



Analysis of patients behavior towards outpatients care utilization in health services

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Abstract

Background: The utilization of health services by the public is a step towards realizing public health and well-being. The results of the Indonesian Basic Health Research in 2018, showed that the percentage of Indonesian population who had access to clinics or doctor's practices based on their location of residence, 37.3% had easy access; 31.1% had difficult access, and 31.5% had very difficult access.

Purpose: This study was to analyze the behavior of patients in the utilization of outpatient health services at the BAZNAS AI-Chusnaini's Healthy Home Health Services, in Sidoarjo District.

Method: This research uses an analytic survey design with a cross-sectional approach. This cross-sectional study was conducted with a sample of 130 respondents who were determined through accidental sampling techniques and using a questionnaire instrument. Data were analyzed using the chi-square test and multiple logistic regression.

Result: That most respondents were female (68%), and aged ≥ 35 years (79%). The results of the analysis of the relationship show that there is a relationship between knowledge ($p = 0.004$), trust ($p = 0.003$), facilities ($p = 0.027$), health worker behavior ($p = 0.002$), and utilization of outpatient services. The results of the analysis of influence together show that the variable that most influences patient satisfaction is the facility (Intercept = 0.005).

Conclusion: Patient behavior influences the utilization of health services.

Keywords: Calloselasma rhodostoma, ND4, phylogenetic, svPLA₂, venom storage

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INTRODUCTION

The utilization of health services by the public is a step towards realizing public health and well-being (Azfredrick, 2016). The utilization of usability is a major factor in the planning system for implementing health services based on past and present conditions throughout the world. In developing countries, various efforts have been made to promote utilization behavior, especially among rural populations. However, the results of the promotion have a limited success rate (Oladipo, 2014).

This analysis is seen from the type of transportation, travel time, and costs (Sopianah, Sabilillah, & Fadilah, 2017) incurred by respondents to reach health services (Riskesdas, 2018). Based on the results of the Health Facility Research in 2019, it shows that households with sick family members tend to have a higher chance to have a greater proportion of health expenditure (to total expenditure per capita within a month) than households without sick family members. (a 1.26 times higher chance of having a health expenditure

proportion of 10-25 percent, and a 1.34 times higher chance of having a health expenditure proportion of more than 25%) (Badan Penelitian dan Pengembangan Kesehatan, 2019).

The health service utilization model by Andersen was originally developed in 1968, showing that the use of health services by the community is a set of determinants of the use of medical services that depends on several characteristics (Jahangir, Irazola, & Rubinstein, 2012). This concept resembles a multilevel model that combines individual determinants and conditions of the utilization of health services itself (Babitsch, Gohl, & von Lengerke, 2012). Several interpretation schemes identify predictors of service utilization. According to Andersen and Newman (1973), individuals who seek medical treatment are influenced by predisposing factors, enabling factors, and need

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factors (Azfredrick, 2016). The behavior of patients in the utilization of health services can be improved if the knowledge (Wahyuni et al., 2018), patient trust in health services, the condition of physical health facilities (Susilawati et al., 2018), and the behavior of health workers are all in good judgment (Handoko et al., 2020; Ilyas, Arisaputra, Utami, Bakar, & Arifin, 2019). This condition will increase public acceptance of the existence of health services (Setijanto, Bramantoro, Palupi, & Hanani, 2019). Customers who are satisfied with health services provide opportunities for good customer relations between service providers and consumers (Siahaan, Eyanoer, Panggabean, & Panggabean, 2018; Yahya, Torong, & Muda, 2017). This can be the beginning of the utilization of health services, the formation of customer loyalty, and form a "word of mouth" in health services (Trimurti, 2008).

Hundt and several experts suggested that gender predisposing factors and marital status were simply related to the use of psychotherapy in outpatient facilities at the Veterans Health Administration (VHA) in Texas, United States. Veterans who were appointed as respondents tended to show enabling factors, including living closer to VHA facilities, and behavior of seeking treatment in more complete facilities. Overall, need factors appear to be the most strongly associated with the use of psychotherapy (Hundt et al., 2014; Anya, et al, 2018).

Secondary data obtained from "Rumah Sehat BAZNAS Al-Chusnaini" in Sidoarjo District for the last three years (from 2016 to 2018), shows the number of patient visits in outpatient services. In 2018, there were 24,975 visits. The number of visits is considered not yet maximum. Following up on this, research needs to be done on the analysis of patient behavior in the utilization of outpatient health services at the "Al-Chusnaini BAZNAS Healthy Home" in Sidoarjo District.

MATERIALS AND METHOD

The design used in this research is an analytic survey with a cross-sectional approach. Cross-sectional studies study the dynamics of the correlation between risk factors and effects by observing both the data at one time (Pratiknya, 2014). This study focuses on analyzing patient behavior based on predisposing factors (Knowledge and Trust), enabling factors (Physical Facilities Conditions), and need factors (health worker behavior) towards the utilization of health services. This research was conducted for two months, from November to December 2019. The research subjects who were respondents were outpatients who went for treatment at "BAZNAS Al-Chusnaini's Healthy Home" Health Service, Sidoarjo. The number of samples as many as 130 people obtained by accidental sampling technique, which was done in an unplanned (sudden) to

the people met by researchers (Bramantoro & Purnomo, 2018).

The utilization of health services is the dependent variable (Y), while the independent variable consists of knowledge (X1), trust (X2), physical facilities (X3), and clerk behavior variables (X4). The research instrument of all the variables in this study uses a questionnaire method that is compiled based on the indicators that have been described in the variable operationalization table so that each question that will be asked of each respondent is clearer and can be structured. The data that has been described in the variable operational table (which is qualitative) will be converted into a quantitative form with a statistical analysis approach. In general, the scoring technique used in the questionnaire for variable Y, variable X2, variable X3, and variable X4 is a Linkert scale technique with a choice of Strongly Disagree (SD), Disagree (D), Agree (A) and Strongly Agree (SA). The scoring technique used in the questionnaire for variable X1 is a scoring technique: if the answer to the question is "no", then the value is 0, and if the answer to the question is "yes" then the value is 1.

The instrument in this study was a questionnaire created by researchers in simple Indonesian and distributed to outpatient clinic patients. The questionnaire contained demographic info (age, gender) and several questions covering patient behavior in the utilization of health services. Based on the validity test, with the total items corrected, all questions used in this questionnaire were declared valid because the value of r (items, total) of each question was ≥ 0.03 . For the reliability test with Cronbach's Alfa, the alpha value obtained in the output table is $0.667 > 0.6$ so that the data can be said to be reliable.

Data management is performed by statistical computing with the R program (version 4.0.0). The data analysis technique used in bivariate analysis using the chi-square test to see the relationship between the independent variable and the dependent variable by testing the hypothesis (H_0 test with a significance level $P = 0.05$). Based on the research objective, which is to find out the independent variable that most influences the dependent, a multivariate logistic regression test is performed for each outcome, and its statistical significance $P < 0.05$.

RESULTS

Of the 130 outpatients who were willing to participate as respondents, 67% were female and aged 35 years. (Table 1). 76% of respondents had a sufficient level of knowledge, 24% of respondents indicated a lack of trust, and 25% of respondents rated physical facilities as inadequate, and 82% of respondents rated the behavior of health workers to be quite good.

The results of the bivariate analysis are presented in Table 1. The utilization of health services among female

Table 1. Respondent's characteristic and bivariate analysis for utilizing health services

Variable	Criteria	Total Sample		Utilization		Unutilized		P-value
		N	%	N	%	N	%	
Gender	Male	42	32,3	35	83,3	7	16,7	0,0447
	Female	88	67,7	79	89,7	9	10,3	
Age	<35 years old	28	21,5	21	75,0	7	25,0	0,047
	≥35 years old	102	78,5	93	91,2	9	8,8	
Knowledge	Good	98	75,4	91	92,9	7	7,1	0,004
	Poor	32	24,6	23	71,9	9	28,1	
Trust	Well	99	76,1	92	92,9	7	7,1	0,003
	Poor	31	23,9	22	70,9	9	29,1	
Physical Facility	Well	98	75,4	90	91,8	8	8,2	0,027
	Poor	32	24,6	24	75,0	8	25,0	
Healthcare worker's attitude	Good	106	81,5	98	92,4	8	7,6	0,0002
	Poor	24	18,5	16	66,6	8	33,7	

Table 2. Logistic Regression Analysis Results

Variable	Estimation	Odd Ratio
Knowledge	1,420	4,136
Trust	2,309	10,061
Physical Facility	2,207	9,094
Healthcare Workers's Attitude	2,222	9,273
Intercept	0.005	

patients was significantly higher than male patients who used health services. This shows there is no relationship between sexes, with $P = 0.447$ ($P < 0.05$).

In the variable "not utilizing health services", showed higher significance in patients aged 35 years than patients aged <35 years. There was a significant relationship between ages, with $P = 0.047$ ($P < 0.05$).

Respondents with a good level of knowledge, who use health services, with a level of trust that is less, physical facilities that are less, and behavior of health workers are not good, it was found that the behavior of patients in utilizing health services is significantly higher, when compared with the behavior of not utilizing services health in patients with a sufficient level of knowledge, level of trust is sufficient, physical facilities are sufficient, and the behavior of health workers is good. ($P = <0.05$).

The results of the bivariate analysis in **Table 2**, show that the four dependent variables, namely knowledge, trust, facilities, the behavior of health workers, influence the independent variable, namely the utilization of health services, then the multivariate logistic regression test will be conducted. Patients with a good level of knowledge are 4.14 times more likely to utilize health facilities compared to patients whose level of knowledge is lacking. Patients with a fairly good level of trust 10.06 times are more likely to use health facilities than those with less confidence. In the physical facility variable, patients who feel that the physical facilities provided are good have a 9.09 tendency to utilize health facilities compared to those who feel that health services have inadequate physical facilities. Whereas in the health worker behavior variable, patients who assess health worker behavior is good enough 9.27 times tend to utilize health facilities.

DISCUSSION

The results of this study indicate that all patient behavior variables significantly influence the utilization of health services, they are knowledge, trust, facilities, and behavior of health workers. The influence of knowledge on health service utilization behavior is also evidenced through a bivariate test, which is seen in the group of well-informed respondents, the majority of respondents use services (92%). In contrast, for groups of respondents with insufficient knowledge, 29% of respondents did not utilize health services. If the patient has good knowledge of health care products, the benefits of treatment, and the risks that will be experienced, then the level of utilization of services is higher.

Conversely, if the patient has low knowledge, then the patient does not utilize health services to the maximum, and tends to self-medication or use traditional medicine. This statement is following the results of research conducted by Aji (Devy & Aji, 2006), who said that there is an influence between knowledge on service utilization. Knowledge has a relationship with the use of VCT, according to research conducted by Sri Lestari and M. Slamet Raharjo in 2013, that the factors that influence MSM interest in Surakarta for voluntary HIV testing (VCT), include knowledge of basic HIV information and AIDS and VCT services (Diah Fatmala, 2016).

The effect of trust on the utilization of health services is also proofed by bivariate testing. The majority of respondents (67%) have a sense of trust in outpatient services. Of 67% who have a sense of trust in health services, there are 93% who use health services and 29% who do not use services. This shows that most outpatients feel safe and confident in the services that

are owned by "BAZNAS Al-Chusnaini's Healthy Home", Sidoarjo. Medical devices seen in outpatient services owned by Pratama clinic make patients believe that medical treatment is appropriate because it has been handled by doctors who are experts in their fields, supported by available medical devices and considers their treatment processes are well served by a doctor.

As for patients whose sense of trust is low, it is caused by an error in the diagnosis made by the referral hospital and administration of drugs that are not right with the disease. This result is supported by Hendrawan's research (Rahman, Prabamurti, & Riyanti, 2016), that there is a relationship between the factors of trust in health services with the selection of treatment efforts. While Anderson said that each individual tends to use different health services because of differences in beliefs to cure the disease. However, if the trust is not supported by other factors, such as the availability of health care facilities and easy access to health services, then it cannot be realized in the form of action (Azfredrick, 2016).

The effect of physical facilities owned on the utilization of health services was also proofed through bivariate testing, seen in respondents who said that their health care facilities were quite complete, the majority of respondents (92%) utilized the services. On the other hand, respondents who said that the facilities were not enough, 29% of respondents did not use health services.

If the facilities provided by the clinic or health service provider are sufficient, the higher the level of utilization of health services by the public. Conversely, if health facilities are inadequate, then patients do not utilize health services. This result is supported by Marnah, et al (2017), in the Paminggir District health service which concluded that the unavailability of infrastructure will make people unwilling to take advantage of health services. As the explanation of respondents who stated not to give birth to the health center because at that time the available infrastructure was not complete (Marnah, Husaini, & Ilmi, 2017).

The behavior of health workers also has a significant relationship with the level of utilization of health services, this is evidenced through a bivariate test. 93% of respondents said that health worker behavior was good, and utilized health services. On the other hand, respondents who said that the behavior of health workers was not good and did not use health services were 25% more than those who used as much as 40.0%. If officers provide good, patient-friendly, polite, and empathetic services, it will increase the utilization of health services. Conversely, if the services provided are not good, for example being rude to patients, lacking sympathy for patient complaints, and not responding to questions given by patients, then patients tend not to

utilize health services. This result is supported by research conducted by S. Devy et al (2006), which suggests the attitude of medical alternative medical treatment staff, radiesthesia attitude, source of information, and family support. The better the attitude of the health worker, the more will encourage a person to utilize health facilities. All respondents stated that the treatment staff was friendly and agile in serving patients. Radiestet was also considered friendly and dexterous when treating patients by all respondents. This means that the attitude of the treatment staff and the attitude of the radiestet are factors that encourage respondents to take medication (Devy & Aji, 2006).

The results of multivariate analysis showed that the variables that significantly affected the utilization of outpatient health care services at the "Rumah Sehat BAZNAS Al-Chusnaini" Sidoarjo were knowledge, trust, facilities, and behavior of health workers. Of the four variables that influence, facility variables that have the greatest influence on patient satisfaction (intercept = 0.005). Further explained about the good patient assessment of the service facilities in the outpatient service "BAZNAS Al-Chusnaini Healthy Home", Sidoarjo, will result in patients becoming utilizing services in hospitals 10.06 times greater than if the patient's assessment of service facilities is lacking well. This is consistent with research conducted by Oladipo (2014), that health care facilities in different locations based on the level of utilization and management of facilities that are established appropriately and efficiently to encourage greater professionalism will influence individuals in seeking health services or conducting treatment (Oladipo, 2014). The availability of facilities in health services is an important factor in the utilization of health services. In the study of Sri Lestari and M. Slamet Raharjo in 2013, the presence of outreach and outreach strategies were factors that influenced MSM interest in Surakarta to conduct VCTs. If VCT services are not available, the informant cannot do VCT even if there is a desire in him. While access to health services is also another factor in the use of VCT. Service availability affects access to services. VCT service hours are an obstacle to the use of VCT by informants because VCT service schedules coincide with Local Health Center opening hours, namely on weekdays limited hours until the afternoon. This is one of the obstacles to the utilization of VCT services by MSM because the informant has a permanent job and is not possible to leave his job, the informant prefers to delay doing VCT (Diah Fatmala, 2016).

CONCLUSION

In conclusion, patient behavior influences the utilization of health services.

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