

## Health service quality and patient satisfaction in the new normal era: a case study of madising na Mario health center in parepare city.

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### Abstract

Improving healthcare quality is essential due to the growing demand for exceptional services. However, the COVID-19 pandemic has significantly transformed public service bureaucracy, particularly healthcare centers, through service engineering. This has introduced new health protocols, regulations, and the "new normal" of social and physical distancing. Community health centers strive to maintain service quality and meet community expectations by applying diverse regulatory instruments.

The objective of this study is to determine the quality of health services and patient satisfaction during the transition to the new normal era at the Madising Na Mario Health Center in Parepare City. This study utilized a

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descriptive analytic research design with a cross-sectional approach, employing "accidental sampling" with a sample size of 51 respondents. The results indicated that Certain service quality dimensions, such as reliability, assurance, and responsiveness, were significantly associated with the new normal era. At Madising Na Mario Health Center, staff reliability, service guarantees,

and staff responses were good for visitors seeking treatment. However, Tangible and Empathy did not significantly contribute to quality as appearance and infrastructure were already established during the pandemic. Communication and attention are now standard social behaviors in every service provided.

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**Keywords:** Service quality, New normal era, Community health center, COVID-19 Pandemic

### INTRODUCTION

Human life has several stages, starting from childhood, adolescence, old age or old age. The journey of each period has different obligations and demands for each individual. With age, these demands will be more and more. Reactions that appear with age at each period of each individual will be different. Starting from enthusiasm, fear to worry. (Natsir et al., 2022) Public services are closely related to the government, one of which is the concept of development and management with Information and Communication Technology (Hasan et al., 2022) Health development is an inseparable part of human resource development. Efforts to improve health are efforts to improve the quality of health service organizations and health professionals (Azwar, 2000). In 2020 and 2021 the Covid-19 Pandemic that occurred demanded changes in the public service bureaucracy. These bureaucratic changes occur in two dimensions, namely the organizational dimension where there has been a change from what was originally carried out in a normal way, required to switch to the new normal bureaucratic model and the work system where the work from home (WFH) and work from office (WFO) models applied. (Taufik & Warsono, 2000). So that this situation requires harmonization of government services, so that there is no friction and conflict which has an impact on reducing the quality of service to the community (Lumbanraja, 2020). This situation is implemented in efforts to enforce health protocols for mutual safety, both for service providers and recipients, by implementing social distancing and physical distancing. This has become known as the new normal or the new lifestyle.

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This outbreak certainly has an impact on health services. According to the Government Regulation of the Republic of Indonesia No. 47 of 2016 health service facilities can determine the type of service that suits the needs of the community, which can minimize all impacts based on developments in existing health science and technology (PERDOKI, 2020). Furthermore, the implementation of good health services includes availability and continuity, acceptable, accessible and quality (Ministry of Health of the Republic of Indonesia, 2020).

Community Health Centers have also experienced the application of various regulatory instruments while maintaining the quality of services. This is aimed to simplify services in all lines of activity with the main objective of maintaining service quality. However, there is a dilemma whether implementing the new normal in Community Health Center services can still maintain customer satisfaction, in this case, the loyalty of patients returning to the Community Health Center when they experience health problems. To maintain the quality of health services provided by health centers and to innovate in efforts to implement the transition to the new normal era, effectiveness and efficiency must be considered as demanded by the community. Expectations of services must be met, and it is necessary to measure whether the quality of services provided by health centers at this time can meet the level of patient or community satisfaction.

## RESEARCH METHODS

This research employed a descriptive analytic approach with a Cross Sectional design. The study was conducted between May 5 and July 30, 2021, using an "accidental sampling" method with a total of 51 participants. Data were analyzed using univariate and bivariate analysis with the Statistical Package for Social Science (SPSS) version 16.00.

## RESEARCH RESULTS AND DISCUSSION

### Results

#### 1. Characteristics of Respondents

##### a. Gender

Table 1. Distribution of Respondents by Gender

Gender	Frequency	Percentage (%)
Male	19	37,3

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Female	32	62,7
<b>Total</b>	<b>51</b>	<b>100</b>

Table 1 shows that the majority of respondents who visited the outpatient department were female, with 32 respondents (62.7%), while male respondents were 19 (37.3%).

**b. Age**

Table 2. Distribution of Respondents by Age

Age	Frequency	Percentage (%)
<21	8	15,7
21-55	34	66,7
56-65	7	13,7
>65	2	3,9
<b>Total</b>	<b>51</b>	<b>100</b>

Table 2 shows that the majority of respondents were in the age range of 21 - 55 years old with 34 respondents (66.67%), followed by respondents below 21 years old with 8 respondents (15.7%), and the smallest number of respondents were above 65 years old with 2 respondents (3.9%).

**c. Education**

Table 3. Distribution of Respondents by Education Level

Education Level	Frequency	Percentage (%)
Graduated from Elementary School	1	2,0
Junior High School/Equivalent	1	2,0
Senior High School/Equivalent	29	56,9
Associate's degree	10	19,6
Bachelor degree	10	19,6
<b>Total</b>	<b>51</b>	<b>100</b>

Table 3 shows that the highest formal education attained by the respondents was a Bachelor's degree (university), while the lowest education level was elementary school. The largest distribution of respondents was in the high school equivalent level with 29 respondents (56.9%), followed by Associate's degree and Bachelor's degree with 10 respondents (19.6%), and the smallest was elementary school with 1 respondent (2.0%).

**2. RELATIONSHIP BETWEEN INDEPENDENT AND DEPENDENT VARIABLES**

**a. Relationship between Reliability and Patient Satisfaction**

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Table 4: Relationship between Reliability and patient satisfaction

Reliability	Satisfaction				Total		X <sup>2</sup>	P
	Unsatisfied		Satisfied		N	%		
	N	%	N	%				
Moderate	23	79,3	6	20,7	29	56,9	18,76	0,00 < 0,05
Good	4	18,2	18	81,8	22	43,1		
Total	27	52,9	24	47,1	51	100		

Table 4 shows that out of 29 respondents with low reliability expectations, 23 respondents (79.3%) expressed dissatisfaction with the service provided by the officers, while 6 respondents (20.7%) expressed satisfaction. Meanwhile, for those with high reliability expectations, 18 respondents (81.8%) expressed satisfaction with the service provided by the officers, and 4 respondents (18.2%) expressed unsatisfied.

From the results of the statistical test with Chi-Squared test, it was obtained that the value of  $X^2 = 18.76 > X^2$  table was 3.841 and the value of  $P = 0.00 < 0.05$  which means  $H_0$  was rejected. Thus there is a positive relationship between the dimensions of respondent reliability and service satisfaction.

**b. Relationship between Assurance and Patient Satisfaction**

Table 5. Relationship between Assurance and Patient Satisfaction

Assurance	Satisfaction				Total		X <sup>2</sup>	P
	Unsatisfied		Satisfied		N	%		
	N	%	N	%				
Moderate	12	75,0	4	25,0	16	31,4	18,21	0,00 < 0,05
Good	5	14,3	30	85,7	35	68,6		
Total	17	33,3	34	66,7	51	100		

Table 5 shows that of the 16 respondents with less assurance expectations, there were 12 respondents (75.0%) who stated that they were not satisfied with the officer's service, for those who stated that they were satisfied as many as 4 respondents (25.0%). While with good assurance expectations, there were 30 respondents (85.7%) who stated they were satisfied with the officer's service, and as many as 5 respondents (14.3%) stated that they were not.

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From the results of statistical tests with Chi-Squared test, it was obtained that the value of  $X^2 = 18.12 > X^2$  table was 3.841 and the value of  $P = 0.00 < 0.05$  which means  $H_0$  was rejected. Thus there is a positive relationship between the dimensions of respondent assurance and service satisfaction.

**c. Relationship between Tangibles and Patient Satisfaction**

Table 6: Relationship between Tangibles and patient satisfaction

Tangible	Satisfaction				Total		X <sup>2</sup>	P
	Unsatisfied		Satisfied		N	%		
	N	%	N	%				
Moderate	11	64,7	6	35,3	17	33,3	6,95	0,01 < 0.05
Good	9	52,9	25	73,5	34	66,7		
Total	20	117,6	31	60,8	51	100		

Table 6 shows that of the 17 respondents with less tangible expectations, there were 11 respondents (64.7%) who expressed less satisfaction, for those who stated that they were satisfied as many as 6 respondents (35.3%). Meanwhile, with good tangible expectations, there were 25 respondents (73.5%) who stated that they were satisfied, and as many as 9 respondents (26.5%) stated that they were unsatisfied. From the results of statistical tests with Chi-Square, the value  $X^2 = 6.95 > X^2$  table 3.841 and the value  $P = 0.01 < 0.05$  which means  $H_0$  is rejected. Thus there is a positive relationship between the tangible dimension of respondents and service satisfaction.

**d. Relationship between Empathy and Patient Satisfaction**

Table 7: Relationship between Empathy and patient satisfaction

Empathy	Satisfaction				Total		X <sup>2</sup>	P
	Unsatisfied		Satisfied		N	%		
	N	%	N	%				
Moderate	8	66,7	4	33,3	12	23,5	12,12	0,00 < 0,05
Good	6	15,4	33	84,6	39	76,5		
Total	14	27,5	37	72,5	51	100		

Table 7 shows that of the 12 respondents with less empathy expectations, there were 8 respondents (66.7%) who stated that they were dissatisfied with the officer's service, for those who stated that they were satisfied as many as 4 respondents (33.3%). While with good empathy expectations, there were 33

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respondents (84.6%) who stated that they were satisfied with the officer's service, and as many as 6 respondents (15.4%) stated that they were unsatisfied with the service in the inpatient unit.

From the results of statistical tests with Chi-Square, the value  $X^2 = 12.12 > X^2$  table 3.841 and P value = 0.00 < 0.05 which means  $H_0$  is rejected. Thus, there is a positive relationship between the respondent's empathy dimension and service satisfaction.

**e. Relationship between Responsiveness and Patient Satisfaction**

Table 8. Relationship between responsiveness and patient satisfaction

<i>Responsiveness</i>	<b>Satisfaction</b>				<b>Total</b>		<b>X<sup>2</sup></b>	<b>P</b>
	<b>Unsatisfied</b>		<b>Satisfied</b>		<b>N</b>	<b>%</b>		
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>				
Moderate	8	61,5	5	38,5	13	25,5	8,67	0,01 < 0,05
Good	7	18,4	31	81,6	38	74,5		
Total	15	29,4	36	70,6	51	100		

Table 8 shows that of the 13 respondents with less responsiveness expectations, there were 8 respondents (61.5%) who stated that they were satisfied with the officer's service, for those who stated that they were satisfied as many as 5 respondents (38.5%). While with good responsiveness expectations, there were 31 respondents (81.6%) who stated that they were satisfied with the officer's service, and as many as 7 respondents (18.4%) stated that they were unsatisfied with the service in the inpatient unit.

From the results of statistical tests with Chi-Square, the value  $X^2 = 8.67 > X^2$  table 3.841 and P value = 0.01 < 0.05 which means  $H_0$  is rejected. Therefore, there is a relationship between the responsiveness dimension of respondents and service satisfaction in the outpatient room of the Madising Na Mario Health Center, Parepare City.

**DISCUSSION**

**1. Relationship between Reliability and Satisfaction**

There is a relationship between the reliability dimension of respondents and outpatient satisfaction, where with patient admission procedures, examination services, fast treatment and the right service schedule, patients will be satisfied in using the service, so the reliability dimension is very important, from the aspect of receiving patients who are not complicated (question point 5) and expect to be able to provide fast admission procedures, and patients expressed very satisfied, this proves that

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the faster the patient's admission procedure, the more satisfied they will be with the services provided. For respondents' responses to the ability of officers to provide fast examination services, there were 4 respondents who responded very important, 9 respondents stated important, this shows that with the ability of officers to carry out examinations quickly, patients will feel satisfied. However, there are still 4 respondents (18.2%) who responded that the examination service is not satisfied, this is due to the patient's knowledge of the examination of certain complex diseases (chronic diseases) before taking action has not been widely understood by patients and the situation experienced with a pandemic situation that requires new policies that give birth to new procedures as a situational adaptive effort, this is supported by the Minister of Health Circular Letter Number HK.02.01 / MENKES / 303/2020. Medical services are modified to prevent Covid-19 transmission, including implementing a screening process for every visitor who comes, changing the flow of services and providing a special room for ARI examinations, changing seating positions and providing a minimum distance of 1 meter. The following is the flow of services at the Community Health Center in accordance with the rules during the pandemic. Patients must check their body temperature and provide a statement whether they have a history of direct contact with Covid-19 Patients under surveillance (PUS)/ Patients under monitoring (PUM) before receiving services. Along with the COVID-19 outbreak, the government stipulates how to prevent and control infections related to health services. (Litha.Y, 2020). In line with Tener and De Toro (1992) who state that the most easily understood quality value of a good or service is fast (faster) in the sense of how a product or service can be obtained quickly, easily or pleasantly. Likewise, Nurul Iman (2003) describes that the higher the expectation of reliability, the greater the patient's satisfaction.

### 2. Relationship between Assurance and Satisfaction

There is a relationship between the assurance dimension of respondents and patient satisfaction where with the knowledge and ability of officers in determining diagnosis, skills in working, polite and friendly service, and being able to provide security guarantees, patients will be satisfied in using services. Respondents stated that it is important and expect officers to be able to use and take the best / good actions according to patient perceptions. where the patient's perception that good action is a reflection of the actions of skilled officers is that in carrying out medical actions it does not cause discomfort or pain to the patient.



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Another form of guarantee that can be provided by officers is politeness and friendliness in carrying out examinations and actions, where the politeness of officers in carrying out examinations is highly demanded by patients, because the examination action requires a direct touch to the patient so that a proper diagnosis can be made, and the patient's perception will consider officers polite if before carrying out the examination they first provide information about the type of disease suffered and the body parts that need to be taken action, so that there is an understanding between the officer and the patient. During the pandemic with the transition period of the new normal era, the quality of service to the community must be maintained. The government is required to continue to provide the best service even though on the other hand it must carry out health protocol appeals for mutual safety, both providers and recipients of services by implementing social distancing and physical distancing. This condition has prompted the Government of Indonesia to issue the latest policy regarding the new normal. The essence of this policy is to continue carrying out normal activities, but still by implementing very strict health protocols to prevent transmission of the virus through new clusters. This policy requires all those related to services to simplify in all lines of activity. Innovation occurs when problems and limitations occur that require new ways to solve them. In simple terms, innovation can be applied to all aspects with the meaning of everything that realizes new ideas as an alternative. development in order to create a new service model, network and resources that have not existed before in order to increase competitiveness and effectiveness (Rahmat et al., 2020). The same results as Maryati Tombokan's research (2002) on analyzing the relationship between service quality and the level of satisfaction of inpatients at Sawerigading Hospital, Luwu Regency, which shows that there is a relationship between the assurance dimension and the satisfaction of patients who use health services.

### 3. Relationship between Tangible and Satisfaction

There is a relationship between the tangible dimensions of respondents and patient satisfaction where with the cleanliness and coolness of the room as well as the cleanliness of the tools and the availability of equipment used, the patient will be satisfied in using the service, with the fulfillment of the patient's wishes, they tend to be satisfied with the services received in the examination room. As for the availability of equipment, and medical equipment used by officers who are good enough for them, so for them this will express satisfaction with the services provided.

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It is necessary to pay attention to this tangible dimension which is physical evidence that can be felt and can be measured by patients. Meanwhile, according to Zeithaml, Berry and Parasuraman, tangible evidence is the physical appearance of services, physical facilities, the appearance of the workforce, tools or equipment used, and in providing physical evidence as an initial medium for clients (patients) to see in real terms the first time what is there, both regarding the appearance of officers and about the physical facilities and availability of personnel in providing services. From the appearance aspect, there are changes in health workers where medical and non-medical personnel working in health services can minimize all forms of transmission by using Personal Protective Equipment (PPE) according to standards and levels. In addition, due to the limited number of tests, people who are suspected of being positive do not know about the test results which take a long time and these people continue to carry out normal activities which can unconsciously trigger the spread of a more vulnerable virus. (Utami TN, Nanda M, 2019). From the concept of best practice, every health worker is concerned, where in a public service innovation through approaches (Eldo, Mutiarin, 2019). According to Government Regulation of the Republic of Indonesia No. 47 of 2016, health service facilities can determine the type of service that suits the needs of the community that can minimize all impacts of the pandemic by utilizing the results of existing developments in health science and technology, so that physical changes with the use of PPE will be witnessed by patients (PERDOKI, 2020).

#### 4. Relationship between Empathy and Satisfaction

There is a relationship between the Empathy dimension of respondents and patient satisfaction, where with patience and diligence, respect, providing services fairly, and ease of contact, patients will be satisfied in using services, the ease of officers to be contacted by patients where the patient's perception that there are enough personnel (officers) is sufficient and they can be contacted at their respective places, in the sense that if they have a problem with their card, they can contact the counter officer who is always on the spot or ask about the rules for taking medicine, they can get it at the pharmacy installation. With the ability of officers to communicate when needed (can be contacted), patients tend to express satisfaction with the service. The attention demanded by patients in this case is how an officer is always at his workplace and the ability to respond to patient questions, so that the perception arises that the officer pays attention to them.

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In this research, it was found that health workers were able to not discriminate, where patients expressed satisfaction with the officer's ability to provide the same service to everyone (patients), where according to patients, in providing services, officers are aware that all patients have the same rights and must be treated fairly and is an obligation that must be owned by officers, but for patients giving priority to patients on the grounds of the patient's condition / condition is not a problem, as long as it is truly a medical consideration, and they get a previous explanation by the officer. Some service changes as a result of the pandemic, in this case bureaucratic changes, occur in two dimensions, namely the organizational and work system dimensions. (Taufik & Warsono, 2000). However, things that are still related to communication efforts with patients are still being pursued, such as aspects of empathy. In line with this Rohman.A, Larasati (2020) describes the assessment of public service standards in the community during the new life has the aim of explaining how a fixed procedure in providing services to the community in the new normal transition era. The results of another study by Maryati Tombokan (2002) show that there is a relationship between the empathy dimension and patient satisfaction of health service users. In relation to the current pandemic, there is not much influence because patients feel empathy for officers, especially the same attention to all patients or visitors who are receiving treatment.

### 5. Relationship between Responsiveness and Satisfaction

There is a relationship between the respondent's responsiveness dimension and patient satisfaction where the officer's ability to respond quickly to resolve patient complaints, be able to provide clear information, and to provide quick action when the patient needs service, then the patient has satisfaction in getting officer service. This result shows that satisfaction is a fundamental decision of the patient obtained based on real experience with a service product that can be measured by the patient by recovering or reducing pain, and vice versa, this is the same as the respondent's response regarding the officer's ability to resolve patient complaints, which means that the faster a doctor is able to provide services and is able to resolve complaints suffered by patients, it will lead to patient satisfaction.

Analysis of all respondents' responses to answers regarding the responsiveness dimension and responses to satisfaction obtained shows that with excellent responsiveness dimensions and satisfying experiences when receiving services, patients will consider the services provided to provide satisfaction. This is the same as Robert and Prevost in 1987 (in Azwar 1996) stated that for users of

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health services (health costumer), service quality is more related to the responsiveness of officers to meet the needs of patients and the smooth communication between officers and patients. The results of this study are the same as Nurul Iman's research (2006) on analyzing the relationship between service quality and patient satisfaction at Dr. Wahidin Sudirohusodo Hospital, there is a positive relationship between responsiveness and patient satisfaction, if the higher, the greater the patient satisfaction. With very important expectations.

According to the World Health Organization, health services for people who need examination and treatment other than Covid cases are disrupted due to the corona virus (WHO, 2020). One of the major impacts of the Covid-19 pandemic for the people of Indonesia is the field of public services. It also requires harmonization between government institutions, in order to avoid friction and conflict that have an impact on reducing the quality of service to the community (Lumbanraja, 2020).

### CONCLUSION

1. Dimensions of service quality that have a significant relationship at the Madising Na Mario Health Center during the new normal era, so that it remains good at providing services to visitors seeking treatment at the health center.
2. Procedures that have been established during the pandemic and communication and attention relationships have become normal social behavior in every service provided.

### B. ADVICE

The pandemic situation encourages changes in services in all aspects of health, so that efforts to adapt in providing maximum service are a concern of officers so that communication with patients by recognizing the situation and changes in services do not reduce the quality of service.

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