Relationship Between Waiting Time On Patient Satisfaction At Baloi Permai Batam Puskesmas Year 2021

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ABSTRACT

Background: Medical records are an important part in assisting the implementation of service delivery to patients in hospitals. This research aims

Methods: Quantitative with survey research, a quantitative approach is used to find out how effective the relationship between waiting time and patient satisfaction is at the Baloi Permai Health Center.

Results: The results of the chi square statistical test showed that the p-value of 0.001 was less than 0.050, so it can be said that there is a significant relationship between waiting time and patient satisfaction. The odds ratio for the relationship between waiting time and patient satisfaction is 7.263 with 95% CI between 2.143- 24.614. Patients with long waiting times are 7,263 or 7 times more likely to have a low level of satisfaction compared to patients whose waiting times are not too long.

Conclusions: Based on the results of the study, it can be concluded that there is an effect of patient waiting time on outpatient satisfaction. The staff of the Baloi Perma Batam outpatient unit should further improve services, especially for waiting time for outpatients. Based on the results of the study, it can be concluded that there is an effect of patient waiting time on outpatient satisfaction. The staff of the Baloi Perma Batam outpatient unit should further improve services, especially for waiting time for outpatients.

Keywords: Waiting time; Patient Satisfaction; Baloi Health Center;

INTRODUCTION

According to (Permenkes, 2012) regarding the Basic Policy of Puskesmas, Puskesmas is a technical implementation unit of the District/City Health Office which is responsible for organizing health development in a work area. Every health service facility in the sub-district area, namely the Puskesmas, is required to make medical records made by doctors and health workers related to services provided by doctors and other health workers (Hakam, 2018).

According to (PERMENKES RI No. 269/MENKES/PER/III/2008), regarding Medical Records in article 1, medical records are files containing notes and documents regarding patient identity, examination, treatment, actions and other services that have been provided to patients for treatment. To achieve the goals of medical records, efforts to improve the quality of medical records are needed by the medical work unit, where efforts to improve the quality are highly dependent on the availability of clear, accurate, reliable, and timely data and information. Health data and information contained in medical files are very useful for the management of service institutions to assess whether their services are quality, efficient, and effective. (Hakam, 2018)

Every puskesmas must make medical records, both outpatient medical records and inpatient medical records. Medical records are also useful staff as written evidence or service actions for a patient, also able to protect the legal interests of the patient concerned, puskesmas or doctors and other health professionals, if in the future something unwanted
happens about the medical record itself (Wiguna, Ary Syahputra; Sidauruk, 2017). According to Gemala Hatta, medical records are a collection of facts about a person's life and history of illness, including current and last medical conditions, treatments written by health practitioners in an effort to provide health services to patients, according to Edna K. Huffman medical record is a file that states who, what, why, where, when and how the services obtained by a patient are treated or undergoing treatment (Wiguna, Ary Syahputra; Sidauruk, 2017).

In outpatient services at the Puskesmas, waiting time is the time it takes from the time the patient registers until he is served by a specialist. Waiting time is the length of time a patient waits for health services to receive a prescription from a doctor, waiting for a long time causes patient/customer dissatisfaction. Waiting time is the amount of time used by patients to get health services starting from the place of registration until entering the doctor's examination room. Patient waiting time is one of the potential components that affect dissatisfaction. The long waiting time reflects how the puskesmas manages service management according to the patient's situation and expectations (Sara, 2019).

Patient satisfaction depends on the quality of service and the efforts made by employees to fulfill the wishes of their customers with the services provided. A service is said to be good by the patient is determined by the fact that the services provided can meet the patient's needs by using the patient's perception of the service received that is satisfactory or disappointing, including the length of service time. Patients usually have less or unpleasant experiences, even scary when going for treatment because the services they get are not optimal and tend to harm the patient and this can lead to patient dissatisfaction.

Based on a preliminary survey at the Baloi Permai Health Center, Batam, it was found that there were problems from 20 people I had surveyed using a stopwatch tool, there were 6 people ≤ 60 minutes (less than standard) and there were 14 people > 60 minutes (more than standard) Therefore based on the description above, the researcher is interested in conducting a study with the title "the relationship between waiting time and patient satisfaction at the Baloi Perma Batam Health Center in 2021. The minimum service standard for the puskesmas is stated that the standard waiting time for outpatient services is 60 minutes. With the category of distance between waiting time and examination time which is estimated to be satisfactory or unsatisfactory to the patient, namely when the patient comes from registering to the counter, queuing and waiting for a call to the general polyclinic to be analyzed and examined by a doctor, nurse or midwife for more than 90 minutes (category of long), 30 - 60 minutes (medium category) and 30 minutes (fast category).

Based on the results of previous research by Bayu Setyo Nugroho in 2017 at Santa Clara Hospital Madiun, it is known that from 10 respondents who were observed, it showed that 6 respondents (60%) felt satisfied, with the waiting time in outpatient according to the standard, namely (≤ 60 minutes) while 4 respondents (40%) assessed that they were not satisfied with the waiting time that was more than standard (>60 minutes), therefore most of the respondents were not satisfied with the time and health services at Santa Clara Hospital Madiun. because there are still doctors who come more than the service opening hours, which are starting at 08.00-13.00 WIB.

METHODS

In this study, the research method used by the author is a quantitative method with survey research. The form of research design used in this research is survey or cross-sectional conducted with the aim of obtaining information from respondents through the sample being studied. A quantitative approach is used to determine how effective the relationship between waiting time and patient satisfaction is at the Baloi Permai Health Center Batam.

The population in this study were 223 outpatients at the Baloi Permai Public Health Center, Batam. The sample used in this study were 70 outpatients at the Baloi Permai Batam Health Center using the Slovin formula.

The inclusion criteria set by the researcher were patients who could read and write, willing outpatients, adult patients 17 years, and pediatric patients <17 years (mothers of
pediatric patients) Exclusion criteria were patients who could not read and write, pediatric patients and patients 17 years.

The test tool that will be used to obtain data in this study is a questionnaire given to the sample to be done individually. The instruments used in this research are questionnaires and documentation.

To collect research data, the authors use methods including the questionnaire method (questionnaire). This study uses SPSS statistics, providing data from the questionnaire results in tabular form. The data analysis used in this research is univariate analysis and bivariate analysis.

Before conducting the research, the researcher first took care of a research permit application to STIKes Awal Bros Batam, and submitted a research permit to the Baloi Permai Health Center Batam. After getting a permit, the researcher began to conduct research by paying attention to ethical issues which include research ethics.

RESULTS

The results of research that have been carried out based on univariate analysis are as follows.

Table 1. Frequency Distribution of Respondents by Gender at the Baloi Permai Public Health Center, Batam in 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Gender</th>
<th>Score</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Male</td>
<td>28</td>
<td>41.4%</td>
</tr>
<tr>
<td>2.</td>
<td>Female</td>
<td>42</td>
<td>58.5%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>70</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on the table above, it can be seen that the respondents of the Baloi Permai Batam Public Health Center patients were 42 women or 58.5% and 28 men with a percentage of 41.4%. To see respondents by age can be seen as follows.

Table 2. Frequency Distribution of Respondents by Age at the Baloi Permai Health Center, Batam in 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>Score</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>17-25</td>
<td>25</td>
<td>35.7%</td>
</tr>
<tr>
<td>2.</td>
<td>26-35</td>
<td>18</td>
<td>25.7%</td>
</tr>
<tr>
<td>3.</td>
<td>36-40</td>
<td>13</td>
<td>18.5%</td>
</tr>
<tr>
<td>4.</td>
<td>41-45</td>
<td>12</td>
<td>17.1%</td>
</tr>
<tr>
<td>5.</td>
<td>&gt;55</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>70</td>
<td>100%</td>
</tr>
</tbody>
</table>

Based on the table above, it can be seen that the respondents of the Baloi Permai Batam Health Center patients are aged 17-25 as many as 25 people 35.7%, 26-35 as many as 18 people or 25.7%, 36-40 as many as 13 people or 18.5%, 41-45 as many as 12 people or 17.1%, and more than 55 as many as 2 people or 2%.

The frequency distribution of respondents based on the level of education in 2021 can be seen in the table below. Table 3. Frequency Distribution of Respondents Based on Education Level at the Baloi Permai Public Health Center, Batam in 2021
Table 3. The result of the readiness of health facilities in implementing EMR

<table>
<thead>
<tr>
<th>No.</th>
<th>Level of Education</th>
<th>Count</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SD</td>
<td>9</td>
<td>12.8%</td>
</tr>
<tr>
<td>2.</td>
<td>SMP</td>
<td>6</td>
<td>8.57%</td>
</tr>
<tr>
<td>3.</td>
<td>SMA/Sederajad</td>
<td>43</td>
<td>61.4%</td>
</tr>
<tr>
<td>4.</td>
<td>Diploma</td>
<td>6</td>
<td>8.57%</td>
</tr>
<tr>
<td>5.</td>
<td>Sarjana</td>
<td>6</td>
<td>8.57%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>70</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The frequency distribution of respondents based on the level of work at the Baloi Perma Batam Health Center in 2021, can be seen in the table below.

Table 4. Frequency Distribution of Respondents Based on Occupational Levels at the Baloi Permai Health Center, Batam in 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Profession</th>
<th>Jumlah</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>IRT</td>
<td>27</td>
<td>38.5%</td>
</tr>
<tr>
<td>2.</td>
<td>Wiraswasta</td>
<td>22</td>
<td>31.4%</td>
</tr>
<tr>
<td>3.</td>
<td>Swasta</td>
<td>17</td>
<td>24.2%</td>
</tr>
<tr>
<td>4.</td>
<td>Tidak Bekerja</td>
<td>4</td>
<td>5.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>70</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Based on the table above, it is known that the respondents who are patients at the Baloi Perma Public Health Center are 27 respondents or 38.5% of IRT workers and the most respondents are with other workers as many as 22 respondents with a percentage of 31.4%. Frequency Distribution of Respondents Based on the level of waiting time at the Baloi Perma Batam Health Center in 2021, can be seen in the table below.

Table 5. Distribution of Respondents Frequency Based on Waiting Time Levels at the Baloi Permai Health Center, Batam in 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Waiting time</th>
<th>Frekuensi</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>≥60 Minutes (over standard)</td>
<td>28</td>
<td>40%</td>
</tr>
<tr>
<td>2.</td>
<td>&lt;60 Minutes (less than standard)</td>
<td>42</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>70</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Based on the table above, it is known that the respondents who were patients at the Baloi Indah Public Health Center were 60 minutes (more than the standard) as many as 28 people or 40% and <60 minutes (less than the standard) as many as 42 people or 60%.

Frequency Distribution of Respondents Based on Satisfaction Levels at the Baloi Perma Batam Health Center in 2021, can be seen in the table below.

Table 6. Frequency Distribution of Respondents Based on Satisfaction Levels at the Baloi Permai Public Health Center, Batam in 2021
Based on the table above, it is known that the respondents of the Baloi Permai Public Health Center patients were dissatisfied patients, namely 43 people or 61.4%, and those who were satisfied were 27 people or 38.6%.

Frequency Distribution of Respondents Based on Satisfaction Levels at the Baloi Permai Batam Health Center in 2021, can be seen in the table below.

<table>
<thead>
<tr>
<th>No</th>
<th>Satisfaction</th>
<th>Frekuensi</th>
<th>Persentase (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Not satisfied</td>
<td>43</td>
<td>61.4%</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>27</td>
<td>38.6%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>70</td>
<td>100%</td>
</tr>
</tbody>
</table>

The results of the chi square statistical test show that the p-value of 0.001 is less than 0.050, so it can be said that there is a significant relationship between waiting time and patient satisfaction. The odds ratio for the relationship between waiting time and patient satisfaction is 7.263 with 95% CI between 2.143 - 24.614. Patients with long waiting times are 7.263 or 7 times more likely to have a low level of satisfaction compared to patients whose waiting times are not too long.

The results of the chi square statistical test show that the p-value is 0.001, so it can be said that there is a significant relationship between the accuracy of the diagnosis and the completeness of the medical record document. The odds ratio for accuracy in the completeness of medical record documents is 7.2615 with 95% CI between 2.311 - 22.812. Patients who do not have complete medical record documents have a risk of 7.2615 times getting inaccurate in taking a diagnosis compared to patients who have complete medical record documents.

According to the Minister of Health of the Republic of Indonesia Number :129/Menkes/SK/II/2008 concerning minimum service standards, the standard waiting time for outpatient services (≤ 60 minutes). The category of distance between waiting time and examination time which is estimated to be satisfactory or unsatisfactory for the patient, among others, is when the patient comes from registering to the counter, queuing and waiting for a
call to the general polyclinic to be analyzed and examined by a doctor, nurse or midwife more than (> 60 minutes) (category less than standard) (Minister of Health RI, 2008)

One of the factors that affect the slow waiting time for outpatient services, which is thought to be caused by the performance of medical recorders and medical personnel who are not in accordance with their competencies. If the patient's long waiting time also affects the level of patient satisfaction with services. Patient waiting time is one component that has the potential to cause dissatisfaction. Patients will perceive health services as bad if their illness does not heal, queues for a long time, and health workers are not friendly even though they are professional (Yeni, 2018).

Service waiting time is the waiting time for patient services at the patient reception area until the medical record file is sent to the destination polyclinic. Waiting is unacceptable for everyone in health care. This is very well recognized by service providers, including puskesmas, so that they always try to arrange in such a way so that puskesmas service users are not in a queue, by adjusting the service capacity they have. Therefore, managing the balance between service capacity and the estimated number of patient queues while waiting for the doctor's presence. Determining how long a patient has to wait is very important and is the main concern of a puskesmas that wants to increase the level of customer satisfaction and optimal service capacity. Waiting is unavoidable in obtaining health services at a puskesmas, because none of the health services can prepare themselves perfectly to be able to provide patient needs as soon as the patient arrives. However, after all waiting time is a failure of a service system, because waiting time certainly causes discomfort for patients. Even though waiting in a doctor's waiting room is a common thing, patients still don't like it (Soebarto, 2015).

Waiting time in an institution, especially health services, is one of the important things to be noticed by health workers. Likewise at the Baloi Permai Public Health Center, the waiting time for patients seeking treatment at the outpatient installation has met the standard with the results obtained that >50% of respondents stated that they had met the minimum service standards at the Baloi Permai Public Health Center.

According to researchers, patient satisfaction at the puskesmas is something that affects the value of the puskesmas and patient loyalty to use health services. For this reason, at the Baloi Permai Health Center, Batam, it is necessary to evaluate in terms of price and service, because the suggestions received by researchers from outpatients mostly want an online registration service to be applied at the Baloi Perma Batam Health Center, in order to reduce patient anti-anxiety, and also the need for an online registration service. outpatient installations are rarely conducted surveys for patient satisfaction so that there is no data on patient satisfaction for evaluation materials at the Baloi Permai Public Health Center, Batam.

The results of the chi square statistical test show that the p-value of 0.001 is less than 0.050, so it can be said that there is a significant relationship between waiting time and patient satisfaction. The odds ratio for the relationship between waiting time and patient satisfaction is 7.263 with 95% CI between 2.143 - 24.614. Patients with long waiting times are 7.263 or 7 times more likely to have a low level of satisfaction compared to patients whose waiting times are not too long.

According to (Prakoso, 2017) states that companies or agencies must be able to measure the amount of expectations that arise for the services provided to customers. For example: how much is the level of satisfaction felt by customers, when the service is declared not good, good and very good. Companies or agencies are required to be able to listen to and understand customer suggestions regarding the services provided, such as the advantages and disadvantages. All officers or employees on duty should serve patients with friendliness, agility and responsiveness with everything the patient wants. If the officer provides the best service, the quality of service can be achieved well so that the patient will also feel satisfied and eventually increase the number of visits for other people or other patients to come for treatment. Finally, the reputation of an agency will increase for the better in the eyes of the community and the community will become more trusting of it. Waiting time and touch time are an interrelated unit when patients come for treatment at the puskesmas, both of these are the
main factors that affect the level of patient satisfaction. Also in addition to other supports such as the availability of drugs.

According to the researcher, there are several factors that affect patient satisfaction in outpatient installations, namely the registration flow from sending medical record files then going to the outpatient registration area until it is handled by a doctor and receiving a doctor's prescription then taking drugs at the pharmacy unit. From the results of the researcher's observations, one of the causes of the long waiting time in outpatients is the length of time the distribution of patient's medical record files at the Baloi Mai Public Health Center.

DISCUSSION
Based on the results of research and discussion at the Baloi Peermai Health Center, it can be concluded that:

1. The waiting time at the Baloi Permai Health Center, Batam, it is known that the respondents of the Baloi Permai Public Health Center are 60 minutes (more than the standard) as many as 28 people or 40% and <60 minutes (less than the standard) as many as 42 people or 60%.

2. Satisfaction at the Baloi Mai Health Center there are dissatisfied patients as many as 43 people or 61.4%, and there are as many as 27 people or 38.6% satisfied.

ACKNOWLEDGEMENTS
The completion of this report is of course due to the efforts and guidance and direction of many parties, the researcher would like to thank all those who have helped and all the staff of the Baloi Permai Health Center. Finally, I hope that ALLAH SWT will multiply all his blessings and graces to all those who have helped.

REFERENCES
Diagnosis Berdasarkan ICD-10 Sebelum dan Sesudah JKN di RSU Bahteramas. Jurnal ARSI, 1(44), 159-168.


