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Community Satisfaction Index in Healthcare Service of Community Central Health Service in Maron Probolinggo Indonesia

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ABSTRACT

Public services are the spearhead of local government. The community health center plays a strategic role for health services at the upstream level for the community, including the Puskesmas in Maron District, Probolinggo Regency. Even though it is running well, the quality of these public services must be continuously under supervision where improvement must be nurtured. One method of understanding the quality of public services is by conducting an assessment using guidelines that have been determined by the government in the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Implementing Community Satisfaction Surveys in Public Service Units. There are 9 elements that are included in the assessment, which are Requirements (defined as U1), Procedures (defined as U2), Service Time, Fees / Rates (U3), Product Specifications for Service Types (U4), Implementer Competencies (U5), Implementer Behavior (U6), Complaint Handling (U7), Suggestions and Inputs (U8), and Health Facility Conditions (U9). This research concluded that the element that has the lowest Community Satisfaction Index is the element of health facility conditions (U9), the second lowest element is complaint handling (U7) and the element of service fees / rates (U3). While the element that has the highest Community Satisfaction Index is the element of product information or specifications for the type of service (U5), the second highest is the element of service procedures (U2). Total Community Satisfaction Index (CSI) is with a value of 74.926 in the Good category. These findings are useful as a benchmark for assessing the level of service quality available at Puskesmas Maron.

Keywords: community satisfaction index; performance; type of service; importance performance analysis; service procedure;

INTRODUCTION

The community health center (later on will be called Puskesmas) from whom stake holders and community enjoy benefit from has been the center of public services in remote area. The role of Puskesmas is enormously significant to sustain the public healthcare system in the upstream level. Therefore, its key performance has been the continuous subject for research in order to yield recommendation upon which improvement are necessary.

Various approaches in public sector performance assessment have been conducted in multiple previous studies. Some of them are related with the public service administration, public sector organization, as well as the heart of management and services. Thus the study of community satisfaction assessment has been multidisciplinary subject. Recent study in 2020 shows that most used tool to measure public services performances are rooted in Regulation of the Minister of State Apparatus Empowerment

and Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Implementing Community Satisfaction Surveys in Public Service Units. The regulation has been an primary source of conduct for public service satisfaction assessment. This regulation means that public sector in all fields must carry Community Satisfaction Survey that in the end would result to what we now familiar with the term Community Satisfaction Index (CSI).

There are 9 elements that are included in the survey within CSI. The 9 elements are consisted of Requirements, Procedures, Service Time, Fees / Rates, Product Specifications for Service Types, Implementer Competencies, Implementer Behavior, Complaint Handling, Suggestions and Inputs, and Health Facility Conditions. The 9 elements must be included in the surveys as they become the core guide on which surveys are based upon.

Through this regulation, the ministry has urged and thus obliged public sector to conduct community assessment periodically. The community assessment later can be carried out every 3 months and 6 months which then become a minimum standard to handle the assessment (Minister of State Apparatus Empowerment and Bureaucratic Reform, 2017). However, researchers are encouraged to make modification in methods that would make the assessment far-reaching and result to rigorous studies in the given field. Thus it has been used widely across national that it becomes a standard tool to measure the public sector performance in Indonesia (Hariany, 2014; Suandi, 2019; Wahid & Romadani, 2021).

Recent study by Puspitarini et. al (2020) shows that a similar approach based on above mentioned regulations have been employed to measure Community Satisfaction Index (CSI) in Probolinggo City Library. However, this study has not yet revealed the quality of performance in city library. The recommendation provided by this study has been minimal. It also has not met the analysis needed to reflect on the result. Thus this research on CSI is equipped with the Importance Performance Analysis. It is significant to enable the research come to specific result that it has not only yielded the CSI but also reflect on the quality study and quality CSI. The study shows that the CSI of city library is beyond GOOD although it doesn't describe as the best fit due to lack of tangible variables. One of most profound tangible variable is the lack of collection a city library has.

Another study of which CSI applied in public sector is the study of Hariany (2014), Sukanti (2015), Wahid (2021) and Suandi (2019). Year by year, the researches on public sector where CSI has been used as primary method of public sector assessment is increasing. Due to its rigour studies, adjustment in method has been made such as in Widnyana and Nopianti (2020). Some researchers also have moved to analyze the result of CSI and reflect it on public service quality such studies have been made by Fitria (2020) and Syafriana (2020). Another such as Ekadipta (2019) who makes effort to expand the CSI study beyond general and move in to the community satisfaction in the Medicine Information Receipt Quality. Sularsih (2020) who studies the CSI of Outpatient Services of Health Service Participant also has moved to measure the CSI of certain aspect of healthcare public services. From these studies we may draw relevance between the health

care public service, community satisfaction index (CSI) and the quality of public services. The three variables are incorporated of one another.

The rigour studies of CSI is understood due to instruction given by the government to conduct performance measurement periodically and sustainably. Furthermore, in order to improve service performance and meet the quality expected by health service users, it is necessary to evaluate service performance at any time. The assessment is highly required to meet the data availability, accountability, and reliability where they are supporting in the process and achievement of health services for public service institutions and the evaluation of service improvements.

The same preferences also applied in the Puskesmas Maron, it is necessary to measure the level of success of its performance as an evaluation. One of the efforts to improve the quality of health services at Puskesmas Maron is the Community Satisfaction Index Survey (CSI) in the field of health services as a benchmark to assess the level of service quality available at Puskesmas Maron.

The Community Satisfaction Index (CSI) is data and information about the level of community satisfaction obtained from quantitative and qualitative measurements of public opinion in obtaining services from public service administrators by comparing their expectations and needs. Community Satisfaction Index (CSI) survey of health service users is carried out regularly with the aim of knowing the success rate of service performance at Puskesmas Maron as a material for determining policies in order to improve the quality of further health services. As the target of the Community Satisfaction Index Survey are users for whom Puskesmas Maron is delivering health services, these are the general public and employees in the Maron District and surrounding areas.

METHOD

The assessment of the community satisfaction is exercised by collecting surveys. Users are given a questions that are printed in questionnaires. Users are both asked to fill the questionnaires either independently and dependently. Independent means where the users are filling the survey based on experience during their visit in Puskesmas Maron. Dependently means researchers and peers are questioning the users as they fill the questionnaires for them. The latter is carried with the technique of face to face interviews with accompanied of in-dept interview if it is necessary. Users are defined as respondents that were randomly selected as they are receiving services, visiting and having experiences in Puskesmas Maron. There are 150 respondents determined who falls into criteria within the scope of researches. Subsequently, as method of analysis, the research uses Importance Performance Analysis (IPA) which is a combination of aspects of the level of expectations or interests and perceptions of the quality or condition performance of an object in two dimensions. There are two parameters in this analysis, those are represented by the variable X (service performance) and Y (user expectations), where X is the perception of health services in Puskesmas Maron, while Y is the level of expectations or user interests. The level of importance referred to in this case is the

interest according to the community for health services. An assessment using guidelines that have been determined by the government in the Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Implementing Community Satisfaction Surveys in Public Service Units. There are 9 elements that are included in the assessment, which are Requirements, Procedures, Service Time, Fees / Rates, Product Specifications for Service Types, Implementer Competencies, Implementer Behavior, Complaint Handling, Suggestions and Inputs, and Health Facility Conditions.

Table 1 Elements of Assessment According to PermenpanRB Nomor 14 Year 2017

No	Items of Assessment	Symbols
1	Requirements,	U1
2	Procedures,	U2
3	Service Time,	U3
4	Fees / Rates,	U4
5	Product Specifications for Service Types,	U5
6	Implementer Competencies,	U6
7	Implementer Behavior,	U7
8	Complaint Handling, Suggestions and Inputs, and	U8
9	Health Facility Conditions	U9

These variables include in IPA is illustrated below:



Figure 1 variables include in IPA: service performance, perception and user expectation

DISCUSSION

Result

This study results in following explanation. The element that has the lowest Community Satisfaction Index is the element of service facility condition (U9), the second lowest element is complaint handling (U8) and the element of service fee / tariff (U4). The element that has the highest Community Satisfaction Index is the product information element or service type specification (U5), the second highest is the Service Procedure element (U2). Total Community Satisfaction Index (CSI) is with a value of 74.926 in the GOOD category. Therefore, there comes a recommendation where the general performance as the survey shows, must be a subject of improvement. The Puskesmas Maron as a public sector organization according to the paradigm of public administration, must identify the fields where need some improvement. According to the study, the fields

that need to be addressed are services that fall into the category of element of service and tariff as identified in U4.

Tabel 1 Community Satisfaction Index (CSI) Result of Puskesmas Maron

No	Elements of CSI	Service Performance Units Values			Satisfaction Index per Unit
		Total Value per Unit	Nilai		
			Average Value	Balanced Average Value	
U1	Requirements	455	3,033	0,337	8,426
U2	Service Procedures	457	3,047	0,339	8,463
U3	Service Time	447	2,980	0,331	8,278
U4	Fee and Tariff	446	2,973	0,330	8,259
U5	Product Specifications for Service Types	458	3,053	0,339	8,481
U6	Implementer Competence	449	2,993	0,333	8,315
U7	Implementer Behavior	447	2,980	0,331	8,278
U8	Complaint Handling	446	2,973	0,330	8,259
U9	Health Facility Condition	441	2,940	0,327	8,167
Total Community Satisfaction Index				2,997	74,926
(CSI = Average Balanced Value x 25)					

Where variabel X as defined as the user expectation can be concluded in table below:

Tabel 2 User Expectation Index

No	Unit of Questions	User Expectation Index Value			Expectation Index Per Unit
		Total Value of Units	Values		
			Average per Unit	Balanced Average per Unit	
U1	Requirements	510	3,400	0,378	9,444
U2	Service Procedures	508	3,387	0,376	9,407
U3	Service Time	521	3,473	0,386	9,648
U4	Fee and Tariff	495	3,300	0,367	9,167
U5	Product Specifications for Service Types	491	3,273	0,364	9,093
U6	Implementer Competence	506	3,373	0,375	9,370
U7	Implementer Behavior	509	3,393	0,377	9,426

U8	Complaint Handling	518	3,453	0,384	9,593
U9	Health Facility Condition	470	3,133	0,348	8,704
Total User Expectation Index Value				3,354	83,852
(UEI = Average Balanced Value x 25)					

Source: data concluded in 2021

The lowest element of customer expectations for service performance that they receive is the element of service facility conditions (U9). The second lowest element is product information or service type specifications (U5). The highest element of customer expectations for the service performance it receives is the element of Service Time (U3), the second highest element of complaint handling (U8). Total customer expectations of service performance received with a value of 83,852 in the very high category.

**Tabel 3 Kesesuaian antara Kinerja Pelayanan & Harapan Pelanggan
IPA (Importance Performance Analysis)**

No	Unit of Questions	X Performance		Y Expectation		Degree of Adjustment (%)
		Total Value	Average Value	Total Value	Average Value	
U1	Requirements	455	3,033	510	3,400	89,216
U2	Service Procedures	457	3,047	508	3,387	89,961
U3	Service Time	447	2,980	521	3,473	85,797
U4	Fee and Tariff	446	2,973	495	3,300	90,101
U5	Product Specifications for Service Types	458	3,053	491	3,273	93,279
U6	Implementer Competence	449	2,993	506	3,373	88,735
U7	Implementer Behavior	447	2,980	509	3,393	87,819
U8	Complaint Handling	446	2,973	518	3,453	86,100
U9	Health Facility Condition	441	2,940	470	3,133	93,830
Average			2,997		3,354	
Total			26,973		30,187	89,355

Source: data concluded in 2021

The element that has the lowest level of conformity is the element of service time (U3), and the second lowest is the element of complaint handling (U8). while the element that has the highest suitability is the element of health facility condition (U9), and the second highest is the element of product information or specifications for the type of service (U5).

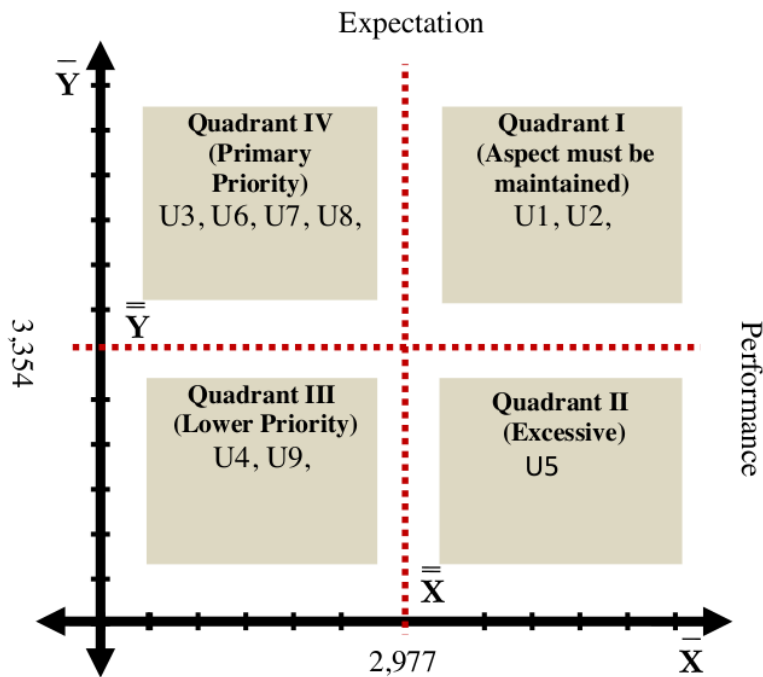


Figure 2 Cartesians Diagram: IPA (Importance Performance Analysis)
Conformity between Service Performance and User Expectation

Source: Data processed, 2021

The above figure can be concluded as:

- Quadrant 1. Describes that aspects of the high level of community expectations for service have been met with good service performance results, and service performance achievements need to be maintained. The elements that are included in quadrant 1 are: U1. Terms of service, U2. Service procedure
- Quadrant 2. Describes that the aspect of the level of community expectations for services is low but the performance of the services provided is excessive. The elements that are included in quadrant 2 are: U5. Service product information or service type specifications.
- Quadrant 3. Describes that the aspect of the level of community expectations is low and the performance of the services provided is mediocre, low priority. The elements that are included in quadrant 3 are: U4. Service fees / charges and U9. Service facility conditions
- Quadrant 4. Describes that the aspect of the level of community expectations for service is high but the results of the performance of services received by the community are still low, it is necessary to concentrate on meeting the level

of public interest, the elements included in quadrant 4 are: U3. Service Time, U6. Service implementer competence, U7. Service implementer behavior, and U8. The handling of complaints

CONCLUSION

Public sector organization has a wide range of services. Health service is one of them serve as integral part of community. It has broadest aspect in maintaining the quality of community where its primary object is to bring a healthy community. Health Service Center, known as Puskesmas, plays pivotal role in realizing its objectives in the upstream level. Its performance has become a subject of continuous improvement where the Agent of Accreditation has obliged Puskesmas to maintain a minimum standar of service. In order providing data and information needed to affirm the minimum standard of service, Puskesmas through Regulation of the Minister of State Apparatus Empowerment and Bureaucratic Reform Number 14 of 2017 concerning Guidelines for Implementing Community Satisfaction Surveys in Public Service Units exercises the community satisfaction index (CSI). The method used has been explained adequately within the regulation with the degree of modification and adjustment from which this research is based on. The research has resulted on following findings: (1) that the high level of community expectations for service have been met with good service performance results, and service performance achievements need to be maintained. The elements that are included in quadrant 1 are: U1. Terms of service, U2. Service procedure; (2) the level of community expectations for services is low but the performance of the services provided is excessive. The elements that are included in quadrant 2 are: U5. Service product information or service type specifications; (3) that level of community expectations is low and the performance of the services provided is mediocre, low priority. The elements that are included in quadrant 3 are: U4 Service fees / charges and U9 Service facility conditions; and (4) level of community expectations for service is high but the results of the performance of services received by the community are still low, it is necessary to concentrate on meeting the level of public interest, the elements included in quadrant 4 are: U3 Service Time, U6. Service implementer competence, U7 Service implementer behavior, and U8 The handling of complaints

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