



Comparison of Health Service Quality and Patient Satisfaction Based on Health Centers Accreditation Status in Jayapura Regency, Papua Province

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Abstract

Background: Enhancing community services provided by first-level health facilities, including health centers, through accrediting standards is aimed at enhancing service quality and patient safety while also protecting health resources, the community, and the environment. Nonetheless, it is believed that the unaccredited Health Centers would improve their accreditation status, and patient satisfaction is another determining factor that is measured. **Objectives:** The aim of the study was to find out the comparison of the quality of health services and patient satisfaction based on the accreditation status of the health center in Jayapura Regency, Papua Province. **Methods:** This type of research is descriptive quantitative with a cross sectional study approach. The population is patients in 2 accredited health centers and 2 non-accredited health centers with a total of 175 samples. Data obtained using a questionnaire and analyzed using chi square. This research was conducted at Harapan Health Center, Dosay Health Center, Waibhu Health Center, and Airu Health Center, Jayapura Regency. **Result:** The results of the study showed that there was a significant difference in the dimensions of service quality between accredited and non-accredited Health Centers based on reliability ($p=0.012$; RP 1.117 (95%CI: 1.032–1.209)), responsiveness ($p=0.007$; RP 1.132 (95%CI: 1.042–1.230)), and physical evidence ($p=0.4$; RP 1.165 (95%CI: 1.057–1.284)). Meanwhile, factors that have no significant difference in the dimensions of service quality between accredited Health Centers and non-accredited Health Centers are based on empathy ($p=0.059$; RP 1.090 (95%CI: 1.008–1.179)), assurance ($p=0.059 > 0.05$), and patient satisfaction ($p=0.497 > 0.05$).

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Keywords: Health Service Quality; Patient Satisfaction; and Accreditation Status.

1. Introduction

One form of public service is health services. According to law number 36 of 2009 concerning health, states that "health services are every effort that is carried out alone or jointly in an organization to maintain and improve health, prevent and cure disease, and restore health, individuals, families, groups or communities". One of the organizations referred to in the law is the Health Center (Puskesmas) [1].

The health center is a health service organization managed by the government and is at the forefront of organizing public health efforts. The form of health services provided by the health centers includes prevention, treatment and healing of health problems. The existence of the health centers is very important in the midst of society given its function as the front guard (gate keeper) in health services for the community, especially people with middle to lower economic status. For this reason, the quality of the health centers determines the quality of health services in Indonesia.

On that basis, in 2015, the Ministry of health held health centers accreditation in order to improve the quality of health services provided by Health centers. The legal instrument that regulates health centers accreditation is Minister of Health Regulation No. 46 of 2015 which has been revised to become Minister of Health Regulation No. 46 of 2017. In the Minister of Health Regulation, it is explained that health centers accreditation is an acknowledgment given by an independent accreditation agency determined by the Minister of Health after meeting accreditation standards [2].

The independent accreditation agency, namely the First Level Health Facility Accreditation Commission established by the Ministry of Health. The indicators used in the accreditation process cover five matters, including: (1) Leadership and management of the health centers, (2) Implementation of community health efforts, (3) Implementation of individual and supporting health efforts, (4) Implementation of National Priority Programs such as stunting management, and (5) Improving the quality of health centers [3].

Improving services to the community by First Level Health Facilities, namely health centers and hospitals, has carried out various efforts to improve quality and performance, including standardization and development of quality management systems and efforts to improve performance continuously both in management services, clinical and implementation of health efforts.

Accreditation is a regulatory mechanism that aims to improve service quality and patient safety, increase protection for health resources, society and the environment, as well as health centers and hospitals as institutions. In the health centers accreditation system, there is the role of the Provincial Health Office as supervisor of the District/City Health Office, the role of the District/City Health Office as an assistant to the First Level Health Facilities, the role of the independent institution administering First Level Health Facilities Accreditation as the organizer of accreditation and the role of the center as a regulator.

The implementation of First Level Health Facilities accreditation carried out by the independent institution

includes the survey stages and the stages of determining accreditation. Accreditation of Health centers and Hospitals is carried out by independent accreditation organizers from within or outside the country determined by the Minister [4].

The number of First Level Health Facilities that met the accreditation survey requirements with achievement indicators for 2020 was 57% according to the recalculation obtained from 9153 health centers and 176 clinics from a total of 16536 First Level Health Facilities in Indonesia. Of the 9153 health centers accredited in 2020, it is still dominated by Madya and Basic graduation status, with details of Basic 2176 (24%), 5072 Middle (55%), 1664 Major (18%), and 241 Plenary (3%) [5].

In Papua Province in 2020 the target was 42.7% and the realization was 17.5% with a performance achievement of 41%, so the performance was not good. There are 428 health centers in Papua, and only 98 (22.89%) health centers have been accredited, which is still very far from the target set [5]. According to the definition of health center accreditation, a health center that has not been accredited indicates that its services are not guaranteed in accordance with the government's quality requirements. For example, the leadership and management of the health centers are still in doubt and there is no guarantee for optimal public health implementation.

Of the 21 health centers in Jayapura Regency, 15 have been accredited. The number of accredited health centers in Jayapura Regency shows that the standard and quality of health services is no longer in doubt [7].

For this reason, this study wants to examine and prove whether it is true that health services at health centers that have been accredited are much better than those that have not been accredited with a comparative study of 2 health centers that have been accredited with details of 1 health centers in development area I, namely (1) Harapan Health Center, East Sentani District, and (2) Dosay Health Center, West Sentani District. Meanwhile for the health centers that have not been accredited there are 2 health centers that will be examined, including 1 health center in development area V, Airu Health Center, and 1 health center in development area I, namely Health Henter Waibhu, Waibu District. According to the theory that the accreditation of health centers can ensure that all accredited health centers can provide better quality than those that have not been accredited. However, in reality there are still health centers that have not been accredited, namely the Airu Health Center can provide better service quality in terms of SOP, compared to those that have been accredited. Therefore, the implementation of public health center accreditation is still questionable so that researchers are interested in studying more about "Comparison of Service Quality at Health Centers Based on Accreditation Status in Jayapura Regency, Papua Province". Then take research variables by comparing health services at 2 accredited health centers and 2 health centers that have not been accredited.

2. Methods

The type of research used in this study is a type of quantitative research with a cross-sectional study approach. This research was conducted in January 2023 at 4 health centers in Jayapura Regency, namely Harapan and Dosay Health Centers which are Accredited Public Health Centers, while those which have not been accredited are the Waibhu and Airu Health Centers.

The population in this study were all patients who had visited the 4 health centers within the last 3 months. For the Dosay Health Center the number of visits in the last 3 months in 2022 was 1278, Harapan Health Center 1128 visits, Waibhu Health Center 1194 visits and Airu Health Center 115 visits. So, the total is 3715 population. By using the Slovin's formula, the sample size in this study is 175.02 or rounded up to 175 respondents. From a total sample of 175 respondents, it was divided into 4 Health Centers, namely Harapan Health Center in East Sentani District, Dosay Health Center in West Sentani District, Waibhu Health Center in Waibu District and Airu Health Center in Airu District, so the number of respondents for each Health Center is 43.75 or rounded up to 44 respondents. Data analysis was using chi-square test with significant level of 5%.

3. Results

3.1. A comparison of the dimensions of reliability service quality based on the accreditation status of the Health centers in Jayapura Regency

Table 3.1: The comparison of reliability service quality dimensions based on the accreditation status of health centers in Jayapura Regency.

Accreditation Status	Dimensions of Service Quality Reliability				Total	%
	Good		Lack			
	n	%	n	%		
Accredited	87	98.9	1	1.1	88	100
Not accredited	77	88.5	10	11.5	87	100
TOTAL	164	93.7	11	6.3	175	100

P-value = 0.012; RP=1.117; CI 95% (1.032-1.209)

Source: Primary data, 2023

Table 3.1 showed that of the 88 patients at the accredited health center, there were 87 people (98.9%) who considered that the reliability dimension of service quality was good, and only 1 person (1.1%) considered it still not good. Meanwhile, of the 87 patients at the Community Health Center who had not been accredited, there were 77 people (88.5%) who considered that the quality of service reliability dimension was good, and only 10 people (11.5%) who considered it still not good. The results of the chi-square test obtained a significant value of $p = 0.012$ and a prevalence ratio (RP) of 1.117 (95% CI: 1.032–1.209). This shows that there is a significant difference in the dimensions of reliability service quality between accredited health centers and non-accredited health centers.

The value of $RP = 1.117$ indicates that patients at the already accredited health centers rated the dimensions of quality of service reliability as good, 1.117 times higher than patients at unaccredited health centers.

3.2. A comparison of the dimensions of responsiveness service quality based on the accreditation status of the health centers in Jayapura Regency

Table 3.2: The comparison of the responsiveness service quality dimensions based on the accreditation status of health centers in Jayapura Regency.

Accreditation Status	Dimensions of Service Quality Responsiveness				Total	%
	Good		Lack			
	n	%	n	%		
Accredited	87	98.9	1	1.1	88	100
Not accredited	76	87.4	11	12.6	87	100
TOTAL	163	93.1	12	6.9	175	100

P-value = 0.007; RP=1.132; CI 95% (1.042-1.230)

Source: Primary data, 2023

Table 3.2 showed that of the 88 patients at the accredited Health centers, there were 87 people (98.9%) who considered that the responsiveness service quality dimension was good, and only 1 person (1.1%) rated it as still not good. Meanwhile, of the 87 patients at the Community Health Center who had not been accredited, there were 76 people (87.4%) who considered that the dimensions of quality of responsiveness service were good, and only 11 people (12.6%) who considered it was still not good.

The results of the chi-square statistical test obtained a significant value of $p = 0.007$ and a prevalence ratio (RP) of 1.132 (95% CI: 1.042–1.230). This shows that there is a significant difference in the dimensions of quality of responsiveness between accredited health centers and non-accredited health centers.

The value of $RP = 1.132$ indicates that patients at a health center who are already accredited assess the responsiveness of the service quality dimensions as good, 1.132 times higher than patients at a health center who are not yet accredited.

3.3. A comparison of the dimensions of assurance service quality based on the accreditation status of the Health centers in Jayapura Regency

Table 3.3 showed that of the 88 patients at the accredited Health centers, there were 88 people (100.0%) who considered that the quality assurance service dimension was good, and none person (0.0%) considered it was still not good. Meanwhile, of the 87 patients at the Community Health Center who had not been accredited, there were 83 people (95.4%) who considered that the quality assurance service dimension was good, and only 4 people (4.6%) considered it was still not good.

The Fisher's Exact Test results obtained a significance value of $p = 0.059 > 0.05$.

This shows that there is no significant difference in the dimensions of quality assurance services between accredited health centers and unaccredited health centers.

Table 3.3: The comparison of the assurance service quality dimensions based on the accreditation status of health centers in Jayapura Regency.

Accreditation Status	Dimensions of Service Quality Assurance				Total	%
	Good		Lack			
	n	%	n	%		
Accredited	88	100.0	0	0.0	88	100
Not accredited	83	95.4	4	4.6	87	100
TOTAL	171	97.7	12	2.3	175	100

$p=0.059$ (Fisher's Exact Test)

Source: Primary data, 2023

3.4. A comparison of the dimensions of empathy service quality based on the accreditation status of the Health centers in Jayapura Regency

Table 3.4 shows that of the 88 patients at the accredited health center, there were 86 people (97.7%) who thought that the quality of service empathy dimension was good, and only 2 people (2.3%) who thought it was still not good. Meanwhile, of the 87 patients at the Community Health Center who had not been accredited, there were 78 people (89.7%) who considered that the dimensions of quality of empathy services were good, and only 9 people (10.3%) who considered them still not good. The results of the chi-square test obtained a significance value of $p = 0.059$ and a prevalence ratio (RP) of 1.090 (95% CI: 1.008–1.179). This shows that there is no significant difference in the dimension of Empathy service quality between accredited Health Centers and non-accredited Health Centers. The value of $RP = 1.090$ indicates that patients at a health center who are already accredited think that the quality dimension of Empathy (empathy) is good is 1.090 times higher than patients at a health center who are not yet accredited.

Table 3.4: The comparison of the empathy service quality dimensions based on the accreditation status of health centers in Jayapura Regency.

Accreditation Status	Dimensions of Service Quality Empathy				Total	%
	Good		Lack			
	n	%	n	%		
Accredited	86	97.7	2	2.3	88	100
Not accredited	78	89.7	9	10.3	87	100
TOTAL	164	90.9	11	9.1	175	100

$p=0.059$; $RP=1.090$; $95\%CI (1.008-1.179)$

Source: Primary data, 2023

3.5. A comparison of the dimensions of tangible service quality based on the accreditation status of the Health centers in Jayapura Regency

Table 3.5: The comparison of the tangible service quality dimensions based on the accreditation status of health centers in Jayapura Regency.

Accreditation Status	Dimensions of Service Quality Tangible				Total	%
	Good		Lack			
	n	%	n	%		
Accredited	86	97.7	2	2.3	88	100
Not accredited	73	83.9	14	16.1	87	100
TOTAL	159	90.9	16	9.1	175	100

$p=0.004$; $RP=1.165$; $95\%CI (1.057-1.284)$

Source: Primary data, 2023

Table 3.5 shows that of the 88 patients at the accredited Health centers, there were 86 people (97.7%) who considered that the dimensions of quality of physical evidence services were good and only 2 people (2.3%) who rated them as still not good. Meanwhile, of the 87 patients at the Community Health Center who had not been accredited, there were 73 people (83.9%) who thought that the dimensions of quality of physical evidence services were good and only 14 people (16.1%) who thought they were still not good.

The results of the chi-square test obtained a significance value of $p = 0.004$ and a prevalence ratio (RP) of 1.165 (95% CI: 1.057–1284). This shows that there is a significant difference in the tangible (physical evidence) dimension between accredited Health centers and unaccredited Health centers. The value of $RP = 1.165$ indicates that patients at a health center who are already accredited think that the dimensions of good tangible service quality are 1.165 times higher than patients at a health center who are not yet accredited.

3.6. A comparison of the patient satisfaction based on the accreditation status of the health centers in Jayapura Regency

Table 3.6: The comparison of the patient satisfaction based on the accreditation status of health centers in Jayapura Regency.

Accreditation Status	Patient Satisfaction				Total	%
	Satisfy		Less satisfy			
	n	%	n	%		
Accredited	2	2.3	86	97.7	88	100
Not accredited	0	0.0	87	100.0	87	100
TOTAL	2	1.1	173	98.9	175	100

$p=0.497$ (Fisher's Exact Test)

Source: Primary data, 2023

Table 3.6 shows that of the 88 patients at the accredited Health centers, there were only 2 people (2.3%) who rated them as satisfied, and 86 people (97.7%) who rated them as still unsatisfied. Meanwhile, of the 87 patients at the Community Health Center who had not been accredited, there were 0 people (100.0%) who rated them as satisfied and 87 people (100.0%) who rated them as still unsatisfied. The results of the Fisher's Exact Test obtained a significant value of $p = 0.497 > 0.05$. This shows that there is no significant difference in patient satisfaction between accredited health centers and non-accredited health centers.

4. Discussion

4.1. A comparison of the dimensions of reliability service quality based on the accreditation status of the Health centers in Jayapura Regency

In this study, it was found that there were significant differences in the dimensions of reliability service quality between accredited health centers and unaccredited health centers. The value of $RP = 1.117$ indicates that patients at a health center who are already accredited consider that the dimensions of quality of service reliability are good, 1.117 times higher than patients at health centers who have not been accredited.

According to Tjiptono (2016) defines reliability as the ability to provide services that are immediate, accurate and satisfying. Services promised reliably and accurately [8]. The reliability dimension can be measured by parameters including the right service schedule, speed of service, doctors examine carefully, and doctor and nurse communication. The ability to provide appropriate and reliable services promptly and satisfactorily with high accuracy to patients is also included in the reliability dimension. The right service schedule concerns the accuracy of the service schedule and the timeliness of the officers. There are 87 people (98.9%) who have accredited health centers who think that the quality dimension of reliability service is good, and only 1 person (1.1%) thinks it is still not good. Meanwhile, of the 87 patients at the Health Center who had not been accredited, there were 77 people (88.5%) who considered that the quality of service reliability dimension was good and only 10 people (11.5%) who considered it still not good.

In this study, it was found that patient satisfaction in the reliability aspect included patient registration procedures that were served in a precise, fast and uncomplicated manner, medical personnel provided thorough, careful and timely services as promised and there was an improvement in the condition (healing) after the patient received the procedure and took the medication. The level of discipline and alertness of accredited and non-accredited Health Center staff in serving patients is disciplined, as evidenced by disciplined employees arriving on time according to working hours by officers always on standby and ready during working hours, and then disciplined employees in dressing and being gape in taking action and providing services. Besides that, the doctor who came immediately provided services.

Ability to provide health services in a timely and accurate manner as offered (as in brochures). The fifth dimension of service quality, reliability is considered the most important by customers of various service

industries. Due to the non-standardized nature of service products and their products are highly dependent on human activities; it will be difficult to expect consistent output. Moreover, services are produced and consumed at the same time. To increase reliability in the field of health services, top management needs to build a quality work culture, namely a culture of no mistakes or corporate culture of no mistakes that is implemented from top management to front line staff (who are directly in contact with patients). These work cultures need compact work groups that get regular training to keep up with medical technology and patient expectations [9].

Researchers argue that in general the majority of patients believe in the reliability and accuracy of services provided by officers quickly. As well as with the reliability that officers have, officers are able in providing services to patients without distinguish social status or other factors (not discriminating). This is in accordance with the theory put forward by Muininjaya (2016), for health service providers, that the quality of health services is more related to the dimensions of suitability of services provided with the latest developments in science and technology and/or professional autonomy in providing health services according to patient needs [9]. Patient satisfaction indicates that the known reliability of the health centers is how the registration counter staff can be trusted by respondents in providing health services to the community. In this study it appears that there are still groups of patients who are dissatisfied with services from the reliability dimension. This shows that satisfaction with health centers services from the reliability dimension can still be improved.

4.2. A comparison of the aspects of responsiveness service quality in Jayapura Regency based on the Health centers' accreditation status

There were substantial disparities in the characteristics of quality of responsiveness between accredited and non-certified health centers, according to this study. Patients at the previously accredited Health centers assessed the aspects of quality of service responsiveness as good 1.132 times higher than patients at the unaccredited Health centers. Tjiptono (2016) defines responsiveness as employees' eagerness to assist clients and offer services swiftly and precisely. In terms of professionalism, speed and precision are essential [8]. This dimension includes health personnel' capacity to assist clients as well as their preparedness to service according to protocols and satisfy consumer expectations. The attitude of front-line workers is largely responsible for health services that are attentive to the demands of their consumers. They have direct contact with service users and their families, either in person, through nonverbal communication, or over the phone [9].

The majority of respondents in this survey agreed with Yudanisa's research (2019) that the responsiveness they experienced in health care was still insufficient [10]. One of the most crucial aspects of providing effective health care is the responsiveness of health care practitioners. It is hoped that the staff response would be able to assist patients who are having difficulty obtaining services and vital information. The employee's response to patient concerns and the quickness with which they provide service are both indicators of responsiveness. According to Nababan (2020), research at the Jambi City Health Center discovered that service processes were not complex. Respondents stated that some did not grasp the registration routine, and that while waiting for the queue, they had to wait because the patient had not been transported from the registration counter to the poly room.

One of the most important determinants of high service quality is the responsiveness of health care provider employees and their capacity to perform services efficiently and precisely within established time frames. Staff reactions to Health centers patients, both accredited and non-accredited, have been positive. Nonetheless, there are still several complaints regarding the registration counter service. Moreover, the response time to patient complaints at accredited and non-accredited Health centers is slow and does not meet the health centers' service time criteria. Services that are still regarded delayed include registration counter services and laboratory services.

4.3. A comparison of the dimensions of assurance service quality based on the accreditation status of the Health centers in Jayapura Regency

The study found no significant difference in the dimensions of quality assurance services between accredited Health Centers and those that had not been accredited.

According to Zeithaml, Berry, and Parasuraman (in Tjiptono 2016), assurance is a staff behavior attitude that may increase patient trust and confidence in service providers and generate a sense of security for its clients. In this case, assurance also implies that public health facility workers are constantly professional and in control [8].

Patient satisfaction indicates that doctors have the competence and expertise to diagnose patients' illnesses, allowing them to confidently answer every patient question. Throughout the treatment time, the health centers' health facilities addressed the needs of the community. Patients are satisfied with the care provided by both medical and non-medical staff. Administrative personnel appropriately enter patient data.

According to Our study (2017), the majority of patients are satisfied with the assurance offered by the Health centers. Doctors and nurses' guarantees are adequate to satisfy patients in recovery, and patients who require more therapy can be referred. With the presence of professional specialists, doctors and nurses have been able to ensure patients' recovery.

The schedule of services provided by doctors in each health centers is carried out 3 days a week for 7 working hours. The schedule for specialist doctor services is prepared by the health centers according to the doctor's schedule. Services provided at each health centers for patients are also scheduled for examinations such as obstetrical and midwifery services which are carried out on Tuesdays, Wednesdays, Thursdays and Fridays, so that services for pregnant and postpartum women are carried out on that day.

Patient satisfaction reflects the quality of medication provided by the health center and ensures the patient's recovery. Medicines are of standard quality, and quality is maintained by storage and examination for damage and expiry. At the Health centers, pharmacists are responsible for the quality of medications, and they are helped by four staff members, one of them is a pharmacist and three others are nurses.

The dimension of medication quality assurance primarily concerns drug effectiveness in illness treatment. Medications are an important part of every health-care system. It is believed that patients would recover from their ailments with the administration of medications. Furthermore, because medication is a basic necessity of

the population, the view of a health service's output is if they obtained medicine after visiting a health facility. As a result, if a patient does not receive medicine when they visit the Health Center, they may feel that the service is inadequate.

According to the findings of the data analysis, the average responder in answering the questions on the dimensions of the guarantee of the medicine delivered was good. According to the findings of interviews with respondents, the pharmaceuticals delivered to respondents, both in terms of efficacy and dose, made the respondents feel well, albeit they were still dissatisfied, and some respondents grumbled since they had to buy medicine elsewhere due to the drug shortage.

This is consistent with Warda's (2016) research at the Kendari Health Center, which found that the drugs provided were of high quality, although there were numerous empty bottles, necessitating the patient's purchase of more medication. Furthermore, the provision of particular pharmaceuticals for patients based on the drugs established by the BPJS can be purchased individually [12].

Drug vacancies may develop if drug planning has been prepared ahead of time by an accredited health center and is not accredited based on the epidemiological approach of the disease, but the number of patients that attend cannot be expected, resulting in a high demand for pharmaceuticals. As a result, people are urged to go to other public health clinics to acquire medications based on their doctor's prescription.

Medications, vaccinations, and other current issues, as well as availability or cost of health services that still need to be improved to enable better health services, will strive to increase employee performance and deliver excellent and fulfilling health services to the community if this is achieved.

Aside from that, there are long lines for medication services to patients since there are two pharmacy officers who serve taking pharmaceuticals and are not in compliance with the regular service time set. Customers frequently complain about the service at the registration counter, which should take 3 minutes but takes more than 5 to 6 minutes; this disturbs the flow of the patient queue and demonstrates ineffectiveness in providing services, causing services to be hampered.

4.4. A comparison of the dimensions of empathy service quality based on the accreditation status of the Health centers in Jayapura Regency

In this study, there was no significant difference in the dimensions of empathy service quality between accredited health centers and unaccredited health centers. The value of $RP = 1.090$ indicates that patients at the already accredited health centers rated the dimensions of empathy service quality as good 1.090 times higher than patients at the unaccredited health centers. According to Muninjaya (2016), the empathy dimension is connected to staff's sense of caring and particular attention for each service user, recognizing their requirements, and making it simple for service users to contact them at any time if they need support [9]. Patient satisfaction can be seen in services that do not discriminate between patients, health workers who provide services regardless of social status, health workers who encourage patients to get well quickly and pray for them, doctors who are patient in responding to complaints of patients and their families, health workers who are open to

patient complaints, and staff who provide a sense of comfort and calm to patients while undergoing treatment. The study's findings are consistent with Adian's (2020) research at the East Java Health Center, which found that patients are most affected by the attention paid to health services [13].

This research is consistent with Yuwono (2017)'s findings at the Ngaliyan Health Center in Semarang City, where most of the attention or empathy was directed toward the general population [14]. This is demonstrated by the fact that when customers arrive for service, personnel are always prepared. Workers are constantly available to provide information about services or service flow. Nonetheless, many people prefer to ask their fellow patients. This is due to a continuing shortage of officers responding to patients and delivering information. The second supporting dimension in the service process is empathy, in this case, the act of caring for and attending to patients. Attentive conduct is critical in service since it not only improves service quality but also provides patients with a sense of comfort and satisfaction.

4.5. A comparison of the dimensions of tangible service quality based on the Health centers' accreditation status in Jayapura Regency

This study discovered substantial disparities in the aspects of the quality of physical evidence services between accredited and unaccredited health centers. The value of $RP = 1.165$ implies that patients at already accredited health centers consider the dimensions of service quality as evidence of good physical quality 1.165 times higher than patients at unaccredited health centers. According to Tjiptono (2017) physical evidence is the ability to demonstrate its existence to external parties including physical factors (buildings, warehouses, etc.), equipment and tools used, and employee appearance [8]. This study is consistent with Fanny's (2020) findings that service quality contributes 61% to patient satisfaction. Because of the large number of patient visits, the waiting area does not give comfort, and the parking space does not fulfill the requirements [15]. Good physical evidence will affect customer perceptions. At the same time, the physical evidence dimension is also a source that influences customer satisfaction. Due to good physical evidence responses by patients, customer expectations for services are higher. The appearance of a medical worker or employee when meeting a patient is very important because the patient will feel comfortable receiving services if the medical staff or health center employee looks neat and clean. For that this attribute is included in the part that is important for patients. Warda (2016) performed study at the Perumnas Health Center in Kendari City, which supports this. In order to provide services to patients, it is necessary to have a variety of useful facilities to support health services, such as facilities such as the condition of toilet hygiene, which is not clean and aesthetically pleasing, which can make patients feel uncomfortable when they are in the master health center [12].

Calisir and colleagues (2012) concluded that physical evidence is a significant element for patient satisfaction and impacts the choice to return to utilize the hospital's services in their study of the effect of the quality dimension on 292 respondents using the modified Service Quality method [16]. Patient satisfaction at both accredited and non-accredited health centers in Jayapura Regency is the condition of the accredited and non-accredited health centers environment that looks clean and tidy, receives adequate care, so that infection or disease is not easily transmitted, and registration counter staff maintains tidiness and cleanliness in providing services. Researchers contend that patient satisfaction with the quality of health services in terms of tangible

evidence received has not been met, particularly with regard to supporting facilities in the patient registration procedure. This is due to a shortage of supporting resources such as computers, causing them to be unable to verify and must rely on administration in other service rooms, slowing down the registration process. The accredited and non-accredited health centers in Jayapura Regency should make rapid changes, particularly in the registration process, because patient satisfaction is measured by a quick and adequate registration procedure.

4.6. A comparison of patient satisfaction depending on the accreditation status of the Health centers in Jayapura Regency

In this study, it was found that there was no significant difference in patient satisfaction between accredited health centers and unaccredited health centers. Patients at accredited health centers only 2 people (2.3%) considered that they were satisfied, and 86 people (97.7%) considered they were still unsatisfied. Meanwhile, of the 87 patients at the health center who had not been accredited, there were 0 people (100.0%) who considered that they were satisfied and 87 people (100.0%) who considered they were still unsatisfied. According to Sumawijaya (2018), the services of accredited medical and non-medical personnel at the Tamansari District Health Center are very good in terms of reliability, physical responsiveness, assurance, and physical evidence, but there are still issues in terms of empathy, which has the lowest percentage of satisfaction [17]. Complaints from patients with BPJS health insurance are more common, with nationwide observations indicating that up to 75% of health services, particularly those with BPJS, still get varied complaints [18]. Patients will be dissatisfied with the service if it is not timely, responsive, and able to treat complaints and prevent the development of disease; patients who are satisfied with the service will comply with treatment and want to come for treatment again; patients who are not satisfied will not comply with treatment and will want to come for treatment again [19].

5. Conclusion

Based on the results of the discussion it can be concluded as follows:

- a. There is a significant difference in the dimensions of reliability service quality between accredited and non-accredited Health Centers in Jayapura Regency, Papua Province;
- b. There is a significant difference in the dimensions of quality of responsiveness between accredited Health Centers and non-accredited Health Centers in Jayapura Regency, Papua Province;
- c. There is no significant difference in the dimensions of quality assurance services between accredited Health Centers and non-accredited Health Centers in Jayapura Regency, Papua Province;
- d. There is no significant difference in the dimensions of empathy service quality between accredited and non-accredited Health Centers in Jayapura Regency, Papua Province;
- e. There is a significant difference in the dimensions of physical evidence service quality between accredited Public Health Centers and non-accredited Health Centers in Jayapura Regency, Papua Province;
- f. There is no significant difference in patient satisfaction between accredited health centers and non-accredited health centers in Jayapura Regency, Papua Province.

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