



Comparison of the Quality of Delivery Services between Independent Midwife Practices and Primary Healthcare Center: A Literature Review

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Abstract

Introduction: The role of quality service is important for health facilities to maintain their existence in the community, including Primary healthcare center and Independent Midwife Practices that provide delivery services for pregnant women. Delivery services at health care facilities are one of the factors leading the reduction of the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). This review was conducted to determine a comparative picture of the quality of delivery services at Independent Midwife Practices and Primary healthcare center.

Methods : The study was conducted using a literature review approach of national journal articles retrieved from the Google Scholar and Sinta database. The keywords used were quality of delivery services, patient satisfaction, Independent Midwife Practices, and Primary healthcare center. The publication dates were in the last 5 years or from 2018-2023.

Results: Five articles were eligible to be analyzed in relation to the quality of delivery services. The study showed that the quality of health services at the Independent Midwife Practices and Primary healthcare center is influenced by the factors of reliability, responsiveness, assurance, empathy, and tangibles. Both the Independent Midwife Practice and the Primary healthcare center had good quality of service in childbirth.

Conclusion: It is important to maintain the quality of childbirth services both at Independent Midwife Practices and at Primary healthcare center.

Keywords: Delivery service, Quality, Primary Healthcare center, Midwife Independent Practice.

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Introduction

Quality service is a total of the characteristics of goods and services that demonstrate their ability to satisfy customer needs. This means that the image of good service quality is not based on the point of view or perception of the service provider, but is based on the point of view or perception of the consumers. Service quality is a form of consumer assessment of the level of service received

(perceived service) with the level of service expected (expected service). The quality of health services is all forms of activities carried out by health facilities to meet consumer expectations.¹

Quality health services are efficient health services, on the other hand, poor quality health services will make the organization's services very wasteful and costly. Healthcare organizations that produce quality services will always be

respected by the community and will definitely be sought after by patients. Thus quality-assured health services are competitive health services.¹

Good quality health services can be seen from 2 sides, the provider and service user sides. From the service provider's point of view, it can be seen from how health services manage services in accordance with established quality standards and SOPs which aim to increase patient satisfaction. Meanwhile, from the perspective of service users, it can be seen from how patients as service users feel and enjoy the health services that have been provided.²

As awareness increases to improve health status, health service providers are required to always provide the best service to patients. Good service quality makes the image of the health service facility improved. The role of quality service is important in every health facility to maintain its existence in the community.³

According to Parasuraman et al. quality service has 5 main dimensions, namely reliability, physical evidence (tangibles), responsiveness, assurance and empathy. These dimensions can be used to measure or to analyze the extent to which health services have or have not met their quality.

According to the Indonesian Health Profile of the Ministry of Health in 2021, there were 90.95% of births assisted by health workers. Meanwhile, pregnant women who underwent labor assisted by health workers in health service facilities accounted for 88.75%. Thus, there are still around 2.2% of births that are assisted by health workers but not carried out at health service facilities. The most commonly used delivery sites were hospitals (both public and private) and health worker practices (midwives). However, the delivery services at houses was still high at 16.7%, which ranked as the third highest.⁴

A preliminary study showed that during the pandemic, inpatient health centers serving childbirth improved services by implementing better Standard Operating Procedures. Doctors were on 24-hour shifts and provide all the necessary infrastructure, causing most patients to choose to deliver at the Primary

healthcare center. The level of maternity visits at independent midwife practice was decreasing while the level of maternity visits at Primary healthcare center was increasing. This literature review is expected to be a comparative picture of the quality of delivery services at Independent Midwife Practices and Primary healthcare center.

Methods

The research was conducted with a literature study approach from the findings of national journal articles on the quality of maternity services at Independent Midwife Practices and Primary healthcare center. The literature study was conducted using the keywords of quality of delivery services, quality of delivery services, patient satisfaction, Independent Midwife Practices, and Primary healthcare center. The national journal search process was obtained from Google Scholar and Sinta databases. Journals were selected based on inclusion criteria, such as articles were published in less than five years from 2018 to 2023. Exclusion criteria were the articles in which the full-text could not be access. In the data analysis, five articles were used after the inclusion and exclusion criteria.

Results

After the screening process, five articles were identified that met the research objectives. **Table 1** shows the summary of the findings from the review of the five articles on the quality of delivery services at Independent Midwife Practices and Primary healthcare center. Two studies were done at Primary healthcare centers and three studies were conducted in the Private Midwife practices. In most of the studies, delivery service quality in reliability, physical evidence (tangibles), responsiveness, assurance and empathy dimensions were considered as good. Only one study that showed physical evidence, responsiveness and assurance were not good, however, the reliability and empathy were good.⁸

Discussion

Quality service is a consumer assessment of the level of service

received (perceived service) with the level of service expected (expected service).¹ Quality service can be seen from five main

dimensions, namely reliability, physical evidence (tangibles), responsiveness, assurance and empathy.

Table 1. Five articles that met the criteria in this study

| Researcher Name (Year) | Title | Objective | Result |
|---|---|--|--|
| Siti Ni'amah and Sifa Atika (2019) | Satisfaction of Type C BPJS Patients on Delivery Services by Midwives at Kayen Primary Healthcare Center, Pati Regency in 2019 | Analyze the factors associated with BPJS (Indonesian National Health Insurance) type C patient satisfaction with delivery services at Kayen Primary Healthcare Center. | The results showed that 51.1% reliability of BPJS services type C by midwife were good, 51.1% responsiveness (fast response) mostly good, 51.1% assurance (guarantee) good, 67.8% empathy (attention) mostly good, 65.6% tangibles (direct evidence) mostly good. Factors that affect satisfaction were reliability, responsiveness, assurance, empathy and tangibles. |
| Salma, Cut Oktaviyana, and Nuri Nazari (2021) | The Relationship between the Quality of Antenatal Care Services with the Satisfaction Level of Pregnant Women at the Kuta Alam Primary Healthcare Center, Banda Aceh City | Analyze the relationship between the quality of Antenatal Care services and the level of satisfaction of pregnant women at Kuta Alam Primary Healthcare Center, Banda Aceh City. | There were relationships between tangibility, reliability, responsiveness, assurance, empathy, and service quality with satisfaction levels. Tangibility was in the good category (67.5%), reliability was in the good category (66.7%), responsiveness was in the good category (72.6%), assurance was in the good category (70.2%), empathy was in the good category (76.2%), service quality was in the good category (59.5%), and the level of satisfaction was in the satisfied category (65.5%). |
| Mardeyanti, Karningsih, Siti Masitoh, Fauziah Yulfitria, Ely Dwi Wahyuni (2022) | Patient Satisfaction with Maternal and Child Health Services during the Covid-19 Pandemic at PMB Midwife Ani Wahyu | Determine how patient satisfaction with MCH services at Independent Midwife Practices directly or indirectly during Covid-19. | Maternal and Child Health services at PMB midwife Ani Wahyu found that respondents expressed very satisfied and satisfied with reliability, responsiveness, assurance, empathy, and direct evidence in the services. |
| Dewi Sayati (2019) | Analysis of the Quality of Health Services in Independent Midwife Practices Palembang City | Analyze the quality of health services at Andina Primitasari Independent Midwife Practitioner Midwife Palembang. | There were relationships between physical evidence, reliability, responsiveness, and assurance with health services quality and no relationship between empathy and health services quality. The study respondents mostly felt that physical evidence was not good (54.5%), reliability was good (52.3%), responsiveness was low (56.8%), assurance was not supportive (59.1%), and empathy was good (61.4%). |
| Dewi Elliana and Titik Kurniawati (2018) | Dimensions of Normal Delivery Services and Maternal Satisfaction in Private Practice Midwives (BPS) | Analyze the dimensions of the quality of normal delivery services and the satisfaction of mothers in private midwives. | The quality of normal delivery services which were related to the satisfaction of mothers in labor at BPS Mrs. Istimajid in Puri Anjasmoro Semarang, were in the aspects of appearance, reliability, responsiveness, assurance / certainty and attention. All of these dimensions were in the good category. |

Reliability is measured based on respondents' views on the ability of health workers to communicate health with patients. The reliability factor involves a commitment to carry out procedures correctly and respect patients' time.^{5,6} Midwives are recognized as responsible and accountable professionals who work as partners with women in providing support, care, advice during pregnancy, leading childbirth, and providing care to newborn babies.⁷ Reliability in the Andina Primitasari Independent Midwife Practice is a good example because midwives are well trained, short waiting times, personal attention to patients, privacy in discussions, pleasant staff, uncomplicated service procedures, precise and fast service, and providing explanations for the actions provided.⁸

Responsiveness is measured based on respondents' views regarding the readiness and alertness of health workers in providing services in accordance with procedures. Officer responsiveness affects the quality of service at Independent midwife practice. Respondents giving birth at the Primary healthcare center expressed satisfaction because the midwife conducted an immediate examination when the patient arrived at the room, immediately provided assistance when the patient had serious complaints, always took the time to serve, and provided explanations when the patient asked.⁹ Perceptions of good officer responsiveness can be caused by the quick and accurate services. This also encouraged patient to trust as the health workers did their jobs according to their standards with good speed and accuracy.¹⁰

Assurance is measured based on respondents' views regarding the competence of health workers including knowledge, politeness, friendliness, trustworthiness, and ensuring safety in providing actions. Respondents who gave birth at Independent midwife practice were satisfied with the skills of the staff in examining and performing actions.¹¹ Mothers who give birth at Private Midwifery Practice rate the guarantee dimension as good because of the midwife's behavior in instilling trust and confidence through clear information about

the mother and fetus conditions.¹² Guarantees can generate trust and confidence so that patients do not hesitate to go to the health care facilities.¹³ Guarantees will increase trust, a sense of security, freedom from risk or danger so that patients feel satisfaction during the service, including politeness and gentleness to patients.¹⁰

Empathy is measured based on respondents' views regarding the care and attention of health workers in providing service needs and the ease of communicating with patients. Perceptions of midwives' empathy at the Primary healthcare center are good because midwives help labor slowly and patiently, treat patients well, calm patients during labor to provide maximum service output and increase patient satisfaction.⁹ Midwife empathy which was reflected in caring, warmth, and gentleness in communicating could encourage and motivate patients to feel cared for.¹⁴ Perceptions of health workers empathy were categorized as good because they provided information on the services and patient complaints, happily served patient, helped patients when they were in trouble, and paid attention to patients to bring pleasure, satisfaction, and increase patient loyalty.¹⁰

Physical evidence was measured based on respondents' views regarding the availability of adequate and optimal physical facilities, service support equipment, human resources, and health worker skills. Most patients were satisfied with the physical evidence dimension at Independent midwife practice, but there were still some patients who dissatisfied with medical equipment, namely ultrasound, bathroom cleanliness, communication facilities, and employee uniforms.¹⁵

Midwives services with better physical evidence lead to patients satisfaction in compared to poor physical evidence.⁹ Physical evidence was perceived as good by patients of Independent Midwife Practice because the available facilities were in accordance with health service standards, namely the availability of service and communication equipment, clean, neat and comfortable places.⁸

The dimension of service quality from physical evidence is very necessary

because a good appearance will give the impression to the patient that the delivery service was done in high quality.¹² Childbirth services from the tangible side at the Primary healthcare center were considered as good because of the comfort in the waiting room and adequate information facilities. In the waiting room there were some comfortable chairs proportional to the number of patients, clean and attractive appearance of the staff, and comfortable treatment atmosphere would motivate the patients to do repeated visits.¹⁰

The quality of service in childbirth at both Primary healthcare center and Independent Practitioner Midwives were classified as good as seen from the patient's perception of the dimensions of reliability, tangibles, responsiveness, assurance and empathy. Service quality at Kayen Health Center in Pati Regency and Kuta Alam in Banda Aceh City were categorized as good. Among them, most patients expressed satisfaction with reliability, tangibles, responsiveness, assurance and empathy. This was also the case with delivery services at Ani Wahyu Independent Midwife Practice, Mrs. Istimajid Independent Midwife Practice, and Andina Independent Midwife Practice. However, it was found that patient perceptions at Andina's Midwife Practices in the dimensions of physical evidence, responsiveness, and assurance were still not good.

Conclusion

It is concluded that the quality of delivery services for pregnant women both in the Independent Midwife Practice and the Primary healthcare center were in good category. Nevertheless, service quality in independent midwife practice and primary healthcare center still needed to be increased to encourage patient satisfaction and loyalty.

Ethics approval

Not applicable

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Author Contribution

Analyzed the journal articles, selected data, and conducted the preparation of the results report. MIK and FA provided feedback on the data produced.

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