

Quality of Service at Public Health Center in West Pasaman District in 2023

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DOI: <https://doi.org/10.52403/ijrr.20231206>

ABSTRACT

Background: The quality of health services is essential and is a concern at all levels of health services globally. The Public Health Center (PHC) was accredited, but poor service quality performance still needed to be improved. The research aims to analyze and explore the quality of health services. This research was descriptive qualitative.

Methods: This research uses a phenomenological design study. Qualitative research was conducted with in-depth interviews, observation, and document review. This research was carried out from March to July 2023. There were eight informants: the Head and staff of the PHC and staff from the West Pasaman Health Office.

Results: There needs to be more human resources, infrastructure, health equipment, and budget support, less optimal monitoring and evaluation, and no officer satisfaction survey has been conducted.

Conclusion: PHC needs additional human resources (pharmacists and dentists), building improvements, complete health infrastructure, and equipment, as well as monitoring and evaluation, are required. The PHC needs to improve the quality of health services through the Plan-Do-Check-Action and Plan-Do-Study-Action cycles to achieve continuous quality improvement.

Keywords: *Public Health Centers, Service Quality, Quality Improvement*

INTRODUCTION

The quality of health services is essential

and a concern at all levels of health services globally, one of which is to achieve universal health coverage in 2030.¹ Indonesia continues to strive to improve access and quality of essential and referral health services.²

Based on the health profile of West Sumatra Provincial Health Office in 2022, there are 89.7% accredited PHCs in Indonesia, or 9.153 out of 10.203 PHCs, and 271 accredited PHCs in West Sumatra. West Pasaman Regency is the district with the most primary accredited health centers in West Sumatra. All certified health centers are required to improve the quality of services after accreditation. However, there are still PHCs that could be more optimal in their efforts to enhance the quality of service.

The current problem with the quality of health services is the inability of the PHC to improve quality after the accreditation of the PHCs continuously. The achievement of The first visit for antenatal care (K1) in 2021 is the second lowest achievement in West Pasaman Regency, while the ANC service target according to standards is 100%. The first visit for antenatal care (K1) in 2021 was 64.4%, and 57.0% in 2022, and the fourth visit to antenatal care (K4) was 47.9% in 202, and 40.8% in 2022.

PHCs throughout Indonesia must provide safe and quality services to achieve healthy districts.³ The implementation of PHC accreditation in Indonesia will fail if the

organization is not able to manage it well.⁴ Accreditation plays a vital role in assessing and improving the quality of health services throughout the world.⁵

Based on research by Wulandari et al. (2019), PHC accreditation influences service quality and patient satisfaction. The implementation of certification aims to improve the quality of health services. Accredited PHCs are considered to be of high quality by service users. There was a significant difference in patient satisfaction at the accredited PHC before and after it was accredited.⁶ The society demands excellent and qualified service, and policymakers need to improve healthcare services.⁷

Donabedian, in "Evaluating the Quality of Medical Care," proposed using a quality triangle consisting of structure, process, and outcome to publicize the quality of health services.⁸ Human Resources, Facilities, Infrastructure and Health Equipment, Monitoring and Evaluation, and outcome of Customer Satisfaction are part of the process structure and results.

If there is a problem with the quality of health services, it is necessary to carry out an exploration based on the phenomenological study. This approach allows researchers to explore how health workers perceive quality in PHC. Thus, we are interested in exploring health service quality at one of the Community Health Centers in West Pasaman Regency, West Sumatra Province.

MATERIALS & METHODS

This qualitative descriptive research uses a phenomenological approach using in-depth interviews, observation, and document review. Research variables were Human Resources, Health facilities, infrastructure and equipment, Monitoring and evaluation, and outcome of customer satisfaction with

service quality. Data analysis used thematic analysis by listening to informants' verbal descriptions, analyzing certain statements, and grouping them into theme groups. Qualitative data processing with data reduction, analysis, and conclusion drawing refer to the problem formulation. The triangulation methods ensure the credibility of data.

There were eight informants: the Head and staff of the PHC and Health Department Officers. Researchers chose informants who were considered knowledgeable about the problems and had experience related to service quality. This research was carried out from February to July 2023. Ethical considerations of respondents have been obtained.

RESULT

Located in West Sumatra Province, Indonesia, West Pasaman Regency has an area of 3,864.02 km², a population of 441,773 people in 2023, with 11 districts. West Pasaman Regency has 20 PHCs, nine intermediate accredited PHCs, ten primary accredited PHCs, and only one PHC with a major accredited. Quality service problems according to officers' perceptions seen from the structure, process, and outcomes:

1. Human Resources

At the PHC, there are no pharmacists to provide pharmaceutical services to patients. *"... from April until now (July), there have been no pharmacists... there have been no dentists. There are only two physicians this month; previously, we only had one. At the end of May, a new doctor came in..."*(A3) *"Currently, at this PHC, we lack staff such as pharmacists and dentists."* (A4)

Analysis of personnel availability based on the standards of Minister of Health Regulation number 43 of 2019 concerning Public Health Center are shown in table 1.

Table 1. Human Resources 2023 According to Minister of Health Regulation 43 of 2019 concerning Public Health Centers				
Type of health worker	Conditions during the research	Standard	Gap	In accordance / It is not in accordance
Physicians	2	2	-	In accordance
Dentist	0	1	-1	It is not in accordance
Nurses,	20	7	13	In accordance

Midwives,	28	8	20	In accordance
Health Promoter	1	1	-	In accordance
Environmental Health Officer	2	1	1	In accordance
Laboratory Analyst.	1	1	-	In accordance
Nutritionists	2	2	-	In accordance
Pharmacist	0	1	-1	It is not in accordance

PHC must have eight mandatory staff by the minimum staff standards in the regulation. Observations revealed that nurses provided medication services because a pharmacist was lacking. Dental nurses provided dental health services at PHC. Recruitment of pharmacists and dentists has been proposed and will be actualized in November 2023. The conclusions obtained using the triangulation method: The provision of human resources required to abide by Minister of Health Regulation 43 of 2019 about PHCs.

2. Health facilities, infrastructure, and equipment.

PHC needed more facilities, infrastructure, and equipment to improve health services. The following text contains the results of interviews with informants:

"The PHC infrastructure is still lacking...we do not have a budget...we have submitted a proposal to renovate the PHC to the Health Department. It has been responded to, and it has been followed up; we are still waiting for the actualization" (A1, A4)

The PHC service building is damaged; there are broken floors and ceilings, which is a priority for repairs to ensure patient and staff safety. Some of the damaged infrastructure and equipment at the PHC included microscopes and generators.

The WWTP (Waste Water Treatment Plant) and some equipment at the PHC were damaged after the earthquake.

*"Some equipment is damaged.... (A1,A4,A6)
"The WWTP did not function after the earthquake... " (A5, A6)*

The Acid-Fast Bacilli (AFB) test for follow-up on pulmonary tuberculosis patients was also hampered due to microscope damage, so the examination was carried out at another nearby public health center.

"The binocular microscope is damaged and cannot be used" (A6).

The conclusions using the triangulation method were: Several pieces of health equipment were damaged but have not been repaired, and several public health center buildings were damaged. Health facilities and equipment at PHC still need to be improved due to a lack of optimal maintenance and repair and a lack of funds for procurement.

3. The outcomes of customer satisfaction

Complaints and suggestions from officers regarding the quality of service received a response from the leader, and follow-up improvements became a top priority. Meanwhile, there was no job satisfaction survey and optimal feedback facilities for patients and staff.

"Yesterday, a patient satisfaction survey was carried out, but not yet for the officers, and we are still in the process of evaluating the survey results" (A2)

"There has been no satisfaction survey for officers... There is no guidance from the Health Department " (A1, A2, A3)

The conclusions obtained using the triangulation method: Patient satisfaction surveys have been conducted, but the results of the satisfaction index have not yet been published. Officer satisfaction surveys have never been conducted. However, officers need to understand the importance of regularly conducting internal customer satisfaction surveys and the need to follow up to improve service quality based on the survey results.

4. Monitoring and Evaluation

Inadequate monitoring and evaluation of the quality and performance of services at the PHC force the PHC and the Health Department to improve. The Public Health Center and Health Service will conduct quality program evaluations in the future.

The following text is an excerpt from the interview:

"...PHC also has to report NIQ every month, but PHC are also sometimes negligent..." (A7)

"We will also ask the PHC to send a self-assessment for feedback immediately, and we will also arrange a schedule for the development team to go to each PHC for guidance" (A8)

".... We just submitted a report to the Health Service as a profile or assessment report of PHC performance...(A1).

".....there has been no feedback from the health service..."(A1, A4)

Based on the observations and document review results, at the time of research up to June 16, 2023, the National Indicators of Quality (NIQ) reporting still needed to be completed. The conclusions obtained using the triangulation method: Quality evaluation was not carried out optimally. PHCs need to be guided through evaluation and guidance by a team from the Health Department.

DISCUSSION

1. The Human Resources

The availability of human resources is critical, especially the minimum nine types of health workers that must be present at the PHC. There are no pharmacists to provide pharmaceutical services to patients. The availability of drugs and the timeliness of officers serving are priorities in pharmaceutical services, and it is necessary to have pharmaceutical personnel available at the pharmacy.⁹

Employees who have expertise in their fields make a positive impact on patient care.¹⁰ The government also must improve the health service system and training.¹¹ Health workers must provide recognized best practices.¹² A positive perception of health services is created for health service facilities by their high level of knowledge and competence.¹³

Services must be conducted by competent personnel to ensure effective services. Pharmacists are needed in drug planning and can manage drugs well, from

procurement, storage, distribution, and patient education. PHC must have sufficient staff. To meet service standards and improve service quality, sufficient staff must be available and meet the needs of health workers according to established standards.

2. Health facilities, infrastructure, and equipment.

The PHC needed more facilities, infrastructure, and equipment. PHCs must meet the standard requirements for location, buildings, infrastructure, equipment, personnel, pharmacy, and clinical laboratories.¹⁴ It is necessary to repair buildings, add facilities, repair or procure health equipment, and upgrade the WWTP so that liquid waste management can be carried out according to standards. Awareness and practice of medical waste management among staff is limited by a lack of sensitivity and proper implementation.¹⁵

The PHCs must strengthen commitment and standardize facilities and infrastructure for clinical services.¹⁶ Health facilities must have good financial performance to provide sustainable resources for quality improvement.¹⁷ Support for the availability of infrastructure and equipment is essential, and it positively affects patient satisfaction.¹⁸ Some infrastructure and equipment must be repaired or purchased; this is extremely dangerous if not controlled. Accessibility for pregnant women, the elderly, patients with disabilities, and physical limitations must be improved.

3. The Outcome of Customer Satisfaction

The customer satisfaction survey results need to be published to the public as a form of transparency regarding the study results to increase the clarity of the effects of community satisfaction surveys for service units, plans, and follow-up actions for the public.¹⁹ The input generated from both groups of external and internal customers is critical to building an appropriate

framework for measuring health service quality.²⁰ Patients' perspectives are crucial for evaluating the quality of healthcare services and healthcare management and policymakers.²¹ It is necessary to provide feedback on complaints and the professionalism of officers in service. The PHCs must appoint a complaint and suggestion management officer. All complaints and suggestions are recorded and followed up based on the Plan-Do-Check-Action (PDCA) cycle.

4. Monitoring and Evaluation

Various input, process, and output factors contribute to service quality issues. The Health Department monitors, evaluates, coaches health centers, and encourages PHCs to meet service needs by the performance standards established by the Head of the Health Department.²² Health facilities must improve patient safety by improving leadership, policy, and incident detection.²³ One of the objectives of reporting national quality indicators and safety incidents by public health centers is to prevent the risk of incidents or injuries to patients and health workers.²⁴

PHCs must establish quality indicators consisting of NIQ and mandatory PHC priority quality indicators. Service priority quality indicators will later become reference standards in measuring quality at PHCs.²⁵ Monitoring and evaluating the performance and quality of services can be implemented internally. PHCs must provide safe and quality services.²⁶ Public satisfaction with primary services can boost public trust in regional governments.²⁷ The Plan-Do-Study-Action (PDSA) cycle provides a structure for health officers to focus on program improvement.²⁸

PHC needs to improve the quality of service in the Plan-Do-Check-Action (PDCA) and Plan-Do-Study-Action (PDSA) cycles so that the services provided can be assessed, evaluated, and improved in corrective actions so that optimal service quality is achieved on an ongoing basis.

PHC must determine problem priorities,

find the root cause of the problem, and plan follow-up actions. An evaluation needs to be carried out by the Health Department regarding the quality of services at the PHC. Service quality evaluation can also be carried out based on internal audits and risk evaluation based on risk analysis, satisfaction results, customer complaints and suggestions, performance assessment results, and quality reports of PHCs.

CONCLUSION

Lack of human resources, health infrastructure and equipment, budget support, lack of optimal monitoring and evaluation, and lack of staff satisfaction surveys have resulted in a decline in the quality of services at Community Health Centers. Post-accredited health centers must be able to improve their quality continuously. Community health centers need to improve the quality of health services through the PDCA and PDSA cycles to achieve continuous quality improvement.

Declaration by Authors

Ethical Approval: The ethics of this research was approved. Ethics approval was obtained from the Health Research Ethics Committee of the Faculty of Medicine, Universitas Andalas (No:273/UN.15.2/KEP-FK/2023).

Acknowledgement: The Authors would like to thank the Universitas Andalas. Technical assistance was provided, as well as the contribution of all participants in this research.

Source of Funding: A Scholarship from the Directorate General of Health Officer, Ministry of Health, supported this work

Conflict of Interest: There were no financial or commercial conflicts of interest during this research

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How to cite this article: Amilarahmi, Husna Yetti, Firdawati. Quality of Service at Public Health center in West Pasaman District in 2023. *International Journal of Research and Review*. 2023; 10(12): 35-41. DOI: <https://doi.org/10.52403/ijrr.20231206>
