate analysis it was concluded that responsiveness had no effect on repeat visits. This can be caused by other factors such as the patient's need and desire to seek treatment and recover from an illness so that the patient will continue to visit again even if they have to wait a long time to be able to receive treatment as long as they can receive treatment.

Based on the results of bivariate analysis using the chi square test, the p-value = 0.619 and the PR value = 0.797 (95% CI = 0.427-1.488). This shows that there is no relationship between the quality of health services in the dimension of assurance (assurance) and the interest in revisiting the elderly at the Sukaraja Nuban Health Center, East Lampung Regency in 2021.

This research is in line with research conducted by Madya and Herlina at the Mandau sub-district hospital, Bengkalis Regency in 2019 which stated that there was no significant relationship between the quality of assurance and interest in repeat visits at p-value = 0.211. Research conducted by Desi and Tamri in 2017 found p-value = 0.200 which also shows that there is no relationship between the quality of assurance and interest in repeat visits. Assurance is a health worker who has competence, courtesy and can be trusted and is free from doubts. This can be caused by other factors such as patients who already trust health workers at the puskesmas where if they seek treatment at the puskesmas they will recover so that good or bad guarantees do not influence patients to visit again.

In this study, based on the results of the chi square test between service quality on the empathy dimension and interest in revisiting the elderly, the p-value = 0.259 and PR value = 1.545 (95% CI = 0.811-2.946). This shows that there is no relationship between service quality in the dimension of empathy (empathy) and the interest in revisiting the elderly at the Sukaraja Nuban Health Center, East Lampung Regency in 2021.

This research is in line with Reyza's research at the Johan West Aceh Health Center in 2017, obtained p-value = 0.900, which means that there is no significant relationship between empathy and interest in repeat visits. Joyce et al's research at the Lebak Banten Mission Hospital in 2019 stated that there was no relationship between empathy and interest in repeat visits because the p-value = 0.085 was obtained.

The quality relationship of empathy service quality has to do with giving attention and care to patients which includes personal attention of officers, understanding of patient needs, suitability of service time with patient needs (Azizi, 2019). This could be caused by differences in the characteristics of one respondent to another, causing

different views regarding the sympathy and attention of the officers, causing the empathy quality relationship to not affect interest in repeat visits.

LIMITATION OF THE STUDY

Because this study uses secondary data and cross-sectional sampling, this study has limitations in analyzing variables and indicators, especially those related to interest in repeat visits. In addition, in the service quality variable, this study only used a number of questions asked to respondents without matching the information from elderly posyandu officers or staff at the puskesmas so that the results obtained may only be from one party's point of view. The next study is more insightful if they also consider broader indicators including measuring service quality with qualitative studies to find out more about what quality of service is desired by the community.

CONCLUSIONS AND SUGGESTIONS

Interest to visit again is a behavior that appears as a response towards objects that indicate the customer's desire to perform repeat purchase. The repurchase decision process is formed after the stages ever bought. In the buying cycle there are two things that influence a customer makes a repeat purchase. Customer consciously and not conscious in the after-purchase stage, will evaluate the transactions that have been made. The level of satisfaction or dissatisfaction that will affect behavior, if the customer is satisfied it will lead to a desire to return.

Performance in providing services must be in accordance with customer expectations related to timeliness, the same service for all customers without fault, sympathetic attitude and with accuracy tall. Reliability in the procedure for receiving and providing services to patients in a precise and fast and straightforward manner is a factor that causes patient satisfaction so as to foster patient interest in visiting again. The accuracy and speed of service time as well as data accuracy are part of reliability. Timeliness describes the discipline of health workers to provide quality services. If all services are given can not satisfy the patient this will result in low patient's desire to come to the service for treatment. A health service is expected to have understanding and knowledge about the patient, understanding the patient's specific needs, as well as have a comfortable operating time for the patient. Responsiveness is part of dimensions of service quality that affect the expectations of the top customers services provided. Responsiveness factors that have influence and relationship to interest Return visits must be considered, because of the five dimensions of service quality This is something that the patient can answer directly. So the increase must be carried out in all five service quality dimensions.

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Technical assistance and advice can be described at the end of the text. Then the names of individuals that are included in this section, the author is responsible for the written consent of every person who communicates personally or recognized by the individual in the text.

ETHICAL CONSIDERATIONS

Data obtained from the Demographics website and Health Survey as well as laws and regulations and other scientific references. As a rule of research ethics, researchers maintain the confidentiality of respondents which includes names and addresses that are not provided in the dataset. Thus, this research does not require ethical approval to include information in the public domain.

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