Analysis of the Influence of Socio-Economic and Demographic Factors on Patients' Perception of Health Service Quality at Amanah Bunda Medika Cilnic in the Digital Era

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ARTICLE INFO	ABSTRACT
Keywords: service quality, patient's satisfaction, patient's perception, digital era	Amanah Bunda Medika Clinic is a private clinic in Bekasi Regency, West Java, which provides health services such as midwifery, general polyclinic, and dental polyclinic. Based on interviews conducted with clinic owners, they have not yet conduct patient satisfaction survey. Therefore, it is important to consider collecting data regarding the perceptions of patients and their families, to find out how the public views the quality of health services provided by the Amanah Bunda Medika Clinic, especially in relation to the digital era in the health service sector. The aim of this study is to determine the influence of socioeconomic and demographic factors on patient perceptions of health service quality at Amanah Bunda Medika Clinic in the digital era. The method used is mixed methods. Quantitative research was carried out using univariate, bivariate and multivariate analysis. The subjects of this research are Amanah Bunda Medika Clinic patients. Qualitative research was carried out through in-depth interviews with the healthcare provider of Amanah Bunda Medika Clinic. The results of bivariate analysis showed that the factors of profession and family income did not have a significant relationship with the patient's perception of health service quality with p-value > 0.05, while the factors of age, gender and level of education were significantly related to the patient's perception of health service quality with p-value < 0.05. In the multivariate analysis stage, the most influential factor is age, with odd ratio value of 4.203, which means the older the respondent, the bigger the chance of having a very good perception of health service quality, while the factors of gender and education level had a negative relationship with odd ratio value less than 1, which means that women have a lower perception of health service quality than men, and patients with higher education have lower perception of health service quality than patients with primary – secondary education. The results of interviews with the healthcare provider indicated that patients were unfamiliar with the concept of patient perception surveys, and this could be overcome by socializing the benefits of surveys to improve service quality.
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1. INTRODUCTION

A clinic is a health service facility, which function not only as a place for curative care, but also as a place to improve individual health status, so that the quality of health and people's lives will also improve. In the face of the increasing public awareness in terms of service quality, the clinic as a primary health service is required to always make improvements and to optimize the quality of service in order to produce quality health services and benefit the community. [1], [2]

The COVID-19 pandemic has made major changes in the global healthcare system. The high rate of COVID-19 cases requires immediate action by utilizing digital forms of health service for continuity of health care, as well as for reducing face-to-face meetings while still being able to monitor patients in self-isolation. Health services utilizing the use of digital technology have increased in the last decade,

and the occurrence of the COVID-19 pandemic has accelerated the revolution in the delivery of health services through digital technology. [3]

Good service quality will determine the success of providing services, one of which is health services. The dimensions of health service quality include assurance when providing health services, providing equal health services regardless of position and social status, providing evidence-based health services, being responsive in serving patient needs, effective and efficient, and what is also important is patient-centered care. Based on the theory of service quality, the dimensions of service quality also include physical and non-physical, namely facilities and infrastructure and the physical environment of health service facilities, communication between health workers and patients, privacy, and simple administrative processes for patients. [4]

The perceived service quality by patients is an important reference for improving the quality of health services. Good service quality in the eyes of patients will have an impact on patient satisfaction, and high patient satisfaction is certainly an advantage for the community and health care facilities. [4]

Health service quality is said to be good if the services provided are in accordance with health procedures and patient needs. Health services are not only about providing services to satisfy patient desires but also providing services that meet medical professional service standards. The quality of health services in a broad sense is defined as the extent to which the reality of the services provided is in accordance with the latest and best medical professional criteria and standards that can be assessed and measured through various approaches. [5]

Amanah Bunda Medika Clinic is a private clinic located in Bekasi Regency, West Java, which has excellent services such as midwifery, general polyclinic, and dental polyclinic. Based on interviews conducted with clinic owners, at Amanah Bunda Medika Clinic they have not yet conduct patient satisfaction data collection. Therefore, it is important collect data regarding the perceptions of patients and their families, to find out how the public views the health service quality provided by the Amanah Bunda Medika Clinic, especially in relation to the digitalization era in the health service sector.

Things that need to be considered by health service providers are the criteria used by customers to assess the quality of service, which focuses on the functional aspects of the service. These criterias are: (1) tangible dimension, in the form of the physical appearance of the health facility which includes the completeness of facilities and infrastructure, the appearance of medical and non-medical personnel, as well as communication equipment, (2) reliability dimension, in the form of the ability to provide optimal and accurate service, (3) responsiveness dimension, related to the willingness to help consumers and serve quickly and precisely, (4) empathy dimension, related to genuine care and concern for users of health services, (5) assurance, which includes the knowledge and abilities of medical and non-medical staff, related to safety. [6]

2. METHOD

The scope of this research covers the fields of health service quality. The design of this study is mixed method design. The mixed methods research design is a research procedure that includes activities to collect data, analyze data, and mix quantitative and qualitative methods in a study. Quantitative methods are used to collect and analyze data related to patient perceptions of health service quality at the Amanah Bunda Medika Clinic. Meanwhile, qualitative methods are used to obtain explanations from the health care provider about the quality of health services. The type of mix method used in this research is explanatory sequential design. This design consists of the stages of collecting and analyzing quantitative data first, then proceed with collecting and analyzing qualitative data to get an explanation of the results of quantitative data. [7]

This research is conducted in Amanah Bunda Medika Clinic, Bekasi Regency, West Java, from July until September 2022. The sample consisted of clinic patients and the health care provider of Amanah Bunda Medika Clinic. Sampling method used in this research is purposive sampling, conducted by selecting individuals based on considerations to achieve a specific target or focus, to obtain representation of Amanah Bunda Medika Clinic patients. Total samples used in this research is 99 patients and 3 healthcare providers, consisting of clinic owner, midwife coordinator, and one midwife representative.

3. RESULTS AND DISCUSSION

The following results showed the frequency distribution of the characteristics of the patient respondents at Amanah Bunda Clinic, according to age, occupation, family income, sex and education level.

Table 1. Frequency Distribution of the Characteristics of Respondents

Respondents' Characteristics	Amount	Percentage
Age		
Below 45 years old	82	82,2%
Above 45 years old	17	17,2%
Occupation		
Do not have a job	36	36,4%
Have a job	63	63,6%
Family Income		
Below Bekasi District Minimum Wage 2022	69	69,7%
Above Bekasi District Minimum Wage 2022	30	30,3%
Sex		
Male	43	43,4%
Female	56	56,6%
Education		
Primary - Secondary Education Level	87	87,9%
Higher Education Level	12	12,1%

Based on table 1, the number of respondents aged below 45 years old is 82 people (82.2%), while the number of respondents above 45 years old is 17 people (17.2%). The number of respondents who do not have a job is 36 people (36.4%), while the number of respondents who have a job is 63 people (63.6%). The number of respondents who have a family income below the Bekasi District minimum wage 2022 is as many as 69 people (69.7%), while the number of respondents who have a family income above Bekasi District minimum wage 2022 is 30 people (30.3%). The number of male respondents is 43 people (43.4%), while the number of female respondents is 56 people (56.6%). The number of respondents with primary – secondary education level is as many as 87 people (87.9%), while the number of respondents with higher education level is 12 people (12.1%).

Patient perceptions of the quality of health services are measured using the Service Quality questionnaire which refers to the 5 dimensions of service quality. The average score of each dimension of service quality is categorized into good and excellent.

Tabel 2. Frequency Distribution of Patients' Perception of Health Service Quality

Perception of Service Quality	Amount	Percentage
Good	44	44,4%
Excellent	55	55,6%

Based on table 2, the number of respondents who had a good perception of health service quality is 44 people (44.4%), while the number of respondents who had an excellent perception of health service quality is 55 people (55.6%).

Bivariate analysis was carried out for the purpose of knowing the relationship between the independent variables, namely the characteristics of the respondents (age, gender, occupation, family income level, and education level) and the dependent variable, namely the respondents' perceptions of health service quality, using the chi-square test.

Table 3. Relationship Between Age and Perception of Health Service Quality

No	Age	Perception of Health Service Quality				Total		P-value
		Good		Excellent				0,030
		n	%	n	%	n	%	

No		n	%	n	%	n	%	
1	Below 45 years old	41	41,41	41	41,41	82	82,83	
2	Above 45 years old	3	3,03	14	14,14	17	17,17	
	Total	44	44,44	55	55,55	99	100	

Based on table 3, the result of the chi-square test showed that there is a relationship between age and respondents' perceptions of health service quality (p = 0.03). Most of the respondents who had excellent perception of health service quality of Amanah Bunda Medika Clinic are respondents aged below 45 years old, as many as 41 people or 41.41%.

The results of this analysis are in line with the results of research conducted by Arifin, et al. (2019) which states that there is a relationship between age and patients' assessment of the quality of health services provided. The results of this study also show that younger respondents have lower ratings of the quality of health services than those of older respondents. [8]

Table 4. Relationship Between Occupation and Perception of Health Service Quality

No	Occupation	Perception Towards Health Service Quality				Total		P-value
		Good		Excellent				
		n	%	n	%	n	%	
1	Do not have a job	12	12,12	24	24,24	36	36,36	0,141
2	Have a job	32	32,32	31	31,31	63	63,64	
	Total	44	44,44	55	55,55	99	100	

Based on table 4, the result of the chi-square test showed that there is no relationship between occupational factors and respondents' perceptions of health service quality (p = 0.141). Most of the respondents who had an excellent perception of health service quality of Amanah Bunda Medika Clinic are the respondents who have a job, as many as 31 people or 31.31%.

The results of this analysis are in line with research conducted by Harun & Listyowati (2022), which states that there is no relationship between occupational factors and respondents' perceptions of health service quality. Although several studies show that there is an influence of occupational factors on a person's judgement regarding service quality, several studies have proven that occupational factors are not significant in influencing an individual's perception. [9]

Table 5. Relationship Between Family Income and Perception Towards Health Service Quality

No	Family Income	Perception Towards Health Service Quality				Total		P-value
		Good		Excellent				
		n	%	n	%	n	%	
1	Below Bekasi District Minimum Wage	32	32,32	37	37,37	69	69,70	
2	Above Bekasi District Minimum Wage	12	12,12	18	18,18	30	30,30	0,714
	Total	44	44,44	55	55,55	99	100	

Based on table 5, the results of the chi-square test showed that there is no relationship between family income and respondents' perceptions of health service quality (p = 0.714). Most of the respondents who perceived that the quality of service at the Amanah Bunda Medika Clinic is excellent are respondents with family incomes below the Bekasi District minimum wage as many as 37 people or 37.37%.

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The results of this analysis are not in line with the results of research conducted by Muhlisin, et. al. (2018) which proves that there is a significant relationship between the respondent's family income factor and the patients' perception of the quality of health services. Although many studies show that a person's income is one of the factors that can influence an individual's perception, it is possible that there are other factors that might also influence a person's perception of the quality of health services. [10]

Table 6. Relationship Between Sex and Perception Towards Health Service Quality

No	Sex	Perception Towards Health Service Quality				Amount		P-value
		Good		Excellent				
		n	%	n	%	n	%	
1	Male	13	13,13	30	30,30	43	43,43	
2	Female	31	31,31	25	23,25	56	56,57	0,022
	Total	44	44,44	55	55,55	99	100	

Based on table 6, the results of the chi-square test showed that there is a relationship between gender and respondents' perceptions of health service quality (p = 0.022). Most of the respondents who perceived that the service quality at the Amanah Bunda Medika Clinic is excellent are male respondents as many as 30 people or 30.30%.

The results of this analysis are in line with the results of research conducted by Yanuarti, et. al. (2021) which proves that there is a significant relationship between the gender factor and patient's perceptions of health service quality. However, there is a difference, in this study the results show that female patients have a greater chance of having better perceptions of the quality of health services than male patients. [11]

Table 7. Relationship Between Education Level and Perception Towards Health Service Quality

No	Education Level	Perception Towards Health Service Quality				Amount		P-value
		Good		Excellent				
		n	%	n	%	n	%	
1	Primary – secondary education level	34	34,34	53	53,53	87	87,88	
2	Higher education level	10	10,10	2	2,02	12	12,12	0,010
	Total	44	44,44	55	55,55	99	100	

Based on table 7, the results of the chi-square test showed that there is a relationship between educational level and respondents' perceptions of health service quality (p = 0.010). Most of the respondents who perceived the service quality at the Amanah Bunda Medika Clinic is excellent are respondents with primary - secondary education level as many as 53 people or 53.53%.

The results of this analysis are also in line with the results of research conducted by Hakim & Suryawati (2019) which proves that there is a relationship between the education level factor and patient's perceptions of health service quality. A person's level of education will affect a person's critical attitude regarding the experience perceived, so that individuals with higher education are not easily satisfied with the quality of health services. [12]

The results of the analysis of the relationship between the independent variables, namely the characteristics of the respondents (age, gender, family income, occupation, level of education) with the dependent variable, namely the respondents' perceptions of the quality of health services, showed that age, gender and education level are related to respondents' perceptions regarding the quality of health services, while occupational factor and family income factors are not related to respondents' perceptions of the quality of health services.

Multivariate analysis was carried out after completing the analysis of the relationship between the independent variables and the dependent variable, using the logistic regression test method. This

analysis aims to determine the level of influence between variables. Based on the results of the chi square test on bivariate analysis, it is known that the characteristics of the respondents in terms of age, gender, and level of education have a relationship with respondents' perceptions of the quality of health services, with a p-value below 0.05. Then a logistic regression test was carried out to determine the level of influence of age, gender and level of education on respondents' perceptions of the quality of health services. The results of the logistic regression test can be seen in table 8.

Table 8. The Level of Influence of Respondent Characteristics Factors on Respondents' Perceptions of Quality of Health Services

Variable	P-Value	Odd Ratio
Age	0,041	4,203
Sex	0,016	0,328
Education Level	0,012	0,114

In table 8, the results show that the three factors of the respondent's characteristics partially influence the respondent's perception of the quality of health services. The age factor has a partial effect on respondents' perceptions of the quality of health services with a p-value of 0.041 (p <0.05). The gender factor has a partial effect on respondents' perceptions of the quality of health services with a p-value of 0.016 (p <0.05). The educational level factor partially influenced respondents' perceptions of the quality of health services with a p-value of 0.012 (p <0.05).

Based on the results of the logistic regression test, the variable that most influences the perception of the quality of health services is the age factor with an odds ratio of 4.203. As for the variables of gender and level of education, with an odds ratio value of less than 1, it can be interpreted that these variables have a negative relationship with respondents' perceptions of the quality of health services.

The results of the analysis related to educational level factors are in line with research conducted by Hakim & Suryawati (2019) which states that there is a significant relationship between education level and patient satisfaction, with a negative relationship pattern. This can be explained that the higher a person's level of education, the awareness of the utilization of health services becomes higher. This causes an increasingly critical person who utilizes health services, if the experience perceived while receiving health services is not in accordance with his expectations. (Judge & Suryawati, 2019) [12]

Qualitative data analysis was carried out to obtain deeper information regarding the efforts made by the clinic to improve service quality in the digital era. Sources of information for qualitative data come from the following respondents: (1) clinic owner, (2) midwife coordinator, and (3) one representative of the clinic midwives.

Based on the in-depth interview with the healthcare provider of Amanah Bunda Medika Clinic, it is known that to keep abreast of developments in the world of digital information and to facilitate teleconsultation in the pandemic era, the Amanah Bunda Medika Clinic provides facilities for teleconsultation. However, because most patients are unfamiliar with the concept of teleconsultation, many patients do not take advantage of the teleconsultation service. According to the information given by the clinic owner, there is already a teleconsultation service using whatsapp application, but patients are not used to it and are not well informed about the benefit of teleconsultation services, so patients do not take advantage of it, although some patients use it to get information on doctors' schedules, and access to health services available at the clinic.

As an effort by the clinic to get feedback from patients regarding the quality of health services, the clinic distributed a questionnaire of patient impressions and messages belonging to BPJS, even though the questionnaire did not cover all dimensions of health service quality. According to the information given by the midwife's coordinator, after every treatment, BPJS patient fills out a satisfaction questionnaire from BPJS, which is photographed and sent to BPJS. However, the questions aren't as complete as the service quality questionnaires.

In submitting complaints, patients prefer to convey verbally rather than filling out a questionnaire. As stated by the clinic midwife, in expressing their opinion, patients prefer stating is verbally rather than written. To find out about patient loyalty, the clinic usually gathers informations from new patients who get referrals from family or friends who have been to this clinic. Related to the

fact that the patients in this clinic are still unfamiliar with the concept of patients' satisfaction questionnaire, there are several obstacles in the process of filling out the service quality questionnaire. Some of which are that the patients are not very thorough in filling out the questionnaire, so some patients need help reading it, and sometimes patients don't understand the questions, so they need someone to explain the question.

The results of the qualitative data analysis, it can be understood that improving the quality of health services based on patient satisfaction, which can be measured accurately, is still a challenge for the Amanah Bunda Medika Clinic. Policies set by the government require health service providers to measure patient satisfaction every certain period, as an effort to ensure that the implementation of health services is in accordance with established standards. Therefore, in providing feedback the patient should be given an explanation about conveying complaints and expectations not only verbally but must also be recorded and measured accurately. [13]

The use of telemedicine, such as teleconsultation, is a support in the health care system, because it has considerable potential to be developed in the digital era. Given the rapid technological advances that are occurring in the digital era as it is today, the development of telemedicine services can provide easy access for the public to obtain health information directly from competent sources in their fields. The ease of access to information related to health services will certainly increase the public's assessment of the quality of services provided by a health service facility. [14]

Another strategy in improving the quality of health services is by obtaining feedback from patients and their families who receive health services at the Amanah Bunda Medika Clinic. As a result of the interviews, the clinic distributed a BPJS questionnaire about patient experiences, even though the questionnaire did not cover all dimensions of the quality of health services. Therefore, it is important to consider the development of a type of questionnaire that includes dimensions of service quality, to obtain more comprehensive feedback from patients. The system for measuring patient satisfaction with health services will facilitate the improvement of service quality, such as improving staff performance and improving the management of health service facilities based on the results of measuring patient satisfaction. Measuring patient satisfaction is one strategy in the process of improving the quality of health services. The results of measuring patient satisfaction will be very useful input for planning and evaluating the health service management process. [15], [16]

4. CONCLUSION

Characteristics of patient respondents in this study were mostly early adulthood or under 45 years old, who were included in the productive age, so that most respondents are people who have a job than those who don't have a job. The majority of the respondents are women, with a family income below the Bekasi District minimum wage in 2022, and primary – secondary education levels.

In the analysis stage between the independent variables and the dependent variable, it was found that of the 5 variable characteristics of the respondents, there were 3 variables that are significantly related to the patient's perception of the quality of health services, while the other 2 variables are not significantly related. Independent variables that have a significant relationship with patients' perceptions of the quality of health services are age, gender and level of education, with a p value < 0.05. The independent variables that did not have a significant relationship with the patient's perception of the quality of health services are family income and occupational factor with a p value > 0.05.

In the inter-variable analysis stage using the logistic regression test method between the variables age, gender and level of education with patient perceptions of the quality of health services, it was found that the most influential variable is age, where the older the patient, the greater the chance to have a better perception of the quality of health services. The results of the analysis using the logistic regression test showed that patients aged over 45 years were 4.203 times more likely to have a better perception of the quality of health services, compared to patients aged under 45 years.

Gender and education level factors have a negative relationship with patient perceptions of the quality of health services. This means that female respondents have the opportunity to have a lower perception of the quality of health services than men, and the higher the level of education a person has, the greater the opportunity to have a lower perception of the quality of health services.

The Amanah Bunda Medika Clinic has made efforts to improve the quality of health services, namely organizing teleconsultation through the whatsapp application, and efforts to gather feedback from patients. The patients of Amanah Bunda Medika Clinic are still unfamiliar with teleconsultation services and assessing the quality of health services through survey activities.

Staff and medical personnel at the Amanah Bunda Medika Clinic can be given training related to patient satisfaction survey activities. Surveys that are held regularly can guarantee the continuity of quality improvement that is carried out on an ongoing basis. Patients and their families can of course also be given education about the importance of feedback from patients and their families, as an effort to improve the quality of health services.

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