

Original Research Article

Exploring Differences in Elderly Satisfaction with Outpatient Services at SuakRibee and Meutulang Community Health Centers

ABSTRACT

Background: Elderly individuals are vulnerable groups with high morbidity and mortality rates. Some of them suffer from degenerative diseases that are chronic in nature, thus requiring high-quality healthcare services. As preliminary data collected through interviews with 10 elderly patients revealed, 3 individuals expressed dissatisfaction with healthcare services due to long waiting times for medication collection. Additionally, 3 individuals reported dissatisfaction with the services provided by healthcare personnel at the Community Health Center. This study aims to demonstrate the differences in the level of satisfaction among elderly patients in outpatient care between the general clinic and the elderly clinic at the Community Health Center.

Methods: This study employed a cross-sectional design. The research was conducted in July 2023 with a sample size of 148 elderly individuals. The data was collected through interviews with the elderly who visited the Community Health Center. Two Community Health Centers were included as research sites: Meutulang Community Health Center to assess satisfaction with healthcare services at the general clinic, and SuakRibee Community Health Center to assess satisfaction with healthcare services at the elderly clinic.

Results: The study findings indicated that the average patient satisfaction score at the elderly clinic was 28.07, whereas the average patient satisfaction score at the general clinic was 27.17. Statistical testing revealed a p-value of 0.024.

Conclusion: This study concludes that there is a difference in the level of satisfaction among elderly patients who utilize outpatient healthcare services at the elderly clinic and those at the general clinic of the Community Health Center. It is recommended that Community Health Centers without an elderly clinic unit as part of their outpatient services should consider providing such services, thereby focusing more on the elderly population.

Keywords: Community health center, Elderly, Patient satisfaction, Outpatient care.

1. Introduction

Indonesia is already considered a country with an aging population structure. This is because the elderly population in Indonesia has reached above 7% of the total population. This condition is often associated with the level of healthcare quality and the socioeconomic conditions of the community, which are better. The aging population structure not only serves as one of the indicators of the success of national human development achievements but also poses a challenge in development (Ministry of Health of the Republic of Indonesia, 2017).

Globally, based on data from the World Population Prospects (2015), it is explained that there are 901 million people aged 60 years or older, comprising 12% of the world's population. In 2015 and 2030, the number of people aged 60 years or older 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 the 2015 figure, reaching 2.1 billion (WHO, 2015). Meanwhile,

the elderly population in Indonesia is also increasing from year to year. This can be seen in 2010 when the elderly population increased from 18 million (7.59%) to 25.9 million (9.78%) in 2019 and is estimated to continue increasing to 48.2 million (15.77%) in 2035 (Ministry of Health, 2019).

The elderly are a vulnerable group with high morbidity and mortality rates. Therefore, they are among the population groups that greatly need access to healthcare services, as some of them suffer from chronic/degenerative diseases. Healthcare services for the elderly are prioritized both at the community level and in healthcare institutions. Community health centers, known in Indonesia as Puskesmas, as primary healthcare services, are expected to meet the community's expectations in service delivery, including for the elderly (Ministry of Health of the Republic of Indonesia, 2019).

Elderly individuals, as one of the users of healthcare services at Community Health Centers (Puskesmas), require quality services both from the perspective of healthcare professionals as service providers and from the community as recipients of healthcare services. One common indicator used to assess service quality from the user's perspective is patient satisfaction with the healthcare services they receive. This is not only about the treatment of physical illnesses but also satisfaction with the attitudes, knowledge, and skills of the staff in providing services, as well as the availability of adequate facilities and infrastructure that can provide comfort during healthcare service delivery (Kaseger, 2021). The higher the quality of healthcare services, the better the quality of life, especially for the elderly. Ajarmah&Hashem (2015) explain that patient satisfaction and healthcare service quality are important factors in healthcare service provider organizations. Patients who are satisfied with the healthcare services provided by professional healthcare providers are more likely to reuse those healthcare services.

Based on the data of elderly patient visits over the past three years at the SuakRabee Community Health Center, there were 323 visits in 2020, increasing to 829 visits in 2021, and in 2023 there were 458 visits (SuakRabee Community Health Center Report, 2023). Meanwhile, according to the Meutulang Community Health Center report, the number of elderly patient visits was 619 visits in 2020, 597 visits in 2021, and 508 visits in 2023 (Meutulang Community Health Center Report, 2023). SuakRabee Community Health Center is one of the health centers that has a special clinic for the elderly to provide outpatient care to the elderly population. In addition, the health center also has a general clinic to provide outpatient care to the community other than the elderly population. Meanwhile, Meutulang Community Health Center only has one general clinic to provide outpatient care to the community, including the elderly population. Compared to SuakRabee Community Health Center, this health center does not have a special clinic for the elderly to provide outpatient care. A preliminary survey conducted by researchers on elderly patients visiting the Meutulang Community Health Center found that four individuals expressed dissatisfaction with the service, while three others expressed satisfaction with the service. Meanwhile, interviews with elderly individuals using healthcare services at the SuakRabee Community Health Center revealed that four individuals expressed satisfaction with the service, while two others expressed dissatisfaction. Therefore, this study aims to prove the difference in satisfaction levels among elderly patients visiting the outpatient clinics of SuakRabee Community Health Center's elderly clinic and Meutulang Community Health Center's general clinic.

2. Methods

This study is an observational research using a cross-sectional design, conducted in West Aceh District, specifically at the elderly clinic of SuakRabee Community Health Center and the general clinic of Meutulang Community Health Center. Data collection was conducted in July 2023, from the 10th to the 28th. The sampling technique employed was simple random sampling. The population size of the study was 650 elderly individuals, and the sample size

was calculated using the Slovin formula, resulting in a sample size of 148. Data collection was done through face-to-face interviews using a questionnaire. Before conducting the interview, the researchers informed the respondents about the purpose of the interview or the research we were conducting. Data collection was only carried out after the respondents agreed to be interviewed, which took approximately 10 minutes. Data analysis utilized the paired T-test statistical test.

2.1. Measurement

There are three variables measured in this study, consisting of two independent variables (type of outpatient care and accessibility) and one dependent variable (patient satisfaction). Interviews were conducted for data collection using a questionnaire. Assessment of the type of outpatient care involved only one question. Assessment of accessibility involved one question regarding respondents' perceptions of the distance between their residence and the Community Health Center (far or near). Meanwhile, for the assessment of satisfaction, a questionnaire developed by He et al. (2018) consisting of nine (9) statements was used. The scale used to measure the intensity of responses was a Likert scale ranging from one to four with the response options "strongly disagree, disagree, agree, and strongly agree."

2.2. Statistical analysis

To analyze the difference in elderly patient satisfaction between the general clinic and the elderly clinic at the community health center, the author employed statistical analysis. The statistical analysis used was the non-parametric test, specifically the paired-sample T-test. This testing was conducted using SPSS software.

3. Results

Table 1: Univariate Analysis

Variabels	Elderly clinic		General clinic	
	f	%	f	%
Age				
60-74 years	66	80.0	57	86.4
>74 years	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 high school	34	41.5	4	6.1
Senior high school	14	17.1	1	1.5
Job				
Did not work	13	15.9	30	45.5
Work	69	84.1	36	54.5
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 Table 1, it can be observed that in terms of age, there are more individuals aged 60-74 years in both the elderly clinic and the general clinic, with 66 individuals (80.0%) in the elderly clinic and 57 individuals (86.4%) in the general clinic. Regarding gender, females outnumbered males, with 46 females (56.0%) in the elderly clinic and 46 females (69.7%) in the general clinic. The level of education indicates that more respondents in the elderly clinic were educated up to junior high school, with 34 individuals (41.5%), and only eight individuals (9.8%) having no formal education. Meanwhile, in the general clinic, more respondents had no formal education, with 45 individuals (68.5%). In terms of occupation, based on the available data, it is shown that there are more respondents in the elderly clinic who are still working, totaling 69 individuals (84.1%), and similarly, in the general clinic, there are still more individuals who are employed, a total of 36 individuals (54.5%). Furthermore, regarding the perception of accessibility (distance), all respondents in both the elderly clinic and the general clinic reported that the distance is close, indicating no variation in distance variable values. Finally, concerning patient satisfaction, the data shows that the level of patient satisfaction in the elderly clinic is 41 individuals (50.0%), while the level of patient satisfaction in the general clinic is 31 individuals (47%). These results indicate that the level of elderly patient satisfaction in the elderly clinic is higher than in the general clinic.

Table 2: Bivariate Analysis.

Type of outpatient unit	Mean	SD	SE	P value	N
Elderly clinic	28.07	2.330	0.257	0,024*	82
General clinic	27.17	2.484	0.306		66

Note: SD= standard deviation, SE= standard error, *= significant

Based on the results of the paired sample T-test (Table 2), the average satisfaction score of elderly patients at the elderly clinic was 28.07 with a standard deviation of 2.330. Meanwhile, at the general clinic, the average satisfaction score of elderly patients was 27.17 with a standard deviation of 2.484. Furthermore, the statistical test results reveal a p-value of 0.024, indicating that at a 5% alpha level, there is a significant difference in the average satisfaction scores of elderly patients between outpatient services at the elderly clinic and the general clinic.

4. Discussion

Alongside technological advancements and societal demands, healthcare services provided by healthcare professionals should ideally be improved. Efforts to enhance the quality of healthcare services need to be ongoing. Community Health Centers, as the frontline in delivering healthcare services, are expected to respond to the community's desires for this, including improving the quality of services for the elderly. This is a consequence that must be accepted by those working in the healthcare field due to the increasing elderly population in Indonesia. Therefore, despite facing various challenges and difficulties encountered by Community Health Center organizers, they must still strive to provide the best healthcare services to the community (Amir&Sareong, 2013).

The Indonesian government, through the Ministry of Health, has issued Regulation No. 67 of 2015 regarding the provision of elderly healthcare services at community health centers. This regulation serves as a signal for Community Health Centers to provide special treatment to the elderly, especially in the provision of dedicated spaces for outpatient healthcare services. One of the goals of this effort is to improve the quality of services for the elderly, as evidenced by high levels of satisfaction with the services provided. However,

generally, in West Aceh District, most Community Health Centers still provide outpatient services in a single unit, namely the general clinic. This unit provides healthcare services to all age groups, including the elderly. This indicates that the implementation of government mandates as outlined in Minister of Health Regulation No. 67 of 2015 has not been carried out by all Community Health Centers. This situation has resulted in low levels of satisfaction among elderly patients with healthcare services at the general clinic. This is evidenced by our study's findings, which show that the average level of satisfaction among elderly patients at the elderly clinic is higher than the average level of satisfaction among elderly patients using services at the general clinic in Community Health Centers. Additionally, the difference in average satisfaction levels among elderly patients statistically shows a significant value (p -value = 0.024).

Based on the researcher's observations, the respondents in this study, namely the elderly, were more satisfied with the services at the elderly clinic. This may be because during the doctor's examination, there is active participation from the elderly, such as asking about their condition after taking previously prescribed medication and their complaints. Furthermore, the doctor explains the elderly's illness thoroughly and clearly, and when the elderly ask questions, the doctor responds patiently. The attitude of the staff in the elderly clinic is also friendly in providing services to the elderly. According to them, the facilities in the elderly clinic are also good.

Another important aspect is regarding waiting time, where the waiting time for elderly individuals using the elderly clinic services is shorter because they are not mixed with other age groups. Conversely, elderly individuals using healthcare services at the general clinic are treated the same as other groups. It is understandable that the number of patients visiting the general clinic is certainly higher compared to the number of visits specifically for elderly patients (elderly clinic). Therefore, the elderly have to wait longer in line to see the doctor or healthcare personnel, as it is based on their queue number.

Another advantage that may also impact patient satisfaction at the clinic elderly is that they gather in the waiting room with individuals of the same advanced age, giving them the opportunity to share experiences and stories, both about the past and their respective health conditions.

A study conducted by Harminto (2021) at Cipinang Clinic in Jakarta, using the Servqual method, concluded that there are several efforts that need to be focused on providing satisfaction to patients, including the timeliness of service provided by doctors, the readiness of nurses to serve patients at all times, and educated nurses capable of serving patients. To improve service delivery that is better and in line with healthcare service standards, in harmony with the dimensions of quality service to provide better satisfaction, further improvements are still needed (Amirul, 2020).

Other research has shown that the timeliness of service, service accuracy, friendliness of staff, and comfort of waiting rooms are significantly related to elderly patient satisfaction (Dian, 2021). Finally, one appropriate improvement to enhance healthcare service satisfaction for elderly patients is by providing a dedicated space (elderly clinic) for the elderly group using Community Health Center services. All healthcare stakeholders are expected to advocate for this and, if necessary, apply some pressure on Community Health Centers that do not yet have elderly clinics to provide special spaces for them as soon as possible.

5. Conclusion

This study concludes that there is a highly significant difference in the average satisfaction level of elderly patients between those using outpatient services at the elderly clinic of SuakRibee Community Health Center and those using outpatient services at the general clinic of Meutulang Community Health Center. It is recommended for Meutulang Community

Health Center and other Community Health Centers without dedicated elderly clinics for outpatient care to organize healthcare services for the elderly in specialized spaces (elderly clinics), as it has been proven to provide higher satisfaction. Further studies involving both types of clinics (elderly clinics and general clinics) are needed to strengthen these findings. Longitudinal studies, including experiments, can also be conducted in future research endeavors.

References

1. Ajarmah, BS., & Hashem, TN. (2015). Evaluation of Patient Satisfaction in Hospitals; Comparative Study of Accredited and Non-Accredited Hospitals in Jordan. *European Scientific Journal*, 11(32).
2. Amir, MY., & Sareong, KM. (2013). Factors Associated with Outpatient Satisfaction at the Rantepao Community Health Center, North Toraja Regency. *Hasanuddin University Faculty of Public Health*. 12, 1–12.
3. Amirul. (2020). Quality of Health Services for Elderly Patients: Between Expectations and Reality. *Journal of Public Policy and Management*, 8(2). doi: 10.21070/jkmp.v8i2.1143.
4. Dian. (2021). Analysis of Satisfaction Levels of Elderly Patients at the PertaminaBintang Amin Hospital Lampung Polyclinic. *Journal of Holistic Health*, 15(4): 734-745.
5. Harminto. (2021). Analysis of Patient Satisfaction with the Quality of Public Services at the Cipinang Clinic, Jakarta Using the Servqual Method. *Management Journal*.
6. He, X., Li, L., & Bian, Y. (2018). Satisfaction survey among primary health care outpatients in the backward region: an empirical study from rural Western China. *Patient preference and adherence*, 12, 1989–1996. <https://doi.org/10.2147/PPA.S172021>.
7. Kaseger, H., Akbar, H., Amir, H., Astuti, W., & Rahayu, NS. (2021). Analysis of Service Quality Factors that Influence Patient Satisfaction in Outpatient Services in the Working Area of Puskesmas X. *Jurnal UI Medan*, 3(1), 23– 33.
8. Ministry of Health of the Republic of Indonesia. 2015. Minister of Health Regulation No. 67 of 2015 Regarding the Implementation of Elderly Healthcare Services at Community Health Centers. Ministry of Health of the Republic of Indonesia: Jakarta.
9. Ministry of Health of the Republic of Indonesia. 2017. Analysis of Elderly in Indonesia. Data and information Center: Jakarta.
10. Ministry of Health of the Republic of Indonesia. 2019. Indonesian Health Profile 2019. Ministry of Health of the Republic of Indonesia: Jakarta
11. SuakRabee Community Health Center. 2022. Outpatient visit report book. Aceh Barat.
12. Meutulang Community Health Center. 2022. Outpatient visit report book. Aceh Barat.
13. World Health Organization. (2015). World Health Statistics Report 2015. World Health Organization: Geneva.