

Analysis of Health Services at Sukamerindu Community Health Center in Bengkulu City

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ABSTRACT

This study assesses the quality of health services at Sukamerindu Community Health Center in Bengkulu City, Indonesia, utilizing a descriptive qualitative research approach. Through observation, interviews, and documentation, the research examines five dimensions: Available & Sustainable, Reasonably Acceptable, Achievability, Easy to Reach, and Quality. While the health center effectively organizes services, achieves reasonable acceptability, and is easy to reach, challenges exist in guaranteeing service products and optimizing physical facilities. Overall, the health services at Sukamerindu Community Health Center fall short of community expectations. Addressing these gaps is essential for enhancing the health center's effectiveness and aligning services with community needs and preferences.

INTRODUCTION

The government is the most important party to regulate the running of an organization, providing excellent service to the community and regulating public service affairs. In Law Number 25 of 2009 concerning Public Services is an activity or series of activities in order to fulfill service needs in accordance with statutory regulations for every citizen and resident of goods, services, and / or administrative services provided by public service providers. Public services are a form of government performance in providing welfare to the community. One of the important public services that must be improved is health services (Ramadhan, Dkk, 2021).

Health services are efforts organized to maintain and improve health, prevent, and cure diseases (Hariyoko, Dkk, 2021). In Law Number 36 of 2009 Article 5 states that everyone has the same rights in gaining access to resources in the health sector. Therefore, every part of society, be it individuals or families, has the right to obtain services for their health and government officials are fully responsible for launching, regulating, organizing and supervising the provision of health in an affordable and equitable manner by the community.

In Government Regulation of the Republic of Indonesia Number 47 of 2016 concerning Health Service Facilities states that Health Service Facilities organize health services in the form of: a) individual health services; and / or b) community health services. Based on this definition, one form of health service to the entire community is that in each sub-district a government agency is built as a unit for organizing public health services, namely the Community Health Center (Puskesmas). Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Public Health Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area (Irmawati, et al, 2017).

The existence of health centers spread in each sub-district is very beneficial for the community, so that people do not need to go far to get treatment, health screening, and health education. With the existence of puskesmas, at least it can answer the need for adequate health services, namely health services that are easily accessible. Puskesmas is a city/regency health technical implementation unit (UPTD) that is responsible for organizing health development in an area. Puskesmas as the first strata health service center organizes first-level health service activities in a comprehensive, integrated, and sustainable manner which includes people's health services (private goods) and public health services (public goods).

In the Bengkulu City Regional Regulation Number 01 of 2011 concerning Health Services in Bengkulu City, Health Services in Bengkulu City are carried out by the Dinas assisted by: a) Technical Implementation Unit of the Health Center Service; b) Technical Implementation Unit of the Department of Pharmacy and Medical Devices; and c) Technical Implementation Unit of the Health Laboratory Service. Health services in Bengkulu City are implemented by carrying out health efforts, namely Promotive, Preventive, Curative and

Rehabilitative. Health services in Bengkulu City are implemented with a system of subsidies; non-subsidies; and guarantees. The Bengkulu City Government has made various efforts to improve the quality of services in the health sector, one of which is in the Sukamerindu Community Health Center (Puskesmas). Puskesmas Sukamerindu is the first-level health facility of the Social Security Administration for Health (BPJS) in Bengkulu. The health services provided by Puskesmas Sukamerindu in carrying out the task of providing health services to the community are known to have not achieved the desired goals, in general there are still many weaknesses in terms of buildings, this can be seen in the following table:

Table 1. Building Data Sukamerindu Community Health Center

No.	Building Facilities	Available	Not Available
1.	Ventilation System	✓	
2.	Lighting System	✓	
3.	Water supply, sanitation, and hygiene system	✓	
4.	Communication system	✓	
5.	Electrical system	✓	
6.	Medical gas system		✓
7.	Lightning Protection System	✓	
8.	Fire Protection System	✓	
9.	Evacuation System	✓	
10.	Noise Control System		✓
11.	Mobile Health Center Vehicle	✓	
12.	Ambulance	✓	
13.	Parking Facility	✓	
14.	Hospitalization Unit		✓
15.	Security Facilities	✓	

The table above is the minimum standard for a health center that has been regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019. Based on the data in Table 1, there are several facilities that do not yet exist at the Sukamerindu Health Center such as noise control systems, inpatient facilities, and medical gas systems that do not yet exist at the Sukamerindu Health Center. However, some existing facilities are still very minimal in number, such as parking lots that are still very small so it is not uncommon for patient vehicles to be parked on the highway. In addition to

buildings that must be adequate, the human resources in a community health center must also be adequate, the following are the minimum requirements for the availability of human resources needed for a community health center:

Table 2. Availability of Human Resources at Sukamerindu Community Health Center

No.	Professions	Available	Not Available
1.	General Practitioner	✓	
2.	Dentist	✓	
3.	Nurse	✓	
4.	Midwives	✓	
5.	Nutritionist	✓	
6.	Environmental Health Workers	✓	
7.	Laboratory/Analyst	✓	
8.	Health Promotion/Public Health	✓	
9.	Pharmacist	✓	
10.	Pharmacist Assistant	✓	
No.	Professions	Available	Not Available
11.	Administrative Personnel	✓	
12.	Finance Team	✓	
13.	Head of Health Center	✓	
14.	Dental and Oral Therapist		✓

Based on Table 2 above, the human resources available at the Sukamerindu Community Health Center have met the minimum standards set out in the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019. However, the number and quality of human resources still need to be improved. The problem that often occurs is that there is still a lack of competent human resources at the Sukamerindu Community Health Center, the number of health workers such as doctors, dentists, laboratory personnel, pharmacists who are still very few in number. In addition, the problem that often occurs is that there are still many health workers who are often not in place and do not comply with their working hours. In addition to the human resources at the Community Health Center that must be adequate, data on patients who come to the Sukamerindu Community Health Center, Bengkulu City must be recorded properly, The following is data on patients who come to the Sukamerindu Community Health Center, Bengkulu City:

Table 3. Patient Data at Sukamerindu Community Health Center, Bengkulu City

No.	Years	Patient Numbers
1.	2018	10.524
2.	2019	24.097
3.	2020	11.968
4.	2021	23.675
5.	2022	23.924
Total		94.188

Based on the number of patients at the Sukamerindu Health Center each year, there is a significant decrease and increase. Patients who seek treatment at the Sukamerindu Health Center are usually children, the elderly, pregnant women, and people who use BPJS who want to take referrals to the hospital. Puskesmas Sukamerindu is not open 24 hours and does not accept inpatients. Based on this background, the author is encouraged and emphasizes the scope of the research considering that the problem is so broad and complex, so for this reason the author is very interested in researching this matter with the title "Analysis of Health Services at the Sukamerindu Community Health Center, Bengkulu City." The problem formulations in this study are 1) How is the quality of service provided at the Sukamerindu Community Health Center, Bengkulu City; 2) What are the supporting and inhibiting factors for services at the Sukamerindu Community Health Center, Bengkulu City.

LITERATURE REVIEW

Health Service

Health is one of the basic needs for every human being, without health, humans cannot live life properly. To improve the highest degree of health and deal with health problems, the government builds or establishes health service facilities such as clinics, community health centers, hospitals that can serve the community in dealing with health problems that occur throughout Indonesia (Maliang, 2019). According to Hubaybah (2018) One form of health service facility to support the achievement of the highest degree of health is the Community Health Center. The Community Health Center is a regional technical implementation unit under the auspices of the city / district health office which is responsible for organizing health development in a work area. An important supporting factor in health center services is medical records which aim to achieve orderly administration in health services. Based on Health Law No.36 of 2009 Article 52 paragraph 1, the general form of health services consists of:

1. Individual health services

Individual health service is a health service that aims to cure diseases or health problems of individuals and families.

2. Public health service

Public health service is a health service that aims to prevent disease, maintain and improve health status in a group or community. Public health service efforts are usually carried out at community health centers.

Plenary health service activities are regulated in Article 52 paragraph (2) of the Health Act as referred to in paragraph (1), namely:

- a. Promotive health services, an activity and/or a series of health service activities that prioritize health promotion activities.
- b. Preventive health services, an activity to prevent a health problem/disease.
- c. Curative health services, an activity and/or a series of treatment activities aimed at curing disease, reducing suffering due to disease, controlling disease, controlling disability so that the quality of the patient can be maintained as optimally as possible.
- d. Rehabilitative health services, activities and/or a series of activities to return former patients to society so that they can function again as useful members of society for themselves and society, as much as possible according to their abilities.

Health services are efforts carried out by an organization together to improve health status, prevent and treat individual, group, family or community diseases (Mamik, 2017). Health services are movements carried out individually or together in an agency or organization aimed at preventing and treating diseases, as well as restoring and improving the health of individuals, groups or communities (Zaini, 2019). Health Service is an activity offered by one party to another party that does not materialize without producing ownership, but service has the concept that the better the quality of the product or service provided, the more the expectations desired by the customer are exceeded (Ridwan & Saftarina, 2015). It is concluded that health services are a measure of efforts made by themselves or together in an agency or organization with the aim of improving health status by providing good quality products or services that will result in meeting the expectations desired by customers. The main requirements include:

1. Available and sustainable

That is, all types of health services needed by the community can be easily sought and found at any time of need.

2. Reasonably acceptable

Namely health services do not conflict with customs and community beliefs.

3. Easy to reach
Namely health services can be easily reached (location) by the community, hence the need for health service distributors evenly not only in urban areas.
4. Easy to reach
That is, the costs incurred by the community are in accordance with the community's economy.
5. Quality
Namely the level of perfection of health service delivery according to the code of ethics and standards that have been set, (Mamik, 2017)

Stratification of Health Services include:

1. Level 1 Health Services
Namely primary health service services that are basic or first in nature which are more aimed at outpatients.
2. Level 2 Health Services
Namely health services for inpatients and require specialists.
3. Level 3 Health Services
Namely health services are aimed at patients with more complex problems and require sub-specialist personnel. (Mamik, 2014)

The quality of health services can be measured using a technique called the Servquel model. The servquel model is a technique that measures the patient's experience of the quality of service expected and received (Abdurahman et al., 2017). According to Passurman Theory: The servqual model has 5 dimensions that can measure service quality, namely:

- 1) Reliability, namely the ability to provide precise and reliable service. Reliable service means being consistent. So that reliability has two important aspects, namely the ability to provide services as promised and how far it is able to provide precise or accurate service.
- 2) Responsiveness, namely the willingness or willingness to help customers and provide fast service.
- 3) Assurance, which includes the knowledge, competence, courtesy, and trustworthiness of the staff (free from danger, risk or doubt).
- 4) Empathy, which is fostering good relationships, understanding the individual needs of customers, and providing individualized service and attention to its customers.

Tangible, which includes physical facilities, equipment, employees, and communication media that can be felt directly by customers. (Suyitno, 2017).

Obstacles Faced By Public Services

In a public service in the context of health, there are usually obstacles that cause the health service to not run optimally. The weaknesses of public services according to Moenir (2015: 40) include:

- 1) No or lack of awareness of the duties or obligations that are their responsibility, as a result they walk and serve as they please (relaxed),

even though people who are waiting for the results of their work are nervous. This natural result is the absence of work discipline;

- 2) Systems, procedures and work methods that do not exist, are inadequate so that the work mechanism does not run as it should;
- 3) The organization of service tasks that are not yet harmonious, so that there are irregularities in handling tasks, overlapping or scattered tasks that no one handles;
- 4) The income of employees is not sufficient to meet the minimum needs of life. As a result, employees are not calm at work, trying to find additional income during working hours by "selling" services in other ways;
- 5) Inadequate ability of employees for the tasks assigned to them. As a result, work results do not meet predetermined standards;
- 6) Unavailability of adequate services. As a result, work becomes slow, a lot of time is lost and problem solving is delayed.

According to Moenir (2015: 88) services must fulfill several supporting factors so that services to the community can run properly, namely:

1. Awareness Factor

Awareness is a thought process through the method of reflection, consideration and comparison, resulting in confidence, calmness, determination and balance in his soul as the basis for actions and actions that will be carried out later. Awareness functions as a basic reference that underlies the next action or action. Awareness can lead a person to sincerity and seriousness in carrying out or implementing a will. The will in the work organization environment is contained in the form of tasks, both written and unwritten, binding everyone in the work organization.

2. The Rules Factor

Rules are an important tool in all actions and actions of others. The more advanced and pluralistic a society is, the greater the role of rules and it can be said that people cannot live properly and calmly without rules. The rules in an organization have a function to bind all members so that they can run according to the rules so that later the organization can have direction and purpose. In the organization, the rules concern all the provisions both written in the organization which include working time, discipline in doing work, giving sanctions for work violations, and other predetermined provisions.

3. Organizational Factors

Service organizations are basically no different from organizations in general, but there are slight differences in their application, because the target of service is aimed specifically at humans who have a multi-complex character and will. Therefore, the organization referred to here is not in the embodiment of an organizational structure, but more on the arrangements and work mechanisms that are able to produce adequate services. The organization arranges a structure that describes the hierarchy of responsibility, division of labor based on expertise and

functions in each part in accordance with the assigned tasks and organizational development efforts. In addition, the organization also regulates systems, procedures, and methods that function as procedures or work procedures so that the implementation of work can run smoothly and succeed well.

4. Income Factor

Income is all of a person's income in return for the energy and thoughts that have been devoted to others, both in the form of money and facilities, within a certain period of time. The income factor has an influence on employee performance. Where if this factor is not considered even insufficient for minimum physical needs, it will cause unrest and affect the quality of service provided by employees, so that these employees are forced to do additional work outside their field of duty, in order to fulfill their daily needs.

5. Ability and Skills Factors

The employee ability factor affects service quality because in general, employees who have these abilities and skills carry out daily tasks in the field of service and deal directly with the community. With adequate abilities and skills, the implementation of tasks or work can be done well, quickly and fulfill the wishes of all parties. Employee abilities can be improved by providing guidance and work instructions, conducting special employee education and training.

6. Service Facilities Factor

The means of service referred to here are all types of equipment, work equipment, and facilities that function as social auxiliaries in the interests of people who are in contact with the work organization. This factor affects the quality of service because it is the main tool or helper in carrying out work. In addition, service facilities also have a function to speed up the process of carrying out work, increase productivity, create comfort for interested people, and create a feeling of satisfaction.

METHODOLOGY

The focus of research has the benefit of providing limitations on the object of a study, besides that the researcher will not be trapped by the amount of data that will be obtained in the field. The data to be selected is intended to limit qualitative studies and researchers can choose data that is relevant or not. The research focus that will be taken by researchers is to focus on researching and searching for data / information related to health services at the Sukamerindu Community Health Center. In this case what is examined is the services, human resources, and facilities at the Sukamerindu Community Health Center.

This type of research is descriptive qualitative research, namely the process of solving the problem being investigated by describing the object of research clearly and in more comprehensive detail and to draw generalizations that explain the variables that cause a symptom or social reality. Descriptive research aims to obtain information on the current situation and its relation to

variables that cause a symptom or social reality. The data sources obtained in this study come from primary data and secondary data.

Primary data is data and information collected directly from informants in the field through interviews. The data collected are matters related to the analysis of service quality at the Sukamerindu Community Health Center, Bengkulu City. While secondary data is data obtained through documents, books and records that are documentation or explanations of problems obtained from the Sukamerindu Community Health Center, Bengkulu City.

To obtain the data and information needed in the research, the authors used the following methods: 1) Observation, namely direct observation of the object of research in the field to find out the situation and condition of the research site; 2) Interview, which is conducting direct oral questions and answers to find out the problems to be studied in order to perfect the data obtained by researchers. Interview data can be obtained by the author from (I) Head of the Community Health Center, (II) Community Health Center Employees, (III) Community Health Center Patients as Key Informants (Key Informants) here are as guidelines or as a complement to the data originating from the Community Health Center or to provide verification of data or information derived from research samples taken from patients; 3) Documentation, which is a record of events that have passed. Documentation can be in the form of writing, pictures taken as evidence or research references.

The technique of determining informants carried out by researchers in this study is purposive sampling technique, which is a data source sampling technique with certain considerations, as stated by Sugiyono in the book *Understanding Qualitative Research*:

"Purposive sampling is a data source sampling technique with certain considerations. This particular consideration, for example, the person who is considered to know best about what we expect, or maybe he is the ruler so that it will make it easier for researchers to explore the object / social situation under study." (Sugiyono, 2012: 54). According to Sugiyono (2012: 221), determining samples or informants in qualitative research serves to obtain maximum information, therefore people who are used as samples or informants should meet the following criteria:

1. Those who are patients at the Sukamerindu Community Health Center, Bengkulu City.
2. Those who have enough time to be interviewed.
3. Those who are not inclined to convey their own packaged information.

So that the informants in the study using purposive sampling technique, which is a way of determining informants who are determined intentionally on the basis of certain criteria or considerations can be seen from the following table

Table 4. Informants at Sukamerindu Community Health Center

No.	Key Informants	Total
1.	Head of the Technical Implementation Unit of the Sukamerindu Community	1

	Health Center Service Office	
2.	Sukamerindu Community Health Center Employees	5
3.	People who are patients at Sukamerindu Community Health Center	6

In this case, the selection of informants is based on certain considerations. The study chose the Head of the Technical Implementation Unit of the Sukamerindu Community Health Center Office, 5 (five) Community Health Center employees, namely as registration officers, the drug section (pharmacists), nurses to become informants because they are in direct contact with patients in the service process. Then, the consideration of taking 6 people as informants because the community feels the services provided by the Sukamerindu Community Health Center, Bengkulu City.

Another element of research informants, the author uses the incidental sampling method. Incidental side is a technique used for sampling based on chance, meaning that anyone who meets the researcher can be used as an informant with a note that the researcher sees the person as worthy of being used as a data source.

Instruments

The research aspect in qualitative research is very important, this is because it can facilitate researchers so that the research is more directed and integrated so that the object under study focuses on one point and achieves the desired research. To facilitate the description in the study, several concepts that are used as the focus of research in this study can be explained later. The concepts are as follows:

Table 5. Research Aspects

Research Focus	Research Aspect	Research Dimension	Description
Health Services at Sukamerindu Community Health Center, Bengkulu City	a. Available and Sustainable	1. Health services needed by the community 2. Accessibility (easy to search & easy to find)	1. Law Number 25 of 2009 on Public Services 2. Law Number 36 of 2009 on Health
	b. Reasonably Acceptable	3. Health services do not conflict with customs 4. Regulation	3. Government Regulation Number 47 Year 2016 Health Service Facilities
	c. Easy to Reach	5. Health services can be easily reached by the community 6. Strategic Location	4. Ministerial Government Number 43 of

	d. Easy to Retrieved	7. Health services that are economically affordable 8. Quality of Service	2019 concerning Public Health. 5. Bengkulu City Regional Regulation Number 1 of 2011 Concerning Health Services in Bengkulu City
	e. Quality	9. Level of health service delivery 10. Community Satisfaction Level	

Data Analysis

The data analysis technique used in this research is the Miles and Huberman data analysis model. Miles and Huberman (in Sugiyono: 2016) suggest that activities in qualitative data analysis are carried out interactively and continue continuously until completion.

The steps are as follows:

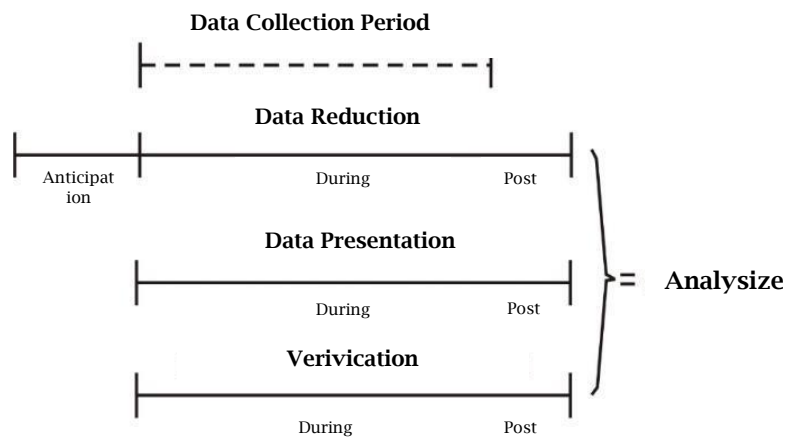


Figure 1. Qualitative Data Analysis

Furthermore, the interactive mode according to Miles and Huberman (in Sugiyono: 2020) in data analysis is shown as follows:

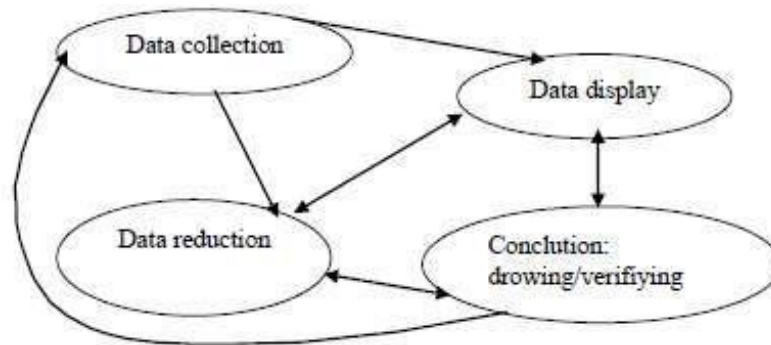


Figure 2. Miles and Huberman Interactive Mode

In qualitative research, data collection is carried out by observation, in-depth interviews, and documentation. In the early stages, researchers conducted a general exploration of the social situation/object under study, everything seen and heard was recorded. Thus the researcher will obtain very much and very varied data.

Reducing data means summarizing, selecting and choosing key things, focusing on important things, looking for themes and patterns. Thus the data that has been reduced will provide a clearer picture, and make it easier for researchers to conduct further data collection, and search for it if needed. In reducing data, each researcher will be guided by the theory and objectives to be achieved.

In qualitative research, data presentation can be done in the form of brief descriptions, charts, relationships between categories, flowcharts, and the like. According to Miles and Huberman (in Sugiyono: 2020) the most commonly used to present data in qualitative research is narrative text.

The initial conclusions put forward are still temporary, and will change if no strong evidence is found that supports the next stage of data collection. But if the conclusions put forward at an early stage are supported by valid and consistent evidence when researchers go to the field to collect data, then the conclusions put forward are credible conclusions. Data condensation is the process of selecting, focusing, simplifying, abstracting action data from field notes, interviews, transcripts, various documents, and field notes. By using data condensation, it will become more stable/stronger.

This research uses descriptive analysis, which provides a detailed description of the quality of public services at the Sukamerindu Community Health Center, Bengkulu City based on reality in the field and the results will be presented in tabular form which is complemented by describing and linking to theory and providing supporting information to answer each problem, as well as providing interpretations of relevant results and conclusions and suggestions.

RESULT AND DISCUSSION

The results of interviews and observations of researchers based on the dimensions put forward, can be developed with the following questions based on interviews with several informants related to comfort in the environment of the Community Health Center of Sukamerindu Village, Bengkulu City because

environmental conditions greatly affect the service process, according to the community the services provided are very comfortable, there are still complaints from patients regarding comfort in the waiting room. Regarding convenience in health services, the Community Health Center of Sukamerindu Village, Bengkulu City has provided convenience in health services and made it easy for service users who want to seek treatment or take care of their interests. Regarding discipline, employees at the Community Health Center of Sukamerindu Village, Bengkulu City have served patients based on the Standard Operating Procedure, in which discipline is very important, especially time discipline because fellow employees have reminded each other.

Accuracy is an effort in the examination and service to all patients who come to the Community Health Center of Sukamerindu Village, Bengkulu City, the service process carried out is to provide their respective rooms such as dental clinics, rooms for taking care of health social security organizations and so on. The aim is that officers can serve carefully and accurately and in accordance with their respective abilities and expertise related to each patient's complaints. In the context of clear service standards, it must have been well socialized at the Community Health Center of Sukamerindu Village, Bengkulu City.

The ability and expertise of service employees to use tools related to this, not all employees can operate computers proficiently, only employees who have special abilities are authorized to operate these tools but in its application it has been carried out smoothly, has functioned in accordance with the rules. All patient complaints are received with a good, polite and impartial response. Patients' opinions regarding the speed and accuracy of employees in carrying out services at the Community Health Center of Sukamerindu Village, Bengkulu City have been carried out in accordance with service standards, aka they are fast and precise, for office hours are always opened and closed on time.

The response to service users carried out at the Community Health Center of Sukamerindu Village, Bengkulu City has been carried out well in the sense that all patient complaints are very well received, such as if a patient wants treatment or wants to make a Social Security Agency or something else. If there are patient complaints that cannot be handled, they will be accommodated and clarified first. In the context of time and cost guarantees, guarantees have been given on time in providing services, then the services provided are free of charge. In the context of the interests of service users, the Community Health Center of Sukamerindu Village, Bengkulu City has a priority scale in prioritizing the interests of service users, employees try to serve patients well.

The available & sustainable factor in the context of health services at the Sukamerindu Community Health Center, Bengkulu City is the ability of the health apparatus at the Sukamerindu Community Health Center, Bengkulu City to provide health services promised to the community accurately and in accordance with the quality standards that have been set and expected by the community. This dimension can be seen from indicators such as the willingness and honesty of the health apparatus in providing services, the speed of the

health apparatus in providing the service process to the people served, the fairness of the health apparatus in providing services to every community that needs health services at the Sukamerindu Community Health Center, Bengkulu City, the ease of service procedures, and the suitability of procedures with the types of services requested by the community. Based on the overall results of the research exposure, the researcher can provide a conclusion that the quality of health services at the Sukamerindu Community Health Center, Bengkulu City when viewed from the dimensions of availability and continuity has been carried out in accordance with community expectations, where the health apparatus can provide health services promised to the community accurately and in accordance with the quality standards that have been set and expected by the community.

Reasonable acceptability in the context of health services at the Sukamerindu Community Health Center in Bengkulu City relates to the level of responsiveness of the health apparatus in understanding the aspirations and needs of the community being served and responding to these aspirations and needs. This dimension of reasonable acceptability can be seen from the ability of the health apparatus to be responsive in dealing with problems arising from the health services provided, the ability of the health apparatus to quickly respond to complaints submitted by the community, and the ability of the health apparatus in providing health services at the Sukamerindu Community Health Center, Bengkulu City to the community. Based on the overall results of the research exposure, the researcher can provide a conclusion that the quality of health services at the Sukamerindu Community Health Center, Bengkulu City when viewed from the dimension of being reasonably acceptable has been carried out according to community expectations, where the health apparatus has responsiveness in understanding the aspirations and needs of the people served and responding to these aspirations and needs.

Achievability in the context of health services at the Sukamerindu Community Health Center in Bengkulu City relates to the guarantee of health service products provided to the community so that the community can be assured of good and quality health services. This dimension of achievability can be seen from the guarantee of file processing, guarantee of cost certainty according to the provisions, guarantee of health service costs in accordance with health service standards in completing health services on time, and guarantee of resolution of applicant complaints. Based on the overall results of the research presentation, the researcher can provide a conclusion that the quality of health services at the Sukamerindu Community Health Center, Bengkulu City, when viewed from the dimension of being easy to achieve, has not been fully implemented in accordance with community expectations, where the health apparatus is able to provide guarantees to the community for health service products at the Sukamerindu Community Health Center, Bengkulu City, which are provided so that the community gets certainty of good and quality health services.

Easy to reach, in the context of health services at the Sukamerindu Community Health Center, Bengkulu City, relates to the personal treatment or

attention given by health officials at the Sukamerindu Community Health Center, Bengkulu City to the community being served, so as to create a harmonious atmosphere and mutual understanding between those who serve and those served. The easy-to-reach dimension can be seen from the friendliness of employees in the health service process and the ease of being contacted by the community in providing health services. Based on the overall results of the research exposure, the researcher can provide a conclusion that the quality of health services at the Sukamerindu Community Health Center, Bengkulu City, when viewed from the dimension of easy reach, has been carried out in accordance with community expectations, where the health apparatus provides personal treatment or attention to the community being served, thus creating a harmonious atmosphere and mutual understanding between those who serve and those served, although on the other hand there are still shortcomings that need to be addressed. The attitude of ease of reach of the health apparatus for health services provided to the community in accordance with community expectations, seen in the friendliness of employees in the process of health examination services and the ease of being contacted by the community in providing health services.

Quality, in the context of health services at the Sukamerindu Community Health Center, Bengkulu City, relates to physical things that exist at the Sukamerindu Community Health Center, Bengkulu City, which can support the implementation of health services provided by health officials to the community. The quality dimension can be seen or observed from the existing public health center facilities and interiors, the comfort and cleanliness of the service waiting room, the number of employees or officers serving the community, and the appearance / tidiness of employees in providing services. Based on the overall results of the research exposure, the researcher can provide a conclusion that the quality of health services at the Sukamerindu Community Health Center, Bengkulu City when viewed from the quality dimension has not been fully implemented in accordance with community expectations, where other things that are physical in the Sukamerindu Community Health Center, Bengkulu City have not been able to fully support the implementation of health services provided by health officials to the community.

In accordance with the overall explanation above, when viewed comprehensively (overall) in the five dimensions of the quality of existing public services, it is concluded that the quality of health services at the Sukamerindu Community Health Center, Bengkulu City is not fully in accordance with community expectations so that in the future it still needs to be addressed. The quality of health services that are considered to be in accordance with community expectations can be seen in the dimensions: 1) Available & Sustainable, where the health apparatus can organize the health services promised to the community accurately and in accordance with the quality standards set and expected by the community; 2) Reasonably Acceptable, where the health apparatus has responsiveness in understanding the aspirations and needs of the community served and responds to these aspirations and needs; and 3) Easy to Reach, where the health apparatus

provides personal treatment or attention to the community served, thus creating an atmosphere of harmony and mutual understanding between those who serve and those served.

Meanwhile, the quality of health services that are considered to be in accordance with community expectations can be seen in the dimensions of: 1) Easy to Reach, where the health apparatus has not been able to fully guarantee the community the health service products at the Sukamerindu Community Health Center, Bengkulu City provided so that the community gets certainty of good and quality service; and 2) Quality, where other physical things at the Sukamerindu Community Health Center, Bengkulu City have not been able to fully support the implementation of health services provided by the health apparatus to the community.

CONCLUSIONS AND RECOMMENDATIONS

The quality of health services at the Sukamerindu Community Health Center in Bengkulu City comprehensively (as a whole) has not fully met the expectations of the community so that in the future it still needs to be addressed. The quality of administrative services that are considered to be in accordance with community expectations can be seen in the dimensions: 1) Available and Sustainable, where the health apparatus can organize health services promised to the community accurately and in accordance with the quality standards set and expected by the community; 2) Reasonably Acceptable, where the health apparatus has responsiveness in understanding the aspirations and needs of the community being served and responding to these aspirations and needs; and 3) Easy to Reach, where the health apparatus provides personal treatment or attention to the community being served, thus creating an atmosphere of harmony and mutual understanding between those who serve and those being served.

The quality of health services that are considered not in accordance with community expectations can be seen in the dimensions of: 1) Easy to Reach, where the health apparatus has not been able to fully guarantee the community the health service products at the Sukamerindu Community Health Center, Bengkulu City provided so that the community gets certainty of good and quality services; and 2) Quality, where other physical things at the Sukamerindu Community Health Center, Bengkulu City have not been able to fully support the delivery of health services provided by village officials to the community.

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