

## Quality of Service of Oemofa Health Center in Amabi Timur Kupang Regency

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**Abstract:** The purpose of this study was to determine and improve the quality of health services in the working area of the Oemofa Health Center, Amabi Oefeto Timur District, Kupang Regency. This research is descriptive using a qualitative research approach. ZERVIQUAL (Service quality) analysis results. Tangibles dimension (direct evidence) medical facilities are incomplete and non-medical, the appearance of the officers is good, the service discipline is still less than the dimension of Reliability (Reliability), the skill of the officers is not good by providing training/seminars or providing further studies, and there are still officers who hold concurrent positions. The responsiveness dimension (responsiveness) is good enough for medical / non-medical officers to prioritize the interests of the customer/patient, but there are still service achievements that have not been going well, must respond more quickly and accurately to customer complaints, and the assurance dimension is still not good and specialist doctors, so that examinations and treatment are of higher quality, the empathy dimension (empathy) is good and continues to maintain service attitudes and behaviour.

**Keywords:** service quality; health centre; customer satisfaction

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### Introduction

The quality of health services is essential and is the responsibility of the government in order to increase quality human resources in order to achieve common goals for both service providers and service users. Service quality must be evaluated continuously to find out any weaknesses, weaknesses or strengths as a reference in improving service in all parts or policies so that the company's vision and mission can be achieved because the quality is a basic business strategy that produces goods and services that meet customer needs and satisfaction. Internal and external, explicitly and implicitly, Juharni (2017: 36).

Services that are not oriented to customer expectations and desires cause public disinterest and trust as service users which results in decreased customer visits in using health services. The effect of company commitment increases trust and causes increased customer loyalty in Mamusung, Rasjit (2020: 1). The Oemofa Puskesmas must provide services according to the Puskesmas' vision and mission, the hopes and needs of the people within its working area. Oemofa Puskesmas must provide services according to the Puskesmas' vision and mission, the hopes and needs of the people within the scope of its work area. Maximum and quality service is the hope of customers who come for treatment or visit to obtain health information. Therefore, prioritizing market needs/demands is important in maintaining the existence of puskesmas and improving the service quality. According to Kotler in Hardiyansyah (2011: 93) that the expertise of officers in measuring service quality must start from recognizing customer needs/interests and ending with customer perceptions. As a basic health service, development and support for the healthy Amabi Timur community of Kupang district and producing quality human resources, it is challenged to be able to make and make changes continuously according to the standard operating procedures (SOP) of the puskesmas in each poly/room. The service is in accordance with the SOP but does not rule out mistakes and errors, the physical appearance of the building is very good, looks comfortable and clean, the work area covers ten villages with an area of 236.72 km, the registration counter is open every Monday-Saturday starting at 8.00- 11.00, Friday 8.00-10.00 and Saturday 8.00-10.30 while 24-hour service is only specifically for childbirth. Forty (40) medical personnel with details of eighteen (18) civil servants, six (6) contract workers, and sixteen (16) volunteer workers. From the medical workforce data that is owned is still very lacking in carrying out health services The number of customer visits in 2018 was 36 patients, in 2019 there were 42 patients, and in 2020 there were 17 patients. The number of customer visits from the last three years has not even decreased too much. In fact, there are still many shortcomings, and this is evidenced by the many complaints, criticisms and suggestions submitted by several patients as informants (results of the 2020 interview) both regarding counter services, pharmacies, service hours, sometimes out of stock of drugs in the warehouse of drugs and pharmacies, incomplete, shortage of medical and non-medical personnel and health services outside the building, namely health promotion that is not running

well. The number of complaints and suggestions proves the lack of quality of health services. Customer satisfaction is achieved if all expectations and needs for health are met by continuously improving services. Spath, 2009 (in Budhiarta, Muttaqin (2019) states that the quality of health services is the extent to which health services for individuals and the wider community can improve life resilience and the desired quality of health and is consistent with the knowledge and abilities of today's health professionals.

That tangible and assurance affect customer satisfaction (Solichah Supartiningsih, 2017). It was also conveyed that the quality of service in terms of attention where the health workers at the puskesmas in providing health services was quite good in terms of having good attention to patients who came for examination and treatment and the quality of health services at the puskesmas in terms of the belief that there were health workers who were less disciplined, and that low and had multiple functions (Aji Fatrunisah, 2015). The quality of service is very important in various activities that are produced in the form of goods or services, such as the gap rate analysis with the ANOVA test, the quality of health centre services on the satisfaction of pregnant women in the city of Pangkalpinang is not good, there are differences in tangible, Reliability and responsiveness between health centers in the city. pangkalpinang (Fitri Mawarti, Fauziah Nuraini, M. Husni Tamrin, 2016).

### **Research Method**

Qualitative descriptive research is used by researchers to understand social problems that occur and try to describe and analyze in-depth the quality of health services, with a research location at the Oemofa Health Center in East Amabi, Kupang Regency. Type of data is primary data whose informants are purposive, totalling 26 people with details: Head of Puskesmas (1), administrative officer (1 Orang), Head of Administration (1), Poli officer (8 people), patient (15), and Secondary data obtained from documents/reports, informants with a research focus, namely the quality of Puskesmas services with SERVQUAL (Service Quality) analysis tools According to Zeithaml, 2004 (in Sudarso, 2016: 58-60) Includes five dimensions, namely Tangibles (direct evidence), Reliability (Reliability), responsiveness (responsiveness), assurance (assurance) and empathy (empathy).

Data collection using observation techniques by observing various phenomena and facts that occur then reinforced by unstructured interviews from informants directly and creating Focus Group Discussions (FGD) involving people who have knowledge in their respective fields.

### **Results and Discussion**

Oemofa Puskesmas as a provider of health services for the community in Amabi Timur sub-district, Kupang district with a working area of ten (10) villages, is required to run and provide services in accordance with the Minimum Service Standards or Standard Operating Procedures (SOP) in an effort to improve the quality of its services so that patients or The community in the working area of the Puskesmas will receive the services of a Basic Health Program (Compulsory Health Efforts), a Development Health Program (Development Health Efforts), a comprehensive and integrated Support Program. Measuring the quality of health services at the Oemofa Health Center, researchers analyzed five (5) dimensions, namely ZERVIQUAL (Service quality) according to Zeithaml, 2004 (in Sudarso, 2016) which includes (1) Tangibles (direct evidence), (2) reliability, (3) responsiveness (responsiveness), (4) Assurance (assurance), (5) empathy (empathy). Based on the data that has been analyzed both from the results of observations, interviews, documentation studies and FGD, the five dimensions described in the results of this study indicate that there are still deficiencies, weaknesses and additions or improvements to various medical and non-medical equipment, medical and non-medical personnel, Building/room/poly in Oemofa Health Center services.

#### **Dimensions of Tangibles (direct evidence)**

The availability of patient/community needs related to the Tangibles dimension (direct evidence) affects the quality of service providers. Interview and FGD with the head of the Puskesmas on February 21 2020: "The health facilities at the Oemofa Puskesmas are still incomplete. I hope there will be additional medical and non-medical equipment as well as additional children's / infant poly rooms and there is still a need to improve data archives relating to services, and most importantly there is the placement of doctors in our Puskesmas. This is no doctor ".

Furthermore, interviews and FGD with General Poli Medical Officers on February 21, 2020: "Medical equipment such as blood pressure, scales, thermometers and Stateskop are already available and in good condition, but it still has to be added. Each poly has all the equipment. We don't have baby scales, setting sets, added trolleys, no wound care set and baby/child clinic added because they are still joining the general clinic and there is no general practitioner yet ". An interview with a customer/patient in Muke village said: "I am worried about getting treatment here because I have a baby aged seven months and all examinations are

combined in the general clinic, even though babies/children are prone to contracting virus. So I suggested that the examination of babies/children be separated”.

Based on the results of interviews with the Head of the Puskesmas and one of the general poly medical officers as well as the customers/patients of the Oemofa Health Center, the three of them revealed that the physical condition of the general polyclinic room needed to be renovated by separating the general poly examination room and the child/baby clinic. The physical condition of the room in which they carry out service activities is uncomfortable, resulting in less than optimal performance of medical personnel. Apart from the uncomfortable physical condition of the poly room, medical / non-medical facilities also affect the quality of service to customers. As one medical officer put it:

Interview and FGD with Pharmacy Officers on February 21, 2020: "In my opinion, the Pharmacy department has carried out its duties according to our ability. However, there is still a shortage of non-medical facilities, namely the addition of a refrigerator for storage of drugs that are not durable, there needs to be a special closed drawer for psychotropic drugs because these drugs have their own storage standards, there is no storefront to store medicines to avoid dust (so far wooden / iron shelf), there is no medicinal scale. Medicinal scales are needed so that the drugs we formulate are in the right dosage ”.

Interview and FGD with Dental Polyclinic on February 21 2020: "There is still a shortage of medical facilities such as dental clinics, tension meters, tools for first aid kits, installations for saliva disposal, materials for ART-KIT dental fillings, and trolleys, there is still a shortage of medical personnel, but we are still working to provide our best services” .

Furthermore, interviews and FGDs with immunization policymakers on February 21, 2020, “we experience problems in better and more complete storage of vaccine drugs, such as refrigerators, larger storage boxes for immunization drugs. Sometimes the delay in immunization drug supplies.

Medical equipment facilities are still lacking; it is necessary to increase the procurement of medical and non-medical facilities in the form of better storage places for medicines so that the available medicines are of better quality and drug scales according to a doctor's prescription. The importance of the availability of good health service support facilities for customers/patients, the following is an expression of a customer/patient: Interview with BPJS customers/patients from Oemolo village on February 21, 2020:

"I think there should be additional additions, such as seats for patients. I feel tired because I have to stand while waiting in line at the counters and pharmacies. ". continued the interview with KIS customers/patients from Oemofa village on February 21, 2020: "I hope there are doctors at the puskesmas"

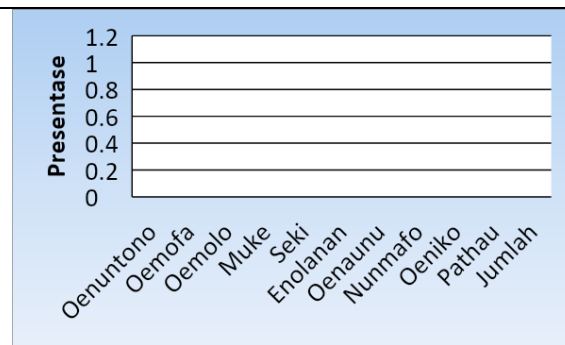
Non-medical supporting facilities such as chairs for patients while waiting for the queue at the counter or medical examinations are the needs of patients and are one of the supporting factors that affect the quality of the Oemofa Health Center services. Lack of seats/chairs makes patients disappointed and feels less satisfied with the service received. As a customer/patient who always visits to get health services, he cares about improving the quality of service.

Furthermore, on February 22, 2020, an interview with a customer/patient in Oemolo Village "The service at the Oemofa Puskesmas is still not good, I suggest that there should be a doctor to examine us so that we can have a clearer consultation regarding the pain experienced". The buildings and rooms available at the Oemofa Puskesmas are in accordance with their functions and are quite adequate, only in the future it is necessary to add additional rooms for the Infant / Child poly room because the examinations are still combined, namely at the General Poly so that services are safer and more comfortable.

The availability of facilities and infrastructure is quite good; human resources are good enough in carrying out administrative services and health services, even though the reality is that human resources, both medical and non-medical personnel available at the Puskesmas, are still lacking and there need to be additions in order to improve service quality in the health sector. The quality of service from the Tangibles dimension (direct evidence) still has many shortcomings in the availability of medical and non-medical facilities, lack of human resources, namely medical and non-medical personnel and service discipline is not in accordance with SOP.

### **Dimensions of Reliability (Reliability)**

Interview and FGD of KIA Poli officers on March 5, 2020: "The use of assistive devices in services must be very careful, especially when dealing with patients who suffer from or have a history of sexually transmitted diseases because the transmission of this disease is very easy to occur if the aids used are not sterile we still lack a medical device: a dopler (pulse test kit). , partuset (a tool to help with childbirth) and tension. Only 1 must be added. The results of the study show that immunization services for babies in 2019 in the Amabi area of East Oefeto with a coverage of 10 villages are still 0% that have not reached the minimum service standard.



**Figure 1:** Percentage of village coverage of immunization services

The service quality of the Oemofa Puskesmas from the dimension of Reliability (Reliability) is not good and still has difficulty handling patients with a history of a rare illness, emergencies, or requires referrals; officers are still trying to find solutions to consult via cellphone communication with doctors or related parties who are competent and have special expertise about the type of patient's illness based on the symptoms presented.

This happens because Puskesmas do not have permanent doctors, both general practitioners and specialists, and there is a shortage of medical and non-medical personnel in each poly. There are also officers who have concurrent positions, namely the responsibilities as head of administration, as essential UKM and PERKESMAS, as well as responsibilities in the mobile health centre service network, so the resulting work is certainly not optimal.

### **Responsiveness (responsiveness)**

Interview and FGD with Locket Officers on June 7, 2016, stated that: "We have tried our best to provide fast service to every patient without the slightest discrimination. We are aware that there are still deficiencies in the counter in taking numbers. We had difficulty finding the patient examination folder because there were many check folders, so it took a long time, approximately 5-8 minutes to find the check map according to the patient data who came for treatment. The most difficult difficulty is if the patient is a patient who rarely or for a long time does not visit and for the smooth running of the service, the patient is asked to go directly to the place of treatment/poly to get service".

The interview and FGD with the action room officer said: "We in the Action room sometimes experience difficulties in terms of referral patients, because the patients we will refer to for further examinations at the hospital level, however, are constrained patients who do not have complete letters such as family cards or identity cards. . This is what is often experienced so that patients are not admitted to the hospital, due to the incompleteness of the patient's files, in the end, the patient chooses to go home and seek treatment as it is".

The results of interviews and FGDs with counter officers acknowledged that there were weaknesses in serving patients quickly because of the large number of check folders and patient data processing was still done manually so that searching for patient data also took about 5 to 8 minutes per patient but for smooth service if any emergency patients then direct the patient to the clinic as needed.

Further interviews and FGDs, the general policymaker on February 22, 2020, said: "We try to provide good service to every patient. Especially for patients who need fast treatment, for example, sick patients (high fever) will be prioritized without waiting for the queue number. We continue to handle the patient, if the condition is an emergency patient, we will refer to the Action Room section for immediate action with complete equipment. The ability of medical personnel to respond to problems faced by patients quickly and precisely can be carried out by officers, such as the delivery of one of the general policymakers who prioritizes emergency patients and takes medical action quickly.

Then, on February 22, 2020, an interview and FGD with a medical officer in the drug department (Apotik) stated that "in our service, two people handle prescription and drug compounding. We always tell patients to be patient because this work requires accuracy so that there are no errors in taking and compounding the drug.

Interviews and FGD for non-medical officers (administrative officers) on February 22, 2020: "Health data and information related to services are incomplete and have not been running well". The quality of service from the dimension of responsiveness (responsiveness) is quite good. Researchers witnessed the rapid action of medical personnel when a child patient who experienced vomiting was immediately handled in the action room without having to wait in a queue. The administrative process is still carried out after the customer/patient has received treatment and medication so that unwanted things do not occur. Provision of health data and

information is important to pay attention to as a consideration or reference and motivation in any leadership decision-making process. Oemofa Puskesmas officers always prioritize the interests of customers/patients even with the shortcomings and limitations of existing facilities and medical / non-medical personnel.

#### **Assurance (guarantee)**

Researchers observed that many patients queued to get service at 08:30, but could not get service because some medical officers were not yet in each Poli room. Patients are only served by counter officers, after receiving a queue number and information about which poly-polys to go to, the patient has to wait a long time until the policeman arrives at the Puskesmas. Even though the SOP regulates the hours to come to work is 07:15. However, some officers did not obey the applicable rules.

Interview with the Head of the Puskesmas on February 21, 2020: "The service is open every working hour according to the stipulated rules, but it is undeniable that there are still officers who often arrive late or do not attend the service every day, there is no certainty about costs so that we serve voluntarily / for free, there are even patients. That we refer and have to use the puskesmas operational vehicle such as an ambulance that is also free or voluntary for the patient to pay. Sometimes we also help pay out personal money.

Interview with 15 customers/patients that "we hope that the doctor examining and treating our pain is a doctor so that we feel satisfied".

Interview with general customers/patients on February 22, 2020 "sometimes we come to check, but the stock of drugs runs out". The assurance dimension has been carried out by the Oemofa Community Health Center including certainty in the predetermined service time even though there are still delays in service and for the certainty of costs, it has not been implemented because there are no regulations or laws that have been set by the local government in determining the number of fees for each service provided so that services for all types of patients including general patients are free of charge.

#### **Dimensions of Empathy (empathy)**

Interview and FGD with PROMKES Poli medical officers on February 22, 2020: "We continue to serve poly referral patients even though the files are incomplete because we have to serve complaints of patient illness first and then take care of files in addition to carrying out health promotion services inside the building and outside. Our building has problems, namely the lack of medical personnel because there are only two people, lack of community participation and there are no supporting tools such as LCD, toa that can help us in carrying out services".

Furthermore, the interview with the Oeniko village patient on February 22, 2020, said that the service was good; we were served politely and smiled. Hopefully, the service will get better".

The quality of service from the dimension of empathy (empathy) provided is good because officers who interact directly with patients are able to show and carry out a polite and friendly attitude and even treat all patients the same without differentiating the type of patient. Even though there are patients who are sometimes disrespectful or unfriendly, they are still served patiently, politely and try to calm them down by explaining to provide an understanding of the problem or complaint they are experiencing.

According to the interview with the head of the puskesmas, "all officers are active in serving patients because there are medical and non-medical officers serving at the Oemofa Puskesmas voluntarily or without being paid a salary/wages". The services provided by medical and non-medical officers are considered by visiting patients to be quite good because it continuously improves services so that patients / the community feel cared for. In an effort to improve the quality of service, the Puskesmas should not be satisfied with the results achieved but must continue to improve the quality of its services and strive to become public servants who care for patients/people who need health services.

#### **Conclusion**

The results of the ZERVIQUAL (Service quality) analysis which includes five dimensions and a discussion that the quality of Oemofa Health Center health services is not qualified because of the many complaints and suggestions from customers/patients even the medical facilities are incomplete, and there is a very shortage of medical personnel. Therefore the Puskesmas must try to improve services by turn customer complaints into input and motivation, as well as improving the quality of service from the tangibles dimension (direct evidence) with the addition of poly babies/children; incomplete medical facilities must be added so that they are of good quality and non-medical, the appearance of officers is good, service discipline is still lacking. from the dimension of Reliability (Reliability) is not good and the skills of all officers must be improved by providing training / seminars or providing further studies and there are still officers who have concurrent positions.

For the responsiveness dimension, it is good enough for medical / non-medical officers to prioritize the interests of customers/patients. However, there are still service achievements that have not been going well; they must respond more quickly and accurately to customer complaints. The assurance dimension is still not good, Oemofa Health Center must have a placement of general practitioners and specialists so that examination and treatment services are more accurate, reliable and of quality, and for the empathy dimension (empathy) it is good to continue to maintain service attitudes and behaviour. This research is expected to provide benefits, input for the related government, in this case, the Kupang District Health Office, especially the Oemofa Health Center to improve the quality of its services in order to achieve customer satisfaction and is expected to become a reference for other researchers who want to continue this research by further expanding the research focus and research informants.

### **Rerefences**

- [1]. Budhiarta Iwan, Muttaqin, (2019). *Model HSQ-Matrix (untuk pengukuran kualitas pelayanan kesehatan dan Rumah Sakit di Banda Aceh* (Buku Ajar).
- [2]. Harbani, (2010). *Teori Administrasi Publik*. Bandung: Penerbit Alfabeta.
- [3]. Hardiyansyah, (2011). *Kualitas Pelayanan Publik: Konsep, Dimensi, Indikator dan Implementasi*. Yogyakarta: Pembaruan.
- [4]. Juharni, (2017). *Manajemen Mutu Terpadu (Total Quality Management)*. Makasar: CV. Sah Media, Cetakan Pertama.
- [5]. Sudarso Andriasan, (2016). *Manajemen Pemasaran Jasa perhotelan*.
- [6]. Aji Fatrunisah, 2015, KUALITAS PELAYANAN KESEHATAN PUSKESMAS MALINAU SEBERANG KECAMATAN MALINAU UTARA KABUPATEN MALINAU, <https://pdfslide.net/documents/jurnal-aji-fatrunisah-04-27-15-03-12-37doc.html>
- [7]. Fitri Mawarti, Fauziah Nuraini K, M Husni Thamrin, Januari 2016, Analisis Kualitas Pelayanan Puskesmas Terhadap Kepuasan Ibu Hamil Di Kota Pangkalpinang, <https://ejournal.unsri.ac.id/index.php/jkk/rt/printerFriendly/2854/0>
- [8]. Solichah Supartiningsih, 2017, Kualitas Pelayanan Kepuasan Pasien Rumah Sakit: Kasus Pada Pasien Rawat Jalan, <https://journal.umy.ac.id/index.php/mrs/article/view/2342>