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Makassar-Indonesia, 27 March 2021



*Gautam Kumar Jha*  
International Conference  
India and Southeast Asia

Dr. Gautam Kumar Jha  
Scientific Committee



# TIME TABLE ICISA 2021

27 March 2021

NO	DAY & DATE	TIME (WIB/WITA)	TOPIC	SPEAKER	Moderator
01	Saturday, 27 March 2021	13.00 – 15.30 (WIB Jakarta/Bangkok) Or 14.00 – 16.30 (WITA Makassar)	Opening and keynote	<div>1. Session Management &amp; Moderator:</div> <div>2. Outline of the Conference by Dr Gautam Kuma Jha from JNU, India</div> <div>3. Welcome Note: Dr Lisa, President of Philippine Society for Public Administration and the Head of the Development Academy of the Philippines</div> <div>4. Keynote: Shri Sunil Ambekar, National Head, Media and Publicity, Rastriya Swayam Sevak Sangh (RSS), India</div> <div>5. Guest of Honor: Laksamana Madya TNI Dr. Amarulla Oktavian, S.T., M.Sc., D.E.S.D.CIQnR.,CIQaR., IPU. University of Defence (UNHAN), Bogor, Indonesia</div> <div>6. Valedictory Remarks: Prof. Dr. Amar Yumnam, Vice Chancellor, Manipur University, India</div>	Dr Ismail Wekke, Indonesia
02			Eminent Scholars Panel- 1 Chaired by Dr Gautam	<div>1. Prof. Dr. Sida Sonsri, Thammasat University, Thailand</div> <div>2. Dr Sukarno Hardjosoewito M.Si, Head of Genearl Education, UNTAG, Surabaya, Indonesia</div> <div>3. Prof. Dr. Muhammad Hattah Fattah, Universitas Muslim Indonesia</div> <div>4. Assoc. Prof. Marecon C. Viray, Mindanao State University, Philippines</div> <div>5. Assoc. Prof. Dr. Rohizani, Universiti Sains Malaysia, Malaysia</div>	Dr Ismail Wekke, Indonesia
03			Eminent Scholars Panel- 2 Chaired by Dr Gautam	<div>1. Prof. Dr. Sebastian Sterzer, Head of International Relations Area for Observatory of International Trade (ARIOCI), National University of Lujan, Argentina</div> <div>2. Dr Pasoot Lasuka, Chiangmai University, Thailand</div> <div>3. Prof. Dr Agus Sukristyanto, UNTAG, Surayabaya, Indonesia</div> <div>4. Assoc. Prof. Dr Angel Damayanti, International Relations Program, Faculty of Social and Political Sciences, Universitas Kristen Indonesia, Jakarta, Indonesia</div> <div>5. Dr Lizan E. Perante-Calina, Dean of the Graduate School of Public and Development Management of the Development Academy of the Philippines (DAP-GSPDM)</div>	Dr Ismail Wekke, Indonesia
			15.30 – 16.00 (WIB Jakarta/Bangkok)		Prayer

		16.30 – 17.00 (WITA Makassar)			
04			Paralel Session 1 #1	<ul style="list-style-type: none"> <li>Parallel 1:</li> <li>Chair: Prof. Sida</li> </ul> Members: <ol style="list-style-type: none"> <li>1. Piyathida Kogpho <b>Brawijaya University, Indonesia</b></li> <li>2. Tassapa Umavijani <b>SOAS, UK</b></li> <li>3. Mr. Panyasack Sengonkeo <b>National University of Laos</b></li> <li>4. Penh Soeun <b>Royal Phon Phem, Cambodia</b></li> <li>5. Marecon C <b>Viray Mindano State University</b></li> <li>6. Assoc. Prof.Dr. Sukarno Hardjosoewito, M.Si <b>Universitas 17 Agustus 1945</b></li> </ol>	Prof. Dr. Sida Sonsri
			Paralel Session 1 #2	<ol style="list-style-type: none"> <li>1. Fitra Awalia <b>IAIN Sorong</b></li> <li>2. Imam Wahyudi <b>IAIN Sorong</b></li> <li>3. Yusuf Muri Salampessy <b>IAIN Sorong</b></li> <li>4. Muhammad Syaafi <b>IAIN Sorong</b></li> <li>5. Sahril Soean <b>IAIN Sorong</b></li> <li>6. Fachrul Najamudin <b>IAIN Sorong</b></li> </ol>	Dr Ismail Wekke, Indonesia
		16.00 – 17.30 (WIB Jakarta/Bangkok) or 17.00 – 18.30 (WITA Makassar)	Paralel Session 1 #3	<ol style="list-style-type: none"> <li>1. Nyai Sapua <b>IAIN Sorong</b></li> <li>2. Juhriadi <b>IAIN Sorong</b></li> <li>3. Risnaldi Hamzak <b>IAIN Sorong</b></li> <li>4. Nasaruddin <b>IAIN Sorong</b></li> <li>5. Susilawati <b>IAIN Sorong</b></li> <li>6. Arif Pramana Aji <b>IAIN Sorong</b></li> </ol>	Dr. Lisa Kailola
			Paralel Session 1 #4	<ol style="list-style-type: none"> <li>1. Nicole Anne Parreno <b>university of The Philippines – Diliman</b></li> <li>2. Rully Novie Wurarah <b>Papua University</b></li> <li>3. John Lloyd b. Mendoza <b>Mindanao State University</b></li> <li>4. Prof. Ivy Sarah Mae Berowa Arimao <b>Mindanao State University</b></li> <li>5. Dr. Lizan Perante-Calina, DPA <b>Development Academy of The Philippines</b></li> <li>6. Charlou A. BAUTISTA <b>Mindanao State University, Marawi</b></li> </ol>	Dr. Lizan Parante-Calina
			Paralel Session 1 #5	<ol style="list-style-type: none"> <li>1. Lenelyn Barlas Tomas <b>Polytechnic University of The Philippines</b></li> <li>2. Joedel Penaranda, Wilson Vilorio, Maria Slave Adamos, Kevin Latiza <b>Development Academy of The Philippines</b></li> <li>3. Kenny Ralph Fernano, <b>Training Officers of The Securities and Exchange Commission in Manila</b></li> <li>4. Amavel Velasco <b>Senior Agriculturist of The Bureau of Agricultural Research under The Department of Agriculture</b></li> </ol>	Dr. Verdinand Robertua Siahaan
	Saturday, 27 March 2021				

				5. San Pedro, Jose <b>Provincial Tourism Officer of Nueva Ecija</b> 6. Tangkal, Nuki <b>Senate Legistlative Staff</b>	
		17.30 – 19.30 ( <b>WIB Jakarta/Bangkok</b> ) or 18.30 – 20.30 ( <b>WITA Makassar</b> )		Break	
		19.30 – 21.00 ( <b>WIB Jakarta/Bangkok</b> ) or 20.30 – 22.00 ( <b>WITA Makassar</b> )	Paralel Session 2 # 1	Chair: Dr. Ismail Suardi Wekke 1. Eko Irianto <b>IAIN Sorong</b> 2. Lilis Nurhatati <b>IAIN Sorong</b> 3. MA Victoria S. Abergos <b>University of Makati</b> 4. M Makbul <b>UIN Alauddin Makassar</b> 5. Hosnie M. Gogo <b>Mindanao State University Main Campus</b> 6. Kurnia, <b>DEMA FUIP UIN Alauddin Makassar</b>	Dr. Lisa Kailola
			Paralel Session 2 #2	1. Dr. Gerald S. Abergos <b>University of Makati</b> 2. Edi Muri <b>Distrik Arguni Kabupaten Fak-fak</b> 3. Muhammad Adnan Firdaus <b>UPM Sorong</b> 4. Cici, AMG <b>RS Mutiara Sorong</b> 5. Witarsa Tambunan <b>UKI</b> 6. <b>Anwar Rosadi UIN Sunan Gunung Djati Bandung</b>	Muhammad Yusuf, M.Pd.
			Paralel Session 2 #3	1. Dwi Susanto <b>UKI</b> 2. Lisa Gracia <b>UKI</b> 3. Susanne A. H. Sitohang <b>UKI</b> 4. Rachmawati Novaria, Suwardi <b>Universitas 17 Agustus 1945 dan Universitas Slamet Riyadi Surakarta</b> 5. Panji Hartono <b>HMI</b>	Ibnu Hajar Sinuddin, M.Sos
			Paralel Session 2 #4	Parallel 2 # 4 Chair: Prof May Larena, Cebu Institute Technology, Philippines/Dr. Lucita A. Adelan Chairperson, Department of Hospitality & Tourism Management Cebu Institute of Technology-University 1. Lucita A. Adelan <b>Cebu Institute of Technology- University</b> 2. Irwan Aribowo <b>PKN STAN BPPK</b> 3. Nurcholis Majid <b>Universitas Muhammadiyah Malang</b> 4. Mesta Limbong <b>UKI</b> 5. Sherly Merlian Regina Lende ( <b>UKI</b> )	Dr. Lucita Adelan

	Saturday, 27 March 2021	21.00 – 21.30 ( <b>WIB Jakarta/Bangkok</b> ) or 22.00 – 22.30 ( <b>WITA Makassar</b> )		<b>Closing</b>	Dr.Ismail Suardi Wekke
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# PERCEPTION AND ASPIRATION ON PRIMARY HEALTHCARE SERVICE QUALITY IN PUSKESMAS IN PATI REGENCY GOVERNMENT, CENTRAL JAVA PROVINCE, INDONESIA

## By:

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## Abstract

*The research of the quality of primary public health services in the Government of Kabupaten Pati is measured using the quality of medical services that are being held by all of its local public health centers, Puskesmas. The number of respondents in this research is 640 respondents. The research is being done in 64 different places that are distributed equally so that it can gather good quality data. The result of this research shows that the quality of primary public health services in the Government of Kabupaten Pati is perceived as good by its citizens. The improvement on the quality of medical services of Puskesmas can be done by improving its facility, human resource, and its medicine quality.*

**Key word:** *Quality, service, health, local public health center*

## Introduction

Health development is one of decentralization affairs. Local government has an obligation to manage public healthcare service. Out of Local Government affairs existing, health sector is the one with large scope and organization. The urgency of health sector is nearly as same as that of education sector. People's need for healthcare service is slightly more important than education service. Health is a real basic need. Everybody has the right to access healthcare service. Article 28 H clause (1) of 1945 Constitution states that everybody deserves prosperous life either physically or spiritually, good healthy residence and living environment, and **healthcare** service.

UN's Universal Declaration of Human Rights 1948 governs the right to healthcare. Everybody deserves standard of life that guarantees health and welfare for him/her self and his/her family, including food, clothing, shelter, and healthcare. It was then confirmed by World Health Organization (WHO) (1948) that the right to healthcare is not merely human right but also fundamental right. "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being".

Regency/Municipal Local Governments in Indonesia pays much attention to the implementation of health development. Organizational structure and work mechanism of health sector are in the form of large-category service office. It is

headed by the head of service office. Health service office in Local Government contains secretariat consisting of four subdivisions. The line organization of health office consists of four divisions, each of which consists of three-to-four sections.

Considering the Republic of Indonesia's Minister of Health Regulation Number 43 of 2019, Health Service Office supervises technical implementing unit called Public Health Center (Indonesian: *Pusat Kesehatan Masyarakat*, thereafter called *Puskesmas*). There is at least one *Puskesmas* in one sub district in Indonesia. However, the sub district with wide territory and dense population can have more than one *puskesmas*.

*Puskesmas* is the starting point of healthcare for which the state government is responsible. Republic of Indonesia's Minister of Health (1991) defines *Puskesmas* as a functional organization unit constituting a public health development center also building public participation in addition to providing healthcare service to the people in its working area in the form of basic activities comprehensively and in integrated manner. *Puskesmas* has three functions: (1) as a health empowerment-oriented development activation center; (2) as community and family in health development; and (3) as the first-level service center.

*Puskesmas* is responsible for organizing health development in an area as the first-level healthcare service center organizing the first-level healthcare service activity comprehensively, sustainably, and in integrated manner, including individual and community healthcare services, and conducting some activities like the attempt of improving public health as the health development effort. The type of healthcare service is adjusted with *Puskesmas*' ability but there are some healthcare attempt the *Puskesmas* should implement compulsorily and the health development attempt adapted to the problem existing and *puskesmas*' ability. There are six primary healthcare services provided by *puskesmas*: (1) Health promotion; (2) Environment Health; (3) Disease Eradication Prevention; (4) Family and Reproductive Health; (5) Public Nutrition Improvement, and (6) Disease Healing and Healthcare Service.

Out of the six primary healthcare services provided by *Puskesmas*, disease healing and healthcare service is the most popular one. It is because this service requires the direct contact with individual community members who have health disorder or the groups vulnerable to disease. There are three superior services in each of *Puskesmas*: (1) ambulatory medical service, (2) Medical Emergency Service; and (3) Tooth and Mouth health Service. Nevertheless, some *puskesmas* have developed hospitalization service. It is a kind of small hospital.

The quality of healthcare service trend in *Puskesmas* of Indonesia shows improvement in the last decade. A survey on service in *Puskesmas* Karangdowo, Klaten Regency, 2010, reported a good service by providing service fulfilling the patient's expectation and satisfaction. Ten indicators of survey developed in this research show good result. The indicators are: (1) technical competency, 2) accessibility, 3) effectiveness, 4) efficiency, 5) service sustainability, 6) safety, 7) comfort, 8) information, 9) timeliness, 10) inter-human relation (Setyawan, 2010).

Angraeni (2013) in her research reported the innovation of *Puskesmas* service in improving service quality in *Puskesmas* Jagir of Surabaya City. There were two innovations studied: firstly, new product/service innovation consisting of

medical equipment and new service innovations; and secondly, process innovation consisting of one-stop payment service, registration service in a distinctive queuing box for vulnerable group, helper, and hotline service. The result of research shows that innovation can have an impact on the improvement of service quality in puskesmas.

Different finding was reported by Much. Djunaidi, Eko Setiawan, Tri Hariyanto (2017). Their study found the community's low satisfaction with puskesmas service. The analysis of service gap showed that the highest gap score of service quality dimension was -3.1, found in reliability dimension. Meanwhile, the gap score of customers' perception and expectation as customer index is -3.361. It indicates that the service users' satisfaction with services in Puskesmas Kerjo has not been achieved yet today.

B. Einurkhayatun, A. Suryoputro, and E. Fatmasari (2017) identified the some service problems encountered in puskesmas: complaint related to long waiting time, less comfortable waiting room, and less friendly officer. This factor leads to the decrease in the number of patient visits. The patient's expectation on perceived service is not confirmed by service provider. The result of research shows the compatibility of expectation and reality to service quality overall is 79.70%. Meanwhile, the compatibility of all dimensions is: tangible 81.94%, reliability 79.36%, responsiveness 77.00%, assurance 79.44%, and empati 80.88%. To improve the service, the author recommended the Puskesmas management to improve the comfortableness of waiting room, to increase supporting facilities, number of waiting seats and information media, to maximize preventive promoting attempt, to provide service timely, to give the patients the information on their disease and examination result, to provide service modestly and friendly, and to communicate effectively.

Mass media often reports the length of time the patients need to get service in Puskesmas. Kompasnews released a report on the result of survey conducted by Ministry of State Apparatus Utilization supported by Federal Republic of Germany government through *four Technische Zusammenarbeit* (GTZ) along with Gresik Regency Government. Surveyor team has conducted survey on 2,246 patients in Puskesmas Sukomulyo and Puskesmas Duduksampeyan. About 9,744 complaints were reported from the two Puskesmas, classified into 55 types of complaint. The type of complaint most frequently perceived by the people is related to length of queuing time and less adequate facilities of puskesmas <https://regional.kompas.com/read/2009/08/10/15320445/pasien.mengeluh.petugas.puskesmas.tak.ramah>.

Also, Mass media has ever reported the complaint against Puskesmas service in Sampang Madura Regency, East Java. Jawapos.com reported the length of time for waiting for puskesmas service <https://radarmadura.jawapos.com/read/2019/02/03/117489/keluhkan-pelayanan-puskesmas>.

The service provided by government-owned health institution is not better than that provided by private health one. Samal, Sahoo, and Pradan (2020) reported their research result. Patients visiting private healthcare service institution tend to be more satisfied those visiting the public sector-owned health service entity. The



people visiting the private sector entities were comparatively more satisfied with the service offerings than the respondents visiting the public sector hospitals.

## **Method**

This research took place in Pati Regency, Central Java Province, Indonesia from August to November 2020. The sample of research consisted of 640 respondents with the characteristic of the participants of health insurance held by Social Insurance Organizing Agency for Health (*Indonesian: Badan Penyelenggaraan Jaminan Sosial (BPJS) Kesehatan*), thereafter called *BPJS Kesehatan*). As known, the primary healthcare service referral of BPJS includes Puskesmas and first-level clinic. Sampling technique used was Random Sampling technique based on survey location point. There were 64 survey location points selected purposively by considering area spreadability. Meanwhile, the respondents were selected randomly in each of survey location points. Ten (10) respondents were taken from each survey location point. The sample size fulfilled margin of error 5% criterion at significance level of 95% with high density (Eriyanto, 2000).

Technique of collecting data used was face to face interview with close- and open-ended questionnaire data instruments.

## **Result and Discussion**

This research measured the quality of primary healthcare service provided by Pati Regency government. Service delivery is implemented by 29 puskesmas. There are 6 ambulatory Puskesmas and 23 non-ambulatory puskesmas. Organizational structure of Puskesmas is under Health Service Office. Considering Republic of Indonesia's Minister of Internal Affairs regulation Number 79 of 2018 about Local Community Service Agency (Republic of Indonesia's Gazette of 2018 Number 1213), the existence of Puskesmas in Pati Regency is established to be Local Community Service Agency (*Indonesian: Badan Layanan Umum Daerah*, thereafter called BLUD). Puskesmas becomes more independent in managing internal resource.

As a BLUD, Puskesmas in Pati Regency has basic duty and function: (1) as public health development center in its area; (2) to build public participation in its work area in the attempt of improving the ability of living healthily; and (3) to provide healthcare service comprehensively and in integrated manner to the public in its work area.

In implementing the function of puskesmas, the treatment service activity is the one attracting mostly the public's attention. This treatment effort consists of, among others: (1) diagnosing as early as possible through: getting examination history, conducting physical examination, conducting laboratory examination, and diagnosing, (2) implementing treatment measure, (3) taking referral attempt if necessary, the referral can be diagnostic referral, treatment/rehabilitation referral, and others.

The research on public's perception on puskesmas service is directed to treatment service. Four indicators are used: infrastructure, treating ability, officers' fair treatment to patients, medical cost expense, and service quality in general.

Primary healthcare service product of Puskesmas is a combination of goods and service. Tjiptono and Candra (20016) explained that product is any goods with physical form making it visible, perceptible, touchable, and getting other physical treatment. Meanwhile, service, according to Saladin, is an activity benefiting. This activity is offered by a party (seller) to another party (buyer) without physical form (intangible) and without resulting in ownership. The production process of service product can involve either tangible or intangible form. Service is intangible and does not provide transfer of ownership (Kolter, and Keller; 2009).

A number of commodities (goods) become the object of transaction between puskesmas as provider and patient as user or customer. The commodities transferred from puskesmas to customer are, among others: a piece of paper on which the prescription is written, information on referral, laboratory test result, and primarily medicines given by pharmacy division of Puskesmas.

Meanwhile, service product is intangible. Service products enjoyed by the customers of puskesmas are (1) utilities of physical infrastructure facilities like location and position of puskesmas, environment and building area, waiting room, existence of officer, and etc. The availability of infrastructure creates comfort and safe circumstance; (2) Reliability is Puskesmas' ability of curing health disorder the patients develop. Reliability results from a series of officer's activities from diagnostic process to medical treatment and medication; (3) Responsiveness is Puskesmas' preparedness for welcoming the patients' visit, so that their presence get positive attention; (4) Assurance is patients' perception that all products transacted are decisive and some errors occur, Puskesmas management will be responsible for correcting the error. The error can occur on the goods product and due to medical action and medication; and (5) Empathy is patients' perception on Puskesmas management and officers that always want to help although sometimes the help is beyond their official duty or assignment.

The product of puskesmas, viewed from either goods or service aspect, is expected to reflect the indicator of research data. Physical infrastructure aspect of primary healthcare service in Pati Regency is perceived positively by the public. They state that the availability of puskesmas' physical infrastructure is good (92%) and very good (1%). Only a few appreciates it negatively, less good (6%) and not good (1). The result of research confirms that primary healthcare service in Puskesmas, particularly related to its physical infrastructure condition, is **good**. Therefore, this study considers that the performance of Pati Regency Government in primary healthcare service sector, i.e. facilities and infrastructure in Puskesmas, **should be improved or optimized**.

When an individual develops health disorder, the most important decision to make is where will she/he go to take medical treatment? Many options are available. The reason considered in selecting the healthcare service provider is, among others, efficacy. That is, the belief that having undertaken treatment, the disease will be healed. The institution's ability of healing patients' disease is the most important element in the decision to choose the healthcare service provider. Public trust in primary healthcare service in Pati Regency is indicated by the indicator of perceived treating ability. The result of research shows that Puskesmas' ability of treating gets more positive appreciation from the public (people). They

state that Puskesmas' ability of treating belongs to good (90%) and very good (2%) categories. Only few of them appreciate it negatively, less good (8%). The result of research also indicates that public opinion on primary healthcare service in Puskesmas, particularly related to its ability of treating patient, is **good**. Nevertheless, some people still perceived it less good. This study considers that the performance of Pati Regency Government in primary healthcare service sector **should be improved or optimized**.

The second aspect the patients take into account in deciding where they will go when they are sick is treatment or medication cost. Puskesmas as the foremost guard in providing the first-level treatment service should be accessible and affordable to all classes of society. Through low cost treatment, it is expected that anyone can access medication service when they are sick. Data of indicator related to the perceived medication cost in Puskesmas shows less good (6%) and not good (1%) category. Nonetheless, they appreciate the medication cost in Puskesmas well (92%) and very well (1%). From this data, it can be interpreted that people's opinion on primary healthcare service in Puskesmas, particularly medication cost, is **good**. Only a few of them score it less good and not good or consider that the medication cost is less appropriate. This study considers that the performance of Pati Regency Government in primary healthcare service sector, particularly in medication aspect, **should be improved or optimized**.

Public service provided by the government is slightly different from the one provided by private. Moreover, when the service is medication service in Puskesmas, this aspect is related to perceived fair treatment by service delivery officers. Puskesmas is a governmental element expectedly providing equal service to all citizens. Service should not discriminate social economic status. Patients of Puskesmas coming first will be served first, and vice versa. In relation to attitude and behavior, the officers have the same standard friendliness and empathy to all patients. Data of research shows that the officers' fair treatment in serving the patients coming to Puskesmas to get medication in Pati Regency has not been perceived maximally. It means that 10% of people still think that the officers treat the patients less fairly. Nevertheless, overall it has been perceived fairly with score of 89% and very fairly with score of 1%. This result implies that public opinion on primary healthcare service in Puskesmas, particularly fair treatment by the officers to the patients coming to Puskesmas to get medication is **Good**. However, some people still consider it less fairly. For that reason, an attempt should be taken to improve the officers' behavior in order to treat more fairly the patients coming to Puskesmas.

The last indicator asked to respondents is related to the overall service quality. The author wants to know the perception on overall service quality of puskesmas they access when they develop health disorder. The data of research shows that most Pati people perceive that the healthcare service quality of puskesmas is good (91%) and very good (1%). These figures are fairly high. The rest of service quality is perceived less good (8%). It can be interpreted that public opinion on primary healthcare service in Puskesmas, particularly its service quality, is **good**. Few people still consider that the service quality of puskesmas is less good. This study considers that the performance of Pati Regency Government in primary

healthcare service sector **should be improved or optimized.**

Table 1 presents quantitative data of research result transformed into the score of primary healthcare service in Pati Regency. The score is obtained from the indicators aforementioned. The frequency of respondents' responses is multiplied by score category. Then, the result is summed and later divided by the number of active sample, so that the mean score is found. Active sample is the number of respondents giving response, consisting of 640 respondents. Considering the mean score of each indicator, the author recommends the policy.

**Table 1 Data of Score Transformation of Primary Healthcare Service in Puskesmas, Category and Recommended Policy**

INDIKATOR	Frekuensi Jawaban Responden					Jumlah		Rerata	Kategori	Saran Kebijakan
	0	1	2	3	4	Nilai	N Aktif			
Persepsi Mutu Pelayanan			51	582	7				Good	should be improved
			102	1746	28	1876	640	2.931		
Pengeluaran biaya berobatke		6	38	589	7				Good	should be improved
		6	76	1767	28	1877	640	2.933		
Sarana dan Prasana		6	38	589	7				Good	should be improved
		6	76	1767	28	1877	640	2.933		
Kemampuan Tenaga Medis			51	576	13				Good	should be improved
			102	1728	52	1882	640	2.941		
Perlakuan Adil Petugas		1	64	569	6				Good	should be improved
		1	128	1707	24	1860	640	2.906		
Kualitas Pelayanan Kesehatan di Puskesmas Kabupaten Pati								2,929	Good	should be improved

Source: Primary Data (2021)

From Table 1, it can be concluded that public perception on the score of primary healthcare service quality in Puskesmas of Pati Regency is **good**. Furthermore, the recommendation given is that Puskesmas should improve its service in order to **be more optimal**.

Having posed a question about the perceived service quality, the author told the respondents to express their aspiration in order to improve the primary healthcare service quality of Puskesmas. the author identifies six responses as presented in Table 2.

**Table 2. Aspiration on the Improvement of Primary Healthcare Service in Puskesmas**

Aspiration on the Improvement of Service in Puskesmas	Total	
	n	%
The improvement of physical infrastructure of service building and environment	165	26%
The improvement of work discipline	160	25%

The improvement of officers' friendliness and care	132	21%
The Increase of medical worker and physician number	95	15%
The Improvement of medicine supply	64	10%
The reduction of medication tariff/free medication charge	18	3%
Others	6	1%
Total	640	100%

**Source: Primary data (2021)**

Table 2 explains that the aspiration on Puskesmas service in Pati Regency gets highest score related to **the improvement of physical infrastructure of service building and environment**, while the aspect getting lowest score is other services. In addition, the aspiration on another improvement with highest score is the improvement of work discipline, and officers' friendliness and care, therefore it needs consideration to be improved. Infrastructural condition of Puskesmas in Pati Regency is not different from the national condition. The result of research on health facilities (Indonesian: *Riset Fasilitas Kesehatan*, thereafter called Rifaskes) conducted by RI's Ministry of Health in 2019 recommended the need for improving the quality of building and infrastructure aspect, particularly in the regions with limited resource management due to geographical, climate, cultural conditions, etc. The improvement of puskesmas infrastructure or building is the mandate of Law on building construction Number 28 of 2002. In one section, the Law mentions that building construction is important as the place where humans do their activities; therefore, attention should be paid to its safety, health, comfort, and convenience.

Radito's (2014) study found the interrelationship between physical infrastructure of puskesmas and service quality. Good physical infrastructure will grow self confidence within patients. Then, patients will feel getting good service center when they come to Puskesmas.

Aspiration on quality and quantity of health workers in Puskesmas Pati is in line with Romadhona and Siregar's (2018) study focusing on health workers in Puskesmas. They found that the condition of Puskesmas health workers in Indonesia encounter inequality in its quantity and distribution currently. Considering its ratio, the number of health workers in Puskesmas Indonesia has not fulfilled yet the need of large Indonesian populations. Based on its distribution or spread, the health workers in Puskesmas Indonesia are more concentrated on west Indonesian areas than in central and east areas. It is because the number of populations and health facilities is larger in west Indonesian area, and the facilities are more complete there than in central and east areas. Thus, it can inhibit the health development aiming to give fair and equal quality service to all Indonesian people.

The suggestion concerning the improvement of officers' friendliness in Puskesmas Pati is not much different from the result of monitoring and evaluation (Monev) of Citizen Charter delivered by the coordinator of Citizen Charter, Na'im MR (2015). The monev was presented in cross-sector meeting in Puskesmas Soko, Tuban. A good, appropriate, and fast healthcare service delivery is the patients or

users' basic need. However, it is not enough. Health workers in hospital, puskesmas, and other healthcare center are required to serve patients friendlier.

The suggestion concerning the improvement of medicine supply in Puskesmas Pati is also given in other places. The medicine supply problem in Puskesmas has ever been recorded by Eky Amiruddin and Septarani (2019) in their study entitled *Studi tentang Ketersediaan Obat di Puskesmas Meo-Meo Kota Baubau* (A Study on Medicine Supply in Puskesmas Meo-Meo of Baubau City). The problem occurring in Puskesmas is the incompatibility of medicine demand to the one received. It is closely related to the data of appropriate drug procurement plan, drug selection stage, and drug use compilation stage.

### **Conclusion**

Primary healthcare service conducted by Puskesmas in Pati Regency is the form of responsibility assumed by Local Government. Generally, the public appreciates the service quality of Puskesmas. Four indicators of data studied are appreciated well. The indicators are perceived service quality, medication cost expense, infrastructure of puskesmas, and medical workers' ability of treating patient, and officers' fair treatment. Nevertheless, this research recommends some improvements in some aspects.

Some aspects should be improvement in order to improve the service quality. The public's aspiration requiring attention from Pati Regency government is related to, among others: (1) physical facilities of building and environment; (2) officers' work discipline; (3) officers' friendliness; (4) the increase of health workers number; and (5) medicine or drug supply.

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