

Original Research Article

Analysis of differences in satisfaction among the elderly utilizing outpatient services at SuakRibee and MeutulangCommunity Health Centers

ABSTRACT

Background: The elderly are a vulnerable group that has high morbidity and mortality and are a group of people who really need access to health services because some of them suffer from chronic/degenerative diseases. In the initial survey that researchers conducted by interviewing 10 elderly patients, it was discovered that 3 elderly patients said they were less satisfied with the service due to long queues for medication because patients who were too full felt bored in one file. Apart from that, the results of the interviews revealed that there were 3 elderly patients who were dissatisfied with the nurses who were not good during the service. The aim is to analyze the differences in satisfaction of elderly patients at public polyclinic and elderly polyclinic services at community health centers.

Methods: This research is quantitative research with a research design using a cross sectional approach. The research was conducted in July 2023, a population of 650 elderly with a sample of 148 elderly. The results were very clearly visible from patients who felt satisfied (50.0%) and (50.0%) who felt less satisfied with the elderly polyclinic services at the SuakRibee Community Health Center. Meanwhile, general polyclinics were satisfied (47.0%) and (53.%) were dissatisfied with general polyclinic services at the Meutulang Community Health Center, which obtained statistical test results from the T-test $t = 2.284$ and $p\text{-value} = 0.024$.

Results: There is a difference between the elderly clinic and the general clinic at SuakRibee Health Center and Meutulang Health Center, namely (3.0%). SuakRibee Health Center Researcher's suggestions for maintaining and further improving the quality of its services. Meanwhile, researchers hope that in the future the Meutulang Community Health Center will provide special services for the elderly, starting from registration, waiting rooms, to assignments for chronic disease examinations, so that the elderly can focus on health services and increase satisfaction. And for agencies related to the Health Service, it is hoped that they can pay more attention to the conditions of service at general clinics and elderly clinics at West Aceh District Health Centers.

Keywords: Elderly, Patients satisfaction, Outpatient clinic

1. Introduction

Indonesia is a country with an old population, because the percentage of the elderly population has reached above 7% of the total population. This is related to the quality of health and socio-economic conditions of the community. The aging structure of society, apart from being an indicator of the success of achieving national human development, is also a challenge in development (Permenkes, 2016). Based on World Population Prospects data (2015), it is clear that there are 901 million people aged 60 years or more, consisting of 12% of the world's population. In 2015 and 2030, the number of people aged 60 years or

more is projected to grow by around 56% from 901 million to 1.4 billion, and by 2050 the elderly population is projected to more than double that of 2015, reaching 2.1 billion (WHO, 2015). In Indonesia, elderly people are increasing from year to year. This can be seen in 2010, the number of elderly people from 18 million people (7.59%) to 25.9 million people (9.78%) in 2019 and is predicted to continue to increase in 2035 to 48.2 million people (15.77%) (Ministry of Health, 2019) With the increasing number of elderly people. the number of households with elderly residents is increasing. The proportion of households in 2020 was 28.48 percent, of which 62.28 percent were elderly. The interesting thing about the existence of elderly Indonesians is the possibility of financial and social support, which ideally is provided by the family (BPS, 2020). Based on 2020 Susenas data, there are 9.80 percent of elderly women living alone, with the proportion of elderly women living alone almost three. elderly people are twice as likely as men (14.13 percent compared to 5.06 percent). This requires sufficient attention from levels of society, because elderly people who live alone need support from their environment, because their lives are more risky, especially elderly women, most of whom are marginalized groups (Susenas 2020).

The elderly are a vulnerable group that has high morbidity and mortality and are a group of people who really need access to health services because some of them suffer from chronic/degenerative diseases. Health services for the elderly are prioritized both at the community level and in health institutions. Puskesmas as a health service must meet community expectations in providing services, including health services for the elderly (Ministry of Health, 2020). Users of health services at Community Health Centers, including the elderly, require quality services not only for the treatment of physical illnesses, but also satisfaction with the attitude, knowledge and skills of staff in providing services as well as the availability of adequate facilities, infrastructure, which can provide comfort when receiving health services (Kaseger, 2021). Health services for the elderly are very important. To improve the quality of health services for the elderly, efforts need to be made continuously and continuously by all service providers at the health center. The higher the quality of health services, the better the lives of people, especially the elderly (Ganjar, 2022). Along with improving the quality of service, operational services at urban health centers must be further improved to make them more efficient and satisfy both patients and the community. Community Health Center activities are increasingly difficult to provide to the community because they respond to various challenges both from human resources and increasingly sophisticated health equipment but still provide good services (Amir, 2013). Ajarmah et al (2015) show that patient satisfaction and quality of health services are important factors in health service provider organizations. In fact, patient satisfaction is the most important indicator of the performance of health service providers, in other words improving quality has a significant impact on patient satisfaction. Patients who are satisfied with the services they receive usually return to the Community Health Center. Falaha et al (2016) in Ethiopia, show that the elderly have unique characteristics in their use of health services. Therefore, in improving health services for the elderly, they must pay attention to overall conditions. Therefore, improving the quality of health services for the elderly must be considered, starting from health services, quality of treatment/care, personal attitudes, and other variables related to the elderly. Therefore, it can increase the satisfaction of elderly patients, and influence the number of visits by elderly patients to the health center. Researchers are interested in examining the differences in patient satisfaction with general poly and elderly poly services at the SuakRibee Health Center and the Meutulang Health Center.

Based on data from the total number of elderly patient visits over the last 3 years at the SuakRibee Health Center, namely in 2020 there were 323 elderly patient visits, in 2021 there were 829 elderly patient visits, in 2023 there were 458 elderly patient visits (SuakRibee Community Health Center, 2023). Data from the total number of elderly patient visits over the last 3 years at the Meutulang Community Health Center in the last month at the

Meutulang Community Health Center, namely in 2020 there were 619 elderly patient visits, in 2021 there were 597 elderly patient visits, in 2023 there were 508 elderly patient visits (Meutulang Community Health Center, 2023). Data from the total number of elderly patient visits during the last 6 months at the SuakRabee Health Center, namely July-December 2022, was 220 elderly patients (SuakRabee Community Health Center, 2022). Data from the total number of elderly patient visits during the last 6 months at the Meutulang Community Health Center, namely July-December 2022, was 106 elderly patients (Meutulang Community Health Center, 2022). SuakRabee Community Health Center is one of the Community Health Centers in Johan Pahlawan sub-district. The SuakRabee Community Health Center already has a clinic, making it easier for elderly people to receive health services from health workers. This is based on the number of elderly visits which have continued to increase over the last 6 months, namely July-December 2022, with 220 elderly patients. Meutulang Community Health Center is one of the Community Health Centers in Pantan Ree sub-district. The Pantan Ree Health Center does not yet have a polyclinic so that elderly patients still receive health services from health workers at the general polyclinic so that elderly patient visits are much lower compared to the SuakRabee Community Health Center which already has an elderly polyclinic specifically for health services for elderly patients. Based on a preliminary survey that researchers conducted through interviews with elderly patients in the working area of the SuakRabee Community Health Center, it was discovered that there were 4 elderly patients who said they were satisfied with the services of the SuakRabee Community Health Center because it had a comfortable waiting room and did not have a long queue number. 3 elderly patients said they were dissatisfied with the services of the SuakRabee Community Health Center because it took a long time to queue for medicine because the patients were too crowded and felt bored in queuing. Furthermore, the results of the interview also revealed that 3 elderly patients said that nurses were not friendly when providing services. At the Meutulang Community Health Center there were 4 elderly patients who said they were satisfied with the Puskesmas service because it had a comfortable waiting room, meanwhile 2 elderly patients said they were satisfied because the staff were friendly in serving patient complaints even though sometimes they had long queue numbers, there were 2 elderly patients who said no satisfaction with nursing services at the Community Health Center because the attitude of medical staff is inadequate in responding to complaints from elderly patients.

2. Methods

This research is a cross-sectional quantitative research and will be carried out at the Suak Ribee Health Center and the Meutulang Community Health Center, West Aceh Regency. The survey will be conducted in July 2023. The sampling technique is Simple Random Sampling. The sample was calculated using the Slovin formula with a population of 650 people and a sample of 148 respondents. Data collection was carried out through face-to-face interviews using a questionnaire. Data analysis was carried out univariately, bivariately using the paired T test statistical test. Information is processed and then presented in the form of tables and narratives.

2.1. Measurement

There are three variables in this research. Consists of two independent variables (Outpatient and Accessibility) and one Elderly Patient Satisfaction Variable. Interviews were conducted to collect data using a questionnaire. The questionnaire is structured in the form of questions. 10 questions to assess Outpatient and Accessibility Variables, and 9 Questions to assess Elderly Patient Satisfaction.

2.2. Statistical analysis

To analyze the differences in satisfaction of elderly patients with general poly and elderly poly services at community health centers. The author uses statistical analysis, the statistical analysis used is a non-parametric test, namely the paired sample T-test statistical test. This test uses the help of the SPSS program.

3. Results

Table 1:Univariate Analysis Results

Variabels	Elderly Poly		General Poly	
	f	%	f	%
Age				
60-74 yeasr	66	80.0	57	86.4
>74 yeasr	16	20.0	9	13.6
Gender	36	43.9	20	30.3
Men	46	56.1	46	69.7
Women				
Education				
No school	8	8.9	45	68.2
Elementary school	26	31.7	16	24.2
Junior hight school	34	41.5	4	6.1
Senior hightscool	14	17.1	1	1.5
Job				
Did not work	13	15.9	30	45.5
Work	69		36	
Health status				
Cronic diseases	24	29.3	11	16.7
Non-cronic diseases	58	70.7	55	83.3
Income				
Enough	82	100.0	66	100.0
Not enought	0	0	0	0
Distance to health center				
Near	82	100.0	66	100.0
Far	0	0	0	0
Patient satisfaction				
Satisfied	41	50.0	31	47.0
Dissatisfied	41	50.0	35	53.0

Based on the table above, it can be seen that the highest age of respondents in the elderly polyclinic was 60-74 years old, as many as 66 people (80.0%) and respondents aged >74 years were 16 people (20.0%). Furthermore, the highest age of respondents in general polyclinics was 60-74 years old, 57 people (86.4%) and 9 people aged >74 years (13.6%). Gender: It is known that the highest gender of respondents in the elderly polyclinic was 46 people (56.0%) female and 36 people (44.0%) male. Furthermore, the highest gender of respondents in general polyclinics was 46 women (69.7%) and 20 men (30.3%). Education It is known that the highest education of respondents in the elderly polyclinic is junior high

school, namely 34 people (41.5%), elementary school education as many as 26 people (31.7%), high school education as many as 14 people (17.1%), lastly no school education. as many as 8 people (9.8%). Furthermore, the highest level of education among respondents in general polyclinics was no school, namely 45 people (68.5%), 16 people had elementary school education (24.2%), 4 people had junior high school education (6.1%), the last was 1 high school education. people (1.5%). Occupation It is known that the highest occupation of respondents in the elderly polyclinic is working as a salesperson, namely 32 people (39.0%), retired work as many as 19 people (23.2%), not working as many as 13 people (15.9%), 8 farmers (9.8%), 5 people in catering (6.1%), 4 people in laundry work (4.9%) and 1 person in construction labor (1.2%). Furthermore, the highest occupations of respondents in general polyclinics were those who did not work, namely 30 people (45.4%), those who worked as farmers (36.4%), and those who worked in sales as many as 12 people (18.2%). Health Status It is known that the highest health status of respondents in the elderly polyclinic was chronic disease as many as 24 people (29.3%) and respondents with non-chronic diseases were 58 people (70.7%). Furthermore, the highest health status of respondents in general polyclinics, namely chronic diseases, was 11 people (16.7%) and respondents with non-chronic diseases were 55 people (83.3%). It is known that the highest marital status of respondents in the elderly polyclinic, namely with a husband, was 30 people (36.6%), respondents whose marital status was without a husband were 26 (31.7%), respondents whose marital status was without a husband were 14 people (17.1%), respondents whose marital status was without a wife were 12 people (14.6). Furthermore, the highest marital status of respondents in the general polyclinic, namely with a wife, was 47 people (71.2%), respondents whose marital status was with a husband were 13 people (19.7%), respondents whose marital status was without a wife were 6 people. (9.1%). It is known that 82 respondents felt that the health center was close to the elderly polyclinic (100.0%). Meanwhile, there were 66 respondents who felt that the health center was close to the general polyclinic (100.0%). It is known that respondents who were satisfied with the health center services at the elderly polyclinic were 41 people (50.0%) who felt satisfied and 41 people (50.0%) who felt dissatisfied. Furthermore, 31 respondents (47%) were satisfied with the community health center services at the general polyclinic, and 35 people (53%) were satisfied.

Table 2: Bivariate Analysis Results.

Patient satisfaction	Mean Differences	Std. Deviation	Std. Error Mean	t	df	p
Elderly Outpatient Clinic General Outpatient Clinic	0,907	2.330	.257	2,284	146	0,024

Based on the results of the paired sample T-test statistical test, the t value obtained = 2.284 with a p-value = 0.024, meaning there is a difference between patient satisfaction at the elderly clinic and the general clinic at the SuakRibee Health Center and the Meutulang Community Health Center, West Aceh Regency. Thus, H_a was accepted and H_o was rejected, which means there is a significant difference in the satisfaction of elderly patients with general poly and elderly poly services at the SuakRibee Health Center and the Meutulang Community Health Center, West Aceh Regency. These results also accept the first hypothesis of this research

4. Discussion

The research carried out aimed to determine the difference in satisfaction of elderly patients with general poly and elderly poly services at the West Aceh District Health Center. The variables examined in this research are independent variables, namely the variable satisfaction of elderly patients with general poly services and satisfaction of elderly patients with elderly polyclinics at the SuakRibee Health Center and Meutulang Community Health Center, West Aceh Regency.

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Based on the researcher's observations, the respondents in this study, namely elderly respondents, were more satisfied with the services at the elderly polyclinic because during the doctor's examination, the participation of the elderly included asking how the elderly were doing after taking the medicine given previously, what the elderly had complaints about. Next, the doctor explains the elderly's illnesses well and clearly to the elderly and when the elderly ask questions, the doctor will answer patiently. The attitude of the staff in the elderly poly room is also friendly in providing services to the elderly. The community health center environment is clean as well as the elderly clinic environment which is clean and comfortable. The health center facilities are good in the elderly room and the facilities are also good and good according to respondents. According to elderly respondents, doctors and officers at elderly polyclinics are very professional in providing services where they are careful in examining patients and gentle in acting and speaking to patients. The patient's waiting time for treatment at the elderly clinic is not very long because when the doctor is examining another elderly patient, the nurse will call the next patient to check the body scales, blood pressure and ask about other patients' complaints and then meet the doctor and so on so that the service is fast. Some of the travel or distance from the patient's house to the health center is quite far and some are close, but most are close because they can be reached by vehicles such as motorbikes. All medical costs at the puskesmas are free without any costs because the elderly use BPJS and health insurance for those who retire.

The results of this research are supported by research by Hermanto (2021). After analyzing patient satisfaction with the quality of public services at the Cipinang Clinic in Jakarta using the Servqual method, the author concluded that grouping using a Cartesian diagram resulted in 3 instruments in the A quadrant position which was the main focus to be carried out. Improvements include: doctors arriving on time, nurses being ready to serve patients at all times, and nurses being educated and able to serve patients. Based on the gap analysis of overall service dimensions, there is a gap between the services provided by the Cipinang Clinic and the patient's expectations, a gap/satisfaction level of (-0.51), this score is categorized in the medium group, even though it has not fully met the patient's expectations, the service provided has been pretty good.

Amirul's research (2020) shows that the quality of health services for elderly patients at RSI Jemursari as a whole is in accordance with established service standards. However, to improve better services in the sense of health services that meet health service standards in line with the dimensions of quality service, it is still necessary to do repairs were made.

Dian's research (2021) Results: Shows that there is a partial relationship between type of work (p value = 0.007), education (p value = 0.001), timeliness of service (p-value = 0.000), service accuracy (p-value = 0.000), officer service (p-value = 0.000), speed of registration counter staff (p-value = 0.001), and waiting room comfort (p-value = 0.000) with elderly patient satisfaction, but there is no relationship between gender (p - value = 0.809), age (p-

value = 0.363), method of payment (p-value = 0.793), and availability of toilets (p-value = 0.207), as well as the variable speed of registration counter staff are the most dominant influences on patient satisfaction. continue with p-value = 0.000; OR = 11.08 ; 95% CI: 4.47 – 27.45.

5. Conclusion

There is a difference in the satisfaction of elderly patients with general and elderly polyclinic services. Based on the results of the paired sample T-test statistical test, the t value = 2.284 with a p-value = 0.024, meaning that there is a significant difference in the satisfaction of elderly patients with general poly and elderly poly services at the SuakRibee Health Center and the Meuntulang Community Health Center. It is hoped that future researchers will be able to further deepen their research regarding the differences in patient satisfaction at general polyclinics and elderly polyclinics, and that future researchers will further develop their research considering that this research cannot fully describe the differences in satisfaction of elderly people in general polyclinics and elderly polyclinics.

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