

Analysis of Maternity Satisfaction Level to Antenatal Care Quality in Primary Health Care Markanding Muaro Jambi 2016

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ABSTRACT

Quality health services is one of the basic needs of each individual community acquired, health care quality will be felt by the patient if delivery is felt exceed patient expectations. This study aims to assess the level of satisfaction with quality of services pregnant women antenatal care in Primary Health Care Markanding Muaro Jambi This research is descriptive quantitative method SERVQUAL (Services Quality). The study population was all pregnant women who are still active during their pregnancy were more than twice in Health Center Markanding Muaro Jambi with samples from pregnant women who come to the health center during the study (1 month) is taken by total sampling. Methods of data collection using questionnaires. Data were analyzed with Cartesian Diagram. Based on the research that has been done shows that the satisfaction of patients (pregnant women) to antenatal care services in Health Center Markanding, given the level of conformity between expectation and reality on the dimensions of reliability of 65,6%, the dimension of confidence (assurance) of 69,8%, dimensions of concern (empathy) amounted to 62,1% and the dimensions of direct evidence (tangible) amounted to 69,1%. Priority improved by Cartesian diagram is the ability of midwives to be responsive resolve patient complaints, attention to complaints of patients and their families, care for patients regardless of social status. Conclusion : most respondents are not satisfied with the services at the health center for antenatal care Markanding Muaro Jambi.

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BACKGROUND

Primary Health Care as Technical Implementing Service Unit (of the government). is the organizational unit that is given authority, independence by the health office in its working area. As a leading health service facility, Primary Health Care is responsible for the provision of good public health services and at affordable cost by the community. Therefore the Primary Health Care should make efforts to keep patients coming to receive health services from the Primary Health Care. In order to increase patient Primary Health Care visits, the Primary Health Care should be able to present and provide quality health services so as to provide patient satisfaction.

One of the goals of maternal and child health programs to achieve the target of Sustainable Development Goals (SDGs) is to reduce maternal mortality and infant mortality rate. Based on the population demography survey of Indonesia in 2012 shows that the maternal mortality rate in Indonesia is 359 per 100,000 live births and infant mortality rate is 32 per 1000 live births.



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The coverage of ANC visit in Indonesia in 2012, that is K1 96,84% and K4 90,18%, coverage in the year 2013 that is K1 94,71% and K4 86,85%. in 2014 K1 coverage of 94.99% and K4 of 86.7%. while coverage of K1 in Jambi Province in 2014 was 96.5% and K4 was 93.4%.

Data on antenatal care coverage in Muaro Jambi showed that the lowest coverage of K1 visits in 2016 (to June) was a markup Health Center of 32.3%. while the lowest coverage of K4 visits was the Health Center of Pir II Bajubang which was 25.5% after that followed by the Markanding Primary Health Care of 26.0%.

According to Kotler's statement, satisfaction is the level of one's feelings after comparing the perceived performance (perceived and perceived service) with the expected. According to Parasuraman, quality assessment can be measured from several dimensions of Reliability, Responsiveness, Assurance, Empathy, and Tangibles.

Based on a preliminary survey that the authors conducted on January 4 to 11 January 2016, with direct interviews of 6 pregnant women who visited the Markanding Primary Health Care showed that 5 (83.3%) of mothers felt less satisfied and 1 person was satisfied with services provided by the Markanding Primary Health Care. Of the 5 people who were dissatisfied as much as 2 people said that the officer had a bad discipline, 5 people said that the level of hospitality owned by the officers is not good, where the officer does not smile and greet the patient when doing nursing actions, 4 people say patient waiting time the old one, 4 people said the health center service is often late because the ticket officers are often late arrivals.

Based on the above description, the level of patient satisfaction needs to be studied and analyzed and found solution of solution effort, from the various data it hence the interest for writer to analyze maternal satisfaction level to antenatal care quality at Primary Health Care of Markanding Muaro Jambi on 2016.

METHOD

This research type is quantitative descriptive research with SERVQUAL method to know the quality of health service between expectation and reality seen from quality dimension such as tangible, reliability, responsiveness, assurance, and emphati with satisfaction of pregnant mother Primary Health Care of Markanding 2016. The population of this study were all pregnant women who were still active for more than two pregnancies at the Markanding Primary Health Care with samples of all pregnant women who came to the Primary Health Care during the course of the study (1 month) taken in total sampling. data collection is done by direct interview and direct observation with questionnaire tool.

RESULT

The results of data analysis of each attribute of the five dimensions of quality seen from the average value of expectations denoted Y and the average performance with the symbol X, divided into four quadrants known priority improvement of each attribute of the five dimensions of quality. Cartesius diagram is divided into four quadrants based on the average work value (X) and the average expectation value (Y) that is echoed from 18 questions after the average of the respondent's answers as the table as follows:

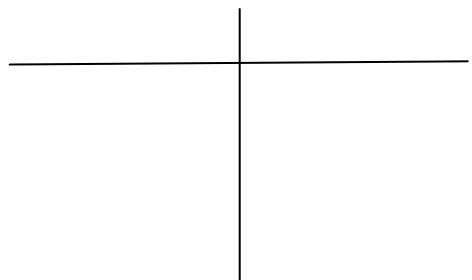
Table 1

No	Dimension	Average Reality (X)	Average Expectations (Y)
1	Acceptance of patients	3,0	4,7
2	examination, treatment and care	2,7	4,2
3	accuracy of service start schedule	2,8	4,3
4	Service procedures	3,0	4,4
5	the ability of midwives and other officers	2,9	4,4
6	readiness of officers to provide information	2,9	4,6
7	quick and precise action	2,9	4,3
8	establish a diagnosis	3,2	4,4
9	skills of midwives and other officers	3,1	4,6
10	polite and friendly service	3,2	4,4
11	security and trust in service	2,8	4,3
12	attention to the patient	2,8	4,3
13	attention to patient and patient's family	2,6	4,3
14	Same services	2,7	4,5
15	cleanliness, tidiness and comfort	2,9	4,3
16	arrangement of exterior and interior	2,6	4,1
17	completeness, readiness and cleanliness of the tool	3,1	4,5
18	appearance officer	2,8	3,7
	Amount	52,1	78,3
	Average X	2,89	
	Average Y		4,35

After X and Y axes are obtained, Cartesian diagram is divided into four quadrants based on X and Y axis values as illustrated in table and Cartesian diagram as follows:

Picture 1

Cartesian diagram attribute the expectation and performance on antenatal care service at the Primary Health Care Markanding Muaro Jambi 2016



Based on the analysis described in the above Cartesian diagram, the largest attributes with their value are in the quadrant:

- A. Attribute with high expectation level, but its performance is low, so patient satisfaction is low, so it is expected Health Center prioritize service improvement on the following services:

- B1, the ability of midwives and other officers
 - D2, attention to complaints of patients and their families
 - D3, Same Service
- B. Attributes whose level of expectation and level of performance are equally high, so that respondents feel satisfied, so the Primary Health Care need to maintain the achievements that have been achieved
- A1, fast and accurate patient admission procedures
 - A4, service procedures are not complicated
 - B2, Readiness officers provide clear and easy to understand information
 - B3, quick action when patients need it
 - C1, establish a diagnose
 - C2, Skills of midwives, nurses and other officers in the work
 - C3, polite and friendly service
 - C4, Security and trust in service
 - E1, cleanliness, neatness and comfort
 - E3, completeness, readiness and cleanliness of the tool
- C. Attribute level of expectation and level of performance are equally low, the respondents consider the attribute less important and the performance of Primary Health Care is mediocre, so it still needs improvement but not the first priority that precedence
- A2, examination, treatment and care
 - A3, accuracy of service start schedule
 - D1, attention to the patient
 - E2, arrangement of exterior and interior
 - E4, appearance officer

Discussion

Perception of Reliability Dimension

Reliability is delivering promised services quickly and precisely so as to provide patient satisfaction.

The result of the research is known interpretation of fit between performance with expectation on the dimension of reliability is 65,6%. This level of conformity is determined by the service procedure of 68.4%, the accuracy of the service start schedule at the Health Center of 65.4%, examination, treatment and care of 64.8% and prompt and accurate patient acceptance of 63.8%.

Reliability as one of the quality dimensions consisting of fast and accurate patient admission procedures, starting timely service, inspection services, prompt and appropriate treatment and treatment as well as uncomplicated service procedures. In improving the reliability of patient acceptance must be fast and accurate, because the acceptance of patients is the initial stage of patients getting services at the Primary Health Care. It is therefore desirable for the Primary Health Care to provide prompt and appropriate patient care. In the service required a complete documentation with the

computer at each patient visit so that patients can be received, examined, treatment and treatment by reviewing previous disease history, so that services can be done quickly and accurately including in the examination of treatment and care.

Perception of Responsiveness Dimension

The desire of the staff to assist customers in providing or providing services quickly, so as to provide satisfaction to patients. The result of this research is the interpretation of conformity between performance with expectation on the dimension of responsiveness is 65,6%. This level of conformity is determined by the prompt and appropriate action of 67.7%, the ability of midwives and other officers of 66.7% and preparedness of officers to provide information of 63.5%.

The midwife in providing services to the patient should make time to listen to the patient's complaints, so there will be a close relationship between the midwife and the patient so that the patient will feel well served. In conveying information the midwife should use a language that is easily understood by the patient, so that the patient really understands and understands the information provided to avoid misunderstanding. Patients need to get quick action when they really need it. A patient who needs prompt service can be distinguished from patients who can be postponed or by providing a special room to provide fast service.

Perception of Assurance Dimension

The desire of the staff to assist customers in providing and providing services quickly, so as to provide satisfaction to patients. The result of the research is known interpretation of fit between performance with expectation on confidence dimension is 69,8%. The level of conformity is defined as a guarantee of service security and trust in service of 63.2%. skills of midwife and other officers in work equal to 67,9%, knowledge in determining diagnosis equal to 72,5%, and service polite and friendly equal to 76,2%.

The knowledge of midwife matches the diagnosis of 72.5%, the midwife can establish the diagnosis of the patient's disease based on the knowledge gained from education or from the training that has been followed. According to Pohan, stated technical competence concerning skills ability and appearance or performance of service providers. The technical competence relates to how health care delivery follows agreed Primary Health Care standards, including compliance, accuracy, correctness, and consistency. Unfulfilled technical competence can lead to a variety of things, ranging from minor deviations to Primary Health Care standards, to fatal errors that can degrade the quality of health services and endanger the lives of patients.

Perception of Empathy Dimension

Empathy that includes the ease of doing relationships, good communication, personal attention, and understanding the needs of customers, so as to provide satisfaction to patients. The result of the research is the interpretation of the match between performance with expectation on empathy dimension is 62,1%. This level of conformity is determined by the service to all regardless of social and other status of 61.2%, special

attention to each patient of 65.1%, and attention of complaints to patients and families by 60%.

Particular attention will be given to establishing good relationships between patients and health practitioners, paying attention to the complaints of patients and their families as a sense of care to patients will make patients more appreciated. Service without distinction of social status is important in providing services, patients will not be disappointed because they feel treated fairly to get health services.

Perception of Tangible Dimension

Direct evidence includes physical facilities, equipment, employees, and means of communication so as to provide satisfaction to the patient. The result of the research is the interpretation of the match between performance with expectation on direct evidence dimension is 69,1%. This level of conformity is determined by interior and exterior arrangement of 63.4%, completeness, preparedness and cleanliness of appliance used by 68.6%. Cleanliness, tidiness and comfort of the room equal to 68.9%, and neatness and cleanliness of officer appearance of 76.4%.

Although it is not directly related to the patient's recovery of the illness, but direct evidence will add to the attractiveness of providing a clean, tidy service with complete equipment and means of communication, the patient will be comfortable with the situation and conditions. In improving the direct evidence of interior and exterior arrangement can be arranged by considering the beauty and effectiveness of layout with kept neatness and cleanliness. Tools used to provide service in ready-made conditions and cleaned up after use. The adoption of the uniforms may be enforced by reprimands for officers not wearing the uniform.

CONCLUSIONS AND SUGGESTION

Conclusion

The level of satisfaction of pregnant women with the fit between expectations with belief in 5 dimensions of quality is generally not satisfied, among others:

- a. Reliability Dimension is 65,6%
- b. Responsiveness Dimension is 65,6%
- c. Assurance Dimension is 69,8%
- d. Empathy Dimension is 62,1%
- e. Tangible Dimension is 69,1%

The most important factor is in quadrant A, among others:

- a. The ability of midwives to quickly respond to complaints of patients
- b. Attention to patient and family complaints
- c. Service to the patient regardless of social status

Suggestion

1. Conducting training on honorary midwives so that midwife skills in providing services increases
2. Taking into account patient and family complaints as a sense of concern to patients will make patients more appreciated
3. Provide the same service to pregnant women regardless of social status

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