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EVALUATION OF PERFORMANCE MEASUREMENT OF HEALTH SERVICES: A CASE STUDY IN EAST KALIMANTAN

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ABSTRACT

Puskesmas (health centers) must provide comfort and safety to patients by empowering various health professions. This study aims to analyze the service performance strategy of the puskesmas. This research uses the qualitative-quantitative descriptive method. This study involved 240 visitors from 24 health centers spread across Samarinda, Balikpapan, and Kutai Kartanegara, East Kalimantan, Indonesia. Data was obtained by providing questionnaires and documentation. This study uses five leading indicators: reliability, responsiveness, assurance, empathy, and implementation of activities. The data were analyzed using Cartesian diagrams and a T-test to determine the relationship between services and patients' expectations at the health center. The results showed that the service performance strategy of the puskesmas has been running well and following the patient's expectations. The study results are expected to provide an overview of services and patient expectations for related parties to continue to improve health center services. Good service will have an impact on the smoothness of treatment and patient health.

Keywords: Community Health Center, Service Performance, Patient Satisfaction, Service Strategy, Public Health.

5 INTRODUCTION

Community-based services are an important component of high-quality health services in the community (Schwarz et al., 2019). The community health service center or community health center is an organization that represents the government as a continuous provider of health services. Medical services and professional nursing care, diagnosis, and treatment of various diseases patients suffer can be carried out at community health centers. As an organization with an important role in carrying out health service tasks, community health centers must provide patient satisfaction (Ernawati, 2020; Ernstmann et al., 2021; Kurniawan et al., 2019). Patient satisfaction is one indicator of the community health center's ability to carry out its duties (Hussain et al., 2019). Patient satisfaction can be measured by comparing the performance and expectations of patients who have enjoyed the service (Pirade et al., 2019; Widayati et al., 2017). This

satisfaction can be measured from reliability, responsiveness, empathy, assurance, and physical evidence.

Good communication between customers and health workers (doctors, officers) can improve service quality (Yang et al., 2020). So developing communication techniques is important for that (Jamaludin et al., 2019)s. Considering that mood affects the patient's healing rate, every health center should create an atmosphere that makes patients feel comfortable using community health center services. Starting when they arrive until the services needed have been met. Every community that enjoys community health center services expects the officers to be ready when service hours occur. Medical service officers, administrative officers, and doctors are ready at the service, not waiting long (Fadhilah et al., 2020; Idwar et al., 2019; Kurilov, 2021). Leadership, management, and governance interventions play an important role in improving and creating responsive healthcare systems for patient satisfaction (Argaw et al., 2021; Asif et al., 2019). This can help inform patient-centered primary health care policy and management (Liu et al., 2021). The character of leadership and management, providing examples of good ethics and exemplary for community health center employees (Jumintono et al., 2018).

In general, service quality is not easy to explain quantitatively, but it can be used in companies engaged in the health sector. Supporting factors to improve service quality need to be considered (Chen et al., 2020; Yuliawati et al., 2021). The five dimensions in looking at service quality (Sharifi et al., 2021), namely: 1) Reliability, confidence in the ability to provide goods and services as promised, such as punctuality quality with labels. 2) Responsiveness, which is in the form of a strong desire to help and provide the best possible service to customers (Nambisan et al., 2016; Topp & Chipukuma, 2016). 3) Tangibles (tangible) in the form of physical facilities, namely in the form of equipment and appearance of physical facilities and infrastructure such as lovely buildings, comfortable beds, as well as human resource personnel (Silva et al., 2018). 4) Assurance (guarantee or certainty), the ability to foster customer trust in the company. 5) Empathy, which is the individual attention given to consumers. Good service utilization can improve health system performance (Kapologwe et al., 2019; Suhail & Srinivasulu, 2021).

Until now, the condition of community health centers in East Kalimantan is still found in many community complaints related to the attitude of community health center officers. They are starting from front-line officers to health care workers. Such as service times that are not right, service officers are still found who are not present on time, and waiting times are pretty long, officers provide unfriendly service. For this reason, it is necessary to analyze the performance of Puskesmas services, services and the formation of good strategies and innovations to create a Puskesmas that is comfortable for the community (Dahm et al., 2019; Dopp et al., 2019; Ukubassova et al., 2020). Innovation is needed because of the rapid development of technology (Dhakal et al., 2019).

Moreover, puskesmas are required to provide comfort and safety to patients by empowering various health professions. This study aims to analyze the performance strategy of puskesmas services. The measurement results are expected to provide an overview of the state of the puskesmas and become a reference material in improving the health center service system.

RESEARCH METHODE

This research uses the qualitative-quantitative descriptive method. This study involved 240 visitors from 24 health centers spread across Samarinda, Balikpapan, and Kutai Kartanegara, East Kalimantan, Indonesia. Data was obtained by providing questionnaires and documentation. This study uses five leading indicators, namely reliability, responsiveness, assurance, empathy, and Facilities. The dimensions of the research are divided into 29 indicators. The reliability dimension consists of 10 indicators, the responsiveness dimension consists of 6 indicators, the assurance dimension consists of 6 indicators, the empathy dimension consists of 6 indicators, and the Facilities dimension consists of 6 indicators.

The data is processed with a multiple-item scale and a scale used to measure attitudes towards an object by asking questions. In addition, the measurement of service performance uses an assessment score which can be seen in table 1.

Table 1. Respondent's rating category for performance and expectation variables

No	Performance	Score	Hope	Score
1	Very good	5	Very Important	5
2	Good	4	Important	4
3	Good Enough	3	Important enough	3
4	Not good	2	Less important	2
5	Bad	1	Not important	1

The answer criteria in the study are based on five assessments that can be seen based on the following formula:

$$\text{Range} = \frac{\text{Highest score} - \text{Lowest Score}}{\text{Number of questions}} = \frac{5 - 1}{5} = 0.8 \quad \text{Eq 1}$$

Measurement of distance values in research based on formula one can be seen in table 2.

Table 2. Category score interval

No	Interval Skor	Information
1	1.00 - 1.80	Not good/not important
2	1.81 - 2.60	Not good/less important
3	2.61 - 3.40	Good enough/important enough
4	3.41 - 4.20	Not good/less important
5	4.21 - 5.00	Very good/very important

Analysis of the suitability of performance and expectations using Cartesian diagram analysis techniques, average, and t-test. Analysis of the suitability of service performance and expectations used the Cartesian analysis technique. Cartesian calculation formula as follows:

$$T_{ki} = \frac{X_i}{Y_i} \times 100\%$$

Eq 2

Note: Tki = Respondent suitability level
 Xi = Service performance level assessment score
 Yi = Score of consumer perception assessment of satisfaction

The placement of the analyzed data can be divided into four parts in the Cartesian diagram, which can be seen in Figure 1.

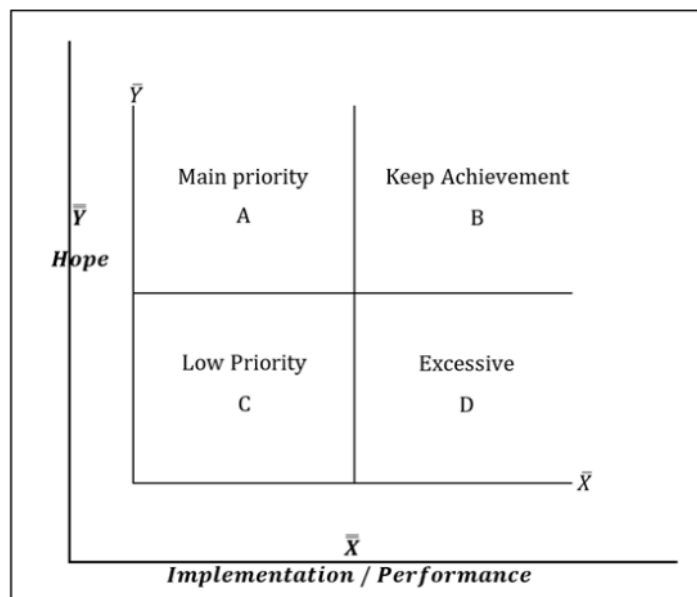


Figure 1. Cartesian Diagram of Patient Performance and Expectations (Supranto, 2001)

Information:

A: Top Priority. Shows factors or attributes that affect customer satisfaction, including service elements that are considered very important, but management has not implemented them according to customer desires. So disappointed or dissatisfied

B: Maintain performance. Shows the essential service elements that have been successfully implemented by the company, for that it must be maintained, it is considered very important and very satisfying

C: Low priority. Shows some factors that are less important for customers, the implementation by the company is mediocre. Considered less important and unsatisfactory

D: Excessive. Shows the factors that affect customers are less important, but the implementation is excessive, considered less important but very satisfying

9 RESULT AND DISCUSSION

Dimension Measurement

The results of the study provide an overview of the strategic position of the five dimensions of service performance consisting of (1) reliability, (2) responsiveness, (3) assurance, (4) empathy, (5) physical evidence. The results of the measurement of the fifth dimension of the study can be seen in table 3.

Table 3. Recapitulation of performance calculations and important

No	Reliability Statement	Service performance		
		Perform (X)	Hope (Y)	Tki
1	Reliability	3,90	4,06	96
2	Responsibility	3,93	4,03	98
3	Assurance	3,92	4,05	97
4	Empathy	3,96	4,08	97
5	Facilities	3,97	4,05	98
	Average	3,93	4,06	97

Based on table 1, the value of puskesmas services has an average value of 3.93 which means good, and expectations have a value of 4.06 which means good. Service suitability shows a value of 97 which means it has a high suitability value because it is above 93%. Overall service performance is still lower than the value of the public interest. However, this difference does not appear to be significant. This means that the service users have perceived that the service performance provided by the public health center is considered good. This perception illustrates that, as a whole, community users of community health center services have assessed the ability of public health centers to provide the promised health services that have met their expectations. Supporting service facilities such as the appearance of officers and other service facilities have been assessed as being able to meet the community's wishes. The role of officers at health service centers has also provided services with special attention to service users.

The results also show that the community health center has been able to foster self-confidence, so there is no worry when deciding to use health services. This is important considering that public trust in health services is a suggestion that greatly influences patient recovery (Isangula et al., 2018; Khullar et al., 2020; Shi et al., 2017). Patients who come also feel that they have received full attention from health care workers. Personal attention to the patient is an important thing that can make the patient feel comfortable. In addition, the attitude of nurses and medical personnel who show sympathy and empathy for patients will affect a patient's recovery.

Cartesian Diagram

The dimensions of service based on the Cartesian diagram can be seen in Figure 2.

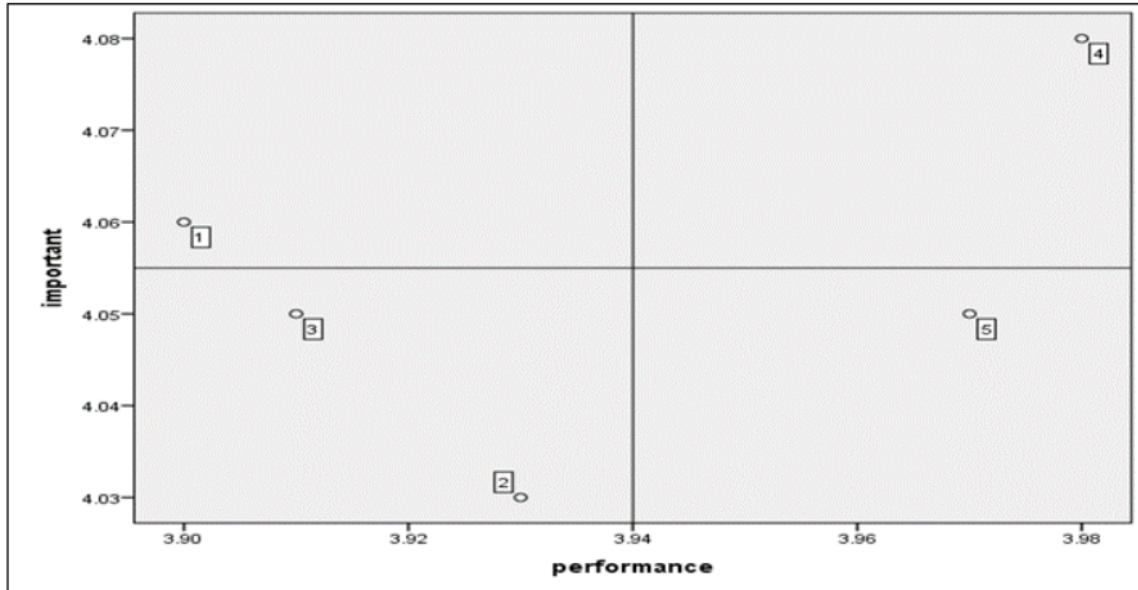


Figure 2. Cartesian diagram of 5 service dimensions

Figure 2 shows the results of the Cartesian analysis obtained by maintaining achievement, the dimensions included in this quadrant are empathy (4), low priority, the dimensions included in this quadrant are responsiveness (2) and assurance (3). Exaggerated, the dimensions included in this quadrant are physical evidence (5), and the main priority, the dimensions included in this quadrant, are reliability (1).

The reliability dimension (1) in the top priority quadrant is interpreted as a quadrant that must be the primary concern because it is considered very important by the patient, and its implementation is still below expectations. Patients want every health care worker from the receiving officer to the doctor to do their job correctly. The empathy dimension (4) is in the maintain achievement quadrant. The patient considers his performance to be good and is considered important. This illustrates that community health centers in East Kalimantan have been able to carry out their duties well in the empathy dimension. Thus the public health center must maintain and improve the performance that currently exists. The dimensions of responsiveness (2) and assurance (3) are in the low priority quadrant. This can be interpreted that responsiveness and assurance are a necessity that must be carried out by community health centers, not the main things that patients consider. Health care workers, including doctors, nurses, and other service personnel, should do their job well so that people will not have any doubts when visiting community health centers (Blanchard et al., 2021; Ernstmann et al., 2021). Patients also consider it not too much of a problem if they have to wait in the service of the community health center. Thus, the current

situation is considered sufficient by the patients who use the service. In the dimension of physical evidence (5), the patient considers that the availability of facilities and infrastructure such as waiting rooms, service rooms, service facilities, and employees' appearance has been assessed as good. However, this condition is not something that is a concern for patients in using health services.

The results of the 29 proxied indicators in each quadrant can be seen in Figure 3

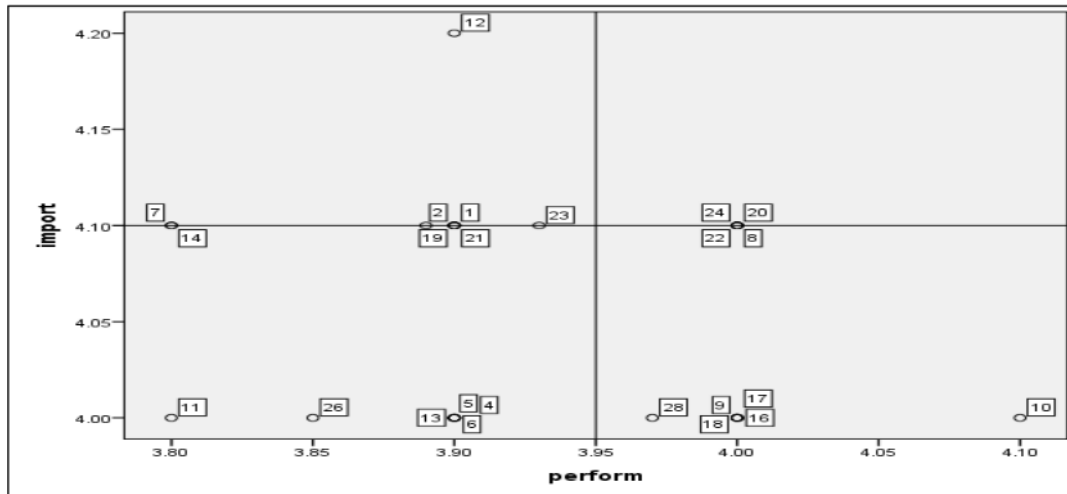


Figure 3: Cartesian diagram of service performance indicators

Figure 3 shows a total of 29 indicators studied, each occupying a quadrant: (1) Overload : High performance - low importance : 9, 10, 16, 17, 18, 28, 27. (2) Low priority : Low performance - low importance 4, 5, 6, 9, 7, 11, 13, 15, 26. (3) Maintain achievement : High performance - high expectation 20, 24, 22, 8, 25. (4) Top priority : Low performance - high expectations 1, 2, 3, 14, 19, 21, 23, 12.

The public health center should maintain the excessive quadrant, but it does not need to be prioritized because the existing ones are deemed sufficient. The low priority quadrant is an indicator that shows factors that are less important to customers. The health center has done its job well. Puskesmas do not need to make improvements to this indicator. The Maintain Achievement quadrant is a quadrant that shows indicators that the Puskesmas have successfully implemented following patient expectations. Indicators in the quadrant must be maintained because they are considered very important, and their implementation has been good. The central priority quadrant is the quadrant that describes the indicators that still do not meet the patient's expectations. Indicators in this quadrant should be a top priority in improving health center services.

T-Test Result

Service performance and expectations T-test was conducted to determine the significant difference. The results of the t-test in the study can be seen in table 4.

Table 4. Test the difference between service performance and importance

	N	Correlation	Sig.
Pair 1 Perform and hope	29	-.139	.471

Table 2 shows a significant value of 0.471, meaning there is no significant difference between service performance and expectations.

CONCLUSION

Service performance at the Puskesmas in the research location showed a good value category. Overall, there is no difference between service performance and patient expectations. The Puskesmas has been able to provide the performance expected by the community. The main objective of this research is the service performance strategy at Puskesmas in East Kalimantan. The test results show a significant value of 0.471 which means there is no real difference between the service and the expectations received by the patient. The study results are expected to provide an overview of services and patient expectations for related parties to continue to improve health center services. Good service will have an impact on the smoothness of treatment and patient health.

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PAGE 1



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



P/V You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

PAGE 2



Verb This verb may be incorrect. Proofread the sentence to make sure you have used the correct form of the verb.



Prep. You may be using the wrong preposition.



Frag. This sentence may be a fragment or may have incorrect punctuation. Proofread the sentence to be sure that it has correct punctuation and that it has an independent clause with a complete subject and predicate.



Article Error You may need to use an article before this word.



Frag. This sentence may be a fragment or may have incorrect punctuation. Proofread the sentence to be sure that it has correct punctuation and that it has an independent clause with a complete subject and predicate.



Missing ", " You may need to place a comma after this word.



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PAGE 3



P/V You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



Run-on This sentence may be a run-on sentence. Proofread it to see if it contains too many independent clauses or contains independent clauses that have been combined without conjunctions or punctuation. Look at the "Writer's Handbook" for advice about correcting run-on sentences.



P/V You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



Article Error You may need to use an article before this word. Consider using the article **the**.



Proofread This part of the sentence contains a grammatical error or misspelled word that makes your meaning unclear.



Article Error You may need to use an article before this word. Consider using the article **the**.

PAGE 4



Missing "," You may need to place a comma after this word.



Proofread This part of the sentence contains a grammatical error or misspelled word that makes your meaning unclear.



Frag. This sentence may be a fragment or may have incorrect punctuation. Proofread the sentence to be sure that it has correct punctuation and that it has an independent clause with a complete subject and predicate.



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Prep. You may be using the wrong preposition.

PAGE 5



Frag. This sentence may be a fragment or may have incorrect punctuation. Proofread the sentence to be sure that it has correct punctuation and that it has an independent clause

with a complete subject and predicate.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



Article Error You may need to remove this article.



Article Error You may need to remove this article.

PAGE 6



Article Error You may need to use an article before this word.



P/V You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



Word Error Did you type "**the**" instead of "**they**," or have you left out a word?

PAGE 7



P/V You have used the passive voice in this sentence. Depending upon what you wish to emphasize in the sentence, you may want to revise it using the active voice.



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Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

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