

Patient Satisfaction and Complaints Handling in Health Services Quality Improvement Effort at Sijunjung Public Hospital in West Sumatra, Indonesia

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Abstract

Complaint handling is one of the many strategies for improving health services. It is recognized that patients' satisfaction is an indicator of the quality of care. A survey on public services revealed that public satisfaction at *Sijunjung* Hospital was 43.78% in the year 2015 but decreased to 40.18% in 2016. This decrease in public satisfaction is due to patients' complaints. From 2015 to 2016 there were 198,739 complaints while from 2016 to 2017 the number increased to 208,415. The purpose of this study is to determine the factors of patient's dissatisfaction with health care services and complaint handling to improve health services quality at *Sijunjung* Public Hospital. This study uses the mixed method. The initial phase of this research is done by quantitative approach using a cross-sectional design in the form of data collection and analysis. The study involves a qualitative approach using observation method, in-depth interviews, Focus Group Discussions. The study reveals that only half of the inpatients, outpatients, and Emergency Unit patients get excellent health services at *Sijunjung* Public Hospital. The results of the study suggest that satisfaction of patients requires an individual analysis of the patient's needs; implementation in the health care system of functions that meet these needs.

Keywords: Patient Satisfaction, Complain Handling, Health Service Quality, and *Sijunjung* Public Hospital.

Introduction

Patient's needs and quality of care are two inseparable concepts since, by definition, a product is of high quality if it meets the needs of its users. If the quality of care is not excellent, the needs of the patient cannot be fully satisfied. Interest in quality of care has grown steadily in recent years. Good complaint handling is one of the strategies to improve health service and maintain long-term relationships with customers. Effective complaint handling is not only important from the customer side but also contributes significantly in

the effort to improve the quality of service and can be a cost savings for the hospital, as it improves customer's loyalty, avoids negative publicity and the risk of lawsuits, saves time and effort, provides valuable information for the management to be responsive.

Hospitals, in providing health services, are not free from patient's complaints as results of their dissatisfaction with the hospital's services. This can disrupt work efficiency and productivity.^[1] According to Article 4 of Law No. 8/1999 on Consumer Protection, the patient has the right to voice their concerns and complaints related to the services they received. Besides, with the enactment of the Consumer Protection Law, hospital management is required to be more transparent, qualified, and careful about the patient's interests. All that will be achieved if the hospital pays more attention to the importance of patient/customer services. The poor quality of services provided by the hospital to patients and their families,

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could disappoint them and make them leave the hospital. Besides, they could also tell the ugliness of the hospital's service to others. Patient complaint is a global issue. Over 198,739 complains were reported in the United Kingdom by the National Health Service from 2015 to 2016 while 208,415 were recorded from 2016 to 2017. The Patient Advisory Committee reported that there are about 30,000 complaints every year in Sweden.^[2]

The study of Indonesia Corruption Watch (ICW) on public health service with a sample of patients as many as 738 patients in 23 hospitals found that 65,4% patient complain is related to the unfriendliness of nurses. Andri Irawan et al (2016) argue that patient complaints at the Merauke Public Hospital are caused by human resource problems. A study conducted at 10 government hospitals in West Sumatera regency/city shows that almost all hospitals have poor handling of complaints.^[3] Government Regulation No. 25/2009 on Public Service says that to meet the needs of the community, civil servants must set service standards as benchmarks in the framework of fast, easy, affordable and measurable quality services.

Sijunjung Public Hospital is a C Class state hospital that can provide limited special medical services such as uterus, surgery and internal medicine. In terms of inpatient services, there are 101 beds consisting of 65 units for class III treatment, 15 units for class II treatment, 11 units for class I treatment, and 10 units for VIP treatment class. The length of Stay at *Sijunjung* Public Hospital was estimated at 4.1 days in 2013 and 4.2 days in 2014. This is significantly lower than the set target that is 6-9 days. This illustrates the lack of efficiency towards the services provided. Similarly, Turn Over Interval 2014 was estimated to 3.5 days in 2014, which above the 1-3 days standard.^[4]

Research Materials and Methods

This study uses the mixed method drawing on a quantitative approach by using a cross-sectional design in the form of data collection and analysis. The statistical test model used is the Chi-Square test. Furthermore, trials of comprehensive patient complaints handling model were conducted. The study also involves a qualitative approach by using the observation method,

in-dept interviews, Focus Group Discussions (FGDs) to ensure the validation of qualitative results triangulation, to increase confidence in the answers given. Stages of this research include:

1. Preliminary research with quantitative methods
2. Data collection using questionnaires
3. Identify & analyze patient satisfaction
4. Mapping the flow of problems
5. Qualitative research (FGD and in-depth interview)
6. Identify & analyze the problem of patient complaints (need assessment)

Results and Discussion

Patient Satisfaction

The oral or written expression of the patient satisfaction is a judgment on all aspects of care, especially the interpersonal dimension. Some patients are grateful that the quality of care was not optimal. Conversely, there are patients for whom the hospital conditions and those of the care provided were the best, but who complain about their fate. Satisfaction is thus subjective greatness that reflects the personal preferences and expectations of patients. Individual perceptions, necessarily subjective, of a reality experienced by patients, may be different from the objective reality of the hospitalization experience, and may not correspond to those of care staff and managers.^[5] Patient satisfaction is considered an indicator of the quality of care.^[6] It is correlated with therapeutic adherence, continuity of care, and improvement of health status as perceived by the patient.^[7]

Factors of Inpatients Dissatisfaction

According to Pohan (2006) patient satisfaction is needed in improving the quality of health services. For Azwar (1996), the quality of health services is pointing at the level of perfection of health services causing a sense of satisfaction in each patient, the more complete the patient satisfaction the better the quality of service. The patient feels satisfied with the service if it is equal to or exceeds his or her expectations. Wijoyono (1999)

argues that patient satisfaction not only has to do with medical services but also the relationship between health care workers and their patients. This relationship is influenced by information communication service and education about the disease as expected by the patient.

The public has always considered government hospital service providers less friendly and less responsive. The quality commitment must be expressed in the form of health service quality policy which will be realized in the hospital health service quality system. The success or failure of the quality of service is influenced by the culture of the place where health services are provided. Cartesian diagram analysis on inpatient service located in quadrant A (main priority) has 15 attributes. Quadrant B (achievement maintenance) attributes are as many as 32. Quadrant C (low priority), consists of 22 attributes, and 25 attributes for Quadrant D (more priority).

Quadrant A includes x-ray officers responsible for performing laboratory examination with expertise, pharmacists, patient waiting time from registration to service ≤ 60 minutes, security guards, the laboratory personnel, the cleanliness of the bathrooms, beds, pillowcases, and clean mattress, cleaning agents responsible for the cleanliness of the hospital environment, medical information service agents, the appropriateness between the fees paid at the prescribed costs, the suitability prescribed costs, and the availability of medical misconducts prevention team.

Patient dissatisfaction is also caused by lack of skill and the insufficiency of medical staff, unavailability of administration officer, lack of budget of facility and infrastructure, lack of training budget, insufficient infrastructure. As for Quadrant B at *Sijunjung* Public Hospital implies the following: service procedures are not convoluted, nurses provide services based on the schedule and the type of service, the nurses pay attention to the needs of patients, the physician provides sufficient time for the patients' family for consultation, the service received by patients is fair and does not discriminate, prioritizes service to patients' safety, educated nurses who can serve patients, nurse's ability to provide medicines to patients according to procedures, fast, polite and friendly nurses who are precise in meeting

the demands of patients, the readiness of doctors, nurses or employees to serve and provide proper help, doctors' ability and skill in dealing with patient's disease complaint and the treatment given.

Factors of Emergency Patients' Dissatisfaction

One of the factors contributing to patient dissatisfaction in the emergency unit service at *Sijunjung* Public Hospital is the poor communication between medical staff and patients. In fact, unprofessionalism and the lack of communication skills of many hospital staff create confusion and uncertainty in the mind of patients and their family. This adds more pain and pressure to the patient's already suffering condition. In addition to lack professionalism and communication skill, it was reported that lack of rewards for outstanding workers, lack of proper training and incentives, disproportionate distribution of services, inadequate and damaged equipment, lack of periodic checks, supervision and strong punishment for misconducts from hospital staff, foster patient dissatisfaction at *Sijunjung* Public Hospital. Furthermore, the lack of human resources, inadequate budget, the absenteeism of on-duty workers, lack of medical tools and facilities, poor quality of equipment, and long waits for consultations and access to rooms, are among the many factors affecting patients' satisfaction at *Sijunjung* Public Hospital.

Addressing Patients' Dissatisfaction

In 2017, the number of outpatients who claimed to have received excellent health services at *Sijunjung* Public Hospital was estimated to 55,33%, 44% thought the service was good, while only 0.67% claimed to have received poor services/treatments. One way to improve patient satisfaction at *Sijunjung* Public Hospital is to address the following issues in Quadrant A: doctors/physicians must be available and easily accessible, medical record officers must have the ability to provide information of service procedure, there must be service personnel able to give explanation and quick services, pharmacists, security guards, available information boards about tariffs and services, the existence of a customer service, professional physicians, clear information, laboratory personnel, caring nurses, janitors for the cleanliness of the hospital environment.

Moreover, to these actions, there is also the need to improve the skill and knowledge of medical staff or to recruit highly skilled and trained personnel. There should also be an abundance of standardized medical equipment to meet the increasing demands and the enhancement of communication between patients and medical staff.^[8] Human resources shortage should be dealt with by hiring more skilled and educated individuals who understand what it means to work at a hospital or health facility. Moreover, hospital authorities should promote patient caring behaviors in their staff, they should also make sure that the hospital receives enough budget to improve the quality of the facilities. Finally, they must not only create an environment whereby patients can voice their concerns and complains but make sure these concerns and complains are dealt with properly. Besides the improvement of A Quadrant, the issues of B Quadrant discussed above, too, need to be addressed, i.e., nurses and doctors should be able to provide proper help and serve patients. They must assist their patients in health services at all times.

Doctors need to provide ample time to the patient's family for visits, wheelchairs/trolleys must be available at the admissions office to take the patient to the inpatient room if need be, doctors and nurses must be ready to act quickly, they must provide prompt relieves in dealing with complaints of patient, the inpatient room must be clean and comfortable at the time of treatment, hand washers and sanitizers should be available in every installation, doctors need to be polite and friendly in checking and diagnosing the patient's illness, board information about service procedures should be available and visible to everyone. Patients' satisfaction is very crucial to hospitals as it builds trust and loyalty between patients and hospital medical staff. Satisfied patients are a valuable asset because chances are not only a patient return to the same hospital where he/she has been treated well but he/she may also recommend the hospital to family members or friends. To create patient satisfaction hospitals must manage a system with long-term goals that require commitment, both funds, and human resources which in turn can foster patient loyalty.^[9]

Respecting Patients' Rights

Every health facility must respect the patient's right to information about his/her health condition and their treatment, to appoint a person of trust, to participate in their care, privacy, confidentiality, etc.^[10] According to the Ministry of Public Health Regulation, No. 11/2017 on the Safety of Patients, patients and their families have the right to be informed about plans and results of services including possible incidents. This standard has several criteria, as follows:

1. there must be a doctor in charge of service;
2. the person in charge of the service must make a service plan;
3. the person in charge of the service is obligated to provide a clear and correct explanation to the patient and his family about the plan and outcome of the patient's services, treatment or procedures including the possibility of an incident.

The regulation also says that health care personnel should inform the patient and their family about the obligations and responsibilities of the patient. Safety in service delivery can be enhanced by the involvement of patients who are partners in the service process.^[11] Therefore, in health care facilities there should be a system and mechanism to educate patients and their families about the obligations and responsibilities of patients.^[12] According to the Ministry of Health Regulation No. 11/2017, being informed about one's state of health is a right for all. The information provided is intended to inform the patient of his state of health and enable him, if necessary, to make decisions about his health according to what he/she considers to be in his interest. This is the main concern of hospitalized patients.^[13] Two other fundamental elements of patients' rights are the respect for privacy and professional secrecy.^[14] The intimacy of the patient must be preserved during care, toilets, consultations, and visits. Professional secrecy is guaranteed by the Indonesian Penal Code, the Code of Public Health and various codes of ethics of health professions.^[15]

Conclusion

Improving the satisfaction of patients requires an individual analysis of the patient's needs; implementation in the health care system of functions that meet these needs; an organization of care distribution that makes it possible to perform these functions; a quality approach without which continuous improvement of the quality of care would be impossible; a medical regulation, (including administrative, budgetary and medical rules) essential to correct the malfunctions of the system and adapt it to the needs of patients. The measurement of the quality of care of hospitalization must take into account caregivers' opinions, but also that of patients.

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