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The Influence of Covid-19 Preparedness Through Health Care Implementation on Ship Crew

Pengaruh Kesiapsiagaan Covid-19 dengan Penerapan Protokol Kesehatan pada Awak Kapal

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ABSTRACT
An increasing number of people exposed to diseases is caused by uneven public awareness of personal health and the factors that cause the infectious diseases. Meanwhile, the government has limited funds and personnel, which causes an inability to achieve maximum goals in disease prevention. Therefore, this study aims to analyze the relationship between responsiveness, reliability, empathy, assurance, and tangible aspects with patient satisfaction regarding preparedness services at Belawan Port, Medan City in 2020. The quantitative analytic survey was used with a cross-sectional design. The population used was all ship crews presented and worked on the ship when it was anchored at Light I of Belawan Port. The sample consisted of 95 crew members. Analysis of the chi-square test shows the following results: responsiveness (p=0.001), reliability (p=0.001), assurance (p=0.002), empathy (p=0.001) and physical aspect (p=0.060). The logistic regression test shows the variable that influences the most satisfying service in preparedness service is empathy, with an Exp (B) value of 4.781. The conclusion shows that responsiveness, reliability, assurance, and empathy-related to crew satisfaction, while the physical aspect has no relationship with it. It is recommended to improve the quality of preparedness services for crew members by increasing supervision and inspection, and attention to prevent disease transmission and establish a harmonious relationship between health workers and crew members for customer satisfaction.

ABSTRAK
Meningkatnya jumlah orang yang terpapar penyakit disebabkan oleh kesadaran masyarakat yang tidak merata akan kesehatan pribadi dan faktor-faktor penyebab terjadinya penyakit menular. Sementara itu, keterbatasan dana dan tenaga yang dimiliki pemerintah menyebabkan tidak tercapainya tujuan secara maksimal dalam penanggulangan penyakit. Oleh karena itu, penelitian ini bertujuan untuk menganalisis hubungan antara aspek daya tanggap, kehandalan, kepedulian, jaminan, dan aspek fisik dengan kepuasan pasien terhadap pelayanan kesiapsiagaan di Pelabuhan Belawan Kota Medan Tahun 2020. Desain penelitian menggunakan survei analitik kuantitatif dengan rancangan cross sectional. Populasi yang digunakan adalah seluruh awak kapal yang berada dan bekerja di kapal pada saat sandar di Light I Pelabuhan Belawan. Sampel berjumlah 95 awak kapal. Berdasarkan analisis uji chi square menunjukkan hasil sebagai berikut: daya tanggap (p=0,001), kehandalan (p=0,001), jaminan (p=0,002), kepedulian (p=0,001) dan aspek fisik (p=0,060). Uji regresi logistik menunjukkan bahwa variabel yang paling berpengaruh terhadap pelayanan yang paling memuaskan dalam pelayanan kesiapsiagaan pada awak kapal adalah kepedulian dengan nilai Exp (B) 4,781. Kesimpulan menunjukkan bahwa daya tanggap, kehandalan, jaminan, kepedulian berhubungan dengan kepuasan awak kapal, sedangkan aspek fisik tidak memiliki hubungan dengan kepuasan awak kapal. Disarankan untuk meningkatkan pengawasan dan pemeriksaan, serta perhatian kualitas pelayanan kesiapsiagaan pada awak kapal dengan meningkatkan pengawasan dan pemeriksaan, serta rasa perhatian untuk mencegah penularan penyakit dan juga dapat menjalin hubungan yang harmonis antara tenaga kesehatan dengan awak kapal demi tercapainya pelayanan yang mampu memuaskan pengguna.

INTRODUCTION

Deaths caused by an epidemic are a public health threat of international concern. The 2002 severe acute respiratory syndrome (SARS) epidemic caused 800 deaths of estimated 8,000 cases, while the 2009 H1N1 pandemic with 18,500 deaths, the 2012 MERS respiratory syndrome epidemic with 800 deaths of 2,500 cases, the 2014 Ebola outbreak with 28,616 cases, and 11,310 deaths. Based on the WHO (World Health Organization) assessment of 118,000 cases of COVID-19 (Coronavirus Disease 19) which reported globally in 114 countries with more than 90 percent of cases in four countries (China, South Korea, Iran, and Iraq), COVID-19 was determined as a global pandemic on March 11, 2020.[1]

The President declared the non-natural disasters caused by the spread of COVID-19 as a national disaster through Presidential Decree No. 12 of 2020. Accelerating COVID-19 national disaster handling was carried out through synergy between all ministries/agencies and local governments.[2]

The COVID-19 pandemic with its devastating impact on public health and economies worldwide urges the whole world to build and sustain the capacity of every country to prevent, detect and respond to these risks and threats. WHO emphasizes the importance of making substantial for every country to strengthen the core capacity of preparedness in preventing, detecting, responding to public health emergencies, including operational readiness in dealing with the COVID-19 pandemic as mandated by the IHR (International Health Regulations).[3]

According to the Research Center for the Expertise Agency, the People's Representative Council of the Republic of Indonesia, Indonesia's preparedness steps in facing COVID-19 disaster in 2020 are not optimal. Based on COVID-19 handling acceleration task force report, data on the spread of COVID-19 in Indonesia on June 11, 2020, reached a positive confirmed number of 35,295 people, with 12,636 people recovered and 2,000 died.[2] With suboptimal preparedness, disasters will cause more significant loss and death.

As stated in the Minister of Health Regulation No. 356 of 2008 and its amendment in the Minister of Health Regulation No.2348 of 2011, the Port Health Office has duties to prevent the entry and exit of diseases, potential disease outbreaks, epidemiological surveillance, quarantine, environmental health impact control, health services, drug control, food, cosmetics, medical devices and addictive materials as well as safeguarding against new and re-emerging diseases, bioterrorism, biological, chemical and radiation protection in operational of airports, ports and state border crossing posts. According to the IHR mandate, the central capability for country entry is capacity in stable conditions and capacity in public health emergencies of international concern. Activities at the state entrance include detecting, preventing, and responding to COVID-19 at ports, airports, and State Land Border Crossings.[4] This effort is carried out through the supervision of transportation, people, goods, and the environment from areas/countries affected by COVID-19 and executed by the Ministry of Maritime Affairs and Fisheries and coordinating with related sectors.

Port health office class 1 of Medan as the Technical Implementation Unit of the Ministry of Health also has functions for the implementation, facilitation and advocacy for the preparedness as well as epidemics and disasters management on health sector at operational area of airport and port as the state entry point based on the mandate of Minister of Health Republic of Indonesia Number 356 of 2008. Preparedness at the North Sumatra region's state entrance covers efforts of early detection, prevention and response to COVID-19 at ports and airports.

Based on the recapitulation of PCR and antigen rapid test results MV HI. 03 crew at Pertamedika Pangkalan Brandan Hospital. On June 30, 2021, there were 16 crew members who tested positive for antigen test. Meanwhile, with a test through PCR on July 1, 2021, there were 9 positive crew members. On July 3, 2021, there were 10 positive crew members through the PCR test. On July 4, 2021, there were 6 positive crew members through antigen test. On July 5, 2021, Through PCR test, there were 2 positive crew members.

Optimization of disaster preparedness development also covers various aspects of operational readiness in Human Resources, Infrastructure, Fund, and Coordination.[5] These preparedness efforts are carried out through the supervision of transportation means, people,

goods, and environment from areas/countries affected by COVID-19 which executed by the Ministry of Maritime Affairs and Fisheries and coordinating with related sectors. Therefore, this study aims to analyze the relationship among responsiveness, reliability, empathy, assurance, and tangible aspects with patient satisfaction regarding preparedness services at Belawan Port, Medan City, in 2020. Furthermore, it is also to measure the most influential factors to form the model for preparedness service during COVID-19 disasters in Medan.

MATERIAL AND METHOD

This research is a quantitative study with a cross-sectional approach. Researchers measured variables simultaneously and analyzed the dynamical correlation between risk factors and effects using approaching, observing, or collecting data at one time (Point time Approach). The responsiveness was measured by using six questions related to time during health assessment, document and administration as well as medical and evacuation. The reliability consists of seven questions related to the schedule of services, drugs, health resources, evacuation, quarantine quality. On the other hand, Assurance was measured by using six questions related to the accuracy of health service element given by the health officer. Empathy represented the psychological aspect of health officer caring behavior from four questions.[6] Lastly, tangible things is related to all facilities required for health disasters preparedness services represented from eight questions.

This research was conducted from October to January 2021. The populations in this study were all ship crews anchored by Light 1. The crews who came and departed through the Port of Belawan were 150,948 people. The average number of crew members arrived and departed each month is 12,579 people. The sampling technique was carried out using purposive sampling. The minimum sample size is determined by using Slovin's Formula, which represented from a large number of total crew arrived mentioned earlier. The total sample counted as minimum as 99,21 or rounding to 100. The sample selection was projected based on the number of origin countries where the ships docked at the Port of Belawan over four months. The five shipping countries were then projected with a proportional number of 20 respondents per country of origin. but then, during respondent selection were excluded because they had positive COVID-19 cases and enrolled on quarantine protocols. Therefore, 95 crew are last (consider appropriate number) continued to measure during the exact same time. The data were analyzed by using the chi square test for the first step, and the second step using multiple logistic regression to achieve the model for health services preparedness during the COVID-19 disaster.

RESULTS

The characteristics of the sample taken in this study include age and education. Univariate analysis was carried out to see the frequency distribution of respondents' characteristics. Table 1 represented the characteristics of research subject. The crew is mostly adults between ages of 26 and 45. This may correlate with workload because to be a crew member in a challenging working environment requires a very strong and healthy body. While their educations dominated by high school, this circumstance during the minimum requires for ship crew who are high school graduates, and all of them are male workers. Based on their nationalities, more than half are Indonesian who work at foreign ship, followed by Chinese and Burmese. Their origin countries around Southeast Asia.

According to table 2, responsiveness and reliability are reported above 50% in good terms. It means that this responsiveness during COVID-19 is the aspect that crew expected from the health services. During the responsiveness, comes the reliability, it means that how strong do they (the crew) believe the service is trusted. This aspect is common value as good term. Due the percentage of responsiveness and reliability rated as good; their satisfaction also followed. Different form of two aspects, assurance, emphaty and tangible things are reported poor, but slightly showed higher percentages. Their common perspective regarding satisfaction is commonly high in good. The chi-square test shows significant relation among responsiveness, reliability, assurance, and emphaty in crew satisfatcion towards health services. But the tangible aspects are negatively correlated. Further analysis using logistic regression noted as follows:

In this first stage of logistic regression, the variables tested were all independent variables declared to have a p-value <0.25 in the bivariate analysis, namely responsiveness, reliability, assurance, empathy, and physical aspect. The results of the variable analysis with the first stage logistic regression test can be seen in the following Table 3.

The results of the first stage regression analysis showed that two variables have a *p-value* <0.05, namely responsiveness (0.025) and empathy (0.042). Meanwhile, reliability, assurance, and physical aspect variables have a *p-value*> 0.05. For the next stage of the logistic regression test, the variables of reliability, assurance, and physical aspect were no longer used, and variables with a p-value <0.05 were continued to the next stage. Based on the first stage analysis, two variables meet the requirements of *p-value* <0.05 for the second stage test, namely responsiveness and empathy variables (Table 4).

Table 1. Characteristics of Respondents

Characteristics	n=95	%
Age		
Adolescents (17-25 Years Old)	22	23.2
Adults (26-45 Years Old)	44	46.3
Elderly (46-65 Years Old)	29	30.5
Educations		
Elementary	9	9.5
Middle School	13	13.7
High School	58	42.1
Gender		
Male	95	100
Female	0	0
Nationality		
China	18	18.90
Filiphine	9	9.47
India	7	7.36
Indonesia	49	51.50
Myanmar	10	10.50
Vietnam	6	6.31

Source: Primary Data, 2021

Table 2. Cross Tabulation of Responsiveness, Reliability, Assurance, Empathy, Tangible Aspect and Relationship with Crew Satisfaction at Belawan Port, Medan City

Variable	Crew Satisfaction				Total		*p-value*
	Less Satisfied		Satisfied				
	n	%	n	%	n	%	
Responsiveness							
Poor	37	29.2	7	14.8	44	46.3	0.001
Good	26	33.8	25	17.2	51	53.7	
Reliability							
Poor	38	29.2	6	14.8	44	46.3	0.001
Good	25	33.8	26	17.2	51	53.7	
Assurance							
Poor	42	34.5	10	17.5	52	54.8	0.002
Good	21	28.5	22	14.5	43	45.2	
Emphaty							
Poor	40	31.2	7	15.8	47	49.5	0.001
Good	23	31.8	25	16.2	48	50.5	
Tangible							
Poor	36	31.2	11	16.8	47	49.5	0.060
Good	27	31.8	21	16.2	48	50.5	

Source: Primary Data, 2021

Table 3. First Stage Multiple Logistic Regression

Variable	*p-value*	Exp(B)	95%C.I for Exp(B)	
			Lower	Upper
Constant	0.000	0.00		
Responsiveness	0.025	3.617	1.173	11.151
Reliability	0.050	3.159	1.000	9.981
Assurance	0.150	2.241	0.747	6.721
Emphaty	0.042	3.328	1.047	10.557
Tangible	0.073	2.709	0.910	8.068

Source: Primary Data, 2021

From the results of the second stage of regression analysis, it was found that responsiveness has a p =0.013 < 0.05, and empathy has a *p-value* of 0.003 < 0.05. From the analysis above, the most dominant variable with crew satisfaction is empathy with a p-value of 0.003 <0.05 and an Exp (B) value of 4.781, it means that the empathy given by health workers to crew members is 4.781 times more likely to affect crew satisfaction.

DISCUSSION

Responsiveness Aspect

After the Chi-Square test was carried out with confidence level of 95%, significant value of 0.001 was obtained, which means that it is smaller than (*p-value*) 0.05. Based on the results of this statistical test (*p-value*), it can be interpreted that poor responsiveness will result in low crew satisfaction with preparedness services, while good responsiveness can increase crew satisfaction.

Responsiveness relates to healthcare workers' ability to help patients and their readiness to serve according to standard procedures that meet patient expectations. The expectations of health service users for the speed of services tend to increase from time to time in line with advances in technology which used by service providers and health information owned by service users. Health services are responsive to the needs of users.[4] This study shows the dimension of responsiveness related to patient satisfaction concerns with the services provided quickly and responsively, providing appropriate information, providing satisfying responses to user complaints, responsible service, and providing services by following technological developments.

Responsiveness is a strategy to assist and provide appropriate (responses) as well as appropriate services to customers by delivering clear information.[7] Responsiveness refers to the willingness and ability of service providers (health services) to assist customers (patients) and respond to their requests promptly. Responsiveness indicates a desire to help consumers and provide services quickly and precisely.[8]

Based on the research results, it can be concluded that the better quality of service provided by the public health center, the higher level of patient satisfaction during the service at the public health center. In other words, the higher the responsiveness provided by the public health center to the patients, the patiens' satisfaction will surely increase.

Reliability Aspect

After doing the Chi-Square test with confidence level of 95%, a significant value of 0.000 was obtained, which means that it is smaller than (*p-value*) 0.05. Based on the results of this statistical test (*p-value*), it can be interpreted that poor service reliability results in low user satisfaction with health services, while good service reliability results in high satisfaction with health services. It shows that there is a relationship between reliability and crew satisfaction with preparedness services at Belawan Port, Medan city. The ability of Costumer service officers is ability to provide services which provided by the expertise and skills possessed by officers in providing or completing services, providing accurate services, providing explanations to patients before services are provided, and providing satisfying services.[8]

The dimension of reliable service quality (Reliability) is ability to provide reliable and accurate service.[9] Performance must follow patient expectations without errors, including fast and precise patient admission, prompt and precise examination services, correct and precise delivery treatment, fast and precise care services, and scheduled services carried out precisely, such as doctor visits. Service schedules are also required to be carried out appropriately, such as rest periods, straightforward service procedures, and when patients need help, nurses always provide services based on procedures.[10]

Table 4. Second Stage Multiple Logistic Regression

Variable	*p-value*	Exp(B)	95%C.I for Exp(B)	
			Lower	Upper
Constant	0.000	0.995		
Responsiveness	0.013	3.714	1.322	10.428
Emphaty	0.003	4.781	1.721	13.283

Source: Primary Data, 2021

Assurance Aspect

Assurance is related to the ability of security service so that the environmental security of the service provider unit or the facilities used is guaranteed, aiming to make the public feel at ease to get services against the risks that resulted from service implementation besides, employee knowledge and courtesy to instill trust and confidence in customers. Based on research, this dimension includes the factors of friendliness, competence, credibility, and security.

This study shows that the dimensions of assurance concerning friendly health workers, sufficient knowledge and ability to provide full confidence, skilled in providing services, security and trust assurance, and positive personality of health workers related to user satisfaction.[8]

Empathy Aspect

Empathy in providing services by not differentiating people' class or status served is related to the staff's exceptional care and attention to each service user, understanding their needs and providing convenience in calling the hospital at any time if they need some help. Empathy is also related to good communication between doctor and patient as well as personal approach.[11]

This study shows that the comfort dimension involves good communication between health workers and patients, giving special attention to each patient, meeting patient needs, easy access to information and assistance from health workers, and good attention and response to any complaints are related to patient satisfaction.

Empathy means giving sincere attention and attitude (individually or personally) as well as the convenience that the hospital gives to the patients such as the ease of contacting health services, the ability of employees to communicate with patients, and efforts to understand the patients' wants and needs. A health center is expected to understand and know the patients, understand the patients' specific needs, and have a comfortable operational time.

Empathy in providing services by not differentiating people's class or status served is related to the staff's special care and attention to each service user, understanding their needs, and making it easy to be called back at any time. Empathy is also related to good communication between doctor and patient as well as personal approach.[12,13]

This study shows that the comfort dimension which consists of good communication between health workers and patients, giving special attention to each patient, meeting patient needs, by health workers, obtaining information and assistance from health workers, and good attention and response to each complaint. This convenience dimension has a relationship with patient satisfaction.[14]

Empathy means giving sincere attention and attitude (individually or personally) as well as the convenience that the hospital gives to the patients, such as the ease of contacting health services, the ability of employees to communicate with patients, and efforts to understand the patients' wants and needs. A health center is expected to understand and know the patients, understand the patients' specific needs, and have a comfortable operational time.[15]

According to the results of study, it was found that the empathy for the ship crews was still lack, engaged with respondents' answer that the patients did not get enough attention and proper response to their complaints from the health workers. Also, good communication has not been established between patients and health workers. Patients should get proper care from health workers.[16] Attention is one sign that health workers care about the patient's condition. The preparedness officers at the Belawan Port are less communicative in interacting with the crew, it was dominated by male officers, and appear to be less attentive so that the services provided are not optimal.

Tangible Aspect (Physical Aspect)

The physical aspect related to the quality health services felt directly by its users by providing adequate physical facilities and equipment. The form of service cannot be seen, smelled and touched. Therefore, the physical aspect becomes essential as a measure of service. Patients will use their sense of sight to assess the quality service. The proper physical aspect will affect patient perception. At the same time, this aspect is also one of the sources which influence patient's expectations. With a good physical aspect, the patient's expectations will be higher. Therefore, the hospital needs to know how far

the exact physical aspects are, namely those that still give positive impression on the quality services provided but do not cause patient expectations to be too high. It can meet the needs of patient and provide satisfaction to patient.[17, 18]

This study shows that health workers appearance, cleanliness and completeness of the available equipment, safe and comfortable waiting room and a large parking area is related to patient satisfaction. Patients feel satisfied if they feel comfortable undergoing treatment.

The research result found that the physical aspects were adequate in terms of location, building, appearance, atmosphere, equipment used and health workers appearance. It certainly makes patients feel safe and comfortable. Patients have had a pleasant experience getting services at the public health center, which have been proven through the desire to come back when they need health services.

CONCLUSION AND RECOMMENDATION

The research results can be concluded as follows: there is a relationship between responsiveness, reliability, and empathy with patient satisfaction. Meanwhile, assurance and tangible things (physical aspects) do not affect on patient satisfaction. Based on the logistic regression test results, the variable that influences the most satisfying is the empathy shown by health workers to patients, which is 4,781 times greater in influencing crew satisfaction with preparedness services at Belawan Port, Medan City in 2020.

The Ministry of Health at Belawan Port is expected to improve the quality of preparedness services in preventing infectious diseases, especially at the State Entry, by conducting strict inspections and establishing good interactions between health workers and ship crews so that ship crews do not feel compelled to carry out health checks.

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