The quantity dimension of the Performance of Health Services at the Sambutan Health Center, Samarinda Ilir District

Marjoni Rachman, Department of Public Administration, Faculty of Social and Political Science, University of 17 August 1945 Samarinda, Indonesia. e-mail: marjoni.rachman.untag@gmail.com

ABSTRACT- This article discusses the quantity dimension of Health Service Performance at the Puskemas Sambutan Samarinda Ilir District. This research is a descriptive research. Data collection techniques used in this study, namely observation and koesiner. The population in this study were all community individuals who received outpatient services at Sungai Meriam Public Health Center, which in a day averaged around 120 people. The results of this study indicate that the health service performance achieved by the Sambutan Health Center is 99.95% and this is in the very satisfying category. This means that the quantity of health services provided by the Sambutan Community Health Center is very satisfying for the community. The Sambutan Puskesmas do not have many work programs because they focus on routine daily health service activities that have been determined by the Health Office, namely as providers of basic health services for the community.

Keywords: Quantity, Performance, Puskesmas, Health

I. INTRODUCTION

The Community Health Center as one of the health facilities that provides health services to the community has a very strategic role in accelerating the improvement of community health status. Therefore, Puskesmas are required to provide quality services that can provide optimal satisfaction for patients according to established standards and can reach all levels of society [1].

One of the complaints that are often heard from the public regarding the health service process is that apart from being convoluted due to rigid bureaucracy, the behavior of officials who are sometimes less friendly, as well as the performance of employees in providing services in this case the timeliness of providing services, quantity and service quality is still very low [2], [3].

The low performance of health services will build a bad image at the Puskesmas, where patients who are dissatisfied will tell their colleagues [4], [5]. Vice versa, the higher the performance of the health services provided will be a plus for the Puskesmas, in this case the patient will feel satisfied with the services provided by the Puskesmas.

Puskesmas can find out the service performance of patients through the feedback given by patients to the Puskesmas so that it can be an input for improving service performance [6], [7].

The results of research conducted at several Puskesmas in the Jakarta area show that in general, patients complain of queues during administrative arrangements which can take between 15-20 minutes. This is one of the reasons for the low number of visits to Puskesmas [8], [9]. [10].

One of the factors most frequently complained of by patients is the slow pace of the staff in providing health services, from the time the patient registers at the counter to the examination and taking the prescription. The results of monitoring by the Health Information Center (PIK) show that for one patient at the Puskesmas it takes 10 minutes to wait at the counter, 15 to 20 minutes in the examination room and 15 minutes in the usual prescription place, so one patient visit takes 45 minutes to arrive. 1 hour.

Sambutan Health Center, Samarinda Ilir District, Samarinda City is one of the Puskesmas owned by the Samarinda City Government. As the Technical Implementing Unit of the Samarinda City Health Office, the Sambutan Health Center has a mission to deliver the people it serves to obtain an optimal and satisfying health degree for patients through efforts to provide good and optimal service as well. However, the reality in the field shows that the service performance at the Sambutan Health Center is still not in accordance with the wishes and expectations of the community because there are still frequent complaints of patients and their families where there are still frequent Puskesmas employees who are slow in

providing services and patients often wait a long time to get their turn to be served. This study focuses on the quantity dimension of Health Service Performance at the Sambutan Health Center, Samarinda Ilir District.

II. METHODS

This research took place in the area of Samarinda Ilir District, Samarinda City. More specifically, this research took place at the Sambutan Health Center, Sambutan Village, Samarinda Ilir District, Samarinda City. The population in this study were all community individuals who received outpatient services at Sungai Meriam Public Health Center, which in a day averaged around 120 people. To facilitate data collection, the authors took a sample from the existing population, the type of sample used was incidental sampling, namely the determination of the sample by "chance" that is anyone who accidentally / incidentally met the researcher can be used as a sample, if it is considered someone who happened to be met it is suitable as a data source. The samples taken in this study were 30 patients.

This research is a descriptive research. Data collection techniques used in this study, namely observation and koesiner. The data analysis technique used in this research is quantitative descriptive analysis technique with the frequency table method, namely analyzing the data by describing or describing the collected data and presenting it in the form of numbers without intending to make general conclusions.

Data analysis also uses a Likert scale to make it easier to analyze the questions asked of respondents. As it is known that the Likert scale is used to provide a score for each category of answers given by the respondent. In this study, the scoring started from the highest score with a score of 5 and the lowest score with a score of 1.

Table-2. Service Performance Measurement Category

Table 2. Set vice i ci ioi illa	rable-2. Service i criormance measurement dategory			
Service Performance	Measurement Category			
Very Satisfactory				
	81 – 100%			
Satisfactory				
	61 - 80%			
Good Enough				
	41 - 60%			
Not Satisfactory				
	21 – 40%			
Very Unsatisfactory				
	≤ 20%			

III. RESULTS AND DISCUSSION

The first dimension to measure Service Performance at the Sambutan Health Center is quantity, namely the number of jobs that must be completed or achieved within a predetermined period of time. The Sambutan Puskesmas do not have many work programs because they focus on routine daily health service activities that have been determined by the Health Office, namely as providers of basic health services for the community. In order for health service activities and work programs at the Sambutan Health Center to be achieved properly, it is divided into several sub-sections. Where all employees (nurses, doctors) work together in carrying out their duties.

The Sambutan Puskesmas, especially outpatient care, has sub-sections starting from the Card Counter, General Police, Dental Clinic, MCH Clinic, and Medicine Room. Each division has a different task and is divided equally according to the capacity and number of employees. In the following table, data relating to the achievement of work activities that occurred in 2013 is presented, namely.

Table-3. Activity Achievement Results (General Poli)

No	Type of activity	Volume	Target	Time	Achievement
1	Checking Respondents and determining the	Every weekday	All respond	Every weekday	100%
	diagnosis		ents		
2	Provide therapy and	Every	All	Every	100%
	counseling	weekday	respond	weekday	
			ents		
3	Referring Respondents	Every	All	Every	100%
	(Internal / External)	weekday	respond	weekday	
			ents		
4	Provide a sickness	Every	All	Every	100%
	certificate	weekday	respond	weekday	
			ents		
5	Provide a Health	Every	All	Every	100%
	Certificate	weekday	respond	weekday	
			ents		
6	Providing First Aid	Every	All	Every	100%
	Services	weekday	respond	weekday	
			ents		1.2.2.1
7	Documenting Respondent	Every	All .	Every	100%
	Visits	weekday	respond	weekday	
	761 76 11 7		ents		1000/
8	Make Monthly Reports /	1x a month	All .	End of	100%
	data in pain		respond	month	
			ents		1.2.2.
9	Preparing Health Center	1x a month	All .	End of	100%
	Visit Report		respond	month	
			ents		

From this table we can see the activities at the Public Health Center, starting from checking respondents and determining diagnoses, providing therapy and counseling, referring to respondents (External / Internal), providing sickness certificates, providing health certificates, providing first aid services, and documenting respondent visits.

The main tasks of the Sambutan Puskesmas are carried out every day to all people who live in the work area of the Sambutan Puskesmas. The activities of making monthly reports or data on illness and making reports on visits to health centers are the duties of the Administration section, which is carried out once a month (at the end of the month). Through the table above, we can see that all activities in general policymakers are carried out 100%. And from the author's observations this activity is carried out regularly in accordance with a predetermined schedule.

Table-4. Activity Achievement Results (Dental Polyclinic)

No	Type of activity	Volume	Target	Time	Achievement
1	Checking Respondents	Every	All	Every	100%
	and determining the	weekday	respon	weekday	
	diagnosis		dents		
2	Temporary patching	As	All	Every	100%
		indicated	respon	weekday	
			dents		
3	Fixed Patching	As	All	Every	100%
		indicated	respon	weekday	
			dents		
4	Primary Tooth	As	All	Every	100%
	Extraction	indicated	respon	weekday	
			dents		
5	Adult Tooth Extraction	As	All	Every	100%
		indicated	respon	weekday	

			dents		
6	Scaling of Teeth	As	All	Every	100%
		indicated	respon	weekday	
			dents		
7	Incise Abscess	As	All	Every	100%
		indicated	respon	weekday	
			dents		
8	Referring Respondents	As	All	End of	100%
	(External / Internal)	indicated	respon	month	
			dents		

Based on the table above, it shows that all the activities of the Health Service Sub Division of the Dental Clinic at the Sambutan Health Center were carried out 100%. This activity is carried out every working day, especially checking and determining the diagnosis. Temporary filling, permanent fillings, primary tooth extraction, adult tooth extraction, scaling, incise abscess, and referring respondents (external / internal) are carried out in accordance with the doctor's diagnosis.

One of the dentists at the Sambutan Health Center said "if the result of the diagnosis states that it must be patched, the doctor will perform a filling, as well as cleaning the tartar, if the doctor sees the respondent's teeth are dirty, in this case the respondent's tartar is a lot, then scaling should be done. teeth so that the respondent's teeth are not damaged, healthy and clean ". Apart from the General Polyclinic and Dental Polyclinic, other activities that are no less important in the operation of the Sambutan Puskesmas are activities related to Maternal and Child Health (KIA) and Family Planning (KB) services. Both of these activities are very important to create a healthy society towards a more prosperous family. In addition, this activity is also aimed at reducing maternal mortality and infant mortality rates as well as regulating births in accordance with the family planning program. Data regarding maternal and child health services and family planning (KIA / KB) can be seen in the following table.

Table-5. 2013 Activity Achievement Results (Sub Division KIA / KB)

				NT 1		
No	Type of activity	Volume	Target	Number	Time	Achievement
				of targets		
1	Examination of Pregnant	98x	95%	1189	2x / week	100%
	Women					
2	K4	98x	95%	1189	2x / week	100%
3	Neonates		100%	1091		98,85%
4	Insertion / removal of the		100%	6454	Every	100%
	implant IUD				weekday	
5	Depo / Cyclo family		100%		Every	100%
	planning injection				weekday	
	services					
6	Pill / Condom		100%		Every	100%
	Contraception Service				weekday	
7	Immunization of Infants	4x/month	1246	All the	1x / week	100%
	in the building		babies	babies		
				who		
				came		

Based on the table above, it can be seen that all of the 2013 Health Service activities in the Public Health Center KIA / KB Subdivision were carried out very well, there were even work programs that exceeded the set targets, we can see from the examination of pregnant women and K4, the table shows the target 95 % but the achievement for the examination of pregnant women and K4 is 100%. The activities that did not reach the 100% target, to be precise, only reached 98.85%, namely Neunatus, this was due to the participation of postpartum mothers where the lack of awareness of some mothers to check the condition of their babies after birth until they were 28 days old.

Meanwhile, the following table will present data on the results of the 2013 activity achievements in the Medicine Section at the Sambutan Community Health Center.

Table-6. Results of the Achievement of Drug Section Activities

No Program Destination Activities Target Time Achievement

1	Prescription Services	Effective drug service	Give medicine to the respondent	Responde nts	Every day	100%
2	Mixing Drugs	Provide effective and efficient medicine	Grind the drug	Responde nts	Every day	100%
3	Drug Distribution	Divide medicine	Dispense medicine to another unit	All service units		100%
4	Drug Counseling	Providing information and understandin g about medicine to the public	Community outreach	Responde nts at Puskesma s and Posyandu	Every weekd ay	100%

Based on the data shown in the table above, it shows that all activities in the drug division are 100% carried out, while the activities of prescription services, drug dispensing and drug distribution are the main tasks of the Pharmacy Sub-Division.

Based on the descriptions above, it can be summarized the level of performance of Puskesmas Sambutan services from the quantity dimension as shown in the following table.

Table-7. Average Percentage of Performance from Quantity Dimensions

Tubic / 1114 of age 1 of contage of 1 of 101 marioe in our quantity 2 intensions					
No	Service Dimensions	Average %	Category		
1	General Poly	100	Very satisfactory		
2	Dental Clinic	100	Very satisfactory		
3	Sub Division of KIA / KB	99.84	Very satisfactory		
	Average	99.95	Very satisfactory		

In connection with the quantity dimension of health service performance achieved by the Sambutan Health Center is 99.95% and this is in the very satisfying category. Prescription services are providing drugs to respondents according to a doctor's referral. Mixing drugs, namely making drugs according to needs. Problems are obligations or circumstances that raise questions in our hearts about his position, we are not satisfied with just seeing it but we want to know more deeply. Problems related to science, problems raise questions that must be explained by science as it is and why. In the field of science as a systematic effort to acquire knowledge, the problem is the obstacle to which humans face difficulties between curiosity.

Based on the description of the problem above, it can be concluded that to achieve a goal there are many obstacles that must be passed, these obstacles are felt as problems that require a complete solution or solution. This must be supported by the basics of methodology, especially in science. Meanwhile, drug distribution aims to distribute drugs to the Sambutan Puskesmas service units such as general care, maternity homes, mobile health centers, injection rooms, and dental polyclinics. Drug counseling activities are aimed at respondents at the health center and respondents at the posyandu to provide information to respondents about drugs. This activity is also carried out according to requests. Although the service performance has been good, the authors suggest that it is always maintained so that the people served feel more comfortable if they seek treatment or check their health at the Sambutan Health Center. The Puskesmas Sambutan is advised to always monitor, monitor and identify complaints submitted by the community so that any deficiencies that still exist can be minimized so that service performance can be further improved.

One of the dentists at the Sambutan Health Center said "if the result of the diagnosis states that it must be patched, the doctor will perform a filling, as well as cleaning the tartar, if the doctor sees the respondent's teeth are dirty, in this case the respondent's tartar is a lot, then scaling should be done. teeth so that the respondent's teeth are not damaged, healthy and clean ". Apart from the General Polyclinic and Dental Polyclinic, other activities that are no less important in the operation of the Sambutan Puskesmas are activities related to Maternal and Child Health (KIA) and Family Planning (KB) services. Both of these activities are very important to create a healthy society towards a more prosperous family.

In the conception of public services, the main concern is not only the quantity dimension of service, but the quality dimension must also be a serious concern [11], [12], [13]. This is due to the increasing public demand for service quality from public service institutions, including Puskesmas as a front liner institution in providing health services to the community.

III. CONCLUSION

Service performance is the level of implementation of service tasks achieved by a person or organization in the context of meeting community needs and implementing laws and regulations, both in quantity and quality. From the dimension of quantity, the results showed that the performance of health services achieved by the Sambutan Community Health Center was 99.95% and this is in the very satisfying category. This means that the quantity of health services provided by the Sambutan Community Health Center is very satisfying for the community.

REFERENCES

- [1] Wulandari, R. D., & Laksono, A. D. (2019). Urban-Rural Disparity: The Utilization Of Primary Healthcare Centers Among Elderly In East Java, Indonesia. Jurnal Administrasi Kesehatan Indonesia, 7(2), 147-154.
- [2] Nathanail, E. (2008). Measuring the quality of service for passengers on the Hellenic railways. Transportation Research Part A: Policy and Practice, 42(1), 48-66.
- [3] Aisyah, W. U. N., Salim, F., & Sofyan, M. (2019). The Influence of Service Quality and Price on the Interest of Commuterline KRL Passengers. Ilomata International Journal of Management, 1(1), 13-18.
- [4] Elfianty, L., Qurniaty, N., & Wahyudi, J. (2019). Implementation Of Weighted Products In The Making Of A Healthy Human Resource Assessment System For Public Health Centers. International Journal of Advanced Research in Computer Science, 10(5).
- [5] Indriasari, R., Bahar, B., Thaha, A. R., Ishak, H., & Salam, A. (2020). Exploration of Nutritional Knowledge Aspects of Pregnant Adolescents in Javanese Ethnicity in Ponorogo Regency, East Java. Journal La Medihealtico, 1(6), 38-47.
- [6] Limato, R., Tumbelaka, P., Ahmed, R., Nasir, S., Syafruddin, D., Ormel, H., ... & Kok, M. (2019). What factors do make quality improvement work in primary health care? Experiences of maternal health quality improvement teams in three Puskesmas in Indonesia. PloS one, 14(12), e0226804.
- [7] Ayubi, D. (2020). Performance of Immunization Program Managers Based on Malcolm Baldrige Criteria for Performance Excellence (MBCFPE) in Puskesmas Tangerang District in 2019. Indian Journal of Public Health Research & Development, 11(3).
- [8] Widyanti, W., Suryahadi, A., & Weatherley, K. (2008). The state of local governance and public services in the decentralized Indonesia in 2006: Findings from the governance and decentralization survey 2 (GDS2). Jakarta: SMERU Research Institute.
- [9] Mariati, N., Raja, S. L., & Hanum, R. (2021). Influential Factors of Fertile Age Couples (PUS) in the Selection of Long-Term Contraception Methods (MKJP) in the Work Area of the Medan Community Health Center. Journal La Medihealtico, 2(1), 1-12.
- [10] Muhammad, E., Joko, T., & Nurjazuli, N. (2020). Evaluation of Solid Medical Waste Management System of Puskesmas in Cianjur District. Journal of Public Health for Tropical and Coastal Region, 2(2), 20-32.
- [11] Insani, N. (2020). Apparatus Professionalism and Public Service Ethics. Journal La Sociale, 1(1), 25-28.

- [12] Osborne, S. P., Radnor, Z., & Nasi, G. (2013). A new theory for public service management? Toward a (public) service-dominant approach. The American Review of Public Administration, 43(2), 135-158.
- [13] Boyne, G. A. (2003). Sources of public service improvement: A critical review and research agenda. Journal of public administration research and theory, 13(3), 367-394.