

The effect of access, perception of benefits, and patient satisfaction on the utilization of health services

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ABSTRACT

There are four First Level Health Care Facilities (FLHC) in Murung Raya Regency which implement a Commitment Based Capitation system (CBC) where the utilization of health services in the FLHC can be seen from the Contact Figures (CF) of each public health center. Each of these public health center has a Contact Number (CN) value ie Puruk Cahu public health center at 36.44%, Puruk cahu Seberang Public Health Center at 46.36%, Konut Public Health Center at 3.14% and Muara Laung Public Health Center having the lowest contact number at 17, 35%. One indicator to assess how the use of Public Health Center as a health service center by the community is the number of visits to the public health center or not. The low number of community visits to health care centers shows that the community is not utilizing the health services. Based on the data above, it is known that the Muara Laung Public Health Center has the lowest contact number so that it can indicate that the community is still not utilizing the health services at the Muara Laung Public Health Center. The purpose of this study was to analyze the effect of access, perceived benefits, and patient satisfaction on the utilization of health services in the Work Area of Muara Laung Public Public Health Center, Murung Raya Regency. This research is a quantitative study with cross sectional study design to examine the influential factors (independent variables), namely the effect of access, perceived benefits, and patient satisfaction on the utilization of health services (dependent variable). The number of samples in this study was 113 with a systematic random sampling technique. The results showed there was an influence between access ($p = 0.032$), perceived benefits ($p = 0.020$), patient satisfaction ($p = 0.011$), on the utilization of health services. While the most dominant factor influencing the utilization of health services is satisfaction ($p = 0.012$) ($Exp (B) = 2.643$). The conclusion of this study is that there is an influence between access, perception of benefits, patient satisfaction with the utilization of health services, with the most dominant factor influencing the utilization of health services is satisfaction.

KEYWORDS: Access, Perception of Benefits, Patient Satisfaction, Utilization,

ORIGINAL RESEARCH ARTICLE

ISSN : 2456-1045 (Online)

(ICV-MDS/Impact Value): 72.30

(GIF) Impact Factor: 5.188

Publishing Copyright @ International Journal Foundation

Journal Code: ARJMD/MDS/V-43.0/I-1/C-3/NOV-2019

Category : MEDICAL SCIENCE

Volume : 43.0/Chapter- III/Issue -1(NOVEMBER-2019)

Journal Website: www.journalresearchijf.com

Paper Received: 25.09.2019

Paper Accepted: 01.11.2019

Date of Publication: 20-12-2019

Page: 09-15

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CITATION OF THE ARTICLE



Rahman A., Muhy R., Arifin S., Husaini., Ilmi B. (2019) The effect of access, perception of benefits, and patient satisfaction on the utilization of health services; *Advance Research Journal of Multidisciplinary Discoveries*; 43(3) pp. 09-15

I. INTRODUCTION

Health is a state of health both physically, mentally, spiritually and socially that enables everyone to live productively socially and economically. Health is a very important thing to consider because it will be the basis in improving the quality of people's lives. Therefore, the development of health aims to encourage the independence of the community to live healthy, maintain and improve health services that are quality, equitable and affordable and maintain and improve the health of individuals, families and communities and their environment^[1]. One of the efforts made to improve the degree of public health, the government implemented a National Health Insurance system for individual health. Based on data from the Social Security Organizing Agency in 2017 it is known that NHI membership coverage in Indonesia is 187.99 million participants from the target of 257.5 million participants in 2019 ^[2].

Efforts made by the Murung Raya Regency Government to improve health services in Murung Raya Regency are by issuing Regents Regulation Number 18 of 2013 concerning Regional Health Insurance through Healthy Murung Raya Card (KMS). This aims to ensure that the implementation of health services can run optimally. In connection with this the local government also continues to support the universal health coverage

target of 2019 set by the central government by integrating KMS into JKN-KIS Health BPJS with funding sources from the Regional Budget (APBD) so that currently based on BPJS Health data Puruk Cahu the number of KMS-KIS program participants until December 2018 at Muara laung Health Center was 10.884 participants.

Health insurance can have an impact on the number of people who use health care facilities because it has been guaranteed by the state (over utilization). The large number of health service users if not balanced by the readiness of the health service provider can cause health facilities to experience a decrease in the quality of services provided compared to and not in accordance with service standards (inappropriate service) so this will cause a decrease in the utilization of health services by the community^[3]. Utilization of health services is the result of the process of seeking health services by individuals or groups. According to Notoatmodjo (2007), the behavior of seekers of treatment is the behavior of individuals or groups or residents to carry out or seek treatment^[4].

Anderson (1974) in Notoatmodjo (2010) described the Health System Model in the form of a health trust model. In this Anderson model there are 3 main categories in health care, namely predisposing characteristics (demographics, social structure, health benefits), supporting characteristics or enabling characteristics (family and community resources) and need characteristics (needs are basic and need direct stimulus to use health services, if there is a predisposing and supporting level). Several factors are found in 3 main categories of health services that can affect the utilization of health services, including access to health services, availability of facilities, and satisfaction with the services provided^[5].

There are 4 (four) First Level Health Care Facilities in Murung Raya Regency which implement a Commitment Based Capitation system (KBK) where the utilization of health services in the FLHCF can be seen from the Contact Figures (AK) of each public health center. Each of these Public health center has a Contact Number (AK) value ie Puruk Cahu Public Health Center at 36.44%, Puruk cahu Seberang Public Health Center at 46.36%, Konut Public Health Center at 3.14% and Muara Laung Public Health Center having the lowest contact number at 17, 35%. One indicator to assess how the use of Public Health Center as a health service center by the community is the number of visits to the Public Health Center or not. The low number of community visits to health care centers shows that the community is not utilizing the health services. Based on the data above, it is known that the Muara Laung Health Center has the lowest contact number so that it can indicate that the community is still not utilizing the health services at the Muara Laung Health Center.

The low utilization of health services in the work area of the Muara Laung Health Center, one of which is caused by access to health care facilities. Based on observations, access to health facilities in several areas in Muara Laung requires water transportation facilities such as ketotok (motorized boats). In addition, the travel time is relatively

long, and the average distance traveled from several villages in the Muara Laung Public Health Center area is approximately 1 (one) hour and the cost is relatively expensive when compared to using landline so this can affect the utility of the community even though in their treatment have health insurance. The results of a study conducted by Satrianegara et al (2014) showed that the easier the accessibility of the community to the Public Health Center, the greater the possibility of utilizing health services^[6].

In addition to access to health services, community perceptions regarding the benefits obtained from health services at the Public Health Center also influence the utilization of patients for these health services. The results of a study conducted by Madunde et al (2013) showed that there was an effect of perception on the utilization of health services in Public Health Center ($p = 0,000$). Utilization of health services in health centers in the community is influenced by perceptions of the benefits obtained from these health services which include facilities, staff attitudes, and access. According to Ilyas (2003) states that the utilization of health services in health centers by relating to the transaction convention, benefit convenience and post benefit convenience.

Service user satisfaction is used as an indicator of the quality of health services. This is because health facilities are customer oriented in marketing their services, so health facilities need to evaluate the quality of their services based on the perspective of the users of these services. User satisfaction is the user's perception and evaluation of the service they receive (Moore et al., 2013). The results of the Community Satisfaction Index Survey in November 2018 by the Muara Laung Health Center obtained the value of the Community Satisfaction Index (IKM) of the Service Unit at the Muara Laung Health Center by 59.50 with the service quality category A (very good): 81.26-100.00 B (good): 62.51 - 81.25; C (Poor): 43.76-62.50; and D (Not Good): 25.00-43.75. Based on the above data it can be concluded that the Community Satisfaction Index Value (IKM) in the Muara Laung Health Center is still not good, so that it can have an impact on the low utilization of health services at the Muara Laung Health Center. Based on the above background, it is necessary to conduct research to see whether there is an effect of access, availability of facilities and patient satisfaction on the utilization of health services in KMS - KIS participants at Muara Laung Health Center, Murung Raya Regency, Central Kalimantan Province.

II. MATERIALS AND METHODS

This type of research is an analytic observational study using a cross-sectional approach. The researcher did not give treatment to the variables, but only explored how the effect of access, perceived benefits and patient satisfaction on the use of health services to KMS-KIS participants at Muara Laung Health Center. The researcher analyzes the effect of a risk factor on the occurrence of an event in this study of the utilization of health services. In the cross-sectional approach the researcher takes data at once at a time (point time approach) which means that each research subject is only observed once^[7].

The location of the study is the Muara Laung Health Center work area. The choice of location is based on the consideration that based on the report on the calculation of the contact number (AK) where the Muara Laung Health Center has the lowest contact number (17.35%). Research time is planned for February-March 2019.

The population in this study were all KMS-KIS participants who had been treated or visited previously at the Outpatient Clinic at Muara Laung Health Center, Murung Raya Regency, Central Kalimantan Province. The minimum sample in this study was 113 people.

The variables studied included the independent variable and the dependent variable. The independent variables include: 1) access 2) perception of benefits; 3) patient satisfaction. The dependent variable is the utilization of health services by KMS-KIS participants.

Descriptive analysis is done by processing the data into a frequency distribution table. while Statistical Analysis: Simple logistic regression statistical test with a confidence level of 95% ($\alpha = 0.05$) to determine the effect of independent variables on the dependent variable, and multiple logistic regression statistical tests as a follow-up of the bivariate test by including the variables whose value <0.25 to find out the most dominant independent variable related to the dependent variable^[8] (Sugiono, 2015).

III. STATISTICAL ANALYSIS and GRAPHICAL PRESENTATION

Univariate Analysis

Table 1. Frequency Distribution of Access, Perception of Benefits, Satisfaction and Utilization of Health Services

Variable	n	%
Access		
Difficult	37	80,5
Easy	137	19,5
Perception of Benefits		
Less	102	53,6
Well	88	47,4
Patient Satisfaction		
Not Satisfied	109	57,4
Satisfied	81	43,6
Utilization of Health Services		
Rarely	75	39,5
Often	115	60,5

Bivariate Analysis

Table 2. Analysis of Influence Between Independent Variables and Dependent Variables

Variable	Utilization of Health Services				Total	P-Value
	Rarely		Often			
	n	%	n	%		
Access						
Difficult	23	38,3	37	61,7	60	0,032
Easy	31	58,5	22	41,5	53	
Perception of Benefits						
Less	23	37,7	38	62,3	61	0,020
Well	31	58,5	21	40,4	52	
Patient Satisfaction						
Not Satisfied	21	36,2	37	63,8	58	0,011
Satisfied	33	60	22	40	55	

*significant

Multivariate Analysis

Table 3. Dominant Factors Affecting the Utilization of Health Services in KMS-KIS Participants at the Muara Laung Public Health Center

Variable	β	Sig	Exp(B)
Access	0,061	0,936	0.941
Perception of Benefits	0,260	0,773	1,296
Patient Satisfaction	0,972	0,012	2,643

IV. RESULTS

Univariate Analysis Access

Based on table 1, it is known that the majority of respondents who are KMS-KIS participants in the Muara Laung Community Health Center in Murung Raya District have still difficult access to health services in the amount of 60 respondents (53.1%).

Perception of Benefits

Based on table 1 it is known that the majority of respondents still have unfavorable perceptions of the benefits of health services in the Muara Laung Health Center, as many as 61 respondents (54%)

Patient Satisfaction

Based on Table 1, it is known that the majority of respondents, 58 respondents (51.3%) are still dissatisfied with the health services provided by the Muara Laung Public Health Center.

Utilization of Health Services

Based on table 1 it is known that the majority of respondents who are KMS-KIS participants in the Muara Laung Puskesmas Work Area Murung Raya Regency have a level of utilization of health services which is included in the rare category of 54 respondents (47.8%).

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Bivariate Analysis

Effect of Access to Health Service Utilization

Based on table 2, it is known that out of 60 respondents (100%) who have difficulty in accessing, more respondents use health services, as many as 37 respondents (61.7%) compared to respondents who rarely use as many as 23 respondents (38.3%). The greater the number of respondents who have difficulty accessing but often utilizes health because the respondent is experiencing health problems so that even if access is particularly in terms of distance and travel time, respondents will continue to utilize health services. This is supported by the results of the questionnaire analysis, which found that 98 respondents (86.7%) would come to the puskesmas if they were sick. In addition they have free medical cards and are of the opinion that to get services to the health center does not require fees or because it is free so it does not burden the community to seek treatment especially if classified as low income.

Based on the results of statistical analysis, it is known that there is a significant influence between access to the utilization of health services by KMS-KIS participants in Muara Laung Health Center, Murung Raya Regency ($p = 0.032$). As it is known that aspects of access are the distance of the puskesmas, the travel time, the availability of facilities and the condition of the road to get to the puskesmas. If one of the access aspects is problematic it will prevent the community from coming to the puskesmas. So that people are lazy to come to the health center unless they are sick.

Effect of Perception of Benefits Against Utilization of Health Services

Based on table 4.6 it is known that of the 61 respondents (100%) who had the perception of the lack of usefulness of health services provided that more often still used health services as many as 38 respondents (62.3%), compared to those who rarely used health services as many as 23 respondents (37.7%). More respondents who continue to use health services even though they feel the benefits are felt to be lacking, this is due to several things, among the community have a habit if sick then will seek treatment, in addition to the presence of KMS-KIS Murung Raya Regency, it makes it easier for the community to obtain health services, because free treatment.

Based on the results of statistical analysis, it is known that there is a significant influence between the perception of benefits on the utilization of health services by KMS-KIS participants in Muara Laung Health Center, Murung Raya Regency ($p = 0.020$). It is known that According Jogiyanto (2007) the perception of the benefits of use is the extent to which someone believes that using health services will improve health. Aspects of the perception of benefits are all matters relating to health services in health centers, both from the administrative aspect, community-based health aspects, or individual health aspects.

Effect of Patient Satisfaction on Utilization of Health Services

Based on table 4.7 it is known that of the 58 respondents (100%) who were dissatisfied the majority were more often using health services as many as 37 respondents (63.8%) compared to those who rarely used health services, as many as 21 respondents (36.2 %). The results of statistical analysis with chi-square shows the value ($p = 0.011$) which can be concluded that there is a relationship between patient's authority and the utilization of health services. This is in line with research conducted by Prihata (2009). The statistical test results obtained the value of $p = 0.009$ and OR value of 3.942, so based on these results, it can be concluded that at the 95% confidence level there is a significant relationship between total satisfaction and interest in reusing services health, where respondents who were satisfied with health services at the DTP Health Center in Cirebon District had the opportunity to have a high interest in reusing health services 3,942 times greater than those who were not satisfied. The results of this study are also in line with research by Natalya (2015) based on calculations using the Chi-square test producing a probability value of $0,000 < \alpha = 0.05$ with a CI = 95%. Based on these results, it can be stated there is a relationship between patient satisfaction with the quality of services with an interest in reusing health services.

Multivariate Analysis

Based on table 3 of multivariate analysis of the three variables it is known that the most dominant factor influencing the utilization of health services is patient satisfaction with a p -value = 0.012. Exp value (B) = 2.643 indicates that KMS-KIS participants who are satisfied with health services are 2.643 times more likely to utilize health services in the Muara Laung Health Center.

Based on the results of multivariate analysis of the three variables, it is known that the most dominant factor influencing the utilization of health services is patient satisfaction with p -value = 0.012. Exp value (B) = 2.643 indicates that KMS-KIS participants who are satisfied with health services are 2.643 times more likely to utilize health services in the Muara Laung Health Center.

V. DISCUSSION

Effect of Access to Health Service Utilization

Based on table 3, it is known that out of 60 respondents (100%) who have difficulty in accessing, more respondents use health services, namely 37 respondents (61.7%) compared to respondents who rarely use 23 respondents (38.3%). This is also in line with the results of a study by Ainy (2016) where the results of the study stated that respondents who were far / had difficulty in accessing more were 31 respondents (86.1%) utilizing health services compared to those who did not utilize only 5 respondents (13, 9%). More difficult access for patients who use health services is because based on findings in the field it is known that the respondent has health problems so that

even in terms of distance and travel time, respondents will continue to utilize health services. This is supported by the results of the questionnaire analysis, which found that 98 respondents (86.7%) would come to the puskesmas if they were sick. In addition they have a free medical card and are of the opinion that to get services to the puskesmas does not require a fee or because it is free so it does not burden the community for treatment especially if it is classified as low income. This is supported by research from Primanita (2011) which states that health insurance participants who have a house with a distance away from puskesmas still tend to use a lot of health services because there are no other health service options (Primanita, 2011). In fact, people tend to only want to seek treatment at health services if their condition really cannot do anything. The wrong perception of the community in responding to illness results in under-utilization of existing health facilities even though the puskesmas is in the area where they live. The wrong perception of illness will result in the utilization of health in the health center is low^[9].

In the bivariate analysis results, based on the results of statistical analysis, it was found that there was a significant influence between access to the utilization of health services by KMS-KIS participants in Muara Laung Health Center, Murung Raya Regency ($p = 0.032$), so it can be concluded that the better community access such as distance to health facilities, the faster travel time, good road conditions, and the availability of private and public transportation will increase the utilization rate of health services for KMS-KIS participants at Muara Laung Health Center. The effect of access to the utilization of health services has a significant effect because if one of the aspects of access is problematic it will prevent the community from coming to the puskesmas. For example, long distances will make people lazy to come to the health center unless they are sick. This is supported by findings in the field that of 54 respondents (90%) who have a long distance (> 5 Km) as many as 31 respondents (57.4%) of whom did not take advantage of health services. The results of this study are supported by research conducted by Widiani (2016). Based on the Chi-Square statistical test results obtained $p = 0.003$, so there is a significant relationship between the ease of access factor and the demand for health services in Tomia Timur Health Center. This is also in line with research conducted by Yuliah Research (2001), also stating that people who live near Puskesmas have greater opportunities to use health services than people who live far away. Health services that are located too far from the residential area are certainly not easy to reach, so that transportation is needed to reach health care places, if this situation occurs, certainly it will not satisfy the patient, so it is called a quality health service if the service can be reached by the service user health services (Murniati, 2008). Research conducted by Ismail (2013) in Tellu Limpoe Subdistrict, Bone Regency, shows that there is a relationship between distance and demand for health services that the distance of a community's house from a health service location affects the community in utilizing health service facilities,

transportation costs are starting to increase and added with transportation which is not smooth makes it difficult for people to use health facilities so that people tend not to use health services except in urgent situations such as severe illness^[10].

Effect of Perception of Benefits Against Utilization of Health Services

Based on table 4.2, it is known that the majority of respondents still have unfavorable perceptions of the benefits of health services at the Muara Laung Health Center, as many as 61 respondents (54%). Perception is not good, consisting of as many as 55 respondents (90.1%) among those related to health counseling activities, respondents still do not feel the benefits of health education activities carried out, this is because there are rarely counseling activities carried out in the building, other than that other aspects which is also still lacking is the detection and prevention of further effects of the disease where there are 49 respondents (80.3%) who still feel less benefit from the detection and prevention of the continued impact of the disease. Services in the laboratory are also still many respondents who do not feel the benefits of 37 respondents (60%).

Based on the results of statistical analysis, it is known that there is a significant influence between the perception of benefits on the utilization of health services by KMS-KIS participants in Muara Laung Health Center, Murung Raya Regency ($p = 0.020$). So it can be concluded that the better the perception of benefits from the community towards health services obtained at the Muara Laung Health Center, the more the number of health service utilization will increase. Based on the results of the cross tabulation, it is known that of the 61 respondents (100%) who have the perception of the lack of usefulness of health services provided that more often still use health services as many as 38 respondents (62.3%), compared to those who rarely use health services as many as 23 respondents (37.7%). This is because some people have a habit of getting sick and will seek treatment, so that although they do not feel the benefits of the services provided they will still come to the Puskesmas to get treatment, this is supported by the results of the questionnaire analysis which is known that there were 84 respondents (76.9%) who stated that if they were sick they would go to the Community Health Center. Besides that, with the existence of KMS-KIS, Murung Raya Regency, it is easier for the community to obtain health services, due to the free treatment.

This research is supported by research conducted by Trisnawati (2012) which states that there is a positive influence between the perception of good benefits and the utilization of health services. Where the better the perception of benefits perceived by the community will further increase the interest of the community to come back to use health services^[11].

Effect of Patient Satisfaction on Utilization of Health Services

Based on the results of the analysis using the chi-square test, it is known that there is a significant influence between patient satisfaction on the use of health services by KMS-KIS participants in Muara Laung Health Center, Murung Raya Regency ($p = 0.011$). So it can be concluded that the greater the community satisfaction with the services obtained, the greater the chance for the community to come back to use health services. It is known that of the 58 respondents (100%) who were dissatisfied with the health services obtained, the majority were more often using health services as many as 37 respondents (63.8%) compared to those who rarely used health services, as many as 21 respondents (36, 2%). This is because as many as 29 respondents (78.3%) who are dissatisfied but continue to utilize health services are those who are not young over the age of 40 years. This is supported by Gunarsa (2008) revealing that increasing a person's age can affect his health, where there is a decline in the structure and function of organs, so that older people tend to use more health services compared to young age. As in the elderly patients, who experience musculoskeletal disorders, will experience a decrease in the function of the healing of the bones, which can lead to long limitations, so that it can increase dependence on others. Then, because it is emotionally influenced, some older people with chronic disease are more receptive to physical disabilities than younger people. This is because older people are generally more open, so that older patients' demands and expectations are lower than younger patients. This is why elderly patients do not care whether they are satisfied or not, the most important thing is that they can take medication. This is supported by Abdillah (2014) which states that in the productive age group they tend to be more demanding and have high expectations of the ability of basic health services and tend to criticize^[12].

The results of the study that there is a significant influence between satisfaction with the utilization of health services is supported by research Rizkiawan UK (2019) Based on the results of tests conducted, the results show that satisfaction has an influence on the interest of a return visit because a significant value below 0.05, the hypothesis is rejected. This shows that the high and low quality of services available at the Hospital, it will affect the interest of a repeat visit^[13].

The results of this study are also in line with research by Natalya (2015) based on calculations using the Chi-square test producing a probability value of $0,000 < \alpha = 0.05$ with a CI = 95%. Based on these results, it can be stated there is a relationship between patient satisfaction with the quality of services with an interest in reusing health services. The results of this study are also supported by research conducted by Suswardji (2012) in his research proving that patients who are satisfied with the services received in a health service are likely to use that health service again. Solikhah (2008) results from his research stated that there was a significant positive relationship between patient satisfaction and the interest in reusing medical services at

the Puskesmas, seen from the patient's perception of the quality of services at the Puskesmas so that the patient was satisfied with the services provided.

Consumer satisfaction (customer) is the level of consumer feelings after comparing with expectations. A customer is satisfied with the value provided by the service is very likely to be a customer for a long time (Umar, 2005). Whereas Kotler (1994) states that the definition of customer satisfaction (level of customer satisfaction) is the level of a person's perceived condition which is the result of comparing the perceived appearance or product outcome in relation to one's expectations. The level of satisfaction is a function of the difference between perceived appearance and expectations. There are 3 (three) levels of satisfaction, namely: If the appearance is less than expectations, then the customer is not satisfied, If the appearance is in line with expectations, then the customer is satisfied and If the appearance exceeds expectations, the customer is very satisfied or happy.

Oliver (1994) quoted by Hariono (2004) states that satisfaction is a psychological state of emotional someone who shows a confirmed or confirmed the service he received with his expectations and make the experience after consuming it. Whereas Wijono (2000) states that satisfaction is the level of a person's perceived condition which is the result of comparing the appearance or outcome of a product that is felt in relation to one's expectations.

Multivariate Analysis

Based on Figure 4.1, it is known that satisfaction is the most influential factor in the utilization of health services in the Muara Laung Health Center with an Exp value of 2.643 which means that patients with a good satisfaction level will be 2.643 times more likely to reuse health services in the Muara Laung Health Center. Whereas for the other 2 independent variables namely the perception of benefits and access each has a Exponent Beta (Exp) value of 1.296 and 0.941 which is smaller than the Exp value for the patient satisfaction variable.

According to Barners (2003) satisfaction is a feeling of pleasure or disappointment someone who appears after comparing the perception / impression of the performance (or results) of a product and expectations of expectations. Someone's satisfaction with an object varies from the level of very satisfied, satisfied, quite satisfied, less satisfied, very dissatisfied. In this study the satisfaction category was shortened to 2, which is not satisfied and satisfied. From the results of data analysis it is known that there were 58 respondents (51.3%) who were dissatisfied and 55 respondents (48.7%) who were satisfied with the health services provided by Puskesmas Muara Laung. Based on these data, some respondents were still dissatisfied with the services provided. Patient dissatisfaction is based on findings in the field, including the administrative service time in the registration room is slow due to the limited number of administrative staff, where there are only 2 administrative officers. Facilities and infrastructure are also still lacking, as many as 47 respondents (81%) were not

satisfied with the facilities and infrastructure available at the Puskesmas. The facilities and infrastructure that is still lacking is the waiting room, which is the limited seats in the waiting room, toilet cleanliness, and parking for 2 wheels. Based on the 2013 technical manual of buildings and infrastructure of the Puskesmas it is stated that the facilities and infrastructure in the Puskesmas must fulfill as many as 11 systems namely the system ventilation, electrical systems, lighting systems, fire protection systems, communication systems, medical gases, noise control systems, sanitation systems, vertical transportation systems, accessibility of people with disabilities, and ambulances. All these systems must be fulfilled in the facilities and infrastructure of the Puskesmas so that an existing Puskesmas building can function in accordance with the expected goals^[14].

The results of this study are also in line with research by Natalya (2015) based on calculations using the Chi-square test producing a probability value of $0,000 < \alpha = 0,05$ with a CI = 95%. Based on these results, it can be stated there is a relationship between patient satisfaction with the quality of services with an interest in reusing health services. The results of this study are also supported by research conducted by Suswardji (2012) in his research proving that patients who are satisfied with the services received in a health service are likely to use that health service again. Solikhah (2008) results from his research stated that there was a significant positive relationship between patient satisfaction and the interest in reusing medical services at the Puskesmas, seen from the patients' perceptions of the quality of services at the Puskesmas so that they were satisfied with the services provided.

VI. CONCLUSION

The conclusion from the results of this study is that there is a significant influence between access, perceived benefits, and satisfaction with the utilization of health services and the most dominant factor influencing the utilization of health services is patient satisfaction.

VII. ACKNOWLEDGEMENT

On this occasion, the authors express their thanks to the Indonesian Ministry of Research, Technology and Higher Education. Chancellor of the University of Lambung Mangkurat, Dean of the Faculty of Medicine, University of Lambung Mangkurat, Chair of the Master of Public Health Study Program, and Secretary of the Master of Public Health Study Program who have provided many opportunities and assistance for researchers to study in the Master of Public Health Study Program of the Faculty of Medicine, Lambung University Mangkurat also expressed his gratitude to those who had given permission to conduct research in the work area of the Muara Laung Community Health Center, Murung Raya Regency.

VIII. REFERENCES

- [1] **Kementerian Kesehatan RI.** Undang-undang Kesehatan No 36 Tahun 2009.
- [2] **Badan Penyelenggara Jaminan Kesehatan Nasional.** Data Kepesertaan Tahun 2017.
- [3] **Mosadeghrad, AL.** Quality of Working Life: An Antecedent to Employee Turnover Intention". *International Journal of Health Policy and Management* 2013; 1(10): 1-10.
- [4] **Notoatmodjo, S.** Kesehatan Masyarakat Ilmu dan Seni. Jakarta : Rineka Cipta, 2007.
- [5] **Notoatmodjo, S.** *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta, 2010.
- [6] **Satrianegara, M. Fais.** Organisasi dan Manajemen Pelayanan Kesehatan Teori dan Aplikasi dalam Pelayanan Puskesmas dan Rumah Sakit. Jakarta: Salemba Medika, 2014.
- [7] **Hasmi.** *Metode Penelitian Epidemiologi*. Edisi Revisi. Penerbit Trans Info Media. Jakarta, 2016
- [8] **Sugiyono.** *Metode Penelitian Kombinasi (Mix Methods)*. Bandung: Alfabeta, 2015.
- [9] **Thabrany H.** *Jaminan Kesehatan Nasional Edisi Kedua*. Jakarta: Rajawali Pers, 2016.
- [10] **Ismail.** Faktor-Faktor yang Berhubungan dengan Pemanfaatan Fasilitas Pelayanan Kesehatan Pada Ibu Hamil Di Wilayah Kerja Puskesmas Gaya Baru Kec. Tellu Limpoe Kab. Bone, 2013.
- [11] **Trisnawati F.** *Asuhan Kebidanan*. Jilid I. Jakarta: PT. Prestasi Pustakarya, 2012.
- [12] **Abdillah AD, dan Muhammad R.** Hubungan karakteristik pasien dengan kepuasan pasien rawat jalan di Puskesmas Sindangkerta Kabupaten Bandung Barat. *Jurnal Kesehatan Kartika Stikes A. Yani*, 2014.
- [13] **Rizkiawan, UK.** Pengaruh kualitas pelayanan dan kepercayaan terhadap minat kunjungan ulang dengan mediasi kepuasan konsumen pada Rumah Sakit Amal Sehat Wonogiri. Tesis. Universitas Muhammadiyah: Surakarta, 2019.
- [14] **Kementerian Kesehatan Republik Indonesia.** *Pedoman Teknis Bangunan dan Prasarana Puskesmas*. Direktorat Jenderal Bina Upaya Kesehatan, 2013.
