



## QUALITY OF SERVICE OF HEALTH CARE FOR OUTPATIENT PARTICIPANTS OF SOCIAL SECURITY ORGANIZER BANJARMASIN CITY, INDONESIA - THE CASE IN PEKAUMAN PUSKESMAS AND KARANG MEKAR PUSKESMAS

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### **Abstract:**

This research aims to know how the quality of health services in Pekauman Puskesmas and Karang Mekar Puskesmas, if there are any problems faced in the implementation of health services in both Puskesmas by using qualitative descriptive research methods. The framework of the idea in this study is to compare health services in Pekauman Puskesmas and Puskesmas of Karang Mekar which is measured by five-dimensional SERVQUAL which developed Zeithaml, Parasuraman and Berry, the dimensions of physical display, reliability, responsiveness, assurance and attention. The results of the study showed that the health services held by Pekauman Puskesmas have been running quite well, some aspects that need to be improved are on the aspects of physical evidence, responsiveness and assurance to improve the quality of service given. While in the Puskesmas Karang Mekar that need to improve the quality is on the aspect of physical evidence, assurance and completeness of infrastructure. Conclusion of result shows that the quality service of Pekauman Puskesmas and Puskesmas Karang Mekar that measured with five-dimensional SERVQUAL has been implemented quite well, but there are some aspects that still continue to be improved quality Service to achieve maximum patient satisfaction.

**Keywords:** service quality, health center

### **1. Introduction**

In the year 2004, issued Law no. 40 on National Social Security System (SISN), Law no. 40/2004 declared that mandatory social security for all residents including National Health Insurance (JKN) through a governing body Social Security (BPJS). The JKN Program is organized with the aim to improve access and quality of health services to the whole community determining increased public awareness of health, resulting from

the demands of improving health care. It was one effort to anticipate the situation by maintaining the quality of service, so it is necessary to do continuous efforts to be known weaknesses and disadvantages of health services.

In the context of JKN Program, Public Health Center abbreviated as "Puskesmas" is a provider of health services or services for the community. Puskesmas was established to provide basic health services, thorough, Plenary, and integrated for all people living in the working area of Puskesmas. Health programs and efforts organized by Puskesmas are the main programs (public health essential) that must be implemented by the government to realize the welfare of the people.

Complaints that are often heard from the community of Banjarmasin which are related to public services in Puskesmas-health centers are convoluted due to rigid bureaucracy, behavior of people who are sometimes less friendly, also Employee performance in providing services in this time timeliness in providing service, quantity and quality of service is still very low.

Based on preliminary study, incomplete facilities and infrastructure and medical personnel who have not been in the expertise in Puskesmas is causing a service problem that is not maximized. In addition to the above problems, the advice box at the service counter is not utilized to the fullest, so the advice and criticism from the community is not conveyed as a center of the Puskesmas service to be better.

At this time Puskesmas has been established in almost the corners of the homeland. Similarly, in the city of Banjarmasin in the year 2018 recorded number of health centers there as many as 26 Puskesmas, with the number of JKN membership based on data from BPJS Health Banjarmasin City Year 2018 totaled 501,488 participants from 664,006 inhabitants of the city Banjarmasin or 75.52% of the total number of inhabitants of Banjarmasin city. Where the highest number of membership in Pekauman Puskesmas as much as 13,842 and the lowest membership in Karang Mekar Puskesmas with a total of 3,540. Based on the number of membership, this research is taking location in both Puskesmas, namely Pekauman Puskesmas and Karang Mekar Puskesmas.

In general, the problems in both health centers are modern information technology that is not utilized to facilitate the process of service. In addition, the delay of service completion that often occurs in because the existence of damage to equipment and the limited human resources also reduce the quality of service that patients expect.

Research results of Fitri Mawarti, et al. (2016), about the quality of Puskesmas services in the city of Pangkal Pinang concluded that the problems that generally cause the patient dissatisfaction to the quality of service is the friendliness of service personnel in serving, the victim's provide health care and patient comfort when receiving services.

Based on the previous description there are a number of problems that can be identified and allegedly cause the quality of service for outpatient participants BPJS in the Pekauman Puskesmas and Karang Mekar Puskesmas Banjarmasin are different, including:

- a) Fast problem or slow service provided.
- b) Lack of friendly, timely and satisfying service.
- c) Lack of existing facilities and personnel.
- d) Environmental conditions surrounding the Puskesmas.

Based on the explanation of the problem above, the questions in this research is to know how the quality of service of health centers for outpatient BPJS patients, comparison of service quality in Pekauman Puskesmas and Puskesmas Karang Mekar. From the formulation of the above problem, this research aims to describe the quality of public service in this case the quality of service of the Puskesmas to outpatient participants BPJS in Pekauman Puskesmas and Karang Mekar Puskesmas Banjarmasin.

## **2. Literature Overview**

### **2.1 Public Services**

Moenir (2001) defines the service basically as an activity that a person or a group of people with a certain purpose so that the satisfaction achieved by the serving or served, in accordance with the ability of Service providers to meet the expectations required by the user. Service is a series of activities/activities that are visible as a result of the interaction between consumers as a service user with a service provider with the aim of providing/providing satisfaction for consumers and not tied to sales another product or service.

Main features of service are invisible and involve human efforts aimed at customer satisfaction. Further to the public service, public understanding is the community as a service user provided by the relevant agencies. Gupta Sen in Astuti (2004), defines that public service is a series of activities/activities aimed at the community by public service providers namely the government, BUMN and BUMD implemented in accordance with the principles of and principles in public service in accordance with the provisions of legislation with the aim of providing/providing satisfaction for consumers

### **2.2 Service Quality**

The quality of service, according to Logothesis in Warela (1997), is the level of service provided by the service provider to meet the expectations of consumers/customers where it can be known by comparing customer perception of what expected and what is perceived. If the service is felt according to the expected service, the quality of the service will be perceived as good or positive. If the service is perceived to exceed the expected service, the quality of service is considered ideal. Likewise, conversely, if the service is felt less qualitative compared with the services expected; the quality of service is perceived negative or bad. So whether the quality of service depends on the ability of service providers to meet the expectations of its customers consistently.

### **2.3 Customer Satisfaction**

Customer satisfaction is the opinions and ratings of customers after comparing the performance of public service personnel or the results felt by what they expect, which are influenced by factors such as quality of service, liability Responsibilities of service personnel, service personnel and results of services received by the public. Hoffman and Beteson (1997) stated that the better the quality of service provided by a business entity, the higher the public satisfaction, as well as vice versa.

## **3. Material and Methods**

### **3.1. Research Approaches**

In accordance with the research objectives that have been proposed in the front, the research uses a qualitative research approach, a qualitative approach is used to answer research questions that intend to find a description of the service pattern public.

Qualitative research is defined as a method of research that collects and analyzes data in the form of words (verbal and written) and human deeds and researchers do not attempt to calculate the qualitative data that has been obtained.

### **3.2. Types of Research**

The type of research used in this study is by a descriptive method. A descriptive method is a method of research that seeks to describe the phenomena that occur, explaining the existing circumstances based on the data and facts collected, and take conclusions based on the analysis of the data obtained. The design of this study uses the case study draft model.

### **3.3. Data Collection Techniques**

To obtain the relevant data in the field, the collection of data in this study through: observation, interviews and document collection (writings).

As for the informant chosen to be the source of this research data:

- a) Chief Health Center.
- b) Puskesmas staff.
- c) Patient/patient family.

### **3.4. Data Analysis Techniques**

Analysis of this research data follows three threads of activity, first through data reduction or selecting data according to theme category, then presenting in the matrix and lastly by drawing conclusions while the result of data interpretation. The process of analyzing the data in this research is done in two phases, namely: first, when collecting the data in the field; second, is done when the report writing is done. Thus, data analysis is carried out from the data collection stage to the report writing stage.

### **3.5. Research Instruments**

In accordance with the rules of qualitative research, the main tools or instruments of data collection is human, the researcher himself. But in the collection of data researchers also need a aid instrument, which is a guide or guidance in-depth interviews and recording tools.

## **4. Results and Discussion**

### **4.1. Overview**

Pekauman Puskesmas is located on Jalan KS. Tubun No. 1 Village of Pekauman in the district of South Banjarmasin which is one of the sub-district in Banjarmasin, with an area of 0.36 km<sup>2</sup>, consisting of 2 RW and 24 RT. This Puskesmas is approximately 3 km from the office of Banjarmasin City Hall.

Puskesmas Karang Mekar is located on Jalan Ratu Zaleha Gang Permai Sari RT. 10 neighborhoods of Karang Mekar Sub-district Banjarmasin Timur, with an area of 0.73 km<sup>2</sup>, consisting of 2 RW and 34 RT. This health center is approximately 5 km from the office of Banjarmasin City Hall

The condition of the Pekauman Puskesmas and Karang Mekar Puskesmas is equally 2-storey, with some room facilities such as: counter, poly adult, poly KIA and KB, head room Puskesmas, administration, Poly MTBS (age 0 to 9 months), poly Child, Poly PKPR and IMS (age 10 s /d 19 years), Kesling (sanitary clinic), dental, laboratory, action room and dispensary.

### **4.2. Discussion**

#### **4.2.1 Service Procedures**

To know the quality of service in the indicator of service procedures, researchers in the interview asked several questions to the informant, namely information disclosure, clarity of the flow of service process, effectiveness of service procedures and flexibility of service procedures.

In general, the service process in both Puskesmas is good enough, which can be seen from the information procedure and the requirements can be seen clearly on the banner as well as the bulletin board, the presence of officers who always stand by on the task, such as officers keeper of the queue number, so it will be very helpful for the community especially to the first time people who have medicine. The process of service provided by the Puskesmas is quite good and clear enough, but for the time the service process is still felt too long. From the results of interviews with the informant, the whole of both Puskesmas has tried to carry out the process of service as well as possible. Service procedures are the steps to be passed in the process of service, to facilitate the process of service made the flow of service with a principle simple, easy to understand and easy to implement.

Laying instructions on the procedure of service in the Puskesmas should be seen clearly by the patient, because when the patient enters their health centers need information about the flow of services that they should do.

From interviews in Pekauman Puskesmas with adequate facilities and infrastructures, as well as complete enough medical officers, but sometimes in certain conditions of individuals who provide services are not in accordance with the expectations of patients, and In certain conditions, due to the number of patients served, the time of service is given too long.

Meanwhile, in Karang Mekar Puskesmas, service procedures have been implemented in accordance with the minimum standards of service that exist despite the limited number of human resources, but the condition of facilities and infrastructures that exist in Puskesmas caused Service is still not maximal. As well as the results of the research Mukti, et al., (2013) in his research reveals there is a influence of technical competence, information, timeliness and relationships between people affecting the level of patient satisfaction.

#### **4.2.2 Service Quality**

To analyze how much service performance researchers are using the theory of Zeithmal, et al., which suggests five dimensions to assess the performance of an organization i.e. tangible (physical evidence), reliable (reliability), responsiveness (responsiveness), assurance (assurance) and empathy (caution). With the following research results:

##### **a. Tangible Dimension (physical proof)**

In this tangible dimension, researchers conduct observations and interviews in order to determine the quality of physical facilities, hygiene and completeness in service delivery. Based on the results of observation and interviews, the second condition of Puskesmas is quite orderly and clean, the condition of the toilet is also quite clean, but because Pekauman Puskesmas is on the roadside of the comfort of the patient is quite disturbed by the noise then Motor vehicles. Meanwhile, in Karang Mekar Puskesmas, the room has become neglected for privacy of the patient.

The observation results and interviews in Pekauman Puskesmas showed that facilities and infrastructure are already fairly complete. While in the Puskesmas Karang Mekar with the condition of facilities and infrastructures that are still less complete, for the overall service is quite good. Disadvantages of both Puskesmas are more due to external factors, such as noise and parking lot narrow. Good quality of service is supported by the managerial capability of the head of health care that makes a job description, and monitoring done continuously, so that the shortcomings are not affecting the quality of service overall.

The results of this research are supported by research conducted by Solikhah (2008), which concludes the quality of services that include hygiene, comfort and dry-making patients and family patients feel satisfied with the quality of service.

### **b. Reliable Dimension (reliability)**

Questions asked researchers in the reliable dimension aims to determine the opinion of the patient whether the physician has examined the patient accurately and provided the appropriate prescription, the role of nurses in the provision of services, and whether the Puskesmas in Provide an unconvoluted service and provide clear service information to the patient.

The result of interviews to patients in Pekauman Puskesmas on the diagnosis of doctors to the patient and provide the appropriate prescription, the patient assesses the doctor has carried out the diagnosis accurately and the prescribed medication is appropriate.

The administration officers in Pekauman Puskesmas are good enough and provide clear information, if there is a shortage in the administration process officers will tell the shortcomings. In the center of Karang Mekar is not very different quality given. The role of the head of Puskesmas is also very necessary to make the analysis of workload, which results can be submitted to the health office as a consideration material to fulfill the shortcomings that exist in Pekauman Puskesmas so that in the later days will have an impact with the better quality of service in Pekauman Puskesmas.

Administration services in both puskesmas are good enough, where the officers directly serve when the patient comes and is not convoluted in the process of administration. It also affects the quality of the service received by the patient. This research is in line with the research results of Widyasih, et al. (2014), the results showed good perception of BPJS patient service, because the patient administration service procedures are easy and straightforward.

### **c. Dimension Responsiveness (responsiveness)**

In the responsiveness dimension, the question researchers ask is to know the extent to which the patient's opinion on the ability of the officers to help the patient provide appropriate and fast service, such as health care officers provide Information needed well, the officer informed the length of the process of administering the drug, as well as providing a solution when the patient has a statement or complaint in the health service.

From interviews in Pekauman Puskesmas there are patients who feel dissatisfied with the process of administering the drug, patients who feel first submit a prescription but he is longer awaiting delivery of the drug, than patients who come later while in Karang Mekar Puskesmas, the medical officer has served well also tell when to re-examine the pregnancy again, as well as provide additional vitamins.

The results of the study showed that there are still patients who feel less satisfied with this responsiveness aspect such as the lack of waiting time in drug retrieval. In addition, it is important to provide clear information about the disease to the patient will affect the patient's satisfaction on health care and will give the patient confidence with the ability of the personnel in providing service. As the research results of

Suharmiati and Budianto (2007), expressed service waiting time is a dimension that significantly affects the quality of service. The sooner the service provided the patient felt more satisfied.

#### **d. Dimension of Assurance (assurance)**

Questions about assurance aims to know the patient's opinion on patience against the patient's fatigue, hospitality to the patient, always smile, doctors and puskesmas officers tell the reason or onset of a disease suffered patients.

The interview results in the explanation of the doctor or nurse regarding the disease suffered by the patient, judging patients are quite obvious. Based on the results of the interview on the hospitality of the personnel to the patient, patients in both puskesmas rate still not friendly. But unfortunately the complaint facility provided by both Puskesmas is not utilized by the patient to convey his complaint.

The results showed that the health assurance from the medical staff was good enough, such as providing information about the disease and also the necessary medical action is satisfactory for the patient. The medical officer in charge must comply with the type of disease suffered by the patient, in the fight against the disease; the patient will be pleased if there is a healthy guarantee of the medical officer. If there is still doubt in conducting a medical diagnosis will make the patient feel dissatisfied with the quality of service provided.

As Koetler's opinion in Nursalam (2011), stated that assurance includes knowledge, skills and politeness will be able to foster confidence in the patient. This guarantee also means free from danger, risk and doubt. The trustworthy nature that service personnel possess will affect the patient's satisfaction rate of service quality

#### **e. Dimensions of Empathy (caution)**

Empathy dimension is an understanding of service providers to patients, good communication to the patient, can understand the need and apologize to the patient when there is an error.

From the results of the interview, it is known in the dimension of this empathy both puskesmas have carried out well, the medical personnel are willing to pay attention, communicate with the patient to the patient, and apologize in the event of late service, Stay how both puskesmas maintain or even improve the quality of service provided.

The results showed that patients in both puskesmas were satisfied with the dimension of empathy, due to the high level of concern of service providers who irrespective of the social status of the patient gave the maximum service possible. Doctors and nurses are good enough in communicating as well as giving encouragement to heal quickly. Hospitality and courtesy in providing this service need to be preserved.

The results of this research correspond to the research of Lestari, et al. (2009), Empathy factor is important in determining the level of patient satisfaction. The ability



to provide information and attention to patients will certainly increase patient satisfaction to the quality of service.

## 5. Conclusions

- 1) Procedure of service in both Puskesmas is good enough; the number of patients in Pekauman Puskesmas has no effect on the decline in the quality of services obtained by patients, because it is supported by facilities and infrastructure complete and sufficient human power. While in Karang Mekar Puskesmas with limited human resources and facilities, still able to demonstrate the quality of good service, with the support of a clear division of tasks.
- 2) The tangible dimension in both puskesmas has been assessed quite well and the patient is satisfied with the service provided. Disadvantages that exist in both puskesmas more because of external factors.
- 3) In the reliable dimension, the quality of service provided by both Puskesmas is good enough. With the number of patients in Pekauman Puskesmas medical personnel deficiency will be able to influence the quality of service provided to patients.
- 4) Responsiveness Puskesmas Service Officers are the dimensions that still need to be improved in both puskesmas. The quality of service on responsiveness dimensions that are not well-good will be able to affect service quality assessment.
- 5) Assurance from the medical officers in both puskesmas is good enough. The trustworthy nature that service personnel possess will affect the patient's level of satisfaction in the service quality.
- 6) Empathy shown by the service provider in both Puskesmas is good enough. Doctors and nurses are good enough in communicating as well as giving encouragement to heal quickly

## 6. Recommendations

- 1) In order to improve the quality of service procedures in both puskesmas, it is necessary to evaluate the implementation of regular services by requesting feedback from users of the service.
- 2) The physical display factor (tangible) in both Puskesmas continues to be addressed so that the patient believes in the quality of service provided. Special to the Pekauman Puskesmas need to add seats in the pharmacy waiting room. Meanwhile, in Karang Mekar Puskesmas need to add banners, brochures or leaflets that contain health information.
- 3) The reliability (reliable) health service personnel in both Puskesmas is continuously improved by tying in trainings or seminars related to their skills and duties.

- 4) The responsiveness (responsiveness) of medical personnel to patients needs to be improved by taking the time to hear the complaints and wishes of the patient, so that the patient feels the medical officer like his or her friend.
- 5) Assurance to heal will be perceived by the patient, if the medical officer who serves according to his expertise.
- 6) As a Fellow of Empathy Human (caring) for patients, it needs to be trained and developed by health care personnel.

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