Quality of Service of Sub-Puskesmas in Bongohulawa Village, Limboto District, Gorontalo Regency

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Abstract
This study aims to determine the service quality of the sub-health center (Health Center) in Bongohulawa Village. The research method uses a qualitative type. The results showed that the service of the sub-health center (Health Center) in the Bongohulawa Village, was not of high quality. Of the five indicators used as instruments, it shows that only one indicator is considered to have been fulfilled, namely the reliability indicator where Health Center Bongohulawa officers have knowledge and educational backgrounds that are in accordance with their field of work. The other four indicators are considered unfulfilled, namely physical evidence (tangibles), responsiveness (responsiveness), assurance (assurance), and empathy (empathy). This can be seen from the condition of facilities and infrastructure as well as the inadequate number of medical personnel, the low responsiveness of officers to the needs of the community in the health sector, the low public trust in the implementation of health services carried out by the Health Center and the low awareness of the Health Center which only provides health services for a month.

Introduction
Puskesmas is a technical implementing unit of the District/City Health Office that is responsible for coordinating health development in a health area, according to the Ministry of Health of the Republic of Indonesia (2004). The Puskesmas is equipped with an organization, as a group of individuals who convene in a systematic fashion to fulfill the goals that have been set together, and has the resources and program of health service activities as a system that must operate. The primary purpose is to enhance the community’s health.

Azrul is a character in the game Azrul (2009) As a first-level health service unit at the forefront of the health-care system, Puskesmas is required to carry out mandatory health efforts (basic six) as well as a number of selected health efforts that are tailored to local conditions, needs, demands, capabilities, and innovations, as well as local government policies. Puskesmas engages in complete and integrated health activities that include attempts to increase, prevent, cure, and recover, as well as required supporting measures. Health services are highly influenced by the availability of resources, both in terms of quality and quantity (Indonesian Health Profile, 2009).

Puskesmas is a community-based functional organization that coordinates community-wide health initiatives that are comprehensive, integrated, egalitarian, acceptable, and inexpensive. At a cost that the government and the community can bear, with the active involvement of the community and the results of the development of relevant science and technology. These health initiatives are carried out with a focus on community services in order to reach optimal health levels, without sacrificing the quality of services provided to individuals (Reeves et al., 2011).
Under the direction of the District/City Health Office, the Puskesmas is a health technical implementing unit. They must offer preventative, promotive, curative, and rehabilitative services in general, either via individual health efforts (UKP) or through public health initiatives (UKM). In addition to outpatient care, Puskesmas can provide inpatient care. To deliver excellent service, it is necessary to always try to enhance service quality in order to attain optimal health for the entire community.

Curative (treatment), preventative, promotive (health enhancement), and rehabilitative (health restoration) treatments are among the Puskesmas' health services. To achieve the highest level of public health through health efforts, as stated in the Minister of Health of the Republic of Indonesia's Regulation No. 75 of 2014 concerning Community Health Centers (Puskesmas), health providers must provide good and quality health services, which necessitates good performance. higher than the supplier of health care.

Efforts to improve public services in the health sector, the Community Health Center (Puskesmas) formed a supporting health center or Health Center. Health Center is a network of Puskesmas services, which is tasked with providing permanent health services in a location within the working area of the Puskesmas. Health Center is part of the Community Health Center, which is regularly supervised by the Puskesmas. Health Center aims to increase the reach and quality of health services for the community in its working area.

Health Center, as a health-care facility, plays a critical role in speeding the development of the Indonesian people's health. Quality health services are supposed to minimize morbidity and mortality and contribute to the creation of a healthy and successful society (Abdulraheem et al., 2012; Rasella et al., 2018; Murray, 2019). However, the goal of creating Health Center as a community-based health institution has not been met to its full potential. Stakeholders must yet solve a number of issues before the Health Center can fulfill its mission of delivering curative (treatment), preventive (prevention measures), and promotive (health enhancement) services.

The Health Center in Bongohulawa Village has not yet played an optimal role in providing the first health services to the surrounding community. The results of observations made by the author show that there is a lack of medical personnel owned by the Health Center so that not all diseases that are complained of by the community can be handled by the Health Center. In addition, the lack of medical personnel owned by the Health Center has an impact on the slow service provided by the Health Center. Likewise, the presence of medical personnel who are not punctual, and it is not uncommon for the Health Center in Bongohulawa Village to have no residents or medical personnel at all. Another problem is drug services as well as inadequate medical facilities and infrastructure so that people more often choose to seek treatment at the Puskesmas in the District.

Previous research from Tri Hamdani, (2017), examined "Quality of Health Services at the Sub-Puskesmas of Lebang Village, Cendana District, Enrekang Regency". The results showed that the quality of health services was good and of good quality. This is based on the results of the recapitulation of each indicator, namely physical evidence (tangible), reliability (reliability), competence (competence), and responsiveness (responsiveness) with the average percentage results are in the good and quality category.

Noverli, (2016) “Public Health Services at Sub-Puskesmas in Kaliamok Village, North Malinau District, Malinau Regency. Based on the results of the study, it shows that the Public Health Services provided by health workers have been going well, but have not been maximized due to limited human resources or health workers and the lack of supporting
facilities and infrastructure in public health services at the Kalianmok Village Assistant Health Center.

In contrast to the previous research, the authors conducted an in-depth study of the service quality of the Sub-Puskesmas in Bongohulawa Village by using 5 indicators, namely; physical evidence, reliability, responsiveness, assurance and empathy.

The general objective of this study was to determine the service quality of the sub-health center (Health Center) in Bongohulawa Village, Limboto District, Gorontalo Regency. While the specific purpose of this study is to describe the physical evidence, reliability, responsiveness, assurance, and empathy of service delivery at the Sub-Puskesmas (Health Center) Bongohulawa, Limboto District.

**Methods**

In this study, the type of research used by the researcher is a descriptive research type with a qualitative approach Sugiyono (2015). A qualitative approach was chosen to be used in this study because this approach can be used to describe or provide an overview related to knowing the Service Quality of the Sub-Public Health Center (Health Center) in Bongohulawa Village.

Sarwono (2006) Based on the source, research data can be grouped into two types, namely primary and secondary. The informants in this study are; Head of Puskesmas, Lurah, Assistant Puskesmas (Health Center) officers, and the community as many as 5 people. The number of informants in this study were 8 people.

In this study, the data analysis technique used a qualitative descriptive analysis method. Semiawan, (2010) the whole process takes place at the time of the study where data analysis is carried out at the time of data collection, by (a) data reduction (data reduction), (b) data display (data display), (c) conclusions or verification (Conclusion or Verification).

**Overview of the Research Location**

The Auxiliary Health Center (Health Center) is a health center service network that offers permanent health services inside the Puskesmas' operational region. The Sub-Puskesmas are an important aspect of the Puskesmas, and they must be cared for on a regular basis by the Puskesmas. The Sub-Puskesmas' goal is to expand the access and quality of health services available to the population in its service area.

The sub-health center (Health Center) in Bongohulawa Village is presently an expansion of the Limboto Health Center, which was founded in 975 on a 10-by-15-meter plot of ground. Mr. Inon Talani, who is also a resident of Bongohulawa Village, gave the Health Center Bongohulawa land as a gift.

**Results and Discussion**

Kurniawan (2005) The level of service quality cannot be assessed from the point of view of the service provider but must be viewed from the point of view of customer assessment. Therefore, in formulating strategies and service programs, companies must be oriented to the interests of customers by paying attention to the components of service quality. Measuring customer satisfaction, in this case the community, is very useful for agencies in order to evaluate the current position of government agencies, and find out which parts need improvement. Feedback from the community as the only customer directly or from the focus group or from community complaints is a tool to measure community satisfaction Rangkuti (2003).

The following is a discussion regarding the service quality of the Subsidiary Health Center (Health Center) in Bongohulawa Village, Limboto District, Gorontalo Regency using service
quality benchmarks from Pasaruraman (2001) with indicators of tangibles (direct evidence), reliability, responsiveness, assurance, and empathy.

**Physical Evidence (Tangibles)**

The capacity of a business to demonstrate its existence to outside parties. The look and ability of the company's physical facilities and infrastructure to be depended on by the surrounding environment is tangible proof of the service provider's services. This comprises physical infrastructure (such as buildings, warehouses, and so on), as well as the equipment and technology employed (technology) and the look of staff.

So that what is meant by physical evidence in this study is the availability of facilities and infrastructure for the Sub District Health Center (Health Center) in Bongohulawa Village in order to provide quality services to the community.

The results of the observations of researchers in the field that, researchers see that there are still some shortcomings in aspects of facilities and infrastructure at Health Center Bongohulawa, for example the availability of medicines and medical personnel. From the observations of the researchers while at the Health Center Bongohulawa that there was no place to supply medicines, the researchers also noticed the lack of medical personnel who came to the Health Center Bongohulawa.

Based on the results of interviews with all informants and the author's observations, it can be concluded that the indicators of physical evidence (tangibles) at Health Center Bongohulawa are not yet adequate. This can be seen from the lack of supply of medicines and the lack of medical personnel at the Health Center to provide public health services.

Parasuraman, (2001) with regard to the physical appearance of service facilities, equipment, supplies, human resources, and corporate communication materials. Understanding physical evidence in service quality is a form of actual physical actualization that can be seen or used by employees according to their use and utilization which can be felt to help services received by people who want service, so they are satisfied with the perceived service, which at the same time shows work performance for giving services provided.

This means that in providing services, everyone who wants services can feel the importance of physical evidence shown by service developers, so that the services provided provide satisfaction. in accordance with the characteristics of the services provided in showing work performance that can be provided in the form of physical services that can be seen. It is undeniable that in a modern and advanced organization, the considerations of service developers always prioritize the quality of physical conditions that can give appreciation to people who provide services.

**Reliability**

The capacity of a firm to deliver on its promises accurately and consistently is referred to as reliability. Customer expectations must be met, which includes punctuality, providing the same service to all clients without faults, a compassionate attitude, and high accuracy. The company's capacity to provide the promised service in a timely and correct manner.

The reliability or reliability indicators referred to in this study are the ability of the Sub District Health Center (Health Center) officers in Bongohulawa Village in order to provide quality services to the community in accordance with applicable standards and accurate services.

The results of observations by researchers in the field, researchers saw that Health Center Bongohulawa officers had reliability in providing public health services. From the researcher's
observations, the officers at the Health Center Bongohulawa have scientific and educational backgrounds that are in accordance with their field of work.

Based on the results of interviews with all informants and the author's observations, it can be concluded that the reliability indicators of Health Center Bongohulawa officers are optimal. This can be seen from the implementation of tasks carried out correctly by the right officers in accordance with public health service standards.

Irawan (2008) every service requires a reliable form of service, meaning that in providing services, each employee is expected to have the ability in knowledge, expertise, independence, mastery and high work professionalism, so that the work activities carried out produce a satisfactory form of service, without any complaints, and an exaggerated impression of the services received by the community.

The demand for employee reliability in providing fast, precise, easy and smooth service is a condition of assessment for people served in showing the actualization of employee work in understanding the scope and job descriptions that are the attention and focus of each employee in providing their services.

**Responsiveness**

A policy aimed at assisting consumers and providing prompt (responsive) and suitable service, as well as clear information transmission. Allow customers to experience bad service quality impressions. Tjiptono (2012) discusses service providers' desire and capacity to assist consumers and answer to their demands quickly. The indicators of responsiveness referred to in this study are the willingness and ability of the auxiliary Puskesmas (Health Center) staff in Bongohulawa Village in order to provide quality services to the community in accordance with applicable standards.

The results of observations by researchers in the field, researchers saw that Health Center officers did not yet fully have the ability and sensitivity in responding to the needs of the Bongohulawa community, especially in the health sector. The researcher's findings are more specific to the low initiative of officers to voluntarily help the community, especially people who do not have the ability to go to the Limboto Health Center.

Based on the results of interviews with all informants and the author's observations, it can be concluded that the responsiveness indicators at Health Center Bongohulawa are not optimal. This can be seen from the low initiative of the Health Center Bongohulawa officers in responding to the needs of the community in the health sector.

Every employee in providing forms of service prioritizes service aspects that have a significant impact on the behavior of people who receive services, according to Parasuraman (2001), so that employees' responsiveness ability is required to serve the community based on the level of absorption, understanding, and incompatibility of various forms of service, which he did not know. This necessitates a careful, complete explanation, as well as nurturing, leading, and convincing people to respond positively to all types of processes and work mechanisms that apply in a company.

**Guarantee**

The expertise, civility, and capacity of firm workers to create client faith in the organization is referred to as assurance. Communication, credibility, security, competency, and civility are all factors to consider. Purnama (2006) claims that personnel' expertise and civility, as well as their capacity to develop trust and client confidence, are important factors.
The assurance indicator intended in this study is the ability of the Health Center Bongohulawa officers to foster trust and public confidence in the health services provided by the Health Center Bongohulawa.

The results of observations by researchers in the field, researchers see that Health Center officers do not yet fully have the ability to be able to convince the public in getting quality health services because two main factors are not fulfilled, namely inadequate facilities and infrastructure and medical personnel resources.

Based on the results of interviews with all informants and the author's observations, it can be concluded that the assurance indicators at Health Center Bongohulawa are not optimal. This can be seen from the low public trust in the implementation of health services carried out by the Health Center Bongohulawa.

Budi (2006) every form of service requires certainty of the services provided. The form of certainty of a service is largely determined by the guarantee of the employee who provides the service, so that the person receiving the service feels satisfied and believes that all forms of service affairs carried out are complete and completed in accordance with the speed, accuracy, convenience, smoothness and quality of the services provided.

Guarantees for services provided by employees are largely determined by performance or service performance, so it is believed that these employees are able to provide reliable, independent and professional services that have an impact on service satisfaction received.

**Empathy**

By attempting to understand client demands, provide real and personalized or personal attention to them. Where a corporation is required to have a thorough awareness and knowledge of its clients, as well as a pleasant operating time for them. Companies, according to Tjiptono (2012), comprehend their clients' concerns and act in their best interests, as well as providing personalized services and convenient operation hours.

The indicator of empathy (empathy) intended in this study is the concern of Health Center Bongohulawa officers to the community's need for quality health services.

The results of observations by researchers in the field, researchers saw that Health Center Bongohulawa officers did not fully have concern or concern for the health of the people in Bongohulawa Village. Observations made by the author that Health Center Bongohulawa in providing health services are only carried out once a month. From the observations, the researchers also received information that the health service provider which was only conducted once a month was due to the limited number of medical personnel who concentrated more on working at the Limboto Health Center. This health service is known as Posbindu (Integrated Guidance Post).

Based on the results of interviews with all informants and the author's observations, it can be concluded that the empathy indicators at Health Center Bongohulawa are not optimal. This can be seen from the health service providers which are only carried out once a month so that they cannot meet the community's need for quality health services.

According to Parasuraman (2001), any action or service activity necessitates a knowledge of the interconnectedness of assumptions or interests in a service-related subject. If everyone involved in the service has a sense of empathy or care (empathy) for completing or managing it, the service will function smoothly and with high quality.

Empathy in a service is defined as the presence of care, seriousness, sympathy, understanding, and engagement of parties with an interest in the service in the development and execution of
service activities based on each party's level of understanding. Individuals who give services must have empathy in order to comprehend the challenges of those seeking assistance. The party receiving the service should be aware of the limits and abilities of the person serving, so that the integration between the party serving and the party getting the service is seamless.

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Empathy in a service is defined as the presence of care, seriousness, sympathy, understanding, and engagement of parties with an interest in the service in the development and execution of service activities based on each party’s level of understanding. Individuals who give services must have empathy in order to comprehend the challenges of those seeking assistance. The party receiving the service should be aware of the limits and abilities of the person serving, so that the integration between the party serving and the party getting the service is seamless.

**Conclusion**

The service of the Sub-Public Health Center (Health Center) in Bongohulawa Village, Limboto District, Gorontalo Regency is not yet qualified. Of the five indicators used as instruments, it shows that only one indicator is considered to have been fulfilled, namely the reliability indicator where the Health Center Bongohulawa officers have the scientific and educational background in accordance with their field of work. The other four indicators are considered unfulfilled, namely physical evidence (tangibles), responsiveness (responsiveness), assurance (assurance), and empathy (empathy). This can be seen from the condition of facilities and infrastructure as well as the inadequate number of medical personnel. The low responsiveness of officers to the needs of the community in the health sector. There is also a low level of public trust in the implementation of health services carried out by the Health Center. There is also a low level of concern from the Health Center, which only provides health services once a month.

**References**


