Quality of Service in the PKM Dondo Community Health Center, Dondo District, Toli-Toli Regency

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This study aims to determine the quality of service at the Dondo Health Center, Dondo District, Toli-Toli Regency. This type of research is descriptive qualitative. Data collection techniques used in the form of observation, documentation and interviews. There were 7 informants in this study. The selection of informants was carried out purposively, namely by deliberately choosing people who were seen to see the problem under study. In this study using the theory (Zeithhaml, dkk in Hardiansyah 2011:46) where there are five indicators used to measure service quality at the Dondo Health Center, the five indicators are direct Tangibles, Reabilily, Responsiveness, Assurance and Empathy. Based on the results obtained, it can be concluded that the quality of service at the Dondo Community Health Center, is still not optimal. Judging from the five indicators of health assessment, the problem is in two indicators, namely Reability or Reliability, especially doctors who are still lacking and the Assurance indicator related to the problem of friendliness of some employees. Puskesmas in serving patients who visit, of course this is very influential to see the success of the quality of service at the Puskesmas. while the indicators of Tangible, Responsiveness, and Empathy have been running enough.

Keywords: Service and Quality (Direct Evidence, Reliability. Power Responsiveness, Assurance and Empathy).

1. Introduction

Public service is an activity or series of activities carried out to meet service needs in accordance with laws and regulations. Law Number 25 of 2009 concerning Public Service is a law that regulates the principles of good governance, which is the effectiveness of government functions itself.

The state is obliged to serve every citizen and resident to fulfill their fundamental rights and

needs within the framework of public service, which is a mandate of the 1945 Constitution of the Republic of Indonesia. Building public trust in the public services provided by public service organizers is an activity that must be carried out in line with the expectations and demands of all citizens for the improvement of public services.

As an effort to reinforce the rights and obligations of every citizen, and to realize the responsibilities of the state and corporations in the provision of public services, clear legal norms are needed to regulate and improve the quality and ensure the provision of public services in accordance with the general principles of good governance and corporations, as well as to provide protection for every citizen and resident and the abuse of authority in the administration of public services.

Efforts to maintain and improve health are realized through a service medium or commonly referred to as health facilities and services. Health services are places or facilities often used by the community to carry out health efforts (Notoatmodjo Soekidjo, 2010). The government develops health centers (puskesmas) with the aim of bringing health services closer to the community, most of whom still live in rural areas. Health centers are expected to provide quality health services, satisfying and in accordance with standards and ethics.

Health is a right and an investment for all citizens. To ensure health, a system is required to regulate the provision of health services for the community as an effort to fulfill the needs of citizens to remain healthy. Adequate health services are essential for the community and are also one of the basic needs besides food and education. Quality health services are those that are concerned with and centered on the needs, expectations, and values of customers as the basis for providing health services. This is a requirement that must be met to provide satisfaction to the community as service users. The community hopes to receive health services conducted responsibly, safely, with high quality, equitably, and non-discriminatorily, so that the rights of patients as recipients of health services can be protected.

Health development is an effort carried out by all components of the nation, which, in accordance with Article 3 of Law Number 36 of 2009 on Health, aims to increase awareness, willingness, and ability to live healthily for everyone, so as to achieve the highest possible level of health as an investment for the development of socially and economically productive human resources.

One of the government's efforts in providing health services to the community is by establishing government institutions as units for organizing public health services in every sub-district, namely Community Health Centers, commonly known as Puskesmas. Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 concerning Puskesmas states that these health service facilities organize public health efforts and first-level individual health efforts, with a greater emphasis on promotive and preventive efforts, to achieve the highest possible level of public health in their working areas.

Efforts to maintain and improve health through healthcare facilities are critical for rural areas, where access to such services is often limited. Puskesmas, or Community Health Centers, are designed to address this need by bringing primary health services closer to these communities, adhering to the principles of affordability, accessibility, and quality. However, for PKM Dondo, the only Puskesmas serving 16 villages in Dondo Sub-district, the challenge lies in

balancing the demands of a large, dispersed population with limited resources.

PKM DONDO (Dondo Community Health Center), located on Jalan Trans Desa Tinabogan, Dondo Sub-district, Toli-toli Regency, Central Sulawesi Province, serves 16 villages. In the Dondo sub-district, there is only one Puskesmas. Therefore, this Puskesmas has a broad working area encompassing the entire Dondo sub-district. Consequently, the environmental and public health in this area depend on how well PKM DONDO implements good health services and continuous socialization in the Dondo sub-district, especially during the current pandemic. PKM DONDO must take a greater role in reducing the symptoms of COVID-19 that may occur in the Dondo sub-district if the community neglects the importance of maintaining a healthy lifestyle by implementing the 3M method: Wearing Masks, Washing Hands, and Maintaining Distance.

In line with the Regulation of the Minister of Health Number 75 of 2014, PKM Dondo is tasked with implementing promotive and preventive efforts while ensuring curative care for the community. Despite this mandate, initial observations reveal several critical deficiencies: a lack of clarity in service flow and schedules, insufficient workforce capabilities, and resource limitations that hinder effective and equitable service delivery. These gaps result in confusion among patients, delays in receiving care, and potential inequities in health outcomes.

Research in similar contexts, such as community health centers in rural areas of East Java and West Sumatra, highlights common challenges like workforce shortages, uneven resource distribution, and unclear communication of service guidelines (Suryani et al., 2019; Anwar et al., 2020). Meanwhile, successful interventions in Bali's rural Puskesmas illustrate the importance of community involvement, staff training, and streamlined administrative processes in improving service quality and patient satisfaction (Rahmawati & Wulandari, 2021). These studies underscore the significance of addressing specific deficiencies in health service delivery, particularly in regions where healthcare access is limited.

These challenges, particularly during the ongoing pandemic, underline the critical role of PKM Dondo in safeguarding community health through effective program implementation. Addressing these issues is essential to improve service quality, restore public trust, and fulfill the community's right to reliable healthcare.

Given these issues, based on initial field observations conducted by the researcher, there is an interest in conducting research on "The Quality of Public Health Services at PKM Dondo, Dondo Sub-district, Toli-Toli Regency.

2. Methods

In this study, data will be analyzed continuously and inductively throughout the research process, utilizing empirical materials collected in the field. The inductive analysis begins by addressing the main issues identified in the problem statement and systematically exploring specific questions through in-depth interviews. This research employs a qualitative approach, focusing on understanding the nuanced experiences and perceptions of the participants within the context of health service quality. The rationale for adopting this design lies in its alignment with the research objectives, which seek to explore the lived experiences of individuals interacting with PKM Dondo and to uncover patterns and insights not immediately evident *Nanotechnology Perceptions* Vol. 20 No.7 (2024)

through quantitative methods. By leveraging the strengths of qualitative research, this study aims to provide a rich, contextual understanding of the specific challenges and gaps in health services.

The target population consists of community members and health service providers associated with PKM Dondo. A purposive sampling method will be employed to ensure that participants are selected based on their direct relevance to the research questions. The sample size will be determined by the principle of saturation, where data collection continues until no new insights emerge. This ensures the findings are grounded in comprehensive and diverse perspectives. Data will be collected using two primary methods; (1) Observations: Systematic observations of PKM Dondo's operations, service flow, and interactions between patients and staff; (2) Indepth Interviews: Semi-structured interviews with key informants, including healthcare providers and patients, to gain deeper insights into their experiences and challenges.

The data analysis will follow an iterative and interactive process, employing the Miles and Huberman interactive model. The specific steps involved are as follows; (1) Data Condensation: Organizing and simplifying the raw data through coding, categorization, and summarization. Codes will be developed inductively based on emerging themes from the data; (2) Data Display: Visualizing the data in matrices, charts, or narrative summaries to identify patterns, relationships, and themes; (3) Drawing and Verifying Conclusions: Interpreting the data to develop insights and conclusions, which will be continuously tested and refined throughout the analysis process.

The inductive approach will be operationalized by beginning the analysis with open coding to identify initial patterns and themes. These will then be refined through axial coding, connecting categories and themes to the broader research objectives. Constant comparison and iterative review will ensure that the findings are both comprehensive and accurate. By providing detailed steps for data analysis, a clear explanation of the research design rationale, and a description of the target population and sampling strategy, this methodology aims to ensure transparency, rigor, and alignment with the study's objectives.

3. Results and Discussion

The study assessed the quality of services at PKM Dondo based on the five dimensions of service quality outlined by Zeithhaml, Parasuraman, and Berry: tangibles, reliability, responsiveness, assurance, and empathy. Below is a summary of findings for each dimension, along with actionable insights and their implications for policy, practice, and future research.

Tangibles (Direct Evidence)

Tangibles refer to the physical aspects of service delivery, such as the appearance of buildings, facilities, and employees. Observations at PKM Dondo reveal that the facility's physical infrastructure, including the recently renovated building (completed in 2019), is modern and well-maintained. Respondents highlighted adequate equipment availability, cleanliness, and attention to environmental hygiene. Key Findings: Facilities: Interviewees, including staff and community members, described the building and supporting facilities as "adequate" and "comfortable" for service delivery. Cleanliness: Regular cleaning schedules and community cooperation ensure a hygienic environment, as evidenced by the availability of trash bins and *Nanotechnology Perceptions* Vol. 20 No.7 (2024)

routine maintenance.



Figure 1. (a) Condition of the PKM Dondo building before repair and improvement of health support facilities. (b) Condition of the PKM Dondo building after repair and improvement of health support facilities

Source: Data from observation, 2023

Reliability

Reliability assesses the ability to provide accurate and dependable services. Findings indicate that PKM Dondo delivers consistent and reliable services, despite challenges such as a shortage of nurses (10 available versus 30 midwives).

Key Findings: Personnel Expertise: Staff qualifications include degrees and diplomas relevant to their roles. This foundation ensures a high standard of service delivery. Discipline: Employees were described as punctual and respectful of schedules, further enhancing service reliability.

Responsiveness

Responsiveness measures the timeliness and readiness of staff in addressing patient needs. Staff at PKM Dondo are recognized for their ability to handle complaints promptly and follow standard operating procedures (SOPs) effectively.

Key Findings: Queue Management: Services are organized via queue systems, ensuring fairness and efficiency. Patient Feedback: Patients frequently praised the clarity and helpfulness of information provided during treatment.

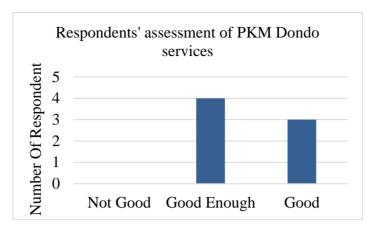


Figure 2. Respondents' assessment of PKM Dondo services

Source: Data Analysis, 2023

Based on the graph above, it can be seen that the number of respondents who answered quite a lot was more, totaling 4 people, followed by respondents who answered well as many as 3 people, so it can be concluded that the service quality of PKM Dondo is quite good where the queuing service is systemized and patient feedback is quite good.

Assurance

Assurance encompasses staff knowledge, politeness, and the ability to inspire trust. Respondents consistently noted that staff professionalism at PKM Dondo guarantees patient safety and comfort.

Key Findings: Professional Conduct: Staff consult thoroughly before diagnosing and adhere to practice permits and regulatory standards. Room for Improvement: While most staff interactions were positive, occasional reports of unfriendly behavior suggest areas for development in communication training.

Empathy

Empathy refers to the degree of care and individual attention given to patients. Staff at PKM Dondo demonstrate high levels of empathy, offering equitable treatment and fostering strong relationships with patients.

Key Findings: Personalized Attention: Staff consistently provide tailored care, addressing individual concerns with sensitivity. Equity in Service Delivery: All patients receive equal treatment, irrespective of their background or social status.

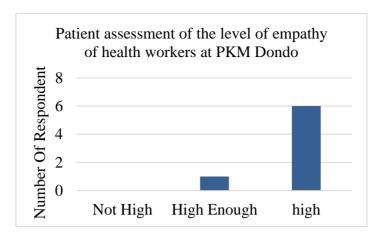


Figure 3. Patient assessment of the level of empathy of health workers at PKM Dondo Source: Data Analysis, 2023

Based on the graph above, it can be seen that health workers at PKM Dondo have high empathy, offer fair treatment, and build strong relationships with patients.

4. Conclusion

This study assessed the quality of services at PKM Dondo, Dondo District, Toli-Toli Regency, through the framework proposed by Zeithaml, Parasuraman, and Berry, which includes five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The findings provide valuable insights into both the strengths and areas for improvement in service delivery at the health center.

Tangibles: The physical infrastructure, including the modern and well-maintained facilities, supports high-quality service delivery. Cleanliness practices enhance patient comfort, creating a welcoming environment for the community.

Responsiveness: PKM Dondo excels in addressing patient needs with precision and timeliness. The organization of services, including a robust queue management system, ensures efficiency and fairness.

Empathy: Health center staff demonstrate genuine care and attentiveness, fostering strong relationships with the community. This has been positively acknowledged by most patients, reflecting high levels of satisfaction in this dimension.

Reliability: While staff are skilled, competent, and disciplined, the shortage of healthcare workers, particularly doctors, limits the facility's ability to meet the growing needs of the district.

Assurance: Professionalism and a commitment to patient safety are evident in service delivery. However, occasional lapses in friendliness among some staff members highlight an area for improvement in communication and interpersonal skills.

Implications for Practice

The findings suggest several actionable strategies for enhancing service quality at PKM Dondo:

Resource Allocation: Addressing the shortage of healthcare personnel, particularly nurses and doctors, will strengthen the facility's reliability and capacity to serve the community effectively.

Training Programs: Conducting workshops focused on empathy and patient communication can address concerns related to friendliness and improve overall patient experience.

Facility Maintenance: Continuously investing in infrastructure and cleanliness will sustain the current high standards in tangibles.

Recommendations for Future Research

Future studies could build on this research by; (1) Conducting longitudinal analyses to monitor service quality improvements over time; (2) Comparing PKM Dondo's service quality with similar facilities to identify best practices and unique challenges; (3) Investigating specific service dimensions, such as responsiveness or empathy, in greater depth to explore their impact on community health outcomes.

By addressing these recommendations, PKM Dondo can enhance its service quality, ensuring greater community satisfaction and fostering trust in public healthcare systems. These findings contribute valuable insights for policymakers and practitioners aiming to improve healthcare services in similar contextsBased on the results of the research and discussion above, the conclusion of this study shows that the performance of institutions in the Regional People's Representative Council (DPRD) of North Kalimantan Province in the formation of regional legal products has not been effective because looking at the personality traits approach which has not shown facilitative leadership, DPRD initiatives are still lacking, the attitude of DPRD members sometimes ignores the agreed schedule and knowledge, education levels and capacities are still limited in the formation of regional legal products. The behavioral approach shows that DPRD members are still lacking and need to be improved in providing feedback on community aspirations and not all of these aspirations are followed up into regional legal products and not all DPRD members have presentation or speaking skills. The results approach shows that the number of regional regulations produced is not as many as the number of proposed draft regulations, some draft regulations cannot be completed on time and regional legal products produced by the DPRD have not increased significantly each year.

References

- 1. Ahmadi, R. (2016). Metodologi penelitian kualitatif. Yogyakarta: Arruzz Media.
- 2. Anwar, R., Hartono, W., & Fitriani, D. (2020). Improving resource allocation in West Sumatra's community health centers. Indonesian Journal of Health Services, 22(3), 56–67.
- 3. Arkinto, S. (2001). Prosedur penelitian: Suatu pendekatan praktek. Jakarta: Bina Aksara.
- 4. Azwar, A. (2010). Pengantar administrasi kesehatan. Jakarta: Binarupa Aksara.
- 5. Walgito, B. (2004). Pengantar psikologi umum. Yogyakarta: Andi Offset.
- 6. Denhardt, J. V., & Denhardt, R. B. (2003). The new public service: Serving not steering. Padang: M.E. Sharpe.

- 7. Effendi, F., & Makhfuldi. (2009). Keperawatan kesehatan komunitas: Teori dan praktek dalam keperawatan. Jakarta: Salemba Medika.
- 8. Sugiarto, E. (1999). Psikologi pelayanan dalam industri jasa. Jakarta: Gramedia.
- 9. Tjiptono, F. (2004). Manajemen jasa (Edisi pertama). Yogyakarta: Andi Offset.
- 10. Tjiptono, F. (2011). Service management: Mewujudkan pelayanan prima (Edisi kedua). Yogyakarta: Andi Offset.
- 11. Herdiansyah. (2011). Kualitas pelayanan publik. Yogyakarta: Gava Media.
- 12. Pasolong, H. (2013). Teori administrasi publik. Bandung: Alfabeta.
- 13. Komariah, A., & Satoei, D. (2015). Metode penelitian kualitatif. Bandung: Alfabeta.
- 14. Kurniawan, A. (2005). Transformasi pelayanan publik. Yogyakarta: Pembaharuan.
- 15. Kuswarno, E. (2009). Phenomenologi: Konsepsi, pedoman dan contoh penelitian. Bandung: Lidya Padjajaran.
- 16. Maleon, L. (1994). Metodologi penelitian kuantitatif. Jakarta: PT Remaja Rosda Karya.
- 17. Mahmudi. (2005). Manajemen kinerja sektor publik. Yogyakarta: UPP AMP YKPN.
- 18. Muninjaya, G. A. A. (2011). Manajemen mutu pelayanan kesehatan. Jakarta: EGC.
- 19. Notoatmodjo, S. (2003). Pendidikan dan perilaku kesehatan. Jakarta: Rineka Cipta.
- 20. Notoatmodjo, S. (2007). Kesehatan masyarakat ilmu dan seni. Jakarta: Rineka Cipta.
- 21. Notoatmodjo, S. (2010). Metode penelitian kesehatan. Jakarta: Rineka Cipta.
- 22. Pohan, I. S. (2006). Jaminan mutu layanan kesehatan: Dasar-dasar pengertian dan penerapan. Jakarta: Penerbit Buku Kedokteran EGC.
- 23. Rahmawati, F., & Wulandari, S. (2021). Community engagement and administrative efficiency in rural health centers: A case study in Bali. Healthcare in Indonesia, 19(4), 89–101.
- 24. Ratminto. (2006). Manajemen pelayanan. Yogyakarta: Pustaka Pelajar.
- 25. Sampara, L. (2000). Manajemen kualitatif pelayanan. Jakarta: STIA LAN.
- 26. Sinambela, L. P. (2006). Reformasi pelayanan publik. Jakarta: Bumi Aksara.
- 27. Sinambela, L. P., et al. (2014). Reformasi pelayanan publik. Jakarta: Bumi Aksara.
- 28. Sugiyono. (2006). Metode penelitian kuantitatif, kualitatif, dan R&D. Bandung: Alfabeta.
- 29. Supranto. (2006). Mengukur tingkat kepuasan pelanggan dan konsumen. Jakarta: Rineka Cipta.
- 30. Suryani, R., Nurlaeli, A., & Mahfud, M. (2019). Challenges in providing health services in rural areas of East Java. Journal of Public Health Management, 15(2), 134–146.
- 31. Wijono, D. (2000). Manajemen mutu pelayanan kesehatan: Teori, strategi, dan aplikasi (Vol. 1). Surabaya: Airlangga University Press.