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# Knowledge and Satisfaction of Nursing Services through Community Response to Immunization Coverage in the Work Area of the Public Health Center

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## Abstract

The purpose of this study was to examine the role of knowledge and satisfaction of nursing services through community responses to immunization coverage in the work area of the Public Health Centre (PHC) in Central Mamuju. The method used in this research is a survey method with a combination of quantitative approaches. The study population was parents or mothers of children under five in the working area of the health centre, totalling 290 populations. The number of samples in this study using the Slovin formula with a comprehensive selection of 168 pieces using non-probability sampling techniques, namely accidental sampling, determines the model based on chance using path analysis. The results showed that: 1) Knowledge has a significant and positive influence on the community response in the work environment. 2) Satisfaction of nursing services has a significant and positive influence on community response in the work area. 3) The community response has a significant and positive effect on immunization coverage. 4) The role of knowledge has a significant and positive effect on immunization coverage in the Work Area; 5) Satisfaction of nursing services significantly affect immunization coverage in the Work Area. 6) The role of knowledge has a positive and significant effect on immunization coverage through community responses. 7) Nursing service satisfaction has a positive and significant effect on immunization coverage through community response.

## Keywords
Role of Knowledge, Nursing Service Satisfaction, Community Response, and Immunization Coverage.

## 1. Introduction
The development of the health sector in Indonesia currently has a double burden, namely the burden of infectious and degenerative diseases. Immunization is one of the measures to prevent the spread of infection to other areas, which is

proven to be cost-effective. Indonesia is committed to the quality of immunization services by setting standards for safe injections for injection recipients, staff, and the environment related to the secure management of medical waste. Knowledge about immunization is essential for mothers, especially mothers who have just given birth to their babies. Immunization is the administration of vaccines to children so that the baby's immune system can increase and become resistant to disease. In addition to knowledge about the importance of immunization, the community's response to immunization coverage can be a reinforcing factor in fulfilling the need for complete immunization given to under-fives to improve optimal health levels.

The success of the immunization program in achieving high immunization coverage is determined by 2 (two) things. The first is regarding the implementation and operational standards of nursing services such as potential vaccines. The certainty of immunization services in terms of locations and durations that are easily accessible to targets, the presence of nursing staff, morale, recording and reporting systems, evaluation of implementation, money (monitoring and evaluation) of the service. District health and community motivation in immunization. The second thing is regarding the public acceptance of immunization services in the immunization program, the need for the vaccine chain, and nursing staff as essential elements determining coverage achievement. And the participation of the community. (the mother of the baby as the target of immunization) and in addition, there are other factors such as beliefs, customs, and culture. Immunization Coverage in 2018 has continued to decline compared to the previous year. Immunization coverage in the Work Area of the Lara Public Health Center, Karossa District, Central Mamuju, is still low compared to other health centers. This is because the mother's level of education, occupation, and knowledge is still lacking, so there is a possibility that inaccuracies also influence this in carrying out measles immunization so that measles immunization protection cannot protect optimally. It is still possible to get measles. In addition to inaccuracies in immunization, community response to vaccination still needs to be improved, namely by providing education and understanding about the importance of immunization coverage.

Based on the description above, this research is closely related to the use/search for health services. the variable that will be used is "The Role of Knowledge and Nursing Service Satisfaction through Community Responses to Immunization Coverage in the Work Area of the Lara Public Health Center, Karossa District, Central Mamuju."

## 2. Literature Review

According to Notoatmodjo, knowledge is the result of knowledge from humans who answer "What". Knowledge is the result of knowing, and this occurs after people have sensed a specific object. Sensing, smelling, tasting, and touching. Knowledge of cognition is a critical domain in shaping one's actions (overt behaviour). Knowledge is facts, truths or information obtained through experience or learning called posterior or introspection. Knowledge is information that is known or realized by someone. Knowledge includes but is not limited to descriptions, hypotheses, concepts, theories, principles, and procedures, which are Bayesian Probability accurate or valuable. Knowledge is also defined as various symptoms encountered and obtained by humans through the observation of reason (Nath et al. 2021; Suharyanto et al. 2021; Umanailo et al. 2021). Knowledge is seen when a person uses his mind to recognize specific objects or events that have never been seen or felt before. An example of knowledge is when someone tastes a new dish. He gets knowledge in the form of the dish's shape, taste, and aroma (Maier, 2007).

Philip Kotler and Kevin Lane Keller explain that customer satisfaction is a feeling of pleasure or disappointment for customers that arises after comparing the performance or product results based on the expected performance. But broadly speaking, customer satisfaction is a feeling that occurs after the customer uses the product or service provided by the company and compares it with the expectations that consumers have expected.

According to Kotler, customer satisfaction is a person's feeling of pleasure or disappointment after comparing his perceptions or impressions of the performance below expectations. Customers are not satisfied. However, if the performance exceeds expectations, the customer is delighted. If the perceived performance is below expectations, the customer will feel disappointed (Djibu, Shofwan, and Basrun 2019; Rachman et al. 2019; Rumaolat et al. 2019). If the performance meets customer expectations, the customer will feel satisfied, whereas the customer will feel delighted if the performance exceeds expectations. This satisfaction will certainly be felt after the customer concerned consumes the product.

Nursing services are an essential part of comprehensive health services and spiritually directed at individuals, families, groups, and communities, both in good health and in illness, with a nursing process approach. Quality nursing services are supported by the development of theories and conceptual models of nursing. It should be believed that applying a

nursing theory in the implementation of nursing care will impact improving the quality of nursing care. Nursing services as professional services will develop if they are supported by nursing theories and models and the development of nursing research and implementation in nursing practice (Kanto et al. 2020; Lionardo, Kurniawan, and Umanailo 2020; Sa'adah et al. 2019). Services provided by health workers in inpatient rooms include maintaining patient health, both physically and psychologically, carrying out comprehensive screening, detecting problems, treating, or referring patients. When complications occur, providing health education about personal health care, nutrition, and wound care (Prawirohardjo, 2002).

The response is a psychological term used to describe reactions to stimuli received by the five senses. The things that support and underlie the size of response are attitudes, perceptions and participation. A person's attitude precedes the reaction in the process because attitude is a person's tendency or willingness to behave when faced with a specific stimulus. The response is a reaction, both positive and negative, given by the community (Poewandaminta, 1987: 102). The response will arise after a person or group feels the presence of an object and is carried out, then interprets the thing that was supposed earlier. Two types affect the response: structural variables, namely factors contained in physical stimuli, and functional variables, namely factors included in the observer, such as mood needs, past experiences (Wirawan, 1991: 47). According to Louis Thurstone, the response is the sum of tendencies and feelings, suspicions and prejudices, detailed preconceptions, ideas, fears, threats, and beliefs about a particular thing.

## 3. Methods

The research was conducted with a quantitative approach. Quantitative research approaches are ways to test specific theories by examining the relationship between variables. This type of research is a survey, namely analyzing facts and data that support the information needed to support the research discussion in solving and answering the main problems proposed. The role of knowledge of the immunization benefits and satisfaction of nursing services cover in the work area of the Lara Public Health Centre, Karossa District, Central Mamuju. This research will be conducted at the Lara Public Health Centre, Karossa District, Central Mamuju. This study was conducted over approximately two months, from October to November 2019. The population in this study were parents or mothers of toddlers in the Work Area of the Lara Public Health Centre, Karossa District, Central Mamuju, amounting to 290 populations. Collecting data used by researchers are interviews, a list of questions, and documentation. Data Analysis Techniques and Hypothesis Testing in this research consist of Validity Test and Reliability Test. The analysis technique used in this study uses descriptive analysis and path analysis.

## 4. Results Research

Test the validity of the research data using the product-moment correlation formula and assisted by using Microsoft Excel and the SPSS version 24 program. The data analyzed was obtained from the results of the respondent's answers to the questionnaire. The validation criteria are if r-count r-table then the instrument is declared valid, but if r-count < r-table then the instrument is declared invalid, with a significant level of = 0.05% with n = 168 then the value of r-table is obtained = 0.151. Based on the results of the validity test, it shows that the statement items of each variable in this study are valid. This is obtained with the value of r - count 0.151 (r - table). Thus, all items on the knowledge role variables (X1), nursing service satisfaction (X2), community response (Y1), and immunization coverage (Y2) are declared valid and can be used as research instruments.

In addition to being tested for validity, this research must also be reliable. Therefore, this research is tested using a test technique using the alpha coefficient, which also uses computer assistance which uses the SPSS version 24 application program. Where if the Cronbach's test Alpha 0.6 relationship is greater than or equal to vulnerable, then the item is declared reliable. By the results of the reliability test, all the question choices on the variables of the role of knowledge (0.729), service satisfaction (0.779), community response (0.794), and immunization coverage (0.810). Overall, the items studied simultaneously had a cut-of-point threshold of 0.60 as required. The conclusion of all the things learned has a high level of reliability and can be accepted.

Variable description: The descriptive analysis shows the informants' views on the statement items contained in the questionnaire. The value of the informant's answer starts from a value of 1 to a value of 5. In each item, the questionnaire statement of each variable is examined.

### 4.1. The role of knowledge (X1)

Six indicators measure the knowledge role variable. Indicators include 1, education about immunization; 2, Mass media as information providers; 3, Socio-cultural conditions; 4. The environment affects the surroundings; experience with immunizations; 6—age factor (Table 1).

Table 1. Variable Description Role of Knowledge (X1)

| Indicator | Respondent's Answer | | | | | | | | | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | STS (1) | | TS (2) | | R (3) | | S (4) | | SS (5) | | |
| | F | % | F | % | F | % | F | % | F | % | |
| $X_{1.1}$ | - | - | 14 | 8.3 | 89 | 53.0 | 61 | 36.3 | 4 | 2.4 | 3.33 |
| $X_{1.2}$ | 1 | 0.6 | 14 | 8.3 | 89 | 53.0 | 61 | 36.3 | 3 | 1.8 | 3.30 |
| $X_{1.3}$ | 2 | 1.2 | 22 | 13.1 | 66 | 39.3 | 61 | 36.3 | 17 | 10.1 | 3.41 |
| $X_{1.4}$ | 6 | 3.6 | 25 | 14.9 | 50 | 29.8 | 67 | 39.9 | 20 | 11.9 | 3.42 |
| $X_{1.5}$ | 10 | 6.0 | 22 | 13.1 | 31 | 18.5 | 80 | 47.6 | 25 | 14.9 | 3.52 |
| $X_{1.6}$ | 3 | 1.8 | 16 | 9.5 | 32 | 19.0 | 74 | 44.0 | 43 | 25.6 | 3.82 |
| Mean Total (X1) | | | | | | | | | | | 3.46 |

The informant filling of this questionnaire has a total mean score of 3.46.

## 4.2. Nursing Service Satisfaction (X2)

This variable is measured using five indicators, among which,1. Acceptance attitude; 2, Caring attitude; 3, Attitude of Responsibility; 4, Communication Attitude; 5, the attitude of cooperation (Table 2)

Table 2. Description of Service Satisfaction Variable (X2)

| Indicator | Respondent's Answer | | | | | | | | | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | STS (1) | | TS (2) | | R (3) | | S (4) | | SS (5) | | |
| | F | % | F | % | F | % | F | % | F | % | |
| $X_{2.1}$ | - | - | 5 | 3.0 | 17 | 10.1 | 105 | 62.5 | 41 | 24.4 | 4.08 |
| $X_{2.2}$ | 1 | 0.6 | 12 | 7.1 | 29 | 17.3 | 75 | 44.6 | 51 | 30.4 | 3.97 |
| $X_{2.3}$ | 5 | 3.0 | 13 | 7.7 | 10 | 6.0 | 92 | 54.8 | 48 | 28.6 | 3.98 |
| $X_{2.4}$ | 8 | 4.8 | 6 | 3.6 | 11 | 6.5 | 90 | 53.6 | 53 | 31.5 | 4.04 |
| $X_{2.5}$ | 1 | 0.6 | 5 | 3.0 | 49 | 29.2 | 82 | 48.8 | 31 | 18.5 | 3.82 |
| Mean Total (X2) | | | | | | | | | | | 3.97 |

The filling of informants from this variable questionnaire has a total mean value of 3.97

## 4.3. Community Response (Y1)

This variable is measured using five indicators including,1, mother's compliance; 2, internal and external maternal motivation; 3, closed community reaction; 4, tradition and religious beliefs; 5, officers provide services (Table 3).

Table 3. Description of Community Response Variables (Y1)

| Indicator | Respondent's Answer | | | | | | | | | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | STS (1) | | TS (2) | | R (3) | | S (4) | | SS (5) | | |
| | F | % | F | % | F | % | F | % | F | % | |
| $Y1_{.1}$ | 1 | 0.6 | 2 | 1.2 | 12 | 7.1 | 117 | 69.6 | 36 | 21.4 | 4.10 |
| $Y1_{.2}$ | - | - | 10 | 6.0 | 17 | 10.1 | 64 | 38.1 | 77 | 45.8 | 4.24 |
| $Y1_{.3}$ | 3 | 1.8 | 9 | 5.4 | 7 | 4.2 | 107 | 63.7 | 42 | 25.0 | 4.05 |
| $Y1_{.4}$ | 7 | 4.2 | 7 | 4.2 | 21 | 12.5 | 77 | 45.8 | 56 | 33.3 | 4.00 |
| $Y1_{.5}$ | 5 | 3.0 | 5 | 3.0 | 9 | 5.4 | 95 | 56.5 | 54 | 32.1 | 4.12 |
| Mean Total (Y1) | | | | | | | | | | | 4.10 |

Informant filling of a shared questionnaire has a total mean value of 4.10

### 4.4. Immunization Coverage (Y2)

This variable is measured by using four indicators, among which are 1, the actions of immunization officers; 2, vaccine chain; 3, rules of use of immunizations; 4, Hope in behaving immunization on time (Table 4).

Table 4. Description of Immunization Coverage Variable (Y2)

| Indicator | Respondent's Answer | | | | | | | | | | Mean |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | STS (1) | | TS (2) | | R (3) | | S (4) | | SS (5) | | |
| | F | % | F | % | F | % | F | % | F | % | |
| $Y2_{.1}$ | - | - | 6 | 3.6 | 14 | 8.3 | 106 | 63.1 | 42 | 25.0 | 4.10 |
| $Y2_{.2}$ | - | - | 10 | 6.0 | 12 | 7.1 | 87 | 51.8 | 59 | 35.1 | 4.16 |
| $Y2_{.3}$ | 1 | 0.6 | 9 | 5.4 | 16 | 9.5 | 108 | 64.3 | 34 | 20.2 | 3.98 |
| $Y2_{.4}$ | 12 | 7.1 | 2 | 1.2 | 8 | 4.8 | 93 | 55.4 | 53 | 31.5 | 4.03 |
| Mean Total (Y2) | | | | | | | | | | | 4,06 |

The total mean value contained in the immunization coverage variable worth 4.06

### 4.5. Analysis Path Analysis

Figure 1 represents Path Analysis.

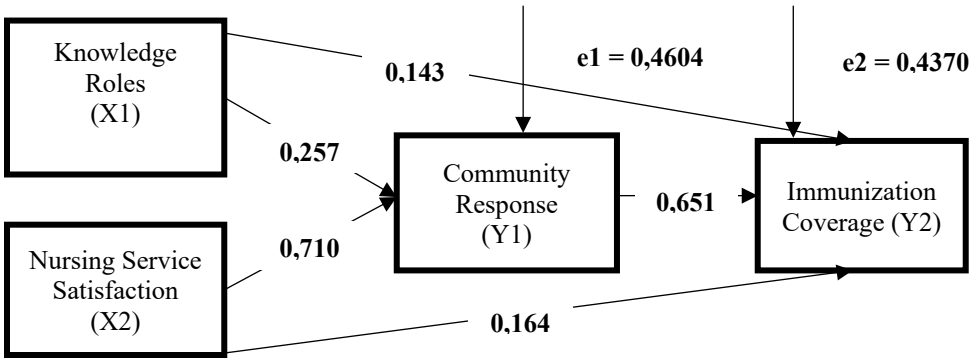


Figure 1. Path Analysis

### 4.6. Direct Influence

Beta coefficient the role of knowledge (x1) on community response (y1) 0.257, with an SE value of 0.046 at the level of 0.000. That the part of knowledge (x1) positively influences people's responses (y1). The statistical value of the role of knowledge (x1) on the community response (y1) is 0.257 with a significant 0.000 below 0.05, meaning that knowledge has a significant positive effect on community response. The first hypothesis that the role of expertise influences people's reactions was proven. The beta coefficient of Nursing Service Quality (x2) on the community response (y1) is 0.710, with an SE value of 0.046 at the level of 0.000. The quality of nursing services (x2) positively influences community response (y1). The statistical value of the quality of nursing services (x2) on the community response (y1) is 0.710 with a significant 0.000 below 0.05. The quality of nursing services has a significant positive effect on the community response. The second hypothesis that the quality of nursing services at the Lara Public Health Center influences the community's response.

The beta of the community response coefficient (y1) on immunization coverage (y2) was 0.651, with an SE value of 0.060 at the 0.000 level. The community response (y1) has a positive influence on immunization coverage (y2). The statistical value of community response (y1) on immunization coverage (y2) is 0.651 with a significant 0.000 below 0.05; community response has a significant positive effect on immunization coverage. The third hypothesis regarding the community's reaction at the Lara Public Health Center impacts immunization coverage.

The beta coefficient of the role of knowledge (x1) on immunization coverage (y2) 0.143. with an SE value of 0.039 at the level of 0.003. That the part of knowledge (x1) influences immunization coverage (y2), the statistical value of the role of knowledge (x1) on immunization coverage (y2) was 0.143 with a significance of 0.003 below 0.05, meaning that the part of knowledge had a significant positive effect on immunization coverage. The fourth hypothesis that the role of knowledge influences immunization coverage was proven. The beta coefficient of Nursing Service Quality (x2) on immunization coverage (y2) was 0.164, with an SE value of 0.057 at the level of 0.003. The quality of nursing services (x2) has a positive influence on immunization coverage (y2). The statistical value of nursing service quality (x2) on immunization coverage (y2) was 0.164 with a significance of 0.003 below 0.05. The quality of nursing services had a significant positive effect on immunization coverage. The fifth hypothesis that the quality of nursing services at the Lara Public Health Center influences immunization coverage.

### 4.7. Indirect Influence

According to the results of the Sobel test, the calculated t value of the role of knowledge (x1) on immunization coverage (y2) through community responses (y1) is 4.954, and the larger t-table is 1.653. Thus, the sixth hypothesis that the role of knowledge has a significant positive effect on immunization coverage through community responses at the Lara Public Health Center is proven. According to the results of the Sobel test, the calculated t value of nursing service satisfaction (x2) on immunization coverage (y2) through community responses (y1) is 8,750. It is more significant than t-table worth 1,653. Thus, the seventh hypothesis that the quality of nursing services has a significant positive effect on immunization coverage through community responses at the Lara Public Health Center is proven.

## 5. Discussion

Based on the views and assessments. Of the respondents on the role of knowledge obtained through the results of the questionnaire. It shows that the part of knowledge in the sixth indicator is in the high category. Namely, the age factor has a vital role for the community to understand better the immunizations given to them. Meanwhile, based on the formulation of the problem that has been described previously. From the results of hypothesis testing with path analysis of the path coefficient model I., it was found that there was a significant positive effect between the knowledge role variables on community responses. In the Work Area of the Lara Public Health Center, Karossa District, Central Mamuju. In the path analysis model results, I obtained the value of knowledge X1 = 0.257 with a probability level, the part of knowledge was 0.000 ($p < 0.05$). With this, the first hypothesis that the writer proposes can be accepted. There is a positive and significant effect between the knowledge variables on the community response in the Work Area of the Lara Public Health Center, Karossa District, Central Mamuju.

From the results of data processing on the respondents' answers, it was found that the service satisfaction variable to the community response in the Lara Public Health Center, Karossa District, Central Mamuju was in a pretty good category. Therefore, the hypothesis that the author proposes shows a significant positive effect between the satisfaction of nursing services on the response of the community in the work area of the Lara Public Health Center, Karossa District, Central Mamuju. This is obtained from the path analysis test results (Path Analysis) path coefficient model. I obtained the value of service satisfaction X2 = 0.710 with a probability level (sig) motivation is 0.000 ($p <0.05$). The results of the path analysis test prove that the hypothesis proposed by the author is accepted, namely that there is a significant positive effect between nursing service satisfaction and community response in the Lara Public Health Center, Karossa District, Central Mamuju. The correlation number is positive, which means that if service satisfaction increases by one point, the community response in the Lara Public Health Center, Karossa District, Central Mamuju will increase.

Based on the direct test results with the Path Analysis test, the authors conclude that the community response shows a significant positive effect on the coverage area of the Lara Public Health Center, Karossa District, Central Mamuju. The results of the path analysis test (Path Analysis) path coefficient model II obtained a community response value of Y1 = 0.651 with a probability level (sig) of community response is 0.000 ($p < 0.05$). The results of the Path Analysis test prove that the hypothesis proposed by the author is accepted because there is a positive and significant influence between the community's response to the coverage area of the Lara Public Health Center, Karossa District, Central Mamuju. This shows that the good or bad of the community's response is influenced by the low level of community satisfaction with the services provided well.

## 6. Conclusions

From the data analysis conducted on the research "The Role of Nursing Service Knowledge and Satisfaction Through Community Responses to Immunization Coverage in the Work Area of the Lara Public Health Center, Korossa Central Mamuju District," the following conclusions can be drawn:

Knowledge of the benefits of immunization, satisfaction with nursing services, and community response have a positive and significant impact on immunization coverage in the Lara Public Health Center, Karossa District, Central Mamuju. Attention in providing nursing services with the patience, generosity in giving assistance and assistance to patients voluntarily, and maternal compliance in providing basic immunizations are attitudes shown as a response from the community, and mothers offer internal and external encouragement for an individual in vaccination. This is a factor that has a positive influence on immunization coverage.

Based on the results of this study, it is stated that the most dominant variable is service satisfaction. The value of R2 = 0.788, meaning that the independent variable is Knowledge, Satisfaction of nursing services; Community Response Team can explain or predict the value of the dependent variable Immunization Coverage.

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