SUMMARY

Gap Analysis in Gap 1 and 5 Service Quality
Control Program Disease of Leprosy in Surabaya

Leprosy is one of the infectious diseases that pose a very complex problem. (Kosasih, A., 2005; DG & PL, MoH RI, 2012). According to data in the Health Profile of East Java Provincial Health Office (2013) there are 10 provinces in Indonesia are categorized high burden (the burden of leprosy high) and East Java in this category with a rank No. 7. The city of Surabaya in the category of Low Prevalence of means including non regions leprosy endemic. but when viewed from the trend of prevalence rate (PR) of leprosy appear to have increased in 2010 until 2012, declined in 2013 and there is an increasing trend back in 2014. Based on the book of national guidelines controlling leprosy in 2002 and 1457 numbers Kepmenkes RI / Menkes / SK / X / 2003 on minimum service standards, there are six indicators leprosy control efforts to be achieved, and Surabaya city government in this case the Surabaya City Health Department has not been able to reach the target indicators of the program for the discovery rate of new patients (CDR), numbers healing (Release For Treatment, hereinafter referred to as RFT), the proportion of defect numbers 2, figure proportion of people with children, and the proportion of the numbers of cases Multi Basiler (MB). Indicators are not achieved, can be caused by a gap between the quality of services provided by officers and expectations of patients or because there is a gap between the expectations and the assessment of patients for leprosy control program in the city of Surabaya.

The formulation of the problem is to assess how the perception of leprosy control program officers about the expected service of lepers, how hopeless leprosy patients to the service, how the patient assessment against leprosy services, how the gap (Gap 1) between the perception of leprosy control program officer of the expected service lepers with actual patient expectations, the extent of the gap (Gap 1) between the perception of leprosy control program officers about the expected service lepers with actual patient expectations, how the gap (Gap 5) between patient expectations against leprosy services with patient assessment leprosy to the services provided, the extent of the gap (Gap 5) between patient expectations against leprosy services with leprosy patients assessment of the services provided, and what recommendations are given based on gap analysis of Gap 1 and Gap 5 (Servqual) in order to achieve the target RFT MB and the target proportion of children of leprosy patients in the city of Surabaya. The purpose of this research is to develop recommendations targeted efforts to improve the achievement of RFT MB and the target proportion of children of leprosy patients based on the gap analysis Gap 1 and Gap 5 (Servqual) in Surabaya.

Assessment of attendant services provided to patients, satisfied or dissatisfied with the service is the difference between expectations (expectations) and perceived performance (perceived performance). Gap analysis can identify gaps that occur between the perception of leprosy officer regarding the expected

service leper with lepers actual expectations (gap between the customer's expectations and the management of perceptions), which is the only gap that is directly related to the patient. Gap analysis else could happen between the expectations of lepers by the fact that the service is received. This gap is the estuary of the gaps that exist in the concept of quality of service. Through an analysis of the scores of this gap, management, in this case the person in charge of leprosy control program Surabaya City Health Department can assess the overall quality of services provided by officers of leprosy at the health center as perceived by the customer (lepers), but it can identify the dimensions and key aspects of each dimension of quality of service that needs improvement. (Tjiptono, 2012; Wiyono, 1999). In this study to measure the quality of service quality of service using a model of the most popular and up to now many proposed in the management and marketing research services is the model SERVQUAL (Service Quality) developed by Parasuraman, Zeithaml, and Berry (1985,1988,1990,1991, 1993.1994) in a series of research on the service sector. Measuring the quality of services in Servqual models are based on multi-item scale designed to measure customer expectations and perceptions, as well as the gap between the two in ten major dimensions of service quality (reliability, responsiveness, competency, accessibility, courtesy, communication, credibility, security, understanding tea customers, and tangibles).

This study is observational analytic. Implemented in 30 health centers in Surabaya in March to April 2015. The unit of analysis is the working area of Surabaya city health centers with resources, namely: officials leprosy control program in health centers as many as 30 people and lepers adults as much as 30 people. Criteria resources there are two (2) types, namely that of the officer P2 Leprosy: puskesmas officers who have been responsible for leprosy program, and has been training about leprosy from Surabaya City Health Office or East Java Provincial Health Office and of lepers adults: an MB leprosy patients and has received treatment.

The research variables consist of variables to the expectations of patients, for the assessment of (perceived serviced) patients, and to the perception of the officer to the expectations of the patient. Consisting of 10 (ten) dimensions and tenth major dimensions are translated into each of 35 items detailed dimensions for the variable expectations and perceptions variables, which are arranged in statements based on a Likert scale, from 1 (strongly disagree) to 6 (very agree). (Parasuraman, et al. 1990; Tjiptono & Chandra, 2012). Data collection techniques using the technique of direct interview with the respondents using tools such as questionnaire. Initial research will be conducted on 12 health centers to test the validity and reliability. Future studies will be conducted at 30 clinics in the city of Surabaya.

Processing and data analysis performed on each variable of the study. The data have been analyzed and interpreted to see the picture P2 Leprosy pertugas perception regarding the expected service of lepers, picture (expected service) patients against leprosy services, an overview assessment (perceived service) against leprosy services, overview gap between the perception of the service personnel expected lepers with actual patient expectations (Gap 1) and the

description of the gap between expectations (expected service) to service of leprosy patients by assessment (perceived service) leprosy patients to the services provided (Gap 5) using computer applications. Data analysis is done by measuring the average score of the 10-dimensional perception officers and 35 items service dimension is then determined the average total value of which is used to determine the position of each dimension and the dimension item. Analysis of the data for the gap 1 and gap 5 is done with an item-by-item analysis, dimension-by-dimension analysis, test Independent T-test, and specifically for the gap 5 is added by using analysis based on two-dimensional diagram differencing plane.

The result showed that the perception of leprosy officer, dimension reliability, responsiveness, accessibility, communication, understanding the customers, and tangibles is an important dimension of service that are not met by the officer (mean value <5.48). Dimensions that are considered important for the officer is satisfied by the dimensions of competency, courtesy, security, and the dimensions of credibility (mean values> 5.48). Research on the expectations of leprosy patients get the results that are most expected by the lepers of the leprosy services are the dimension of responsiveness, competency, courtesy, communication, credibility, security, and the dimensions of understanding the customers. The dimensions are not expected by the patient is the dimension of reliability, accessibility, and tangibles. Results of research for perceived service perceived by patients showed that perceived service are considered low or bad by the lepers of the leprosy services exist in the dimension of reliability, responsiveness, accessibility, communication, and tangibles. The dimensions are considered good by leprosy patients is the dimension of competency, courtesy, credibility, security, and understanding the customers.

Results item by item gap analysis on the gap 1 showed all had a negative gap value except at a few items that assessed positive dimensions include: conformity with the promised service (reliability 1), all items dimensional competency, credibility dimension item 1 (trustworthy) and credibility 3 (faith). From the results dimension by dimension gap analysis, the results showed scores Servqual all dimensions except the negative gap in competency dimensions that have a positive gap. Independent T Test results showed that there were a number of dimensions that have significant differences ($p < 0.05$) the dimensions of responsiveness value of $p = 0.001$, $p = 0.003$ accesibility, courtesy $p = 0.004$, $p = 0.003$ communication, understanding the customers value $p = 0.001$ and the value of tangibles dimension $p = 0.001$.

Results item by item gap analysis and gap analysis dimension by dimension scores Servqual results in gaps 5 showed all the items dimension has a negative gap value. This study uses the Independent T-Test to determine the difference between the measured dimension. Results of Independent T-Test analysis showed no significant differences ($p < 0.05$) on a number of dimensions: reliability dimension ($p = 0.003$), responsiveness ($p = 0.001$), competency ($p = 0.005$), accesibility ($p = 0.010$), courtesy ($p = 0.040$), communication ($p = 0.001$), security ($p = 0.001$), understanding the customers ($p = 0.004$), and the dimensions of tangibles ($p = 0.009$). The dimensions are included in the first quadrant

xi

diagram focuses improvement effort here is the dimension of communication and responsiveness.

Responsiveness dimension and the dimension of Communications entered into a strategic issue because both are considered unimportant by officers, expected by the patient, patient assessment of ugly, is a significant statistical test gapnya, and both in the diagram differencing Two-Dimensional Plane at Gap 5 included in quadrant I, which needs improved (quadrant Effort Improvement Here).

The gap between the officer and the patient can occur because the officer did not understand what is perceived and diiinginkan by people about how they should be treated in the service process. The gap that occurs in this study occurred in two dimensions of the dimension Responsiveness and Communication.

Responsiveness dimension reflects a commitment to provide fast service and timely, as well as with regard to the desire and readiness officials to help and respond to the patient. Interpersonal communication or interpersonal communication is the process of sending and receiving messages between two people or among a small group of people to obtain instant feedback. Each officer P2 Leprosy is expected to have interpersonal communication skills that involve two or more people, or in the form of meetings that can involve many people.

The conclusion of this research is the dimension of responsiveness and communication becomes most problematic dimension and should be a priority for improvement. To minimize the gap on the dimensions of responsiveness, the Surabaya City Health Department needs to make the management team at the health center level (not just one officer) in order leprosy services can run smoothly and do not rely on one person personnel only. Home visits and counseling process for leprosy patients should be routinely performed Leprosy P2 officers that every officer understands the needs of each leper especially those related to the treatment of leprosy. The gap in communication dimension can be minimized by making the guidelines for officers that contains basic information that must be given to people with leprosy. Surabaya City Health Office should conduct training on interpersonal communication, create a forum for communication between officers and P2 leprosy patients who had recovered. Information given to patients with more emphasis on understanding and acceptance of people against leprosy.