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**Submission date:** 10-Mar-2020 11:17AM (UTC+0800)

**Submission ID:** 1272726558

**File name:** 17A\_CARE SERVICE FOR THE ELDERLY COMMUNITY.pdf (10.08M)

**Word count:** 2553

**Character count:** 14110

## Care Service for the Elderly Community : Service Quality "Santun Lansia" in the Public Health Center

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ABSTRACT

*This study aims to determine the "Santun Lansia" service qualities in public health centers. This research begins with the innovation of health services for the elderly people who are named "Santun Lansia" service that is implemented public health center. The "Santun Lansia" service coverage is to provide services to the elderly including promotive, preventive, curative and rehabilitative services . The theory used was the indicator of service quality from Valerie A. Zeithaml, A. Parasuramman, and Leonard L. Berry (1990) consisting of tangible, reliability, responsiveness, assurance, and empathy. The results of this study indicated that in general the quality of "Santun Lansia" service in Sidoarjo health center is good, although there are still some things that need improvement. From tangible aspects, the facility is adequate with the provision of special facilities for elderly people. Reliability, the health service center has implemented all service coverage as promised. Responsiveness, officers have provided more "reactiveness" to elderly patients. Assurance, the ability of officers in providing services is good. And finally empathy, officers have been patient in helping the difficulties of elderly patients.*

**Keyword:**

*elderly, service quality, "Santun Lansia" service, public health center*

### 1. Introduction

One of the impacts of development success in Indonesia is the increasing life expectancy of the population. This causes Indonesia to enter the era of the old structured population (*aging population*). Based on Central Bureau of Statistics (BPS) data in 2014, East Java was ranked third in Indonesia with the proportion of elderly population as much as 10.96%.

An overview of social, economic and health conditions the elderly (hereinafter referred to as elderly) in East Java, quoted from Susenas data of 2014 shows the difference between those living in urban and rural areas. Those living in

urban areas have a more difficult life burden than in rural areas. This can be seen from the length of working hours, type of work, home ownership, economic status, crime victims, the status of household members, health complaints, duration of illness, the frequency of outpatient treatment, and frequent frequency of hospitalization.

Health is a major problem for the elderly. Based on Law No. 36 of 2009 on health, it is mentioned that health efforts for elderly should be aimed to keep their healthiness and productiveness both socially and economically. In addition, the government must ensure the availability of

health services and facilitate elderly to be able to remain independent and have a productive life.

One of the government programs in the effort to provide services to the elderly is the "Santun Lansia". This program is implemented in the public health center (which is called Puskesmas). "Santun Lansia" public health center is a health center that carries out health services to elderly including promotive, preventive, curative, and rehabilitative services.

The forms of politeness performed at the public health center which implements "Santun Lansia" are 1). serving the elderly with a smile, kindness, patience and respect as parents; 2). free outpatient services for elderly (age 60 and above); 3). proactive and responsive to elderly health problems; 4). ease of access for further services. Meanwhile, services that can be provided by public health center which implements "Santun Lansia" are 1). Health services *one stop service* in a separate room; 2) counseling; 3). elderly posyandu; 4). home visit; 5) create certain event like *talk show*, gymnastics competition, healthy way and others.

If we look at the forms of politeness and services that are applied to public health center which implements "Santun Lansia", then normatively, the "Santun Lansia" program is devoted to providing *care service* to the elderly. This study will look at how the quality of "Santun Lansia" services organized by Puskesmas.

Research on the quality of health services has been done before. First, a study entitled "*Service Quality in Health Care Organizations: A Study of Corporate Hospitals in Hyderabad*" by PG Ramanujam loaded on *Journal of Health Management* 2011, Vol 13 No.2 SCOPUS DOI: 10.1177 / 097206341101300204. The results of this study indicate that the service guarantee has been superior. The dimensions of hospital reliability and responsiveness have been satisfactory. However, the dimensions of empathy, responsiveness, and reliability are still not in line with patient expectations.

Second, research titled "Pengaruh Kualitas Pelayanan Puskesmas Santun Lansia Pada Kepuasan Pasien Lanjut Usia di Puskesmas Santun Lanjut Usia Kabupaten Bogor Jawa Barat" by Ambarani published in *IJEMC* 2014 Vol.1 No.1. The results of this study indicate that the quality of care services in health centers in the dimension *servqual* (physical evidence, reliability, responsiveness, assurance, and attention) have been perceived to have good enough implementation, even though the quality of service received has not met expectations. Third, a study entitled "*Service Quality in Health Care Centers: An Empirical Study*" by Sumathi Kumaraswamy which is listed on *International Journal of Business and Social Science* 2012, Vol.3 No.16. The results of this study indicated that the most important factors of service quality in public health center are physician, staff, and operational performance. Fourth, a study entitled "*Assessing healthcare service quality: a comparative study of patient treatment types*" by Don Hee Lee and Kai K.Kim which is listed on *International Journal of Quality Innovation* 2017, Vol 3 No.1. The results showed that the quality of care (type of treatment) affects the health measurement items.

The difference of this study with previous research is this research focus on health service for elderly living in urban area. From the background that has been mentioned previously, it is explained that elderly in urban have burden life more difficult than in rural, especially health problem.

## 2. Method of the Study

This research used descriptive qualitative method. Data collection was conducted in three ways: interview, secondary data, and observation field. The location of research Sidoarjo Public Health Center as the health center organizer of "Santun Lansia". The informants of this study were the elderly patient at Sidoarjo public health center.

### 3. Results And Discussion

#### 3.1. Pervive Care Service "Santun Lansia" for the Elderly Community

According to Law No. 13 of 1998 on Elderly Welfare, it is explained that "the elderly is a person who reaches the age of 60 (sixty) years and above. The Ministry of Health of Republic of Indonesia (2006) groups elderly into three, namely: a). Virility (prasenium) which is the age of elderly preparation that shows the maturity of the soul (aged 55-59 years); b). Early age (senescen) which is a group of age that began to enter early age of elderly (age 60-64 years); and c). Seniors who are at high risk for suffering from degenerative diseases (age > 65 years).

To provide health services for the elderly, the Ministry of Health of the Republic of Indonesia established a program called "Santun Lansia". "Santun Lansia" service is a basic health service at public health center especially for elderly patient including promotive, preventive, curative, and rehabilitative services.

Sidoarjo public health center carries out "Santun Lansia" service by providing special services for elderly patients. One of the reasons for the implementation of the "Santun Lansia" service is due to the large number of patient visits elderly every day to public health center. The coverage of "Santun Lansia" service consists of promotive services, preventive, curative, and rehabilitative. Promotive services are implemented through health counseling at posyandu. There is also held "healthy music" event, which is a dialogue on health through musical performances. Preventive services are implemented with *check-up* elderly health and elderly gymnastics at posyandu. In addition, Sidoarjo Health Center also holds a "Healthy Elderly Gymnastics" which is held every year. Curative service is carried out by providing services in the health service clinic at the public health center. Meanwhile, rehabilitation services are carried out in poly and the provision of "Taman Batu" for foot reflexology massage.

#### 3.2. "Santun Lansia" Service Qualities

Zeithaml, et al (1990) defines the quality of service "Service quality is the extent of discrepancies between customers' expectations and their desires." It means that service quality is the gap / discrepancy between consumer's expectations or desires with consumer's perceptions. Quality of service can be determined by comparing consumer's perceptions as the recipients of services to the services they receive with the services they want. If the service received is more than expected, then the service can be said to be qualified. If the received service is the same as expected, then the service is satisfactory. Whereas if the service is less than expected, then the service is not qualified.

Zeithaml, et al (1990) determine the five dimensions to assess the service quality namely: 1). *Tangibles*: the physical state of service providers such as building facilities, comfort, modern equipment, and officer's appearance; 2). *Reliability*: the ability of service providers to provide their services appropriately as per their service promises; 3). *Responsiveness*: provide prompt and precise service with clear information delivery; 4). Assurance: Guarantees and certainty in the service indicated by the competence of the officer; 5). Emphaty: giving genuine and individual attention.

The results of the research on the quality of services "Santun Lansia" in Sidoarjo public health center can be described from the following five dimensions:

##### A. Tangible

Facilities and infrastructure, such as queue number, poly room, and wheelchair, at Sidoarjo public health center for "Santun Lansia" service have been adjusted for elderly patients. There are also facilities such as *safety grip handle* on the wall all the way to the public health center building. In addition, there is a special toilet in the form of toilet seat and *safety grip handle* on the toilet wall. Furthermore, there is also

"Stone Garden" for foot therapy for the elderly.

The elderly patient's expectation of physical facility at public health center is the presence of a special waiting room for them. Although the number of queues and registration booths are reserved for elderly patients, the elderly still feel the need for a special seat for them to feel comfortable.



Figure 2: Toilet for elderly

### B. Reliability

"Santun Lansia" program covers services such as promotive, preventive, curative, and rehabilitative. Promotive services are implemented through health counseling at posyandu. Preventive services are also implemented at Elderly Posyandu through activities such as *check-up* of elderly health, supplementary feeding, and exercise of elderly gymnastics. Curative service is in the form of healing services in elderly poly residing in public health center. Meanwhile, rehabilitative services are carried out in the form of consultation services in poly and the provision of "Stone Garden" for the purposes of foot reflection therapy.

The elderly patient's expectation of service coverage is the presence of special services for counseling. Elderly patients come to public health center sometimes because they want to complain and make friends to talk.



Figure 3: "Stone Garden" for elderly

### C. Responsiveness

In providing services to the elderly, staffs give quick response when elderly patients need help. The staffs are patiently serving the question of "chatty" elderly or elderly patients who are often "confused" at the public health center. The staffs always inform elderly patients about the stages that must be taken to seek treatment at public health center. Starting from the queue numbering, registration counter, waiting room, checking poly, medicine taking, or laboratory check have all been well explained. Even elderly patients are also reminded to always take medicine and scheduled back to the public health center. The elderly patient's expectation is that there is a special time for them to counsel longer. The problem of elderly patients coming to the public health center is often not because of physical illness but is more of psychological factors. Therefore, elderly patients sometimes come to the public health center for consultation.



### D. Assurance

Staffs at Sidoarjo public health center already understand how to provide service guarantee to elderly patients. In providing services, staffs use the public

health center's motto "We Are Ready to Provide the Best Service for You" and the values of "CERIA" (Proficient, Empathy, Friendly, Sincere, Safe).

Elderly patients hope that they do not need to be in queue for too long. Nevertheless, elderly patients are aware that the cause of the length of time of the queue is due to the number of patients who go to the health center.



E.

Staffs have high empathy for elderly patients, such as pushing a wheelchair, guiding their way, or asking them what they need. In addition to providing services, they have used special communication to respect elderly patients. Javanese language is often used to communicate with some elderly. Even some elderly people are more comfortable to communicate by using Java language "ngoko / rude" to be make it more friendly between staff and elderly patients. Staffs are patient to give explanation to the elderly, such as how to take medication, check-up schedule, and other necessary information.

Elderly patients feel comfortable with the empathy given by staffs because the staffs have memorized the character of the elderly who have often been to the health center. Elderly patients feel very satisfied with the empathy given by the staffs. They feel calm and comfortable to seek treatment at the public health center

because if there is any difficulty, staffs officer are responsive and able to understand them personally.



Fig. 1. a

#### 4. Conclusion

In general, the quality of "Santun Lansia" service at the Sidoarjo public health center is good. The most powerful thing that affects the quality of service is the empathy given by the staffs to elderly patients. The personal attention given by the staff to patients makes them feel comfortable and satisfied with the services provided by the public health center. Although there are still several things to be improved from the tangible dimension (waiting room is required for elderly); reliability and responsive (counseling service is required); assurance (short waiting time is required), but it can be concluded that elderly patients feel comfortable and satisfied with the services provided by Sidoarjo public health center as the organizer of "Santun Lansia".

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