



Patient Satisfaction Of Pregnant Mothers With Antenatal Care Services At Puskesmas Petisah Medan

Selli M Pasaribu¹, Dame Meldaria Sipahutar², Sarma Dewi Kemala³

^{1,2}STIKER Senior Medan

Article Info

Article history:

Received : 28 March 2022

Revised : 27 April 2022

Accepted : 30 June 2022

Keywords:

Patient Satisfaction, Pregnant Women, Antenatal Care

ABSTRACT

Patient satisfaction is the degree of perfection of health services in accordance with professional standards and service standards by using the potential resources available at the hospital or health center in a reasonable, efficient, and effective manner and provided safely and satisfactorily according to norms, ethics, law, and socio-culture. taking into account the limitations and capabilities of the government, as well as the consumer society. The purpose of this study was to identify the level of patient satisfaction with antenatal care services at the Petisah Health Center Medan. The research methodology used is descriptive research. The number of samples used as many as 34 people. The sampling technique used is total sampling technique. This research was conducted in the PWS-KIA room at the Petisah Health Center, Medan. With the results that four patients (11.8%) stated that they were very satisfied, 26 patients (76.4%) said they were satisfied and four patients (11.8%) said they were not satisfied, the majority of patients said they were satisfied with the antenatal care services. At the Petisah Health Center Medan, it is recommended that the Medan Petisah Health Center can maintain good services and improve the quality of standardized services for antenatal care patients so that the satisfaction expected by patients is realized in providing antenatal care services according to the 10T standard.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Selli M Pasaribu,
STIKES Senior Medan
Email: sellypasaribu@gmail.com

1. INTRODUCTION

Patient satisfaction is the customer's response to the fulfillment of needs and expectations. Satisfaction is a customer's assessment of the product or service, which is a reflection of the level of enjoyment obtained related to the fulfillment of needs and expectations, including the level of fulfillment that is less, or the level of fulfillment that exceeds the needs and expectations (Oliver, 1997 in Riska, 2019).

The main principle of improving the quality and performance of health services is caring for customers. Patients are the main focus of service, patients as external customers not only want healing from the illness which is the outcome of the service, but also feel and assess how patients are treated in the service process. When asked whether health care providers care about customers, patients will answer that they care about customers. However, when asked whether there is a mechanism to identify customer needs and wants, in general, patients will give the answer “no” (Koentjoro, 2017).

The Puskesmas is the technical implementing unit of the district/city health office which is responsible for organizing health development in the work area. As the organizer of health development, the puskesmas is responsible for organizing individual health efforts and public health efforts in terms of the national health system, which is the first level of health services (Kemenkes RI, 2016).

The number of Puskesmas in 2002 was recorded at 7,277 units throughout Indonesia. Supporting Health Centers are 21,587 units, Mobile Health Centers are 5,084 units, Boat is 716 units, Ambulance is 1,302 units, while Puskesmas are equipped with inpatient facilities as many as 1,818 units. (Ministry of Health RI, 2015).

The increase in the number of Puskesmas was marked by an increase in the ratio of Puskesmas from 3.46 per 100,000 population in 2003 to 3.65 per 100,000 population in 2007 (Health Profile, 2017).

Puskesmas was established to provide basic, comprehensive, complete, and integrated health services for all residents living in the working area of the puskesmas (Sulaeman, 2011). Patients' responses to the performance of services received, whether satisfied or dissatisfied, need to be measured, evaluated, and followed up. This can be seen, among other things, at the utilization rate of puskesmas 12%, utilization of pustu 4.5%, poskesdes or polindes 1.5%. The achievement of the Minimum Service Standards (MSS) indicator target that follows the SDG's includes the coverage of K4 pregnant women visits by 61.3% while the SPM target is 95%, the coverage of active family planning participants is 53.9% while the SPM target is 70%, the coverage of assisted deliveries health workers is 82.3% while the national target is 90% and the coverage of neonatal visits is 60.6% while the MSS target is 90% (Risksdas 2015).

To anticipate this, puskesmas should be able to improve the quality of professional services (quality of care) and quality of management services (quality of service) because good service quality will provide satisfaction to customers and customers will reuse and recommend these health services to others. Muninjaya, 2004 in Tiolisma, 2012).

From these data, patient satisfaction can be obtained from various sources, including customer satisfaction surveillance. By measuring the level of patient satisfaction with services, there will be immediate, objective feedback. If the reality of the experience while getting services at the puskesmas is better than what they expected, they will be satisfied, on the contrary if the experience while getting services at the puskesmas is lower than what they expected, they will feel dissatisfied (Wirijadinata, 2017).

The fulfillment of needs, customer expectations, and customer assessment of the performance and benefits of the product or service provided will result in satisfaction. However, satisfaction is not enough but loyalty to the service, although it must be understood that loyalty is realized through satisfaction (Royce, 1906 in Riska, 2017).

The number of Puskesmas in 2014 was recorded at 7,277 units throughout Indonesia. Supporting Health Centers are 21,587 units, Mobile Health Centers are 5,084 units, Boat is 716 units, Ambulance is 1,302 units, while Puskesmas are equipped with inpatient facilities as many as 1,818 units. (Ministry of Health RI, 2014). The increase in the number of Puskesmas was

marked by an increase in the ratio of Puskesmas from 3.46 per 100,000 population in 2013 to 3.65 per 100,000 population in 2017 (Health Profile, 2017).

2. RESEARCH METHODE

This type of research uses a descriptive design with a prospective approach. The number of samples is 34 people. Sampling was done by using total sampling technique. The time of the study was carried out in July 2021. Data collection consisted of primary data and secondary data available at the research location. This research was conducted in the PWS-KIA room at the Petisah Health Center, Medan. Data processing is done by data analysis using SPSS computerized and made in the form of tabulation of data to determine the distribution of data. Data analysis is univariate and bivariate data.

3. RESULT AND ANALYSIS

RESULT

The results of the study to determine the level of satisfaction of pregnant women with Antenatal Care services at the Petisah Health Center in Medan, researchers used a questionnaire containing twenty statements and data collection was carried out by interviewing still guided by the questionnaire that had been written by the researcher. The following are the results of research on the characteristics of respondents and the level of satisfaction of pregnant women with Antenatal Care services at the Petisah Health Center in Medan.

**Table 5.1 Results of Univariate Analysis of Frequency Distribution
based on the demographic characteristics of pregnant women in
Medan Petisah Health Center**

No.	Karakteristik	Frekuensi	Persentase
1.	Usia		
	17-23 tahun	6	17,6%
	24-30 taun	19	55,9%
	31-37 tahun	6	17,6%
	38-44 tahun	3	8,9%
2.	Agama		
	Islam	25	73,5%
	Kristen	9	26,5%
3.	Suku		
	Batak	12	35,3%
	Jawa	14	41,2%
	Melayu	7	20,6%
	dll	1	2,9%
4.	Pendidikan Terakhir		
	SMP	10	32,3%
	SMA	17	50,0%
	Perguruan Tinggi	6	17,7%
5.	Pekerjaan		
	IRT	26	76,5%
	Wiraswasta	3	8,8%
	PNS	5	14,7%
6.	Penghasilan Perbulan		
	<Rp.1.000.000,-Rp.1.000.000-	26	77,4%

	2.000.000,	4	11,8%
	>Rp.2.000.000,-	4	11,8%
7.	Kunjungan ke-		
	I	11	32,3%
	II	14	41,2%
	III	5	14,7%
	Berulang kali	4	11,8%
8.	Pembiayaan		
	Umum	28	82,4%
	BPJS	3	8,8%
	Jamkesmas	3	8,8%
	Total	34	100%

Table 5.1 shows that based on the age of 24-30 years, 19 respondents (55.9%), based on religion, 25 respondents (73.5%) are Muslim, based on ethnicity, 14 respondents (41.2%) are Javanese. Based on the education level of respondents with high school education, 17 respondents (50.0%), based on their occupation as housewives (IRT) were 26 people (76.5%), and based on monthly income of respondents who earn less than 1 million Rupiah, is 26 people (77.4%). Based on the visits of respondents who made visits for the second visit were 14 people (41.2%), and respondents who used general financing were 28 people (82.4%).

Table 5.2 Bivariate Analysis Distribution of Frequency and Percentage of Satisfaction Levels of Pregnant Women with Antenatal Care Services at Petisah Health Center Medan

Kategori	Frekuensi	Persentase
Sangat Puas	4	11,8%
Puas	26	76,4%
Tidak Puas	4	11,8%
Jumlah	34	100%

Table 5.2 shows that of the 34 respondents there are 4 patients (11.8%) who are very satisfied, 26 patients (76.4%) are satisfied, and 4 patients (11.8%) are dissatisfied with the service. Antenatal Care provided by officers at the Petisah Health Center in Medan.

DISCUSSION

The results showed that the majority (76.4%) of patients stated that they were satisfied with the ANC services at the Medan Petisah Health Center, where according to the respondents, the officers at the Medan Petisah Public Health Center were responsible for providing services, especially ANC services. This is in accordance with the theory put forward by experts that the level of satisfaction is the level of enjoyment obtained by the patient related to the fulfillment of needs and expectations, including the level of fulfillment that is less so that the patient will feel dissatisfied, or the level of fulfillment that exceeds the needs and expectations so that the patient will feel satisfied and loyal to the health service (Koentjoro, 2017).

Provisions for Minimum Service Standards (SPM) are regulated in the Domestic Circular Letter Number 100/757 of 2002, then further regulated in Government Regulation Number 65 of 2005. A good understanding of MSS for the community is significant because it is related to individual and constitutional matters. community groups that they must obtain and must be fulfilled by the government, namely in the form of public services (basic services) that the government must provide to the community. The principles of Minimum Service Standards: (1)

Ensure equal access and quality of basic services to the community in the context of implementing mandatory affairs, (2) Implemented in all government services, (3) Is part of the implementation of national basic services, (4) Standards Minimum Service is simple, concrete, easy to measure, open, affordable, and accountable and has a deadline for achievement, (5) Minimum Service Standards are adjusted to the needs, priorities, and national and regional financial capabilities as well as capabilities in the relevant field (Satrianegara, 2008). 2019).

According to Satrianegara (2019) the aspects that affect patient satisfaction are as follows: (a) the relationship between the midwife and the patient; (b) convenience of service; (c) freedom of choice; (d) knowledge and technical competence (scientific knowledge and technical skills); (e) service effectiveness (effectiveness).

According to Satrianegara (2019), satisfaction refers to the implementation of all requirements for midwifery services. A service is said to be of high quality if the application of all the requirements of midwifery services can satisfy the patient. Measures of quality midwifery services are as follows: (a) availability of midwifery services (available); (b) the fairness of midwifery services (appropriate); (c) continuity of midwifery services (continue); (d) recipients of midwifery services (acceptable); (e) the achievement of midwifery services (accessible); (f) affordability of midwifery services (affordable); (g) efficiency of midwifery services (efficient); (h) the quality of midwifery services (quality).

This is in accordance with previous research conducted by Marla (2019) who conducted research on the patient satisfaction index for services at the puskesmas, which was at the level of satisfaction as much as (76.89%), in Suparyanto's research (2019) which conducted research in several health centers in Indonesia. Jombang Regency with a Likert Scale research design in accordance with Minimum Service Standards is the Community Satisfaction Index value is 80% which means that service procedures guarantee access and quality of basic services to the community evenly, 82.2% of services are carried out in all puskesmas services, 81.6% standard Minimum services are simple, concrete, easy to measure, open, affordable, and accountable and have a deadline for achievement. While at the Puskesmas Bareng 85.8% it was in accordance with the patient's expectations of the services provided by health workers in Suparyanto's research (2016).

In contrast to Wahyu's research (2015) at the Arjuno Health Center 95% of the MSS targets were achieved in the services of health workers at the puskesmas. There is also a study conducted by Supiyadi and Hari Kusnanto (2008) on patient satisfaction with the services of health workers at the puskesmas whose research results on a Likert scale show that the average level of satisfaction is in the moderately satisfied category because it has not reached the satisfied category with a score of four on the scale. The Likert. However, satisfaction varies greatly for each individual.

According to the respondent's statement, in directing the patient to do a sexually transmitted disease test by the doctor the patient felt uncomfortable, so the patient did not do the STD test, and the officer gave an explanation of what the patient asked, this made the respondent expressed satisfaction with the ANC service provided. This is in accordance with the opinion of Kotler (1994) which states that satisfaction is the level of a person's feeling state which is the result of a comparison between performance, products, or services that are interrelated with people's expectations.

In accordance with Koentjoro's opinion (2017) the level of satisfaction is the level of enjoyment obtained by patients with regard to the fulfillment of needs and expectations, including the level of fulfillment that is less so that the patient will feel dissatisfied, or the level of

fulfillment that exceeds the needs and expectations so that the patient will feel satisfied and satisfied. loyal to the health service.

So with the results of the study obtained from the level of satisfaction of pregnant women with antenatal care services at the Petisah Health Center in 2013, it was in accordance with the quality of service, this was adjusted to the number of respondents who felt very satisfied, 4 respondents, satisfied 26 respondents from 34 pregnant women who did antenatal care visits at the Petisah Health Center in Medan.

4. CONCLUSION

1. The characteristics of pregnant women are the majority aged 24-30 years as many as 19 people (55.9%), the majority of Muslims are 25 people (73.5%), the majority of Javanese ethnic groups are 14 people (41.2%), the majority of the last education SMA number is 17 people (50.0%), the majority of work are household workers as many as 26 people (76.5%), the majority of monthly income <Rp 1 million are 26 people (77.4%), the majority make a second visit of 14 people (41.2%), the majority of general financing amounted to 28 people (82.4%).
2. The level of satisfaction of pregnant women with antenatal care services is majority satisfied by 28 people (82.4%) from 34 respondents. Expressing satisfaction with the officer providing an explanation of what respondents asked for the service, at the level of satisfaction 29 respondents (85.3%) expressed satisfaction with the officer giving iron tablets, at the level of satisfaction 19 respondents (55.9%) expressed satisfaction with The officer checked the respondent's blood pressure. At the very satisfied level, 16 respondents (47.1%) stated that they were very satisfied with the officers carrying out blood pressure checks on the respondents. At the dissatisfied level, 30 respondents (88.2%) stated that they were dissatisfied in terms of the officers directing the respondent to do a sexually transmitted disease test by a doctor, at the dissatisfied level 25 respondents (73.5%) stated that they were not satisfied in the case that the officer did the test. examination of the patient's abdomen (TFU measurement). And none (0%) stated that they were dissatisfied with the service of officers in weighing weight.
3. The percentage level of satisfaction of pregnant women with antenatal care services at the Petisah Health Center in Medan, the majority were satisfied with 26 people (76.4%).

References

- 1) Arikunto, Suharsimi. (2016). *Prosedur Penelitian*, Jakarta : Rineka Cipta
- 2) Dinkes Provsu. (2008). *Profil Kesehatan Provinsi Sumatera Utara 2007*, Dinas Kesehatan Provinsi Sumatera Utara, Medan <http://klinis.wordpress.com/2021/12/28>
- 3) Diyanto, Aris et al. (2016). *Survei Indeks Kepuasan Masyarakat terhadap Pelayanan Kesehatan di Puskesmas* Diakses Oktober 2021 dari <http://www.litbang.depkes.go.id/risbinkes/Buku%20LaporanPenelitian%202006/indeks%20kepuasan.htm>
- 4) Hidayat, A. A. A. (2017). *Riset Keperawatan dan Teknik Penulisan Ilmiah*, Jakarta ; Salemba Medika
- 5) Koentjoro, Tjahjono. (2017). *Regulasi Kesehatan Indonesia*, Yogyakarta : ANDI OFFSET
- 6) Murti. (2011), *Kepuasan Pasien Terhadap Pelayanan Puskesmas*. Diakses November 2021 dari <http://klinis.wordpress.com/kepuasan-pasien-terhadap-pelayanan-puskesmas/>

- 7) Mohtar, Rustam. (2008). *Sinopsis Obstetri dan Ginekologi*, Jakarta : EGC
- 8) Notoatmodjo, S. (2013). *Metodologi Penelitian Kesehatan*, Cetakan III, Edisi Revisi, Jakarta ; Rineka Cipta
- 9) Nurhamidah, fithri. (2009). *Kepuasan pasien terhadap pelayanan kebidanan*, Medan : Karya Tulis Ilmiah
- 10) Prawirohardjo, Sarwono. (2016). *Pelayanan Kesehatan Maternal dan Neonatal*, Jakarta : Yayasan Bina Pustaka
- 11) Prawirohardjo, Sarwono. (2011). *Ilmu Kebidanan*, Jakarta : Yayasan Bina Pustaka
- 12) Sugito, Hadi. (2015). *Mengukur Kepuasan Pelanggan*. Diakses 8 Oktober 2012 dari <http://hadisugito.fadla.or.id/2021/12/11/mengukur-kepuasan-pelanggan/>
- 13) Syafruddin, Masitoh Siti, & Rosyanawaty Taty. (2011). *Manajemen Mutu Pelayanan Kesehatan Untuk Bidan*, Jakarta : CV. Trans Info Media
- 14) Sulaeman, Sutisno, Endang. (2015). *Manajemen Kesehatan Teori Dan Praktek di Puskesmas*, Yogyakarta : Gadjah Mada University Press
- 15) Supranto, J.(2014). *Pengukuran Tingkat Kepuasan Pelanggan*, Jakarta : Rineka Cipta
- 16) Sujianti, Susanti. (2019). *Buku Ajar Konsep Kebidanan*, Yogyakarta : Muha Medika
- 17) Sastrianegara, M. Fais. & Saleha, Sitti. (2019). *Buku Ajar Organisasi dan Manajemen Pelayanan Kesehatan serta Masyarakat*, Jakarta : Salemba Medika
- 18) Triadmodjo, Soekidjo. (2016). *Kesehatan Masyarakat*, Jakarta : Rineka Cipta
- 19) Tiolisma Tampubolon, *Tingkat kepuasan Intranatal terhadap pelayanan kesehatan di Rumah Sakit*, Medan : Karya Tulis Ilmiah.
- 20) Wirijadinata, Jat Jat. (2009). *Manajemen Kepuasan Pelanggan Atau Masyarakat*.