Using Community Satisfaction Index to Assess the Community Health Center, Jombang District

by Mulyono .

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The government of Jombang District needs to continue to improve the quality of services to the community as recipients of public services. One of the efforts to improve the quality of public services is by arranging the Community Satisfaction Index as a benchmark to assess the level of service quality and based on the Law Number 25 the Year 2009 concerning about Public Services. Community Health Center is owned by the government and has workers to serve the community. **Methods:** This research is observational research that used quantitative method. The quantitative approach was made by distributing community satisfaction index questionnaire. The data collection was done in July 2017. The numbers of the sample were 196 respondents from eight Community Health Centers chosen through accidental sampling method. **Results:** The result of this study was the assessment of CSI per element indicating that the element of officer responsibility has the lowest value in the Community Satisfaction Index (CSI) which was as much as 69,898%. In comparison, the highest percentage value of CSI was suitable for the requirement with a percentage value of 75.638%. The calculation of CSI on all elements showed that Community Health Services have good performance. **Conclusions:** The conclusions are all elements of CSI need to be improved to be categorised as very good.

Keywords: *Community Health Center, Community Satisfaction Index, Elements, Public Services*

Introduction

Benchmarks for assessing the level of service quality and based on Law Number 25 of 2009 concerning Public Services a Community Satisfaction Index (CSI) was prepared which enables it to improve the quality of public services (the Republic of Indonesia, 2009). The CSI data obtained can be used as an assessment material for service elements that still need improvement and become a driving force for each service provider unit to improve the quality of service for each public service unit. CSI is data and information about the level of public good obtained from the results of quantitative and qualitative measurements of public opinion in getting services from public service providers by comparing their expectations and needs in this case health services carried out by the Community Health Center (Minister of Empowerment of State Apparatus, 2004).

Community Health Center in Jombang District also conducts the preparation of CSI to carry out an evaluation of the health service unit, which is carried out to improve the quality of services performed. This is also done so that the services performed have met the quality expected by the community. The community is now technologically literate so many things that should have been appropriately conveyed, but the criticism and suggestions for health services that he felt were conveyed through the mass media and personal social media accounts which made a bad image for the health service unit. The size of the success of service delivery is determined by the level of service recipient satisfaction. The satisfaction of service recipients at Community Health Center will be achieved if service recipients receive services as required and expected.

Administratively, Jombang District is divided into 21 subdistricts consisting of 302 villages and four villages and covering 1,258 hamlets. Topographically, Jombang District is divided into three sub-areas, namely the northern region, the young limestone mountains of Kendeng, most of which have horizontal physiology and are mostly hilly, covering the Districts of Plandaan, Kabuh, Ploso, Kudu and Ngahas. The Central Region, south of the Brantas river, is largely agricultural land suitable for rice and secondary crops because the irrigation is quite good, covering the districts of Bandar Kedung Mulyo, Perak, Gudo, Diwek, Mojoagung, Sumobito, Jogoroto, Peterongan, Jombang, Megaluh, Tembelang, and Kesamben. The southern region, which is a mountainous land, is suitable for plantation crops, including the Ngoro, Bareng, Mojowarno, and Wonosalam subdistricts (Public Health Office of Jombang District, 2017). As a representative of the central area of Jombang, a study was conducted at several Community Health Center in the central area of Jombang District. The purpose of this study was to analyse the success of health services at the Community Health Center in the central region of Jombang through the CSI survey.

Research Design and Methods

This research was conducted in eight Community Health Centers in the central region of Jombang by using a questionnaire sheet. Data collection was conducted in July 2017. The population in this study were all people who used health services at the Community Health Center during the study period. The sample in this study amounted to 196 respondents taken using the accidental sampling method. Respondents in this study are people who are willing to fill out customer satisfaction questionnaires without coercion and conducted shortly after utilising health services.

The approach used in this research is survey research approach. Survey research is a primary data collection method that uses oral and written questions (Azwar, 1996). Research data in the form of subject data expressing opinions, attitudes, experiences or characteristics of research subjects individually or in groups.

This study employs observational methods, in which the researcher only made observations without any intervention on the research variables. The data obtained was quantitative. The data was sourced from a standardised questionnaire related to the community satisfaction index with a slight modification because this study aims to find out the index of community satisfaction for the working community. The questionnaire was in accordance with the Decree of the Administrative and Bureaucratic Reform Ministry Number 25 the Year 2004 which consists of 14 research variables, namely ease of procedure, the suitability of requirements, service clarity, officer discipline, officer responsibility, officer ability, service speed, service fairness, officer friendliness, cost reasonability, cost suitability, schedule accuracy, location convenience, and location security (Ministry of State Apparatus Empowerment, 2004).

Results
Community Satisfaction Index for Each Indicator

Table 1: The Community Satisfaction Index (CSI) for Each Indicator in Eight Community Health Services in 2017

Category	Score	Frequency	Percentage (%)	Value (SXF)	CSI (%)
1. Ease of Procedure					
Poor	1	5	3	5	73.087
Fair	2	15	8	30	
Good	3	166	85	498	
Very Good	4	10	5	40	
Total		**196**	**100**	**573**	

2. Suitability of Requirement					
Poor	1	1	1	1	75.638
Fair	2	2	1	4	
Good	3	184	94	552	
Very Good	4	9	5	36	
Total		**196**	**100**	**593**	
3. Service Clarity					
Poor	1	0	0	0	73.980
Fair	2	10	5	20	
Good	3	184	94	552	
Very Good	4	2	1	8	
Total		**196**	**100**	**580**	
4. Officer Discipline					
Poor	1	10	5	10	71.046
Fair	2	13	7	26	
Good	3	171	87	513	
Very Good	4	2	1	8	
Total		196	**100**	**557**	
5. Officer Responsibility					
Poor	1	11	6	11	69.898
Fair	2	18	9	36	
Good	3	167	85	501	
Very Good	4	0	0	0	
Total		**196**	**100**	**548**	
6. Officer Ability					
Poor	1	6	3	6	71.939
Fair	2	15	8	30	
Good	3	172	88	516	
Very Good	4	3	2	12	
Total		**196**	**100**	**564**	
7. Service Speed					
Poor	1	8	4	8	71.684
Fair	2	17	9	34	
Good	3	164	84	492	
Very Good	4	7	4	28	
Total		**196**	**100**	**562**	

8. Service Fairness					
Poor	1	5	3	5	73.470
Fair	2	5	3	10	
Good	3	183	93	549	
Very Good	4	3	2	12	
Total		**196**	**100**	**576**	
9. Officer Friendliness					
Poor	1	3	2	3	75.0
Fair	2	7	4	14	
Good	3	173	88	519	
Very Good	4	13	7	52	
Total		**196**	**100**	**588**	
10. Cost Reasonability					
Poor	1	4	2	4	75.510
Fair	2	2	1	4	
Good	3	176	90	528	
Very Good	4	14	7	56	
Total		**196**	**100**	**592**	
11. Cost Suitability					
Poor	1	2	1	2	74.362
Fair	2	6	3	12	
Good	3	183	93	549	
Very Good	4	5	3	20	
Total		**196**	**100**	**583**	
12. Schedule Accuracy					
Poor	1	5	3	5	73.214
Fair	2	5	3	10	
Good	3	185	94	555	
Very Good	4	1	1	4	
Total		**196**	**100**	**574**	
13. Location Convenience					
Poor	1	3	2	3	74.107
Fair	2	9	5	18	
Good	3	176	90	528	
Very Good	4	8	4	32	
Total		**196**	**100**	**581**	

14. Location Security					
Poor	1	2	1	2	74.107
Fair	2	4	2	8	
Good	3	189	96	567	
Very Good	4	1	1	4	
Total		**196**	**100**	**581**	
Total CSI					**1,029.81**

Based on Table 1, from 14 elements of CSI, all indicators are categorised as good because they are in intervals of 62.51-81.25. The lowest element of CSI was officer responsibility from eight Community Health Centers, which was as much as 69.898%. The highest element of CSI was suitable for the requirement, with a percentage value of 75.638%.

The Assessment of Community Satisfaction Index Based on the 14 Elements

Table 2: The Assessment of the Community Satisfaction Index based on 14 Elements in Eight Community Health Services in 2017

No	Service	Mean	Mean x 0.071	Quality of Service	Performance
1	Ease of Procedure	2.92	0.208	B	Good
2	Suitability of Requirement	3.03	0.215	B	Good
3	Service Clarity	2.96	0.210	B	Good
4	Officer Discipline	2.84	0.202	B	Good
5	Officer Responsibility	2.80	0.199	B	Good
6	Officer Ability	2.88	0.204	B	Good
7	Service Speed	2.87	0.204	B	Good
8	Service fairness	2.94	0.209	B	Good
9	Officer Friendliness	3.00	0.213	B	Good
10	Cost Reasonability	3.02	0.214	B	Good
11	Cost Suitability	2.97	0.211	B	Good
12	Schedule Accuracy	2.93	0.208	B	Good
13	Location Convenience	2.96	0.210	B	Good
14	Location Security	2.96	0.210	B	Good
Total		**41.08**	**2.92**	**CSI = 2.92**	
Mean		**2.93**	**0.208**	**"Good"**	

From Table 2, all elements of the Community Satisfaction Index in eight Community Health Center in a good performance. Based on the Community Satisfaction Index assessment, the value of that CSI was 2.92 were in a proper quadrant.

Community Satisfaction of Each Unit

Table 3: The Community Satisfaction of Each Unit in Eight Community Health Services in 2017

Category	Frequency	Percentage (%)
1. General Poly (Unit)		
Satisfied	181	92
Not Satisfied	15	8
Total	**196**	**100**
2. Maternal and Child Health Poly (Unit)		
Satisfied	180	92
Not Satisfied	16	8
Total	**196**	**100**
3. Dental and Oral Health Poly (Unit)		
Satisfied	186	95
Not Satisfied	10	5
Total	**196**	**100**
4. Special Poly (Elderly People, Leprosy, etc.)		
Satisfied	164	84
Not Satisfied	32	16
Total	**196**	**100**

There were four units (policies) in Community Health Center, General Poly, MCH Poly, Dental and Oral Health Poly, and Special Poly. Based on Table 3, the most satisfying unit was Dental and Oral Health Poly (Unit), which was as much as 95%.

Discussion

Community Satisfaction Index for Each Service Element

Service procedure is the ease of service stages provided to the public seen from the side of the simplicity of the service flow. CSI assessment states that the service procedure was suitable. The provision of less open information can make the respondents take advantage of other services (Ministry of State Apparatus Empowerment, 2004).

The service requirement is the technical and administrative requirements needed to obtain services according to the type of service. The compliance of reasonable service requirements is based on the assessment of all respondents. The provision of less open information can make the respondents take advantage of other services (Ministry of State Apparatus Empowerment, 2004).

Service clarity by officers is the existence and certainty of officers who provide services (name, position, authority and responsibility) (Ministry of State Apparatus Empowerment, 2004). Service clarity by officers is useful if there are patients who need treatment but constrained by administrative problems because the officer is out or not in place (Hariyanto, 2017).

Officer discipline is the sincerity of officers in providing services, especially to the consistency of work time according to applicable regulations (Ministry of State Apparatus Empowerment, 2004). Customer loyalty starts with the service process that satisfies the customer. If the officer has undisciplined work that clearly can affect the quality of public services.

Officer responsibility is the clarity of authority and responsibility in the implementation and completion of services. The responsibility of officers in the Community Health Center was based on the assessment of all respondents. The quality improvement aims to improve the functional performance of products to stimulate sales (Ministry of State Apparatus Empowerment, 2004).

Officer ability is the level of expertise and skills possessed by the officers in providing services to the community. The ability of officers can be considered from the level of knowledge and responsiveness when providing service to patients (Ministry of State Apparatus Empowerment, 2004).

Service speed is the target time for service can be completed within the time specified by the service delivery unit (Ministry of State Apparatus Empowerment, 2004). The speed of service at the Community Health Center is very dependent on the number of patients who come. Service fairness is the implementation of services by not distinguishing the class or status of the people served (Ministry of State Apparatus Empowerment, 2004). All patients must be a priority to get service without exception.

Politeness and friendliness of officer are the attitudes and behaviour of officers in providing services to the community in a polite and friendly manner and mutual respect. The politeness and friendliness of the officers in the Community Health Center were well stated by all respondents in this study. Knowledgeable and responsive personnel are the factors considered

by someone in utilising a product or service (Ministry of State Apparatus Empowerment, 2004).

Fairness of service cost is the affordability of the community towards the number of fees set by the service unit (Ministry of State Apparatus Empowerment, 2004). The fairness of the cost at the Community Health Center was well assessed by all respondents. If the cost offered was considered high by the consumers, then the perception of the sacrifice is also high.

The certainty of service cost is the suitability between the costs paid and the costs that have been set (Ministry of State Apparatus Empowerment, 2004). The suitability of costs in the Community Health Center was reported by all respondents. Following the principle of public service, the certainty of service fees includes details of service fees and payment procedures. Details of costs must be precise for the type of service that requires action such as checkup (Ministry of State Apparatus Empowerment, 2003).

The certainty of service schedule is the implementation of service time in accordance with the stipulated provisions. The accuracy of the service schedule was stated by all respondents (Ministry of State Apparatus Empowerment, 2004).

Location convenience is the condition of clean, neat, and regular service facilities and infrastructure to provide comfort to the recipient of the service. Location convenience can be assessed from the outside of the Community Health Center to the medical check-up rooms in all units. The waiting room for patients and their families is one location that has a good comfortable (Ministry of State Apparatus Empowerment, 2004).

Service security is the ensuring level of environmental security of service providers and facilities used so that people feel calm to get services to the risks resulting from the implementation of services (Ministry of State Apparatus Empowerment, 2004).

Community Satisfaction Index

Based on the calculation in Table 2, CSI in fourteen service elements at eight Community Health Centers in Jombang district was categorised as useful. The highest one was the suitability of requirement, and the lowest was officer responsibility. The CSI index value was 2.92. This was similar to the research conducted at Loa Janan Community Health Center which states that overall shows positive things and categorised in a good or satisfactory condition with an index value of 2.895 (Nurba, 2012).

The highest element was the suitability of the requirement. This was contrary to the results which stated that at the Pamarayan, Serang Health Center, the officer friendliness and

convenience of location lack of community satisfaction (Kurdi, 2016). This can be due to the comparison between the number of officers and patients each day and the comparison of facilities with the number of patients. The more patients, the more staff needed to perform services, and the number of facilities provided were also not enough to serve the patients.

The lowest element was officer responsibility in eight Community Health Center. There was a similar study that supports at Tegalrejo Community Health Center Salatiga City that officer responsibility, officer discipline, service speed and certainty of service had a low satisfaction index value. This was because of the officers unconscious of the tasks that their responsibility (Putra, 2012). This can be same because Salatiga and Jombang is a similar district. Not as a capital of the Province but still a developing region so they can refute the provincial capital region.

Community Satisfaction of Each Unit

The most not satisfied unit was Special Poly, and the most satisfying unit was Dental and Oral Health Poly. In the Community Health Center, some patients are *JKN-KIS* participants, but some are independent patients. It is better if *JKN-KIS* patients and independent patients weren't differentiated either in terms of queues or services provided. Currently, there were still a number of JKN-KIS participants who don't get maximum service (Wijaya, 2018). In special poly, the most use of that poly was elderly people with the most complicated health problem. They were special people with special requirement. They had more expectation for all facilities that they got.

Patients in Dental and Oral Health Poly at Community Health Center felt satisfied in that Poly because the price of that services is lower than Dental and Oral Health in other Health Services. If we are *JKN-KIS* participants, those services are free, but if not *JKN-KIS* participants, we must pay maximum Rp 50.000 (equals to US$ 4). In other Health Services, we must pay more than it. If the cost offered by the producers or service providers are lower than those perceived by the consumers, then the consumers will consider the sacrifice they make is small (Daturohmah, 2011). The costs incurred at the Community Health Center are considered to be affordable that the respondents stated that the fairness of the costs was very good. This was because the costs at the Community Health Center were the same, and the majority of costs were covered by *BPJS Kesehatan* as *JKN-KIS* participants.

Conclusion

The conclusions are the responsibility of the Community Health Services' workers and the performances of all other elements need to be improved to be categorised as very good.

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Declaration of Conflicting Interests

The authors declare that there was no conflict of interest with respect to the research, authorship, and publication of this article.

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Ethical Clearance

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