INTERNATIONAL JOURNAL OF MEDICAL SCIENCE AND PUBLIC HEALTH RESEARCH (ISSN – 2767-3774)
VOLUME 05 ISSUE 09 Pages: 13-29
OCLC –1242424495

International Journal of Medical Science and Public Health Research

Journal Website: https://ijmsphr.com/index.php/ijmsphr

Research Article

ANALYSIS OF DETERMINANTS OF DEMAND FOR SPECIALIST POLYCLINIC SERVICES AT THE INDONESIAN RED CROSS HOSPITAL, NORTH ACEH

Submission Date: Aug 23, 2024, **Accepted Date:** Aug 28, 2024,
Published Date: Sep 02, 2024
Crossref Doi: https://doi.org/10.37547/ijmsphr/Volume05Issue09-03

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ABSTRACT

Demand Health is an individual's decision regarding choices in utilizing health services. Demand for health services provided in primary, secondary and tertiary health facilities, as well as including public health, varies. Utilization of health services at the Indonesian Red Cross Hospital in North Aceh, especially at specialist polyclinic services, appears to be still very low. This can be shown from the number of visits each month which fluctuates up and down with a trend line showing the forecasting value in a downward direction. This research aims to analyze the Determinants of Demand for Specialist Polyclinic Services at the Indonesian Red Cross Hospital, North Aceh. This type of research is descriptive analytical with a cross-sectional design with a quantitative approach. Data analysis was carried out through univariate and bivariate stages.There is no significant relationship between gender with P value = 0.701, age with P value = 0.383, education level with P value = 0.105, income with P value = 0.75, health insurance with P value = 0.511, waiting time with P value = 0.260, type of disease with P value = 0.895, severity of disease with P value = 0.385 and

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quality of service with P value = 0.369 for service demand at the specialist polyclinic of the Indonesian Red Cross Hospital, North Aceh. The conclusion from this research is that there are no variables that can significantly directly influence the demand for specialist polyclinic services at the Indonesian Red Cross Hospital in North Aceh, however, the researcher strongly recommends various efforts and initiatives from all levels, both management and implementing officers, to always improve the services provided. to patients in order to create high demand from patients who have visited and people who have never visited the PMI North Aceh hospital.

KEYWORDS

Service Demand, Specialist Polyclinic.

INTRODUCTION

Demandor a request is an expression of a person's desires and abilities or an effort to find something to fulfill a need. Demand is a common term in life. In language, the meaning of demand is consumer demand, where this is very closely related to the supply (offer) process from consumers or the public.

In the health sector, demand is a term that refers to the amount of people's need or desire for health services at a certain time and cost. (Zamzaireen, 2018). The demand function is quite important for the sustainability of an organization. Because by understanding it, people can more easily know the possibilities or opportunities of a service at the hospital.

DemandHealth is an individual's decision regarding choices in utilizing health services. Demand for health services provided in primary, secondary and tertiary health facilities, as well as including public health, varies. Access to demand for health services may vary between countries, communities and individuals, influenced by socio-economic conditions and health policies.

The health service in question is of course fast, precise, cheap and friendly service. Remembering that a country will be able to carry out development well if it is supported by people who are physically and spiritually healthy. To retain customers, polyclinics are required to always maintain consumer trust carefully by paying attention to consumer needs in an effort to fulfill the desires and expectations for the services provided. Polyclinic consumers, in this case patients who expect services at hospitals, not only expect medical and nursing services but also expect comfort, good accommodation and a harmonious relationship between polyclinic staff and patients, thus there is a need to improve the quality of health services in polyclinics.

The public is eagerly awaiting the good and satisfying quality of polyclinic services according to demand. Demand is a person's desire for a specific product with the support, desire and ability to be purchased by the individual. Health demand influences a person's use of health services. Yanti et al (2021) in (Andersen & Newman, 2005) state that: "utilization of health services is a person's behavior in seeking health services. The utilization of health services is also a very important thing in society, namely helping to determine the level of public health."

Various efforts to improve the quality of services and management of specialist polyclinics have been implemented to attract public demand. As we all know,

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at the community level, delays in recognizing danger signs in making decisions are still motivated by low knowledge and conditions of injustice and gender inequality. In society, patients often do not have access to the use of health services and the authority to decide on their own health problems.

Based on data from Balitbangkes (2019), it is stated that the percentage of several health service places visited by the public, including: Posyandu 61.6%, Community Health Center 31.4%, Health Doctor's Practice 17.0% and Hospital 10.6%. Likewise, the report by Yanti et al (2021) explains that: Data on visits to the TK.II Iskandar Muda Hospital, Banda Aceh, for example, in 2019 it was found that the number of patient visits to the Tk.II Iskandar Muda Hospital polyclinic had decreased from 2018 and 2019, the number Visits in 2018 were 51,101 patients and decreased to 46,467 patients in 2019. Various factors caused the decrease in the number of outpatient visits at the TK.II Iskandar Muda Hospital polyclinic.

Furthermore, Yanti et al (2021) in Andersen & Newman stated that: The factor that determines the demand for health services is good and quality health services. Mills & Gilson (1990) in Yanti et al (2021) stated that demand for health services in developing countries is influenced by factors: income, price, attainment of health service facilities, efficacy and quality of health services provided.

Utilization of health services at the Indonesian Red Cross Hospital in North Aceh, especially at specialist polyclinic services, appears to be still very low. This can be shown from the number of visits each month which fluctuates up and down with a trend line showing the forecasting value in a downward direction.

So it can be seen that the demand a person has for health services will be seen when that person uses the health services that exist and are available to him. By measuring the level of utilization of health services (Health Service Utility), it is hoped that we can project the level of public demand for specialist doctor polyclinic services at PMI North Aceh Hospital. Based on the description above, the title of this research is "Analysis of Determinants of Demand for Specialist Polyclinic Services at the Indonesian Red Cross Hospital, North Aceh".

METHOD

The method in this research uses quantitative research with an analytical survey type with a cross sectional design. This research will be carried out at the North Aceh Indonesian Red Cross Hospital, Aceh. The time of the research will be carried out in February-March 2024. The population in this study is the average number of patients who seek treatment at the specialist polyclinic of the Indonesian Red Cross Hospital, North Aceh, namely 352 people per month. The sampling technique used in this research is Accidental Sampling technique The purposive sampling technique was chosen when the researcher wanted to get a representative sample according to the specified criteria, so a sample of 188 people with complete data was selected.

RESULTS

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Table 1. Univariate Frequency Distribution.

Variables	N	(%)
Gender		
Man	87	46.3%
Woman	101	53.7%
Age		
12-25	19	10.1%
26-45	129	68.6%
46-65	40	21.3%
Education	3309	96.9
basic education	1	0.5%
Secondary Education	38	20.2%
higher education	149	79.3%
Income		
< UMP (<Rp.3,460,672)	126	67%
≥ UMP (≥ Rp.3,460,672)	62	33%
Work		
Student/Students	4	2.1%
Civil servants	7	3.7%
Private employees	69	36.7%
Self-employed	57	30.3%
Farmer	13	6.9%
Other	38	20.2%
Health insurance		
BPJS Non-PBI	83	44.1%

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BPJS PBI	104	55.3%
Waiting Time		
≥30 Minutes	66	35.1%
<30 Minutes	122	54.9%
Types of Disease		
I	124	66%
Chronic	64	34%
Disease Severity Level		
Light	94	50%
Currently	94	50%
Service Quality		
Not good	98	52.1%
Good	90	47.9%
***Demand*Service**		
Low	43	22.9%
Tall	145	77.1%
Total	**188**	**100%**

Based on Table 1. The frequency data above from the male gender was 87 respondents (46.3%) and the female gender was 101 respondents (53.7%). The most respondents were 26-45 years old, 129 respondents (68.6%) and the least 19 respondents (10.1%) were respondents aged 12-25 years. The final educational characteristics of respondents were 1 respondent with primary education (0.5%), 38 respondents with secondary education (20.2%) and 149 respondents with higher education (21.3%). And for the characteristics of respondents, 4 respondents (21%) were students, 7 respondents (3.7%) worked as civil servants, 69 respondents were private employees (36.7%), 57 respondents were self-employed (30). 3%), farmers were 13 respondents (6.9%) and others were 38 respondents (20.2%).

Respondents who used BPJS Non PBI health insurance were 83 respondents (44.1%) while those who used BPJS PBI were 104 respondents (55.3%). 66 respondents (35.1%) stated the waiting time was ≥30 minutes, while 122 respondents (54.9%) stated the waiting time was <30 minutes to obtain service. There were 124 respondents (66%) who suffered from acute

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diseases, while 64 respondents (34%) suffered from chronic diseases. 94 respondents (50%) had moderate disease severity, while 94 respondents (50%) had mild disease severity. And the level of service quality was good as many as 90 respondents (47.9%) while the level of service quality was poor as many as 98 respondents (52.1%).

Table 2. Bivariate Frequency Distribution

Variable	*Demand*Service Low		Tall		Total	α	*P value*
	n	%	n	%			
Gender							
Man	11	0.52	2120	99.5	2131	0.05	0.701
Woman	8	0.62	1274	99.4	1282		
Age							
12-25 years	2	10.5 %	17	89.5%	19	0.05	0.383
26-45 years old	32	24.8%	97	75.2%	129		
46-65 years old	9	22.5%	31	77.5%	40		
Education							
Base	0	0.0%	1	100%	1		
Intermediate	4	10.5%	34	89.5%	38	0.05	0.105
Tall	39	26.2%	110	73.8%	149		
Opinion							
Minimum Wage <Rp. 3,460,672	24	19%	102	81%	126	0.05	0.75
Minimum Wage ≥ Rp. 3,460,672	19	30.6%	43	69.4%	62		
Health insurance							
BPJS Non-PBI	22	26.5%	61	73.5%	83	0.05	0.511
BPJS PBI	21	20.2%	83	79.8%	104		

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Waiting Time							
≥30 minutes	12	18.2%	54	81.8%	66	0.05	0.260
<30 minutes	31	25.4%	91	74.6%	122		
Types of Disease							
I	28	22.6%	96	77.4%	124	0.05	0.895
Chronic	15	23.4%	49	76.6%	64		
Disease Severity Level							
Light	24	25.5%	70	74.5%	94	0.05	0.385
Currently	19	20.2%	75	79.8%	94		
Service Quality							
Not good	25	25.5%	73	74.5%	98	0.05	0.369
Good	18	20%	72	80%	90		

Based on Table 2, which shows that 79 respondents (78.2%) were female and 66 respondents (75.9%) were male. Based on the analysis results obtained from the square test, the p value is 0.701 >0.05. as many as 97 respondents (75.2%) were in the 26-45 year age group, 31 respondents (77.5%) were in the 46-65 year age group and 17 respondents (89.5%) were in the 46-54 year age group. Based on the analysis results obtained from the square test, the p value is 0.383 > 0.05. as many as 110 respondents (73.8%) were at the higher education level, 34 respondents (89.5%) were at the secondary education level and 1 respondent (100%) was at the primary education level. Based on the analysis results obtained from the square test, the p value is 0.105 > 0.05.

A total of 102 respondents (81%) had income < UMP and 43 respondents (69.4%) had income > UMP. Based on the analysis results obtained from the square test, the p value is 0.75 > 0.05. As many as 83 respondents (79.8%) were in BPJS PBI health insurance, while 61 respondents (73.5%) were in BPJS Non-PBI health insurance and 1 respondent was in general health insurance. Based on the analysis results obtained from the square test, it shows a p value of 0.511 > 0.05. as many as 91 respondents (74.6%) had a waiting time of <30 minutes and 54 respondents had a waiting time of >30 minutes. Based on the analysis results obtained from the square test, it shows a p value of 0.260 > 0.05. as many as 96 respondents (93%) were in acute disease types and 49 respondents (76.6%) were in chronic disease types. Based on the analysis results obtained from the square test, the p value is 0.895 > 0.05.

As many as 75 respondents (74.5%) were at the mild disease severity level and 70 respondents (79.8%) were

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at the mild disease severity level. Based on the analysis results obtained from the square test, the p value is 0.385 > 0.05. as many as 73 respondents (74.5%) were at a good service quality level and 72 respondents (80%) were at a poor service quality level. Based on the analysis results obtained from the square test, the p value is 0.369 > 0.05.

DISCUSSION

Relationship between Gender and Demand for Health Services

Based on the research results, it shows that there is no significant relationship between gender and demand for services at specialist polyclinics at PMI North Aceh Hospital with a p value = 0701, as many as 79 respondents (78.2%) were female and 66 respondents (75.2%) were female. 9%) are male.

These results are in accordance with the research conductedWardoyo et al. (2015)that gender is not related to demand for health services. It's the same with researchDamayanti et al. (2017), shows that there is no relationship between gender and public demand for outpatient services at RSUD dr. R. Soetijono Blora.

The results of this research are not in line with research conducted by Irawan (2018) which shows that there is a relationship between gender and the use of health services for BPJS participants in the Payakabung Community Health Center working area with a P-value of 0.016, Odds Ratio = 1.860. And research by Yonata Stiyawan and Ainy (2023) found a P-value of 0.024, meaning there is a relationship between gender and the use of health services for JKN participants in Jejawi District.

Gender can influence the decision to seek treatment. This is because women need special health services such as pregnancy health services and specific diseases that require women to use health services. Another study states that gender does not influence people's ability to utilize health services (Rachmawati.2014). Both men and women have the same risk of using health services at community health centers and behavioral factors or local habits can determine whether a person will use health services or not.

Based on research results, a person's desire and demand for hospital services is more related to gender. Desire and efforts to obtain specialist health polyclinic services at PMI North Aceh Hospital for male and female patients. However, female respondents have more time to visit health services compared to men. And women have a higher incidence of disease than men and women's employment rate is also lower so their willingness to spend time on health services is greater than men. according toHutapea (2009) Women use health facilities more than men, where women use health services starting from pregnancy, breastfeeding and various diseases that only women suffer from.

Relationship between Age and Demand for Health Services

Based on the research results, it shows that there is no significant relationship between age group and demand for services at specialist polyclinics at PMI North Aceh Hospital with p value = 0.383, 97 respondents (75.2%) in the 26-45 year age group, 31 respondents (77.5%) in the 46-65 year age group and 17 respondents (89.5%) in the 46-54 year age group.

The results of this research are in line with Noviana (2013), that the results of the Chi Square statistical test showed that there was no relationship between age and the use of health services at the Lakipadada District Hospital. Tana Toraja. The results of this research are also in line with Laila's (2008) research at

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Pandan Regional Hospital, Central Tapanuli Regency, which stated that there was no relationship between age and the use of health services at Pandan Regional Hospital.

The results of this study are not in line with those conducted by Irawan (2018) which showed that there was a relationship between gender and the use of health services for BPJS participants in the Payakabung Community Health Center working area with a P-value of 0.001, Odds Ratio = 2.241. And research by Mustafidah and Indrawati, (2021) found that there was a relationship between age and the use of health services among BPJS Health participants with a p-value of 0.011.

Age is one of the factors that can influence the use of health services, young age groups are more susceptible to diseases such as diarrhea, respiratory tract infections, and so on. Meanwhile, people of productive age are more vulnerable to traffic accidents, work accidents and diseases due to unhealthy lifestyles, and those of older age or the elderly are very vulnerable to chronic diseases such as hypertension, coronary heart disease and cancer (Mardiana, Chotimah and Dwimawati, 2022) a predisposing or internal factor that influences a person's behavior in utilizing health services (Andersen R, 1975).

The older a person gets, the more the person's immune system will decrease and in the elderly the degree of disease experienced will become more severe, so the tendency is that in the elderly there will be more and more need for health services to cure the disease. The above results are also in line with other research which states that there is an influence of age on utilizing health services (Anggraini, 2012).

One of the factors that influences the demand for health services is age, where the young age group (children) are more at risk of disease (ARI and diarrhea) and the productive age group is more at risk of traffic accidents, work accidents and diseases caused by lifestyle, and the elderly are more at risk. against chronic diseases (high blood pressure, coronary heart disease, cancer, diabetes mellitus, etc.) (Notoatmodjo, 2003). Researchers also found a tendency for older respondents to have higher demand for health services compared to younger respondents, this is because in old age their physical endurance decreases and they are at greater risk of exposure to disease.

The Relationship between Education and Demand for Health Services

Based on the results of the research, it shows that there is no significant relationship between the level of education and demand for services at specialist polyclinics at PMI North Aceh Hospital with a p value = 0.105, as many as 110 respondents (73.8%) at a higher education level, as many as 34 respondents (89 .5%) at secondary education level and 1 respondent (100%) respondent at primary education level.

The results of this research are supported by research by Yanti (2020) showing that there is no relationship between education and demand for services at the TK.II Iskandar Muda Hospital Banda Aceh polyclinic, because the p-value is >0.05. It's the same with researchDamayanti et al. (2017)that education does not have a significant relationship with demand for health services at RSUD dr. R. Soetijono Blora.

Education is an effort to persuade or teach people to take action to maintain their health and overcome health problems and improve their health. Someone who is highly educated is usually more likely to have good knowledge and understanding compared to

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individuals with relatively low education. Someone who has higher education is expected to have good abilities in practicing good health service utilization behavior (Basith, 2019).

According toFuchs (1998)AndDunlop (1981)also stated that the higher a person's level of education, the greater awareness of their health status, so that demand for health services will increase. So that they no longer need services to just treat illnesses but improve their health status (Azwar, 1980).

In line with researchNuñez (2002)where someone with higher education tends to have higher demand. Higher education tends to increase awareness of health status. More people with higher education value the importance of health, so they will use more health services compared to people with less education and knowledge.

Education can be correlated with medical knowledge, so that people with higher education tend to visit specialist doctors rather than general practitioners (Pohlmeier & Ulrich, 1995). Different from the results foundOktarina (2010)that education has no relationship with the use of outpatient health services in Jambi. Someone who is highly educated tends to have higher demand. Higher education increases awareness of a person's health status in using health services.

(Nuñez, 2002) AndFeldstein (1979)states that education influences the demand for health services. Families with a high level of education will recognize the signs of illness and its consequences, so they will be more willing to seek treatment or prevention. Apart from that, it can also increase efficiency in family spending and use of health services.

Based on research results, people with further education prioritize the quality of health services provided at health service facilities. Someone with higher education tends to have higher demand. Higher education tends to increase awareness of health status and its consequences for use of health services. People with higher education consider the value of health to be important, so they will consume more health services than people with lower education. Someone who has a higher education will have better thinking in processing information so that it can influence their knowledge in a matter, which in this case is participation in national health insurance. Higher knowledge tends to increase demand for health status and consequently increases the use of health services.

The Relationship between Education and Demand for Health Services

Based on the results of the research, it shows that there is no significant relationship between income level and service demand at specialist polyclinics at PMI North Aceh Hospital with a p value = 0.75, 145 respondents at a high level of service demand, 102 respondents (81%) at income < UMP and as many as 43 respondents (69.4%) on income > UMP.

The results of this research are supported by research by Yanti (2020) showing that there is no significant relationship between income and demand for health services at the TK.II Iskandar Muda Hospital Banda Aceh polyclinic in 2020 with a p-value of 0.879 and an OR value of 1.03.

However, it is not in line with Syarifain's research (2017) with a p value = 0.000> 0.05, there is a relationship between income and the use of health services by BPJS patients in the Sario Health Center Work Area, Manado City. The results of this study are not in accordance with researchSuaedistates that there is an influence

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between income factors that have a positive effect on demand for outpatient care at hospitals or health centers. Higher income individuals have been shown to utilize services to a greater extent than lower income individuals (Nunez, 2002).

Income has no effect on the demand for health services, where currently more patients who use health services use health insurance compared to general patients or do not use health insurance, so the respondent's income has no effect. Patients with high incomes will increase the demand for health services, where individuals with high incomes do not really like health services that waste a lot of time, so waiting times/queues to get health services must be re-evaluated by the hospital. So this must be anticipated immediately by hospitals to increase demand for health services.

Based on the research results, income has no effect on demand for health services, where currently more patients who use health services use health insurance compared to general patients or do not use health insurance, so the respondent's income has no effect.

The Relationship between Health Insurance and Demand for Health Services

Based on the research results, it shows that there is no significant relationship between the level of insurance and demand for services at specialist polyclinics at PMI North Aceh Hospital with a p value = 0.511, 83 respondents (79.8%) are in BPJS PBI health insurance while 61 respondents (73, 5%) in BPJS Non PBI health insurance and 1 respondent in general health insurance.

The results of this study are not in line with researchDamayanti et al. (2017)that health insurance has a significant relationship with demand for health services at RSUD dr. R. Soetijono Blora. It's the same with researchWahyuni(2012) which states that there is no relationship between health insurance and the use of health services at the Sumber Rejo Community Health Center. This means that respondents who do not have health insurance have almost the same chance of not utilizing health services compared to respondents who have health insurance.

This research is in line with Adisasmito's theoryWahyuni (2012)that health insurance is a tool that helps people continue to be able to use health insurance without having to be burdened by economic/financial problems. Health insurance has a very important function in maintaining people's health, especially during times of illness, so that people's needs for health services are met and health financing can be more secure.

Based on research results, demand for health services can increase with health insurance or health insurance, so it can be said that demand for health services with health insurance is positive (Fuchs, 1998). Health insurance reduces costs for people who use health service facilities. Thus, the more people covered by health insurance, the more demand for health services will increase. Individuals who are covered by health insurance will use health services as much as possible (Dunlop, 1981)

The Relationship between Waiting Time and Demand for Health Services

Based on the research results, it shows that there is no significant relationship between waiting time and service demand at specialist polyclinics at PMI North Aceh Hospital with a p value = 0.260, as many as 145 respondents at a high level of service demand, as many as 91 respondents (74.6%) at waiting time <30 minutes

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and as many as 54 respondents had a waiting time >30 minutes.

The results of this study are not in line with research by Yanti (2020) which shows that there is a significant relationship between waiting time and demand for health services at the TK.II Iskandar Muda Hospital Banda Aceh polyclinic in 2020 with a p-value of 0.001 and an OR value of 2.3. It's the same with researchKristen et al.(2015) shows that patients with fast waiting times have a greater level of satisfaction and demand for services increases.

Waiting time is the time a patient uses to receive health services from the registration point until entering the doctor's examination room. The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations.

In outpatient services at hospitals, waiting time is the time required from when a patient registers until they are served by a specialist doctor. Waiting times in hospitals related to health services include medical record services, emergency departments, polyclinic services and so on. Waiting times are a problem that often causes patient complaints in several hospitals. The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations. Good and quality service is reflected in friendly, fast and comfortable service.

Based on the research results, time has no relationship with service demand. However, waiting time plays an important role in patients getting service. Waiting times that are too long can cause patient boredom or discomfort. Determining how long a patient has to wait is very important and is the main concern of Muda Banda Aceh 2020 with a p-value of 0.001 and an OR value of 2.3. It's the same with researchKristen et al.(2015) shows that patients with fast waiting times have a greater level of satisfaction and demand for services increases.

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Based on the research results, time has no relationship with service demand. However, waiting time plays an important role in patients getting service. Waiting times that are too long can cause patient boredom or discomfort. Determining how long a patient has to wait is very important and is the main concern of a hospital that wants to increase the level of consumer satisfaction and optimal service capacity.

Relationship between types of disease and demand for health services

Based on the research results, it shows that there is no significant relationship between the level of education and demand for services at the specialist polyclinic at

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PMI North Aceh Hospital with a p value = 0.895, as many as 145 respondents at a high level of service demand, as many as 96 respondents (93%) for the type of disease acute and as many as 49 respondents (76.6%) were chronic diseases.

This research is not in line with Damayanti (2017), that the type of disease factor has a significant relationship with the demand for outpatient services at RSUD dr. R. Soetijono Blora with a pvalue of 0.036. Patients with chronic diseases have a high demand for outpatient services at RSUD dr. R. Soetijono Blora because they have an obligation to routinely go to the hospital for outpatient treatment in accordance with the recommendations of the doctor who treats them, so that at least once a month the patient must visit the polyclinic just to get medicine or have their health checked.

According to Arsyad (2015), age and disease tend to increase health services. This symptom is normal because the older a person gets, the worse their health condition becomes, so they tend to have more access to health services. Likewise, the more types of disease/health problems suffered by the community, the more access to health services will increase.

Based on research results, the type of disease influences service demand. The more serious the type of disease, the greater the demand for services. The more complex the disease the person is suffering from, the higher the treatment that must be carried out.

Relationship between disease severity and demand for health services

Based on the research results, it shows that there is no significant relationship between the severity of the disease and the demand for services at the specialist polyclinic at PMI North Aceh Hospital with a p value = 0.385, as many as 145 respondents at a high level of service demand, as many as 75 respondents (74.5%) at the mild disease severity level and as many as 70 respondents (79.8%) at the mild disease severity level.

The results of this study are not in line with research by Yanti (2020) showing that there is a significant relationship between the severity of disease and the demand for health services at the TK.II Iskandar Muda Hospital Banda Aceh 2020. The more severe the severity of a person's disease, the higher the demand. health services at TK Hospital. II Iskandar Muda Banda Aceh, this is because patients who have a severe level of disease severity must carry out repeat visits/re-control of the disease they are suffering from, thus increasing demand for services at TK.II Iskandar Muda Hospital Banda Aceh. From the results of the research, patients with severe disease severity levels were more likely to suffer from chronic diseases.

Based on research results, the severity of the disease affects service demand. The more serious a person's illness, the higher the demand for hospital services. And the more complex the disease a patient suffers from, the higher the level of treatment that must be carried out by the hospital.

The Relationship between Service Quality and Demand for Health Services

Based on the research results, it shows that there is no significant relationship between the level of service quality and demand for services at the specialist polyclinic at PMI North Aceh Hospital with a p value = 0.369, as many as 145 respondents at a high level of service demand, as many as 73 respondents (74.5%) at a good service quality level and 72 respondents (80%) at a poor service quality level.

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The results of this research are not in line with research by Yanti (2020) which shows that there is a significant relationship between service quality and demand for health services at the TK.II Iskandar Muda Hospital Banda Aceh polyclinic in 2020 with a p-value of 0.001.

The same is true of research conducted byArsyad (2015)that there is a difference between very satisfactory quality of service and quality that does not satisfy the demand for health services in Takalar Regency. This is also in line with researchPutra & Hendarto (2010)states that the quality of health services has a positive effect on the use of health services.

The quality of health services has a positive effect on demand for health services. Quality of service includes assessments of doctor's decisions, medical treatment carried out, level of efficacy and others. The higher the quality of services provided, the higher the demand for health services (Andersen & Newman, 2005;Rexford & Neun, 2000;Mills & Gilson, 1990). The results of this research are different from research conducted byDamayanti etal. (2017) that the quality of health services does not have a significant relationship with demand for outpatient services at RSUD dr. R. Soetijono Blora with a p value of 0.147.

To measure service quality is to know the perception of the service from the perspective of a consumer or customer. Likewise, assessing the quality of health services by knowing the assessment or perception of the service by the patient. This patient perception is very important because satisfied patients will comply with treatment and be willing to come for treatment again (Khasanah & Pertiwi, 2010).

Based on research results, the quality of health services greatly influences the demand for health services, where the quality of service is good or satisfactory, the demand for services increases. If the service received is felt to be in accordance with expectations, then the quality of the service is perceived as good and satisfying, and vice versa.

CONCLUSION

The results of the influence of Determinants of Community Demand on Specialist Polyclinic Services at PMI North Aceh Hospital are as follows;

1. There is no significant relationship between gender and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.701.

2. There is no significant relationship between age group and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.383.

3. There is no significant relationship between education level and demand for services at the PMI North Aceh Hospital specialist polyclinic with P value = 0.105.

4. There is no significant relationship between income and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.75.

5. There is no significant relationship between health insurance and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.511

6. There is no significant relationship between waiting time and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.260.

7. There is no significant relationship between the type of disease and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.895.

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8. There is no significant relationship between the severity of the disease and demand for services at the PMI North Aceh Hospital specialist polyclinic P value = 0.385.

9. There is no significant relationship between service quality and service demand at the PMI North Aceh Hospital specialist polyclinic P value = 0.369.

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