

The Quality of Health Care Services at The Alalak Selatan Community Health Center Banjarmasin City

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Abstract.

This study aims to determine the quality of health services at the Alalak Selatan Community Health Center in Banjarmasin City. This study employs a descriptive research design and a qualitative approach. Data collection was conducted through observation, interviews, and documentation. The findings of the study indicate that the quality of service at the Alalak Selatan Community Health Center, as measured by the timeliness of service—specifically regarding waiting times and processes—is not yet optimal and has not been able to fully meet the established completion targets. In terms of politeness and friendliness in providing service, the quality is quite good; however, friendliness tends to decrease when there are large numbers of patients in line. In terms of service accuracy, the quality is already good. The quality of public service, as measured by the ease of accessing services, is quite good, and the comfort level in receiving services is also quite good, although improvements are still needed. Therefore, it is necessary to optimize the use of the online queueing application with clear service time estimates. Direct outreach to the public regarding the use of the online queueing application should be conducted so that all patients can register through the application. Comfort in the patient waiting area should be improved, and additional computers should be provided to facilitate the service process.

Keywords: *Quality of service and health.*

I. INTRODUCTION

Public service is one of the main pillars of governance focused on the welfare of the community. As the administrator of the state, the government has a responsibility to provide high-quality, fair, and equitable services to all citizens without discrimination. Providing high-quality services is a must for any institution or agency, regardless of its location, including community health centers. The success of an agency engaged in public service depends on the quality of the services provided. The same applies to community health centers, which are agencies serving the public—whether they have health issues or not—and must, of course, provide the best possible services to their communities.

Healthcare is a crucial form of public service, as health is both a basic human need and a fundamental right of every citizen. This is affirmed in Article 28H(1) of the 1945 Constitution and Law No. 36 of 2009 on Health, which guarantee every citizen the right to adequate, effective, and affordable healthcare. The quality of health care serves as a key indicator in assessing the extent to which the government successfully fulfills its public service functions optimally. Quality health care is not merely measured by the availability of facilities and medical personnel, but also by the ability of health workers to provide services that are prompt, accurate, courteous, accessible, and responsive to community needs.

Community Health Centers (Puskesmas) serve as the frontline of primary healthcare and play a strategic role in promotive, preventive, curative, and rehabilitative efforts. Puskesmas function as healthcare facilities that provide comprehensive services to the community within their service area, whether in times of health or illness. The existence of Puskesmas is vital, particularly for lower- and middle-income communities, who rely on these facilities as their primary access point for healthcare services. According to Anggraeni (2019:29), a Puskesmas is defined as a functional organizational unit that directly provides comprehensive services to the community within a specific service area through basic health initiatives. Meanwhile, the functions of a Puskesmas, according to Notoatmodjo (in Alamsyah, 2012:43-44), are to carry out four health development missions: driving sub-district development with a development-oriented perspective; encouraging community and family self-reliance for healthy living; maintaining and improving quality, equitable, and affordable health services; and maintaining and improving the health of individuals, groups, the community, and their environment.

Given how important community health centers are to the community, it is essential to provide quality health services or to improve the quality of those services. According to Mahendradhata et al., 2017

(in Elisabeth Isima Banjarnahor et al., 2023:9), community health centers, as one of the government-owned primary healthcare providers, need to continuously improve the quality of their services so that they can provide services that are faster, cheaper, safer, and more accessible. From the results of the Pearson correlation analysis by Muhammad Irpani et al. (2024: 250), it was found that the variables of service quality and staff attitude have a significant influence on patient satisfaction, with a calculated r value (Pearson correlation) $>$ table R (0.202) and a p -value $<$ 0.05.

Therefore, service quality at Community Health Centers (Puskesmas) serves as a key indicator of the government's success in providing effective, efficient, and equitable basic health services. This applies to the Alalak Selatan Community Health Center, located in North Banjarmasin District, Banjarmasin City. This center serves thousands of residents from diverse socioeconomic backgrounds. Ideally, Community Health Centers are expected to provide healthcare services that are prompt, accurate, of high quality, and capable of optimally meeting community needs. However, based on initial observations with service users, several issues were identified in the delivery of healthcare services. Some of the problems that emerged include long patient queues and extended waiting times. Additionally, there are complaints regarding the attitude of staff, who are perceived as unfriendly and unresponsive to patients' needs. This situation can lower community satisfaction, reduce trust in public services, and impact the image of health institutions in the community. The length of patient waiting times is a critical factor in determining the quality of health services (Amalia & Pratiwi, 2022).

Furthermore, technological advancements and increasing public awareness of health rights demand that Community Health Centers (Puskesmas) continuously improve the quality of their services. Optimal health care services will not only improve the health status of the community but also contribute to active community participation in health programs, such as immunization, Posyandu (community health posts), and routine health checkups.

Based on the above description, the researcher is interested in and considers it important to conduct research on the quality of health services at the Alalak Selatan Community Health Center in Banjarmasin City. Thus, the research question for this study is "What is the quality of health services at the Alalak Selatan Community Health Center in Banjarmasin City?"

According to Law No. 25 of 2009 on Public Services, as stated in Chapter I General Provisions, Article 1, public services refer to activities or a series of activities aimed at fulfilling service needs in accordance with laws and regulations for every citizen and resident regarding goods, services, and/or administrative services provided by public service providers. According to Moenir (2002:6), the meaning of public service is inseparable from the concept of the public interest, defined as: "Any activity aimed at fulfilling the interests of the general public. The public interest is understood as the collective of individual interests that have united and do not conflict with societal norms and applicable regulations." Meanwhile, Rohman (2008:3) defines public service as a service or provision to the public in the form of the use of public facilities—whether services or non-services—carried out by public organizations, in this case, a government. A similar view is expressed by Saefullah (2008:5), who states that public service (public service) is a service provided to the general public who are citizens or who are legally residents of the relevant country.

Based on the above, public service refers to all service activities carried out by state officials as service providers within an institution or organization to serve the needs of others or the public who have an interest in that organization, in accordance with established fundamental rules and procedures.

The quality of health care services at community health centers is a critical issue that must be addressed immediately. High-quality, exceptional, and outstanding health care services will help achieve a healthy and prosperous community. According to Wyckof (Tjiptono, 2004:59), service quality is: the expected level of excellence and control over that level to meet customer expectations. If the service received or perceived (perceived service) matches expectations, then the quality of the service is perceived as good and satisfactory. If the service received exceeds customer expectations, then the quality of the service is perceived as ideal. Conversely, if the service received is lower than expected, then the quality of the service is perceived as poor."

Lukman (2000:12) states that: “Service quality is successfully established when the service provided to customers receives recognition from those being served. Recognition of the excellence of a service does not come from the staff providing the service, but rather from the service users.” A similar view is expressed by Tjiptono (2004:61), who states that: “A good image of service quality is not based on the perspective or perception of the service provider, but rather on the perspective or perception of the customer. It is the customers who consume and enjoy the service, so they are the ones who should determine the quality of the service. Customers’ perceptions of service quality constitute a comprehensive assessment of a service’s excellence.”

Gasperz (Lukman, 2000:7) outlines several key concepts of service quality, namely:

- a. Quality consists of a number of product attributes—both direct attributes and attractive attributes—that meet customer needs and thus provide satisfaction with the product’s use.
- b. Quality consists of everything that is free from defects or damage.

A more detailed definition of service quality is presented by Tjiptono (2004:62), who, after evaluating the definitions of service quality provided by several experts, identified seven commonly cited definitions of the concept of service quality, namely:

- a. conformity with requirements or specifications;
- b. suitability for use;
- c. continuous improvement;
- d. freedom from defects or flaws;
- e. meeting customer needs from the outset and at all times;
- f. doing everything right the first time; and
- g. something that brings joy to customers.

Based on the above definition, it can be concluded that service quality refers to the level of excellence demonstrated by an agency or institution in meeting the public’s expectations. Service quality places greater emphasis on the quality of services provided by the agency to the public who require those services.

1. Service quality indicators

To assess the quality of public services provided by bureaucratic officials, there must be criteria, dimensions, or indicators that show whether a public service can be considered good or bad. The measure of service quality is not determined solely by the service provider but is, in fact, largely determined by the service users—in this case, the public.

According to Tjiptono in Hardiyansyah (2018:54), the characteristics or attributes that determine the quality of such services include: (1) Timeliness of service, which encompasses waiting time and processing time; (2) Accuracy of service, which entails being free from errors; (3) Politeness and friendliness in providing service; (4) Ease of accessing services, such as the number of staff available and the availability of supporting facilities like computers; (5) Comfort in receiving services, related to location, service areas, parking, availability of information, and others; Other supporting service attributes include air-conditioned rooms, cleanliness, and others. Similarly, according to Gasperz as cited in Muh. Rifo Rianto (2016: 29–30), there are several dimensions of quality that must be considered in service delivery, namely timeliness of service, courtesy and friendliness in providing service, accountability, completeness, ease of access to service, and other supporting service attributes.

According to Parasuraman, Zeithaml, and Berry (as cited in Tjiptono, 2004:132), there are five indicators of service quality, namely:

a. Reliability

Reliability refers to an organization’s ability to deliver services as promised in an accurate and trustworthy manner, the simplicity of service procedures, the ease of requirements, staff discipline, clarity of staff responsibilities, reasonable and transparent costs, and timely completion of services.

b. Responsiveness

Responsiveness refers to a willingness to assist and provide prompt and appropriate service to customers, accompanied by clear communication of information. It includes staff members’ responsiveness to customer

needs and complaints, as well as the clarity of service procedures. Allowing customers to wait without a clear reason leads to a negative perception of service quality.

c. Assurance

Assurance, or assurance and certainty, refers to the knowledge, courtesy, and ability of company employees to foster customer trust in the company, comprising the following components: communication, credibility, security, competence, and courtesy.

d. Empathy

Empathy involves providing sincere, individualized attention to customers by striving to understand their desires. A company is expected to possess an understanding and knowledge of its customers, comprehend their specific needs, and maintain operating hours that are convenient for them.

e. Tangibles

Tangibles, or physical evidence, refer to a company's ability to demonstrate its presence to external parties. The appearance and functionality of a company's physical facilities and infrastructure, along with the condition of its surrounding environment, serve as tangible evidence of the service provided by the service provider. This includes physical facilities (buildings, warehouses, and others), technology (equipment and tools used), and the appearance of its employees.

In line with Fitzsimmons (as cited in Sinambela, 2006, p. 8), the following five indicators of public service are identified:

- a. Reliability, characterized by the provision of reliable and accurate services;
- b. Tangibles, characterized by the adequate provision of other resources;
- c. Responsiveness, characterized by a willingness to serve consumers promptly;
- d. Assurance, characterized by a commitment to ethical and moral standards in service delivery;
- e. Tangibles, characterized by a willingness to understand consumers' desires and needs.

Meanwhile, Levince, as cited in Ratminto (2005:175), views service quality through the following indicators:

a. Responsiveness

This measures providers' responsiveness to customers' expectations, desires, aspirations, and demands.

b. Responsibility

A measure indicating to what extent the process of providing public services is carried out without violating established regulations.

c. Accountability

A measure indicating the degree of alignment between service providers and external standards held by the community and stakeholders, such as the values and norms prevalent in society.

In principle, the definitions and indicators of service quality are the same; therefore, to measure service quality at the Alalak Selatan Community Health Center in Banjarmasin City, the following will be assessed:

- a. Timeliness of service, including waiting time and processing time;
- b. Accuracy of service, including freedom from errors;
- c. Politeness and friendliness in providing service;
- d. Ease of access to services;
- e. Comfort in receiving services, related to location, service areas, parking, availability of information, and others; Other service-supporting attributes such as air-conditioned rooms, cleanliness, and others.
- f.

II. RESEARCH METHODOLOGY

This study employs a descriptive research design, in which the author aims to describe the actual conditions regarding the quality of service at the Alalak Selatan Community Health Center in Banjarmasin City. The approach used in this study is a qualitative one. The Alalak Selatan Community Health Center was selected as the research site because there are issues with the services provided by the staff at this facility. This phenomenon prompted the author to investigate the quality of service at the Alalak Selatan Community Health Center. Data collection techniques were conducted through observation, interviews, and

documentation. Observation was carried out by examining the quality of service at the Alalak Selatan Community Health Center in Banjarmasin City. Interviews were conducted openly with members of the public who were seeking services and with staff at the Alalak Selatan Community Health Center in Banjarmasin City. Documentation was used to obtain or supplement the data collected in the field.

III. RESULT AND DISCUSSION

1. The quality of public services at the Alalak Selatan Community Health Center is measured by the timeliness of service, which relates to waiting times and processing times.

To achieve high-quality public services, the key factor to consider is the timeliness of service, which relates to waiting times and processing times. Timeliness in healthcare services refers to the service provider's ability to complete each healthcare process. In the delivery of public services, including healthcare, what the public most expects from those seeking such services is the use of appropriate and swift completion times. The faster the waiting times and service processes provided, the better the quality of service at the health center will be.

Regarding the services provided by the Alalak Selatan Community Health Center to deliver quality care—as assessed through the timeliness of waiting times and processes, including administrative service time, patient examination waiting time, and medication pickup waiting time—these were evaluated through interviews with community members who are patients and staff of the health center. From the interview results, it turned out that only a small portion expressed satisfaction with the health center's services in terms of timeliness. It was stated that waiting times and processes were fairly quick and orderly. The queuing system functioned well, so patients did not wait too long—on average, about 15 to 25 minutes. Registration was quick, and the wait for examination was short because there were only a few people in line. The wait time for picking up medication is also only a short wait.

However, the majority of them stated that the service time at the community health center is quite long, from registration through to the completion of the process. The administrative procedures are actually quite straightforward, and the requirements are not overly complicated; however, the process sometimes feels lengthy due to waiting in line, especially during registration and when there are many patients. Additionally, it was noted that the waiting time at the Community Health Center for both the examination and medication pickup is quite long. Of course, the entire process takes a long time due to the long lines, from registration through the examination and all the way to the completion of medication pickup. This often occurs when there are many patients; the more patients there are, the longer the waiting time and the process can become, which makes it less comfortable for patients. Furthermore, it was noted that the speed of the process also depends on how early patients arrive at the health center. If they arrive earlier, the process is faster, but this ultimately depends on the number of patients. Similarly, as stated by two staff members from the Alalak Selatan Health Center itself, they mentioned that administrative procedures are usually quite quick, while waiting times depend on whether there are many or few patients. If there are many patients, waiting in line will inevitably take a bit longer. Medication pickup also depends on the situation and the type of medication, but it usually takes about 20 to 30 minutes (just for picking up the medication). It also depends on what time the patient arrives. If it's around 8:00 to 9:00 AM, when there aren't many patients yet, the entire process is quick; but if you arrive around 10:00 to 11:00 AM, that's when the clinic is at its busiest.

To address these long lines, the community health center has implemented an online queue management system. According to staff at the health center, the online registration/queueing system (Online Queueing Application) is used to reduce patient congestion at the registration counter. The online registration system already available at the Alalak Selatan Health Center has been quite helpful for the community in managing service queues; however, some patients still prefer to register in person, as it is easier to understand, especially for the elderly.

Based on the field research findings, it can be concluded that the quality of service at the Alalak Selatan Community Health Center, as measured by the timeliness of service—specifically regarding waiting times and processes—is not yet optimal and has not fully met the established completion targets. In

Indonesia, waiting time standards have been established by the Ministry of Health, as outlined in Regulation of the Minister of Health of the Republic of Indonesia No. 129/Menkes/SK/II/2008 on Minimum Service Standards, which specifies that the standard waiting time for outpatient services is ≤ 60 minutes. However, based on the Service Quality (Servqual) theory, developed by Parasuraman, Zeithaml, and Berry, reliability encompasses timeliness and the accuracy of patient data recording, which form the foundation of good public service. Sahoo & Ghosh 2016 (in Elisabeth Isima Banjarnahor et al., 2023:9) Public trust regarding service quality and waiting times is a key determinant of public satisfaction.

Therefore, solutions must be sought to ensure that service timeliness can be achieved. In this regard, it is crucial for staff to conduct direct outreach to the public regarding the use of the online queueing app, so that all patients can register through it. As Sari (in Nurhayati 2021: 14) notes, socialization is the process of instilling or transmitting habits, values, and rules from one generation to the next within a society or group. Furthermore, the Kamus Besar Bahasa Indonesia (2012:13) states that socialization includes efforts to make something known to the public so that it becomes recognized, understood, and internalized by society.

2. Service quality is measured by the politeness and friendliness with which services are provided.

Politeness and friendliness are crucial in healthcare, directly impacting patient satisfaction and public trust, and serve as a key indicator of overall service quality. A friendly and polite attitude from healthcare workers goes beyond mere physical treatment; it also helps create a comfortable environment. The polite and friendly attitude of staff is part of a professional work culture that can enhance the reputation of an institution, including a community health center. The friendliness of staff or medical personnel in healthcare services will result in positive evaluations from service users.

Based on interviews with several informants or patients, staff at the Alalak Selatan Community Health Center are quite polite and friendly in providing services. Doctors and nurses also provide clear explanations to patients; all medical staff are quite friendly and clearly convey information regarding the health issues of the patients they examine. However, under certain conditions when there are many patients, some staff appear less responsive due to the long service queues.

Therefore, it can be said that the quality of service, as measured by politeness and friendliness in service delivery, is quite good; however, the level of friendliness decreases when the number of patients in the queue is high. In fact, friendly staff can enhance patients' positive perceptions of overall service quality, as shown by research conducted by Mahendradhata et al. (2017) and Muhammad Irpani et al. (2024: 250).

3. The quality of public services at Puskesmas Alalak Selatan is determined by how accurate its services are.

Service quality is defined as being free of errors. Accurate service includes correct diagnoses, proper medication administration, and accurate recordkeeping. Accurate services reduce the risk of medical errors, which directly impact public trust in Puskesmas Alalak Selatan. Interviews regarding the accuracy of services indicate that Puskesmas Alalak Selatan in Kota Banjarmasin performs quite well. One informant claimed to have never experienced any errors while receiving treatment, whether while waiting, being examined, or picking up medication. Another informant stated that the service is accurate, good, and professional, and errors are rare. Doctors thoroughly examine patients, ask about their symptoms in detail, and provide appropriate diagnoses and treatments. This makes patients feel confident in the service they receive. The medical staff perform thorough examinations and provide appropriate treatment for patients' ailments.

4. The quality of public services at the Alalak Selatan Community Health Center is measured by the ease of accessing services.

This ease of access to services aims to achieve an optimal level of health. This is regulated in the 1945 Constitution, Article 28H and Article 34, paragraph (3), which state that every citizen has the right to health services and that the state is obligated to provide them. Ease of access here is assessed by the availability of necessary health services such as doctors, nurses, medications, affordability of costs, and other facilities, including computers. From the interview results regarding cost affordability, it turns out that the majority of patients use BPJS, while general patients are also provided free services by presenting their ID card and Family Card. General patients who are charged fees depend on the treatment provided; however,

the costs remain affordable because there are official rates set, typically only requiring a low registration fee. This is particularly helpful for the lower-middle-income population. The availability of doctors, nurses, administrative staff, and other healthcare personnel is sufficient to serve the community in South Alalak. The administrative process is very straightforward; staff assist with courtesy, the required documents are clearly specified, and registration staff help explain procedures if patients are unclear. Similarly, the process for BPJS users runs smoothly without any issues. The service workflow or procedures are straightforward, so even new patients can follow them easily. The administrative section has several computers available to assist with service processes and patient data entry. However, when there are many patients, computer use sometimes requires taking turns because the number of computers is still limited. When linked to part of Tjiptono's argument in Hardiyansyah (2018:54)—which states that key characteristics or attributes determining service quality include ease of access to services (e.g., the number of staff providing service and the availability of supporting facilities like computers)—it can be concluded that the quality of public service at the Alalak Selatan Community Health Center is measured by the ease of accessing services, which is quite good. However, additional supporting facilities, such as computers, are still needed to further optimize service quality. Limitations in the computer system for managing patients—particularly regarding the manual storage and retrieval of records—can also prolong patient waiting times (Nabbuye-Sekandi et al., 2011).

5. The quality of healthcare services is measured by the convenience of accessing care, which relates to location, service facilities, parking, availability of information, and other factors; other service-supporting attributes include air-conditioned rooms, cleanliness, and so on.

The comfort of the facility during the service process is very important for service users. The Alalak Selatan Community Health Center in Banjarmasin City, as a public health service provider, must provide comfort related to location, waiting rooms, service areas, parking, air-conditioned spaces, and cleanliness for visiting health service users.

Indeed, a health center's proximity and accessibility are vital for healthcare delivery, as these centers serve as the frontline of community health and are the most essential healthcare facilities needed by the public. A nearby location benefits the community and ensures the sustainability of services. A well-chosen location ensures that basic healthcare services are accessible to all segments of the population. A nearby health center location allows for emergency medical care (such as childbirth or accidents) to be provided as quickly as possible, which is often a critical factor in ensuring safety. Based on all interview results with community members seeking health center services, it was reported that the location of the Alalak Selatan Health Center is quite strategic and easily accessible, as the majority of patients reside in the Alalak Selatan area.

As for the service rooms, they are clean, tidy, air-conditioned, and quite comfortable; the health center environment also appears well-maintained, with a clean, comfortable waiting room and adequate seating, which helps patients feel more at ease. Although it can get a bit crowded at times, the atmosphere remains orderly and not overly disruptive.

However, a small number of informants also noted that while the health center's location is indeed strategic and easily accessible, comfort levels still need improvement, particularly regarding the limited waiting area, which feels crowded when there are many patients. They suggested that waiting room facilities should be enhanced, such as adding more chairs so patients don't have to stand when the center is busy, and improving air circulation to make the space cooler during peak times. The parking lot is quite large and free for patients, although it appears quite full during certain hours.

Regarding the availability of information, based on interviews with several staff members at the Alalak Selatan Community Health Center, information about the center can be monitored on social media (Instagram), as updates on all services are regularly posted there. Additionally, information is now accessible through the center's website and social media platforms. Information is also provided via banners or information boards, such as details on service procedures. Furthermore, information can also be explained directly by the staff members on duty. According to some service users, the information provided by staff is actually quite clear, but sometimes they have to ask the staff again, such as regarding service procedures and

the steps to follow. In some cases, the explanations provided are still incomplete and sometimes lack detail, so patients have to ask again to better understand and to confirm the information given. Therefore, it would be better if staff could provide information in a more detailed and easily understandable manner from the start.

Based on the above description, it can be concluded that the quality of healthcare services, as measured by the convenience of accessing services, is fairly good but not yet optimal, and improvements are still needed—such as in waiting areas—to enhance service quality.

IV. CONCLUSION

1. The quality of service at the Alalak Selatan Community Health Center, as measured by the timeliness of service—specifically regarding waiting times and procedures—is not yet optimal and has not been able to fully meet the established completion targets.

2. The quality of service, as reflected in the politeness and friendliness of staff, is quite good; however, this friendliness tends to diminish when there are large numbers of patients in line.

3. The quality of public service at the Alalak Selatan Community Health Center, as measured by service accuracy, is good, as there are almost no errors in the center's services—whether from doctors or nurses—with only minor errors occurring.

4. The quality of public service at the Alalak Selatan Community Health Center, as measured by the ease of accessing services, is quite good.

5. The quality of health services, as seen in the comfort of receiving care, is quite good, though improvements are still needed to enhance service quality, particularly regarding the comfort of the waiting area and the limited availability of computers.

Based on the research conducted by the author, it is recommended that the Alalak Selatan Community Health Center pay attention to service quality; although the quality of service is quite good, it needs to be improved by addressing the timeliness of service, particularly regarding waiting times and procedures. The issue of poor timeliness identified in this study is most prevalent during registration, leading to other problems such as patient queues becoming backed up. Therefore, it is necessary to optimize the use of the online queueing app with clear service time estimates. Direct outreach to the community regarding the use of the online queueing app should be conducted so that all patients can register through the app. Improving comfort in the patient waiting area and adding computers to assist in the service process.

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