

Quality of Health Services at Public Health Center

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This study aims to determine the quality of health services at the public health center. The findings of the study revealed that the quality of health services at the public health center was all in the good category (quality). Results: showed that the implementation of the quality of health services at the public health center was seen from the aspects of tangible, reliability, responsiveness, assurance, empathy with good indicators. Suggested implications; that with regional autonomy the performance of public services will be better because the distance between the government and the people being served is getting closer. So that in the future the quality of health services will be maintained.

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INTRODUCTION

The government is the party that regulates common life and regulates the affairs of public services, the provision of excellent service is the main task carried out by the government, and becomes a benchmark for government performance. In the MENPAN Decree No. 63 of 2004, public service is the provision of excellent service to the community which is the embodiment of the government apparatus as a public servant. the public health center is one part of the local government that has an important role in the success of national health because the public health center has a strategic position that is close to the community and can touch the lowest levels of society because in terms of the cost of the public health center it is very affordable. In this case, public health centers are required to provide better services to the community, it is necessary to increase and improve the quality of services according to community expectations as the number of patients increases from year to year. at the health center (Listyoningrum et al., 2015). The value gap is carried out to determine patient satisfaction with the service quality attributes of the public health center. In addition, to determine the attributes in the predetermined dimensions that provide the largest and smallest contributions, it is necessary to calculate this gap (Ekasari et al., 2017).

According (Rosdiana et al., 2017) that the officers at the Public health center pay more attention to providing services to the community and also the facilities and infrastructure provided so that the officers can provide health services following the expectations of the community. According (Suprpto Suprpto, et al 2021) that increasing the capacity of nurses in health services is needed by adding the concept of spiritual approaches and technology to improve the quality of health services. The competence of nurses needs to be improved to optimize the implementation of public health services through training, coaching through assigned teams, and collaboration with colleagues as well as providing support in the form of reward and sanctions policies such as nurse career paths. (T. C. M. Suprpto & Lalla, 2021). Based on the explanation of the research, the main problem that will be examined in this study is formulated in the form of research questions as follows: "How is the quality of health services at the Public health center.

LITERATURE REVIEW

Administrative services are a job that is underestimated but can provide a significant effect. The destruction of an organization is not because it is unable to face intense competition but the data that is owned has not been able to become accurate information for the sustainability of an organization. (Jamaluddin et al., 2017). According to (Nur, 2017) that either through ten indicators of excellent service quality, namely tangible (physical evidence), Reliability (appropriate), Responsiveness (responsiveness, willingness to serve), Competence (expert), Courtesy (polite and friendly words), Security (safe), Access (Easy), Communication (Information), understanding (Empathy). Increased public awareness of their right to obtain services including health services is one positive indicator of increasing awareness of the importance of health (Nippi et al., 2020), (Astriani et al., 2021). That is improving health services, it is necessary to increase the capacity of nurses by adding the concept of spiritual and technological approaches (S. Suprpto et al., 2021). Discipline is a benchmark to find out whether the role of a manager or leader as a whole can be carried out properly or not (T. C. M. Suprpto & Lalla, 2020). That the quality of service at the public health center is good. Judging from the calculation of scores and continuum lines that have been carried out, researchers get high results. Thus, the attitude of the Public health center employees who are friendly, polite, and responsible can increase the level of public trust in the institution and can guarantee good and standardized services (Ramadhan et al., 2021). While the supporting factors for the service are the attitude of the employees who are friendly and

polite, the simplicity of the flow, and affordable costs, but there are still things that need to be improved, namely the lack of supporting facilities and infrastructure, such as loudspeakers, slow wifi networks and the mismatch of the number of busy patients with the number of existing staff. (Anggriani, 2016). Public health center as the Health Technical Implementing Unit to spearhead health services. Public health centers are required to improve the quality of performance in providing services. Outpatient is one of the services provided by the Public health center (Einurkhayatun et al., 2017). Health is one of the elements of quality of life that is very important in national development to realize the Indonesian people as a whole. Rowosari Health Center is an organization that provides health services for its people (Geby et al., 2013). According (Geby et al., 2013) that the Spondol Health Center has provided good health services to the community, although there are still some shortcomings in some parts, the Spondol Health Center must improve the indicators of the quality of public services, especially in the comfort of the parking area building, and the manners and friendliness of the health workers at the Public health center. That Public health center must provide safe and quality services to create a healthy district (Ulumiyah, 2018). According (Widowati & Septiana, 2016) that service quality is one measure to assess public services. The results of the study indicate that transformational leadership has a negative and significant effect on innovative work behavior, organizational culture has a positive and significant effect on innovative work behavior (Sousa & Sintaasih, 2021). The results demonstrate that quality care has a significant positive effect on patient loyalty. Several managerial implications were found for hospital management to increase patient loyalty, especially considering the gender of the patient in providing services (Ricca & Antonio, 2021). (Katuuk et al., 2019) Balanced Scorecard approach as a strategic management tool can improve the quality of strategy implementation, when it can clarify the size of its strategic performance.

RESEARCH METHOD

This study uses a qualitative descriptive type of research because this research seeks to reveal certain facts or social realities as they are by developing concepts and collecting data but does not examine hypotheses. So, this study tries to describe how the quality of health services in public health centers is. Based on the research objectives, the appropriate form of research is descriptive qualitative research that describes, determines, interprets, and analyzes existing data. The total informants in this study were 20 (twenty) research informants, consisting of (1) functional officers in charge of providing services, as many as 2 informants; (2) employees of the administration department at the public health center, as many as 2 informants; and (3) Community service users who come to visit to get health services provided by public health center officers are 16 informants. The data analysis technique that the researcher uses is descriptive data analysis because this study aims to describe the quality of health services at a public health center. The descriptive analysis method is research, not an experiment because it is not intended to determine the consequences of treatment. Through descriptive research, the researcher only intends to describe (describe) or explain the symptoms that are happening. The procedures for analyzing qualitative data are as follows: data collection, data reduction, data presentation, verification, and inference. already good and by the needs of the community seen from direct evidence, reliability, responsiveness, assurance, and empathy.

RESULTS

Analysis of the Quality of Health Services in Public Health Centers, relating to health services at public health centers, the quality of health services provided by the health apparatus to the community if at least the same as the community's expectations will

provide satisfaction to the community. However, if the quality of health services provided by the health apparatus does not match the expectations of the community, the community will feel disappointed with the health services. There are five factors to measure the quality of services, namely:

The dimension of reliability in the context of health services at a public health center is the ability of the health apparatus in a public health center to provide the health services promised to the community accurately and follow the quality standards that have been set and expected by the community. This dimension can be seen from indicators such as the willingness and honesty of the health apparatus in providing services, the speed of the health apparatus in providing the service process to the people served, the fairness of the health apparatus in providing services to every community who needs health services, the ease of service procedures, and the suitability of the procedure with the type of service. services demanded by the community.

Based on the results of the study that the quality of health services at the Public Health Center when viewed from the dimension of reliability (reliability) has been carried out by community expectations, where the health apparatus can provide the promised health services to the community accurately and by the quality standards that have been set and are expected by the public. *The Responsiveness dimension in the context of health services at a public health center relates to the level of responsiveness of the health apparatus in understanding the aspirations and needs of the community being served and responding to these aspirations and needs. The responsiveness dimension can be seen from the ability of the health apparatus to be responsive in dealing with problems that arise from the health services provided, the ability of the health apparatus to respond quickly to complaints submitted by the community, and the ability of the health apparatus in providing health services at public health centers to society.*

Based on the results of the study, it can be concluded that the quality of health services at the Public Health Center when viewed from the dimension of responsiveness (responsiveness) has been implemented according to the expectations of the community, where the health apparatus has responsiveness in understanding the aspirations and needs of the people being served and responding to the aspirations and needs.

Dimensions of Assurance (guarantee) Assurance (guarantee) in the context of health services at the public health center is related to the guarantee of health service products provided to the community so that the community gets the certainty of good and quality health services. This assurance dimension can be seen from the guarantee of file processing, the guarantee of the certainty of costs according to the provisions, the guarantee of the cost of health services by health service standards in completing health services on time, and guarantees for the completion of the applicant's complaints. Based on the results of the analysis, it can be concluded that the quality of health services at the public health center when viewed from the dimension of assurance (guarantee) has not been fully implemented by the expectations of the community, where the health apparatus can provide guarantees to the public for health service products at the public health center provided so that people get certainty about good and quality health services.

The dimension of Empathy (Empathy) in the context of health services at the Public Health Center relates to the treatment of personal attention given by the health apparatus at the Public Health Center to the people served, to create a harmonious atmosphere and mutual understanding between those who serve and those who are served. The dimension of empathy can be seen from the friendliness of employees in the health

service process and the ease with which the community can be contacted in providing health services.

Based on the results of the study, it can be stated that the quality of health services at the Public health center when viewed from the dimensions of empathy (empathy) has been carried out by community expectations, where the health apparatus provides treatment or personal attention to the people served, to create a harmonious atmosphere and mutual understanding between those who serve with those who are served, although on the other hand there are still shortcomings that need to be addressed. The attitude of empathy (empathy) of the health apparatus for the health services provided to the community by the expectations of the community, can be seen in the friendliness of the employees in the process of health examination services and the ease with which the community can be contacted in providing health services.

The Tangibles dimension (Direct Evidence) in the context of health services at the public health center relates to things that are physical in the public health center that can support the implementation of health services provided by the health apparatus to the community. The tangibles dimension (direct evidence) can be seen or observed from the existing facilities and interiors of the public health center, the comfort and cleanliness of the service waiting room, the number of employees or officers serving the community, and the appearance/tidiness of employees in providing services.

Based on the results of the analysis, it can be concluded that the quality of health services at the Public Health Center when viewed from the tangibles dimension (direct evidence) has not been fully implemented by the expectations of the community, where other physical matters in the Public Health Center have not been able to fully support the delivery of services. health services provided by the health apparatus to the community. By the overall explanation above, when viewed comprehensively (comprehensively) on the five dimensions of the quality of existing public services, it can be concluded that the quality of health services at the Public Health Center is not fully in line with the expectations of the community so that in the future it still needs to be addressed. The quality of health services that are considered to have been by community expectations can be seen in the dimensions: reliability, where the health apparatus can provide the health services promised to the community accurately and by the quality standards set and expected by the community; responsiveness, where the health apparatus is responsive in understanding the aspirations and needs of the community being served and responding to these aspirations and needs; and Empathy (empathy), where the health apparatus provides treatment or personal attention to the community being served, to create an atmosphere of harmony and mutual understanding between those who serve and those who are served. Meanwhile, the quality of health services that are considered to have been by the expectations of the community can be seen in the dimensions: assurance, where the health apparatus has not been fully able to provide guarantees to the public for health service products at the Public Health Center provided so that the public gets certainty of good and quality services; and tangibles (direct evidence), where other things that are physical in the Public health center have not been able to fully support the implementation of health services provided by the health apparatus to the community.

DISCUSSION

The research findings related to the implementation of the quality of health services in health centers are five indicators as follows; Tangibles from the Public health center looks very neat and clean and has a comfortable waiting room. Have complete medical equipment, as well as medical personnel who always look clean and tidy. Reliability

indicators, it can be said that reliability can be said to be good because medical personnel always serve patients carefully. Medical personnel are always careful in providing services to patients and medical personnel help if problems occur, medical personnel provide assistance quickly and the services provided are in accordance with expectations and as expected. Responsiveness can be said to be good, because medical personnel receive and serve well, medical personnel take action according to procedures, medical personnel always ask for complaints felt by patients, have medical personnel who are ready to serve 24 hours and medical personnel provide opportunities for patients to ask questions. Assurance indicators can be said to be good because medical personnel provide complete equipment and medicines and have doctors who are educated and experts in their fields so as to reassure patients and make patients feel safe and secure. The empathy indicator can be said to be good, because it can be seen from the average recapitulation of empathy of 74.67%. Empathy from medical personnel takes patients seriously, medical personnel are able to meet patient needs, medical personnel and doctors try to calm patients about their illness, provide sufficient time for patients to consult with doctors and medical personnel and medical personnel provide services in accordance with the patient's wishes.

This Implementation Partnership must have relevance to hundreds of clinics and millions of patients (Hunt et al., 2012). Approach to implementing health coaching is more important than fidelity to rigid models that do not allow for variable allocation of responsibilities across team members. Clinicians play an instrumental role in supporting health coaches to grow into their new patient care responsibilities. (Van der Wees et al., 2014). Customer satisfaction is the most important parameter to assess the quality of services provided by service providers to customers. Positive feedback from customers leads to the goodwill of service providers in the market, which indirectly expands their business, while negative feedback makes them shrink. Bureaucratic discretion in local government as an effort to realize the effectiveness of public services in an urgent situation, namely a situation that appears suddenly concerning the public interest that must be resolved immediately, where the settlement has not been regulated by legislation (S. Suprpto & Malik, 2019). This consolidation can be a reference for stakeholders who want to apply clinical innovations in health care and can facilitate the development of multifaceted implementation plans that are tailored to the local context (Powell et al., 2012). Other studies provide suggestions for the use of mixed methods designs in health care implementation research (Palinkas et al., 2011).

Research in India, despite improvements in access to health care, inequalities are linked to socioeconomic status, geography, and gender, and are compounded by high spending, with more than three-quarters of the increased financial burden of health care being met by households (Balarajan et al., 2011). Another study said that we assessed the effect of health care provider performance-based payments (pay for performance; P4P) on the use and quality of child and maternal care services in health care facilities (Basinga et al., 2011). Have a better understanding of challenges likely to be present during the implementation phase should help multiple stakeholders navigate more effectively the complex EBP implementation process (Aarons et al., 2011). The five dimensions of service quality above are very important, because if all of them are met, the quality of play at the public health center will be classified as good. Because with the quality of service, we can find out whether the patient is satisfied with the service at the public health center.

CONCLUSION

That quality health services at the Public Health Center which is considered to have been by the expectations of the community can be seen in the dimensions: reliability

(reliability), responsiveness (responsiveness), Empathy (empathy), to create an atmosphere of harmony and mutual understanding between those who serve and those who are served and quality Health services that are judged not to be by community expectations can be seen in the dimensions: assurance (guarantee), tangibles (direct evidence), where other physical things that exist in the Public health center have not fully supported the implementation of health services.

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DECLARATION OF CONFLICTING INTERESTS

The author declares that there is no conflict of interest.

REFERENCES

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4–23.
- Anggriani, S. W. (2016). Kualitas Pelayanan Bagi Peserta BPJS Kesehatan Dan Non BPJS Kesehatan. *JISIP: Jurnal Ilmu Sosial Dan Ilmu Politik*, 5(2).
- Astriani, A., Syafar, M., & Azis, R. (2021). Hubungan Faktor Perilaku Dengan Kunjungan Lansia Di Posbindu Lansia. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10(2), 452–461.
- Balarajan, Y., Selvaraj, S., & Subramanian, S. V. (2011). Health care and equity in India. *The Lancet*, 377(9764), 505–515.
- Basinga, P., Gertler, P. J., Binagwaho, A., Soucat, A. L. B., Sturdy, J., & Vermeersch, C. M. J. (2011). Effect on maternal and child health services in Rwanda of payment to primary health-care providers for performance: an impact evaluation. *The Lancet*, 377(9775), 1421–1428.
- Einurkhayatun, B., Suryoputro, A., & Fatmasari, E. Y. (2017). Analisis tingkat kepuasan pasien terhadap kualitas pelayanan rawat jalan di Puskesmas Duren dan Puskesmas Bergas Kabupaten Semarang tahun 2017. *Jurnal Kesehatan Masyarakat (Undip)*, 5(4), 33–42.
- Ekasari, R., Pradana, M. S., Adriansyah, G., Prasnowo, M. A., Rodli, A. F., & Hidayat, K. (2017). Analisis Kualitas Pelayanan Puskesmas Dengan Metode Servqual. *Jurnal Darussalam: Jurnal Pendidikan, Komunikasi Dan Pemikiran Hukum Islam*, 9(1), 86–93.
- Geby, S. S., Widowati, N., & Hariani, D. (2013). Kualitas Pelayanan Kesehatan Di Puskesmas Rowosari Kecamatan Tembalang Kota Semarang. *Journal of Public Policy and Management Review*, 2(2), 61–70.
- Hunt, J. B., Curran, G., Kramer, T., Mouden, S., Ward-Jones, S., Owen, R., & Fortney, J. (2012). Partnership for implementation of evidence-based mental health practices in rural federally qualified health centers: theory and methods. *Progress in Community Health Partnerships: Research, Education, and Action*, 6(3), 389.
- Jamaluddin, J., Salam, R., Yunus, H., & Akib, H. (2017). Pengaruh budaya organisasi terhadap kinerja pegawai pada dinas pendidikan provinsi sulawesi selatan. *Jurnal Ad'ministrare*, 4(1), 25–34.
- Katuuk, J. L. M., Tewal, B., Massie, J., & Lengkong, V. (2019). Strategic Measurement Method Using Balanced Scorecard Approach at The North Minahasa District Health Office. *International Journal of Applied Business and International Management*, 4(2), 65–74. <https://doi.org/10.32535/ijabim.v4i2.568>
- Listyoningrum, L., Dwimawanti, I. H., & Lestari, H. (2015). Kualitas Pelayanan Kesehatan di Puskesmas Ngaliyan Kota Semarang. *Journal of Public Policy and Management*

- Review, 4(2), 130–142.
- Nippi, A. T., Panyyiwi, R., & Suprpto, S. (2020). Kualitas Pelayanan Kesehatan di Puskesmas Padongko. *Jurnal Ilmiah Kesehatan Sandi Husada*, 9(2), 748–752.
- Nur, M. (2017). Kualitas Pelayanan Prima pada PT PLN (Persero) Rayon Makassar Selatan. *Jurnal Office*, 3(1), 72–78.
- Palinkas, L. A., Aarons, G. A., Horwitz, S., Chamberlain, P., Hurlburt, M., & Landsverk, J. (2011). Mixed method designs in implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 44–53.
- Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., Glass, J. E., & York, J. L. (2012). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review*, 69(2), 123–157.
- Ramadhan, F., Muhafidin, D., & Miradhia, D. (2021). Kualitas Pelayanan Kesehatan Puskesmas Ibun Kabupaten Bandung. *JANE-Jurnal Administrasi Negara*, 12(2), 58–63.
- Ricca, R., & Antonio, F. (2021). The Effect of Quality Care on Patient Loyalty Mediated with Patient Satisfaction and Moderated by Age and Gender (Study in Outpatients at a Private Hospital). *International Journal of Applied Business and International Management*, 6(2), 96–112. <https://doi.org/10.32535/ijabim.v6i2.1026>
- Rosdiana, R., Widyastuti, Y., & Listyaningsih, L. (2017). Kualitas Pelayanan Kesehatan Di Pusat Kesehatan Masyarakat (Puskesmas) Kota Serang. *Universitas Sultan Ageng Tirtayasa*.
- Sousa, R. B. D. M. G. De, & Sintaasih, D. K. (2021). The Effect Of Transformational Leadership And Organizational Culture On Innovative Behavior. *International Journal of Education and Social Science Research*, 04(03), 306–320. <https://doi.org/10.37500/IJESSR.2021.4319>
- Suprpto, S., & Malik, A. A. (2019). Implementasi Kebijakan Diskresi Pada Pelayanan Kesehatan Badan Penyelenggara Jaminan Kesehatan (Bpjs). *Jurnal Ilmiah Kesehatan Sandi Husada*, 7(1), 1–8. <https://doi.org/10.35816/jiskh.v7i1.62>
- Suprpto, S., Rifdan, R., & Gani, H. A. (2021). Nurse capacity building strategy in health services in hospitals. *Linguistics and Culture Review*, 5(S1 SE-), 832–838. <https://doi.org/10.37028/lingcure.v5nS1.1467>
- Suprpto Suprpto Hamsu Abdul Gani, R. R. (2021). Capacity Building for Nurses in Health Services at Daya Regional General Hospital of Makassar City. *IOSR Journal of Humanities And Social Science (IOSR-JHSS)*, 26(9), 44–47.
- Suprpto, T. C. M., & Lalla, N. S. N. (2020). Environmental and Personality Influences on Nurse Discipline Public Health Center. *International Journal of Nursing Education*, 12(4), 271–274. <https://doi.org/https://doi.org/10.37506/ijone.v12i4.11262>
- Suprpto, T. C. M., & Lalla, N. S. N. (2021). Nurse competence in implementing public health care. *International Journal of Public Health*, 10(2), 428–432.
- Ulumiyah, N. H. (2018). Meningkatkan Mutu Pelayanan Kesehatan dengan Penerapan Upaya Keselamatan Pasien di Puskesmas. *Jurnal Administrasi Kesehatan Indonesia*, 6(2), 149–155.
- Van der Wees, P. J., Friedberg, M. W., Guzman, E. A., Ayanian, J. Z., & Rodriguez, H. P. (2014). Comparing the implementation of team approaches for improving diabetes care in community health centers. *BMC Health Services Research*, 14(1), 1–11.
- Widowati, N., & Septiana, S. (2016). Kualitas Pelayanan Kesehatan Di Puskesmas Rowosari Kecamatan Tembalang Kota Semarang. *Journal of Public Policy and Management Review*, 5(3), 1–11.