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# Religious Character in Improving Primary Health Services Quality in South Sulawesi

Muhammad Tahir<sup>1</sup>, Ridwan Amiruddin<sup>2</sup>, Sukri Palutturi<sup>3</sup>, Fridawaty Rivai<sup>4</sup>, Lalu Muhammad Saleh<sup>5</sup>

1) Doctoral Students of Public Health at Hasanuddin University and Stikes Muhammadiyah Sidrap, 2) Department of Epidemiology Faculty of Public Health Hasanuddin University, 3) Department of Health Policy and Administrative Faculty of Public Health Hasanuddin University 4) Department of Hospital Management and Administration Faculty of Public Health Hasanuddin University 5) Department of Occupational Health and Safety.

## Abstract

Measurement of service quality with accreditation method is one of the tools to ensure the quality of service for community health centre, but from several models of quality improvement it is considered to have weaknesses because no one pays attention to religion, so that the model is not properly used in Indonesia. The aims of this study was to analyze the effect of religious character on the continuous improvement of the quality of primary health services in South Sulawesi. This research is a qualitative study with a case study approach. The data collection technique was carried out by *Focus Group Discussion (FGD)*. The informants in this study were 10 people consisting of surveyors, religious leaders, community health centre heads, non-governmental organizations, lecturer and academics. Data analysis was done by *content analysis* method. The results of the study state that there were 10 religious characters that should be owned by health center officers, namely discipline, fair, honest, clean, trustworthy, good at communicating, patient, friendly, committed and wise. It is recommended to community health centre officers to apply this religious character so that service quality can be improved and sustainable.

**Keywords:** *service quality, religious character, community health centre officers.*

## Introduction

The World Health Organization<sup>1</sup> expects all people in the world to get quality health services. For this reason, Indonesia has made efforts to provide quality and affordable health services. One of the quality recognition is the result of accreditation. Accreditation is a form of evaluation of the quality and feasibility of an institution carried out by an organization or accreditation body. Improving service quality as a concept according to Baldrige has dimensions, including: leadership, strategic planning, focus on patients served, measurement, analysis and knowledge of management, focus on human resources, management programs, and results obtained.<sup>2,3</sup>

The Model for Understanding Success in Quality (MUSIQ) which was developed to improve the quality of health services has also yet conducted a study of consumer focus, implementation focus, access, patient safety, religious character, and innovation. Though this aspect is also very important influence on improving service quality.

Even though building religious character on each employee will certainly have a positive impact on the ability to act in providing services to patients. This has been proven through research that the quality of Islamic services has a positive and significant impact on customer satisfaction. In line with the CARTER Theory which was suggested by Othman and Owen (2001) that there is a strong relationship between compliance with Islamic law and consumer satisfaction.<sup>4-6</sup>

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**Corresponding author:**

**Muhammad Tahir**

E-mail: tahirs3unhas@gmail.com

Research conducted at 25 German hospitals to assess the relationship between accreditation status and patient satisfaction involving 3,000 patients using the

Picker questionnaire to assess the seven dimensions of patient satisfaction, found that there was no significant relationship between patient satisfaction and hospital accreditation status.<sup>7</sup>The

Number of community health centre in Indonesia is 9,913 and there are 7,508 accredited community health centre. Based on data from 13 provinces in Indonesia for 3 years (2016-2018) that 45 community health centers had been evaluated for 3 days per health center using accreditation instruments that had been prepared and determined by the Indonesian Ministry of Health consisting of 9 chapters, 42 standards, 168 criteria and 776 rating elements. The results showed that there were 2.2% not accredited and 97.8% accredited. Basic accreditation status was 45.5%, middle accreditation status was 40.9%, primary accreditation status was 13.6% and there was no community health centre with plenary accreditation. This showed that the quality of health services in health centers is still very low<sup>8</sup>.

Unsustainable quality improvement will have an impact on low patient satisfaction, lack of trust in health services, increased morbidity and mortality, increased maternal mortality, infant mortality, under-five mortality, decreased life expectancy, and low degree of public health. From these various problems, it is expected that there will be a concept for developing a model for the continuous improvement of primary health services that can be applied in health centers.

## Materials and Method

This research is a qualitative study with a case study approach. The data collection technique carried out was by *Focus Group Discussion (FGD)*. This research was conducted at the Grand Puri Perintis Hotel on April 9, 2019. Informants in this study were 10 people consisting of surveyors, religious leaders, community health centre heads, non-governmental organizations (NGOs), lecturer and academics. Data analysis was done by *content analysis* method.

## Results

Informants involved in this study were ten informants consisting of two surveyors, 1 religious leader, 1 accreditation assistant, 1 head of community health centre, 2 people from NGOs, 1 lecturer and 2 academics. Specifically, characters based on religious values refer to the basic values contained in religion

(Islam). From the results of the *Focus Group Discussion (FGD)*, all informants agreed that religious character is important to be applied in the community health centre. The informant's answer about the religious character that must be possessed by a community health centre officer has revealed several characters. The informant who stated that discipline was one of the religious characters that must be attached to the officers of the center, the quotations from the FGD were as follows:

“..... Well, I think between religious characters and disciplines characters is very similar, so how to develop a firm discipline based on the basics of religion so it will grows the sense of awareness...”

(Surveyor, 63 years)

“Well alluding to religious character, if we were in Makassar the religious character was actually what you mentioned, almost the same meaning as the disciplinary character that was said earlier .....

(Accreditation companion, 42 years)

In addition, some informants stated that taking fair action during the service process is also a reflection of religious character, as the following quote:

“..... So on, then each officer must provide safe services and also do not discriminate ethnic groups, religions, so health services are universal, so they cannot discriminate. Therefore an officer must be fair, regardless of the patient's background “

(NGO, 40 years old)

“ so on the fifth, everything is for the patient, so whatever happens to the patient, moreover service must provide justice, all layers of society come to the community health centre ”

(Surveyor, 63 years old)

There are also informants who specifically argue that religious character refers to the basic values contained in the Islamic religion, namely the value that comes from the example of the Prophet in behaving daily, namely shiddiq (honest), amanah (trusted), tabligh (communicative) and fathanah (intelligent/wise), and all behavior always remembers Allah SWT. The following is the quote for the interview:

*"... a quality is influenced by the leader, well, this leader, as mentioned by Mr. Adam, that the character is attached to the actor, but to the leader and besides the actor in its attached to the structure, this must be based on the prophetic character, the trust, siddiq and tabliq this, this is what should be a legalization when someone wants to be a leader, for this researcher I will give advice when the leader wants to be appointed as decision maker he should have this trait "*

(Surveyor, 41 years)

*" ... Well this maybe, my advice also might be that religious characters could be brought to the nature of the prophet, trusteeship, siddiq and so forth "*

(Lecturer, 52 years)

*" ... So that with his ears he heard there was Allah, with his eyes there there was Allah, with his hands Allah"*

(Religious figure, 55 years)

Results of the FGD with several informants, there are those who say that maintaining cleanliness is also a religious because cleanliness is a part of faith, moreover hygiene has also been regulated in the accreditation of community health centre. The following are the results of the FGD with the informant:

*"So hand washing is part of what is called, well-dressed, and it is regulated in the accreditation of the community health center that binding in a commitment, there is a culture of shame, also a part of faith, it is associated with religious it is already approached "*

(surveyor, 41 years)

Patience in working especially in service is also included as one of the religious characters that should be owned by the officer. As quoted by the following FGD interview:

*"after I thought about it, it seems like mmm... community health centre had two key words, namely patience and trust"*

(Surveyor, 63 years old)

*"This religious character is also inseparable from patience, this must be translated as patience, can the workload be handled by complaining, meaning not complaining, not giving up, high fighting spirit, now it*

*must be measurable "*

(Academician, 52 years old)

Other religious characters that should be owned by service officers in the community health centre discussed in the FGD are commitment and friendly attitude.

*"The religious character of the officer must have a high commitment, there is a strong sense of empathy, that is the religious character that if there are sick people to be well served, this religious character must also be an example"*

(Academician, 47 years old)

*"... then the behavior approach, that is what we might know at this community health centre smile, greetings and regards"*

(Lecturer, 52 years)

## Discussion

Understanding character according to Maxwell is how far better than just words. According to Shihab, character is a set of experiences about education and history which then encourage abilities that exist within a person to be able to be a measuring tool or a human side to make it happen. The character of a person can be concluded that something found in individuals who personalities that are different from others in the form of attitudes, thoughts, and actions.

The results of the discussion of informants about religious characters agreed upon the indicators consisting of discipline, presenting God in his activities, fairness, patience, friendliness, commitment, *tabligh* (transparent/ communicative), *fathanah* (intelligent), *amanah*, and *shiddiq* (honest).

Discipline is the operative function of human resource management that is very important, because the better the level of discipline of the community health centre officers, the higher the work performance that can be achieved. Without good discipline it is difficult for the head of the community health centre to realize quality and optimal work results. The issue of work discipline continues to be sought for its upgrading and improvement. This is based on the assumption that with a high culture of discipline, it will improve the quality of work. Disruption of service to patients or the community will be a complaint so that people are not satisfied with

the services they receive, the dissatisfaction of patients or the community means the inability of community health centers to improve their quality continuously.

Presenting God in its activities means that every action of a health worker in providing health services to the community believes that God is witnessed everything done so that it can give service sincerely, work on the basis of worship, without any pressure / force in giving tasks. With the principle of presenting God in their activities, health workers at the health center will be able to provide health services as much as possible so that they can improve the quality of ongoing services.

According to informants, fair is a part of religious character, being fair in providing health services is an act that does not discriminate patients/society, does not discriminate men and women, does not discriminate services based on religion, ethnicity, race, and socio-economic status. Health services in the community health center do not apply to the queue system but apply to a triage system (prioritizing patients who are more serious and emergency) and priority patient systems (disability patients, the elderly, pregnant women and infants). The principle of fairness in providing health services will certainly be able to provide continuous upgrading and quality improvement.

Informants agreed that patience and friendliness is a must for health workers in providing health services to the community, although taking care patients/communities who are emotionally unstable and do not understand service procedures need extra patient in dealing with it. Facing these conditions, health workers should not be carried away with emotion on the behavior of patients / communities, instead they must remain calm and friendly to give explanation to patients / society.

Commitment to improve the quality of community health centre is an important factor in the delivery of services. Commitments in improving the quality of health services for community health centre must start from the head of the community health centre to all staff, because the commitment is actually an agreement to improve the quality of services to the community. Weak commitment in service will have an impact on not providing maximum service to the community. Not optimal community health centre services will be a public complaint.

Rasulullah's exemplary values according to the informant must become the attitude and behavior of the community health centre staff, such as shiddiq (honest), trust (trustworthy), tabligh (communicative / transparent), fathanah (intelligent) must be the value of health services, community health centre officers must be honest in providing health services, being able to convey the health condition of the community properly, there are no corruption, collusion and nepotism officers in providing services, being honest with fellow community health centre officers, including not using community health centre facilities for personal gain.

Community health center officers must be trustworthy to do the work according to their main tasks, authority and responsibilities, carry out activities in accordance with the schedule, targets and places that have been determined, be responsible for all actions / services provided to the community, and if there is an error, dare to bear the risks. The nature of *tabligh* (transparent/ communicative) is very important for a community health centre officer to provide services because they must be able to convey information accurately and clearly to the community and be able to motivate the community in achieving performance.

The nature of *Fathanah* (smart) is one of the characteristics that can be applied by community health centre officers in providing services such as being able to understand the needs and expectations of the community towards community health centre services, acting very carefully and in accordance with policies, guidelines / guidelines, terms of reference for activities and procedures, and being able to carry out analysis on the issue of continuous quality improvement<sup>8-10</sup>.

## Conclusions and Recommendations

Based on the results of the FGD conducted with ten informants, all informants agreed that important religious character was applied in the community health centre. The religious characters that should be owned by officers in the community health centre according to the informants are quite varied. The informant stated that religious character cannot be separated from the character of discipline, being honest is one of the religious characters that should be possessed by community health centre officers.

Patience in carrying out the workload according to the informant is very important to be included as

a religious character. Apart from being patient, high commitment, clean and friendly nature also become a character that can not be separated from religion. According to the informant, being friendly in services at the community health centre is considered an important point in efforts to improve the quality of the community health centre.

Informants agreed that religious characters cannot be separated from values derived from the example of the Prophet in behaving in daily life, namely shiddiq (honest), trust (trustworthy), tabligh (communicative) and fathanah (intelligent / wise).

It is recommended that each officer in the community health centre be able to apply religious character in providing services, so that the quality of service can be sustainable in accordance with what is expected, not limited to just accreditation assessment. In addition, the results of this study suggest that these characters are not only shown when in a service building, but can be applied in daily life including outside service time.

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**Conflict of Interest –** Nil

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