THE SATISFACTION OF PEOPLE WITH DISABILITIES ON REHABILITATION SERVICES IN ACEH PROVINCE

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Introduction Since military conflict and post-tsunami disaster affected Aceh Province, it caused people with disabilities. Disability is an interaction of three main things, including weakness or damage to body functions, activities of daily living and environmental conditions. The aim of this study is to explore the satisfaction of people with disabilities on rehabilitation services and its impacts on communities.
Methods This quantitative survey was conducted in 3 months by using questionnaires to 200 people with disabilities in eight districts in Aceh Province. The data were analyzed descriptive by using a computer system.
Result and Discussion This study showed that all respondents activities such as mobility, activities of daily living, household activities both in adults and children, participation and self reliance have changed significantly after undergoing the rehabilitation process by health officers. The majority of participants' perception is in positive category (74.0%). About 35.5% of participants suggested that the equipment used for rehabilitation services should be improved to be in better quality. Thus, improving better health care services for people with disabilities is highly required.

***Keywords*:** Satisfaction, Rehabilitation Services, People with Disability

Introduction

Disability is a malfunction or reduced a function can be measured objectively/seen, because of the loss/abnormality of body parts/organs of a person, such as the absence of the hand, paralysis of certain parts of the body. These defects can always be for someone, which can produce different behaviors in different individuals, such as brain damage may make the individual is mentally retarded, hyperactive, blind, etc.[1]

According Article 1 in Indonesia Law No. 4/1997 on People with Disabilities (PwDs) states that disabled people are all people who have physical and or mental abnormalities, which may interfere with or an obstacle for him to conduct a proper activity, consisting of: physical disability, mental disability, as well as physical and mental disabilities (both).[2]

According to the most recent US cencus analysis, there are 40 million adults with a severe limitation in physical function who are considered "work disabled".[3] People with disabilities in the USA are protected by the Americans with Disabilities Act (ADA), which outlines the necessary environmental requirements for businesses and public areas such as curb cuts and ramps, and prevents discrimination from employment based on disability. In the USA, people with disabilities also have access to state-run programs such as vocational rehabilitation that are designed to assit in achievement of higher education and job placement/maintenance.[4]

Since military conflict and tsunami disaster affected Aceh Province, it caused people with disabilities.[5] Because of that, we have to to support health and social initiatives related to disability issue, whatever the context, offering them assistance and supporting them in their efforts to become self-reliant. It could be important how to implements activities that will allow people with disabilities in Indonesia to have greater opportunities to exercise their rights to enhance their dignity.[6]

The formulated a strategy which stated that the specific objectives of the activities are to increase the capacity of institutions and services working in disability field, confirming to general public and decision makers are aware that disability is a human rights, development issue and empowering people

with disabilities and their organization to become active actors in their communities.[1]

This survey was expected to generate an output that is important to the performance and results of all activities taking place during this so it will benefit some interest groups, such as: 1)People with Disabilities; its open participation space for the disabled person and to evaluate the implementation of the rehabilitation services program that has received so far. 2)Government/program manager; obtaining the update information on the implementation of rehabilitation services in Aceh province; should be strengthening the public service skills and referral systems for people with disabilities; and should be integrating the program of physical rehabilitation services on people with disabilities into the Aceh's Health Insurance system.

The Aims of study

The aim of this study was to explore the satisfaction of people with disability on rehabilitation services, and its impact on community. The study specifically focused on assessing client satisfaction in terms of the quality of services (accessible, efficient and impactful) and the appropriateness of services considering the needs of people with disabilities in Aceh Province.

Research design

This study used a survey design with quantitative approach, namely a method that aims to describe the actual situation or phenomenon in which all variables were observed and measured at a point time simultaneously without an intervention or treatment.

Site and study sample

The survey was carried out in 6 regencies (Aceh Besar, Aceh Tengah, Bener Meriah, Bireuen, Pidie Jaya, Aceh Utara) and 2 municipalities (Banda Aceh, Kota Lhokseumawe) in Aceh Province. Samples for the survey has determined *purposively* by Handicap International as its working area. It was implemented its current rehabilitation project as many as 200 people with disabilities.

The target groups of the survey are the persons with disabilities receiving physical rehabilitation services (Physical therapy, Prosthetic Orthotic, Assistive devices) from Handicap International rehabilitation project in the period December 2010 to January 2011 at Public Health Center, Hospital regencies municipality level, and were willing to be a respondent in this survey without pressure or volunteer.

Procedure

The time period of data collection in this survey was took 3 months. Data collection was done by interviewing respondents face-to-face with using questionnaires that were containing a series of questions ranging from general information, client status, the cause of malfunction, the service received, satisfaction levels and recommendations for improving the quality of rehabilitation services. Data collection was conducted by enumerators were selected by survey team and before surveys conducted all enumerators will be trained in the use of questionnaires, surveys ethics, and disability etiquette.

Data processing is done in several stages, namely: editing, coding and data entry. Editing was an activity to examine each statement or question that has been filled such as charging completeness, consistency between the lists of questions with answers, answers and filling error correction. In the coding stage, make code was carried out by researchers of any information that has accumulated on the right column of the questionnaires. Furthermore the categorical value (score) for each indicators was made in the form of figures 5 (five) for indicators with a very good condition or agreed until the number 1 (one) for the category was less or not satisfied.

Data Analysis

The researchers conducted data analysis techniques used to the questionnaires instrument was conducted on each variable to determine the frequency and proportion of each variable with using the formula: **Percentage = (f / n) x 100%** where: **f** = Frequency, and **n** = Number of Respondents.[8]

The data processed were analyzed descriptively by using a computer and displayed in frequency distributions to have obtained a description in form of a table, graph or diagram. Interpretation of percentage, the survey team used calculated using the criteria: Less (1 to 20%); Less than half (21 to 40%);

Almost half to more than half (41 to 60%); More than half (61 to 80%); and Almost entirely to whole (81 to 100%).

Result and Discussion

Based on data collecting results, its known that the total number of respondent in this survey was 200 people with disability which clustered in six Regencies namely Bener Meriah (22.5%), Bireuen (20.5%), Aceh Utara (20.0%), Aceh Tengah (15.0%), Aceh Besar (9.5%), and Pidie Jaya (2.0%) and two Municipalities namely Lhokseumawe (8.0%) and Banda Aceh (3.0%). It was found the most number of respondents was in Bener Meriah Regency (22.5%), whereas the least one was in Pidie Jaya Regency (2.0%).

Table 1. Number of Respondents by Demographic Characteristics (N = 200)

Characteristics of Respondents	f	%
Gender		
Male	91	45.5
Female	109	54.5
Age Group (years)		
0 - 4	31	15.5
5 - 9	16	8.0
10 - 14	5	2.5
15 - 19	4	2.0
20 - 60	97	48.5
Over 60	47	23.5
Educational background		
Not school yet	43	21.5
No school	34	17.0
Primary school / equivalent	45	22.5
Junior high school / equivalent	20	10.0
Senior high school / equivalent	24	12.0
Bachelor degree	29	14.5
Master degree	1	0.5
Others	4	2.0
Occupation		
Not working / housewife	44	22.0
Civil servant / Army / Police	23	11.5
Farmer / laborer	34	17.0
Non government staff	6	3.0
Businessman	17	8.5
Others	76	38.0
Monthly Family Income category		
Below Rp. 1.300.000, -	131	65.5
Above Rp. 1.300.000, -	69	34.5

Characteristics of People with Disability

For this research result found 54.5% of them were female. Age group of majority was 20 to 60 years (48.5%). The most educational background was elementary school graduate or equivalent (22.5%). More type of occupation was no working (housewives) of 22.0%. More respondents (73.5%) were using the facilities financing sourced from Aceh's Health Insurance Program (Jamkesmas/JKA).

Disability experienced by all age categories with different types of occupation that was being acted by the respondent. Types of disabilities experienced by respondent vary greatly which have been obtained from birth (congenital) or during their lives. To minimize it was needed to do exercises every day to consider the severity of the disability is experienced and is unable to do it themselves, and may also be caused by a lack of knowledge about exercises and activities that the respondent owned.

More than 40 million people in the United States have a physical or mental impairment that significantly affects life activities and work performance. The total annual costs of disability are currently estimated at US300 billion.[12]

The factor of family income per month that was still under the monthly minimum wage provinces (Rp 1.300.000,-) have indicated the average on standard of living financially respondents were in categories with low economic status. Utilization of financing facilities sourced from Jamkesmas/JKA ongoing at this time of great help disabled people in the process of undergoing rehabilitation.

Disability increases with age, and a variety of resources are available to older persons with disabilities. Older persons should discuss difficulties managing independent living with their physician and contact their local senior center to learn more about available programs, such as physical activity programs and home modification.[12]

Researchers analyzed data from Mexican-Americans older than 65 who were followed for 18 years. They concluded that, on average, this group of people spends more than half of their remaining years with serious physical disabilities that limit their ability to do everyday tasks.[13] These findings indicate that poverty and lifelong disadvantages seriously undermine the health of many older Mexican-American. The family tends to step in to provide care to even seriously impaired older parents. It must develop policies and programs that complement the family in their ability to provide care to older infirm parents in order to improve quality of life both the older parents and their caregivers.[13]

Source of information

Source of information should be obtained by during the rehabilitation process more available from health workers (85.0%). Type of disability experienced varies widely from birth or acquired during their lives. Type of therapy given during rehabilitation was more using infrared (79.0%). Type of rehabilitation exercises and activities at home undertaken by 46.5% of respondents has been done everyday.

Source of information obtained during the rehabilitation process was obtained from health officers with different educational backgrounds, both working in the public health center, hospital, or midwife in the village suggests that the role of health workers in socialized medical rehabilitation services are already well underway. Meanwhile, the World Health Organization provides the definition of disability into 3 categories: impairment, disability, and handicap. *Impairment* mentioned as a condition of abnormal or loss of structure or function of psychological or anatomical. *Disability* is the inability or limitations as a result of impairment to perform activities in a manner that is considered normal for humans. *Handicap* is a disadvantage for a person due to impairment, disability which prevents it from fulfilling the role of the normal (in the context of age, gender, and cultural factors) for the person concerned.[1]

Impairment is evaluated as a measured change in an individual's health status. Disability is an individual's inability to perform a task successfully. Disability is not necessarily related to any health impairment or medical condition; although a medical condition or impairment may cause or contribute to an ongoing disability.[11]

These are some of the disability definitions proposed by some experts, such as: a) someone who looks and act differently from ordinary people or other; b) a person who is the part of their body was not working for a long time and does not go away; c) someone who has a barrier to do usual daily activities (washing, eating, etc.); and d) someone who cannot learn, and cannot make their own decisions as anyone else.

Of some of the definitions set forth above, we can conclude a larger sense that disability is an interaction between the three main things, namely: the weakness or damage to body functions, activities of daily living and environmental conditions.

Access to rehabilitation services

Access to rehabilitation services site was easily accessible by the respondents in a close distance (≤2 km), travel time was short (≤10 minutes), and availability of the transportation. In addition, 96.5% was easy in administration, 77.5% in undergoing the rehabilitation process was accompanied by relatives or family member, and 72.5% have been ease of collecting cost to undergo the rehabilitation process.

The Americans with Disabilities Act of 1990 requires that all medical practitioners be prepared to provide all patients "full and equal access to their health care services and facilities". Many practices cannot accommodate patients with mobility impairment; therefore, adults who require a wheelchair for mobility may be denied the care that they need. Improved awareness is needed about the Americans with Disabilities Act requirements and the standards of care for patients with mobility impairment.[14]

Rehabilitation services

Most participants identified the rehabilitation services along process such as: referral history was known 100.0% undergoing rehabilitation process at Public Health Centers, 16.0% to Hospital District, to the Provincial Hospital only 4.5%, while obtaining a referral to both the Hospital District and the Province Hospital was 2.5%. All respondent activities or abilities were mobility; activities of daily living; household activities both in adults and children alike; participation; and independence undergone significant changed after a rehabilitation process. Support given by the family after rehabilitation was able to overcome those aspects that complicate the lives of respondents. All of health officers have been providing good rehabilitation services to the respondent by health officers, namely: in Public Health Center (72.0%), the Hospital District (59.5%), and the Provincial Hospital (57.1%).

Perception during rehabilitation process

The following table represents the number of respondents based on the perception given by the respondents during their rehabilitation process in terms of various categories were as follows.

Table 2. Number of Respondents by Their Perception During Rehabilitation Process (N = 200)

Respondent Perception During Rehabilitation Process	f	%
You feel that you can do more things by yourself after using Rehabilitation services		
Absolutely not good	3	1.5
Not good	34	17.0
Good	150	75.0
Very good	13	6.5
Satisfy with your life before getting the rehabilitation intervention		
Absolutely not satisfy	7	3.5
Not satisfy	128	64.0
Satisfy	65	32.5
Satisfy with your life after getting the rehabilitation intervention		
Absolutely not satisfy	3	1.5
Not satisfy	42	21.0
Satisfy	146	73.0
Very satisfy	9	4.5
More independent in life		
Yes	137	68.5
No	63	31.5
Able to do all my Activities of Daily Living		
Yes	135	67.5
No	65	32.5
More self confidence		
Yes	157	78.5
No	43	21.5
More able to participate in family events		
Yes	138	69.0
No	62	31.0
No improvements, same as before		
Yes	34	17.0
No	166	83.0
My health has improved		
Yes	168	84.0
Not	32	16.0
More able to participate in social activities in the community		
Yes	130	65.0
No	70	35.0

The above table gives a detailed picture of respondents' perceptions during their rehabilitation process was as follows: Respondent felt able to do more things alone after undergoing rehabilitation services was good in the category (75.0%), feeling dissatisfied with your life before it underwent rehabilitation intervention (64.0%), feeling satisfied with your life after a rehabilitation intervention (73.0%), living more independently (68.5%), able to perform activities of daily living (67.5%), had more self-confidence (78.5%), better able to participate in family events (69.0%), felt there was progress, the same as before (83.0%), his health has improved (84.0%), and better able to participate in social activities in the community (65.0%). It can be concluded that respondents' perception during their rehabilitation process was more in the positive category (74.0%).

Rehabilitation services also require a referral system that starts at the level of basic services in health centers, and for people with disabilities who have more serious severity and if the clinic does not have the power physiotherapist and facilities that were not complete/available, then the respondent the opportunity to undergo a rehabilitation process at a higher level, namely District Hospital and

Provincial Hospital. It has become very important because this study showed that all the respondents activities or abilities such as mobility; activities of daily living; household activities both in adults and children alike; participation; and independence change significantly after undergoing the rehabilitation process by health officers.

Suggestions for improvement Rehabilitation services

The following table represents the number of respondents based on their suggestions for improvements of rehabilitation services in the future.

Table 3. Respondents' Suggestions for Improvements of Rehabilitation Services (N=200)

Respondents' Suggestions for Improvements of The Rehabilitation Services	f	%
Provide better quality materials/equipments	71	35.5
Home visits	29	14.5
Improve training	27	13.5
Provides regular visits to people with disabilities	18	9.0
More time for rehabilitation sessions	15	7.5
Give more information	14	7.0
Improve the attitude of the staff	8	4.0
Rehabilitation service center should be closer to the community	7	3.5
Other	7	3.5
Involving caregivers in the rehabilitation process	4	2.0

According to the table, the suggestions put forward by respondents to improve rehabilitation services in the future based on the first ranking was 35.5% of respondents suggested that the service provider and where service to provide materials or better quality equipment in order to speed up the recovery process in people with disability.

In the United States, the American Medical Association's *Guides to the Evaluation of Permanent Impairment* is the most commonly used source assessing and rating an invidual's permanent impairments. Ultimately, in deciding on an appropiate level of work restrictions, the physician must evaluate the situation of each patient by considering 3 concepts: Capacity (work training, strength, endurance); Tolerance (ability to perfom sustained work at a given level), and Risk (probability bof substantial harm upon return to previous work duties). If an individual is not capable of returning to his or her previous employment, consideration may be given to increasing physical fitness and stamina, recognizing other abilities and talents, and perhaps vocational retraining.[11]

In this research study, we can learn about improve the quality of care and access to rehabilitation for people with disabilities through strengthening the identification and referral system; strengthening the skills of public services (midwives in charge of identification and referral and rehabilitation staff at the subdistrict, district and province levels) through training and technical support to health authorities; integration of physical rehabilitation in the social insurance system of the Aceh Province (JKA); and establishment of mechanisms for incurred costs management at community level.

Conclusion

This quantitative survey identified the people with disabilities' satisfaction related to rehabilitation services. First, type of rehabilitation exercises and activities at home should be carried out by the respondent everyday taking into account the severity of the disability and with the help of caregivers. Second, support given by the family after rehabilitation was able to overcome those aspects that complicate the lives of respondents. Third, to helped the people with disabilities to perform the activities to meet their basic needs through an exercise that continuously trained in order to reduce dependence on others. Finally, to improve rehabilitation services in the future to the service provider and a service to provide the material or equipment was better quality, home visits by health officer and increased training during rehabilitation so as to speed up the recovery process and improving the health care to people with disabilities.

Acknowledgments

This survey was held in collaboration with Health Research and Development Center Ministry of Health, Aceh Province and Handicap International Branch Aceh Province, so we would like to sincerely thank to both of them.

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