

QUALITY OF HEALTH SERVICES AT SIEMPAT RUBE COMMUNITY HEALTH CENTER, PAK-PAK BHARAT DISTRICT

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Abstract

Quality of Health Services at Siempat Rube Health Center, Siempat Rube District, Pakpak Bharat Regency, Poor service will greatly affect patient assessment of health center services, The formulation of the problem of this study is how is the quality of health services at the Siempat Rube Health Center and the inhibiting factors in Health Services at the Siempat Rube Health Center, Pakpak Bharat Regency. This study uses a descriptive qualitative approach, namely observation, interviews, and documentation as data collection techniques, then data analysis techniques, namely data reduction, data presentation, drawing conclusions/verification. The results of the study indicate that the quality of health services at the Siempat Rube Health Center, Pakpak Bharat Regency, seen from the aspect of Physical Evidence (Tangibles) of inadequate and unsatisfactory facilities and infrastructure. Responsiveness in the service process is good, assessed from the alertness and responsiveness in serving patients. Assurance (Annsurence) lack of medical personnel. Empathy (Empathy) is good, assessed from the attitude of employees who are friendly and accept criticism and suggestions from the community. The obstacles are poor road access infrastructure to the health center, lack of medical personnel such as medical records and dental nurses, health center employees who are less disciplined and professional in working. The hope is for the Siempat Rube Pakpak Bharat Health Center to complete the facilities that are not yet available and medical personnel who are not yet at the Siempat Rube Health Center, so that the community gets primary and satisfactory services.

Keywords: *Quality of Health Services, Siempat Rube Health Center*

Service is a very important thing, and must be applied by government officials in serving the community. Because the task of government officials is to serve and provide primary services to the community. Therefore, to improve the service of government officials in terms of public services, the Law has also been implemented, namely on PROPENAS (National Development Program) and has even regulated how the public satisfaction index is a benchmark for the quality of state officials' services to the community. Services are very much needed by humans since humans are born until humans die. Therefore, the government will be able to realize the goals of the state, one of which is for the welfare of society integrated in the government and the implementation of development. Public services in the health sector are one of the tasks that must be carried out at least in order to serve the welfare of society, especially in the health sector.

According to Law Number 25 of 2009 concerning Public Services, state institutions, corporations, independent institutions established by law for public service activities, and other legal entities established solely for public service activities are considered as public service providers based on public interest, legal certainty, equal rights, professionalism, balance of rights and obligations, openness, accountability, special facilities and treatment for vulnerable groups, timeliness, and speed, ease and affordability. The state is responsible for fulfilling the basic rights and needs of every citizen and resident within the framework of public services regulated in the 1945 Constitution of the Republic of Indonesia. Building public trust in public services provided by public service providers must be carried out together with the hopes and demands of all citizens and residents regarding the improvement of public services.

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Health is a right and investment owned by all citizens. To ensure health, a system is needed that regulates the provision of health services for the community to meet the needs of a healthy life for all citizens, Tampi, *et al* (2016). In addition to food and education needs, the community needs adequate health services. In Law No. 23 of 1992 concerning Health, "health is a state of well-being of the body, soul, and social that allows for social and economic life". Thus, health must be considered as a collection of physical, mental, and social elements. Mental health is an important component of health. Health Services to be regulated in Law No. 36 of 2009 concerning Health, Health is a healthy state, both physically, mentally, and spiritually that allows everyone to live productively economically and socially. Quality health services are health services that care and focus on the needs, expectations, and values of customers as the starting point for providing services and as requirements that must be met in order to provide satisfaction to the community as users of health services. To protect the rights of patients as recipients of health services, the community hopes that the implementation of health services will be carried out responsibly, safely, with quality, evenly, and without discrimination. Each sub-district has a Community Health Center, or Puskesmas, which is built by the government to provide public health services.

Health centers, which are under the supervision of the District/City Health Office, function as technical health implementation units. In general, they must provide health services, which include promotion (health improvement), prevention (prevention efforts), curative (treatment), or rehabilitative (health recovery), either through Individual Health Efforts (UKP) or Community Health Efforts (UKM). In addition to outpatient services, health centers can provide inpatient services. In order to provide good services, the quality of services must always be improved to achieve optimal health levels for the entire community. Health centers as first-level health care providers have the responsibility to provide health services to all people who are administratively domiciled in their working area. With the existence of health centers, it is hoped that high-quality health services at affordable prices can be accessed by the community (Bappenas, 2009:51). Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 states that the Community Health Center is a health service facility that organizes public health efforts and first-level individual health efforts, with a greater emphasis on promotive and preventive efforts, to achieve the highest level of public health in its working area. The Community Health Center is a functional organization that organizes health efforts that are comprehensive, integrated, evenly distributed, acceptable to the community and affordable, with community activities and using the results of the development of appropriate science and technology, with costs that can be jointly borne by the government and the community. The efforts provided are services for the wider community, without ignoring the quality of service to individuals, in order to achieve the highest level

As a health institution, the community health center is committed to improving the health of the community and is responsible for maintaining and improving the health of the community. The quality of adequate services provided to patients determines the overall management of the community health center. Quality, affordable, effective, and efficient, equitable, and sustainable health services can only be achieved through improvement and refinement of community health center management. As time goes by, science and technology have developed very rapidly in the health sector, community health centers are required to improve their performance and quality in providing services to patients (Nunuk Herawati, 2015). Community health centers that want to develop must be able to maintain patient loyalty by providing good services to patients. Patient dissatisfaction is one of the causes. If the quality of health services is not improved, it is likely that the number of patients seeking treatment will decrease. As one of the health center in Pakpak Bharat district is the Siempat Rube Health Center, the Health Center should meet the needs of the Community in the field of Health, and help the Community in meeting their Health needs, so the Siempat Rube Health Center is moving forward in the health sector to provide health services to the community efficiently and well. The Health Center is the backbone of health services at the first level in meeting the health needs of the community. The Siempat Rube Health Center has a vision, namely "The realization of a Pakpak Bharat district that is advanced, competitive, just and prosperous through improving the economy and human resources based on culture and community empowerment. The mission of the Siempat Rube Health Center is "Improving the quality of life of the Community by improving the quality of resources based on Health education and social welfare".

Services provided Siempat Rube Health Center to patients is part of the efforts carried out to meet the needs of the community, the Siempat Rube Health Center service functions to provide comprehensive and harmonious health services which are carried out in an effort to improve health, disease prevention, disease healing and quality and affordable health recovery in order to improve the health of the community in Siempat Rube. The total number of employees at the Siempat Rube Health Center according to their profession in the service sector is 33 people who strive to provide and improve services well. Siempat Rube District has 6 villages, namely Kuta Jungak Village, Mungkur, Siempat Rube I, Siempat Rube II, Siempat Rube IV and Traju. With a total area of Siempat Rube District of 82.36 km² and a population in 2023 of 5,638 thousand people. From the large number of residents, the Siempat Rube Health Center is expected to be able to provide good and satisfactory services. From the manpower data above,

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it shows a lack of human resources such as dental nurses, medical records, so that the community is less satisfied in getting services. Quality services can increase community satisfaction in getting services. The lack of human resources at the Siempat Rube Health Center will affect the quality of health services that will be provided, as well as the community who will receive services will feel less satisfied with the limited human resources at the Siempat Rube Health Center. Observation results directly at the Siempat Rube Health Center, the author found problems with facilities and infrastructure, such as the health center did not have an inpatient room and air conditioning was only available in the medicine room, while other rooms did not have air conditioning. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 Article 10 Paragraph 4 states that "the health center as referred to in paragraph (1) must meet the requirements for location, building, infrastructure, equipment, personnel, affirmation, and clinical laboratory". The Siempat Rube Health Center also does not have medical records and dental nurse personnel. The problems that occur in the field make the community less satisfied with the services they receive. The lack of facilities at the Siempat Kube Health Center will affect the number of patients who want to seek treatment/give birth at the health center. Likewise, other problems in the field

LITERATURE REVIEW

There are several Previous previous research that has studied the quality of health services at health centers that are relevant to this study is a study conducted by Rizky Amalia (2019), this study analyzes the Quality of Health Services at the Magelang Selatan Health Center, this researcher found several obstacles including, Because of the large number of people seeking treatment at the Magelang Selatan Health Center, many people do not get treatment because there are few medical personnel and registration hours are only from 07.00-11.00 WIB. And the working hours of the Health Center are very short, only until 14.00 WIB. In terms of the physical aspect of the Health Center building, the land is limited, there is no warehouse, there is no place for archives and important files, and the parking lot at the Magelang Selatan Health Center is still not large enough, causing congestion of motorized vehicles. And there are no facilities with inpatient units at the Magelang Selatan Health Center. Research equations Rizky Amalia and the researcher are both researching the Quality of Health Services in Community Health Centers, but the difference is that Rizky Amalia's research uses quantitative methods while the researcher uses qualitative methods. Study conducted by Hafizhotun Ni'mah (2019), this study examines the quality of health services at the Sei Pancur Health Center in Batam City, this researcher found obstacles in the long queues that made patients wait a little longer. The similarity between Hafizhotun Ni'mah's research and the researcher is that both use the Qualitative Approach Method, while the difference is that the location of Hafizhotun Ni'mah's research is at the Sei Pancur Health Center in Batam City, while the researcher chose the location at the Siempat Rube Health Center, Pakpak Bharat Regency.

Research that conducted by Cintia Adriela Intan Putri (2018), studying the Quality of Health Services at the Medaeng Health Center, Waru District, Sidoarjo Regency, the researcher found that there were 2 indicators that had not been running well, namely Ability and Appearance. The similarity between Cintia Adriela Intan Putri's research and the researcher's is that both use qualitative methods by means of observation, interviews, documentation. The difference is, Cintia Adriela Intan Putri's research examines what supporting factors are in improving the quality of health services at the Medaeng Health Center, Waru District, Sidoarjo Regency, while the researcher examines the quality of infrastructure and human resources at the Siempat Rube Health Center. Research conducted by Velita Wiyasih (2022), examines the quality of health services at the Sidomulyo Inpatient Health Center, Binawidya District, Pekanbaru City. This study found that the inpatient unit lacks facilities and infrastructure, especially supporting facilities such as fans and chairs in the waiting room. This study found that health services at the Sidomulyo inpatient health center still need to be improved, namely the lack of facilities and infrastructure, especially in the inpatient unit, and supporting facilities and infrastructure such as: fans and chairs in the waiting room. The similarities are both researching the quality of health services and using qualitative approach methods. The difference is, Velita Wiyasih's research uses data collection techniques through questionnaire distribution, interviews and documentation, while researchers do not use questionnaire distribution techniques, only using observation techniques, interviews. and documentation.

Research conducted Ranti Tri Oktavianti (2020), Studying the Analysis of Health Service Quality at the Siak Health Center, Siak District, Siak Indrapura Regency, this study uses Timeliness of service, registration time, start time of treatment, suitability between expectations and realization of time, and guarantees, safety, skills in providing security, ability to instill patient trust, treatment room, building, parking lot, comfort of waiting room and examination room, ease of contact, ability to communicate, high attention from officers, alertness of officers in serving patients, speed of officers in serving transactions, and handling patient complaints, are service assessment indicators used in this study. The similarity is that both examine the facilities and infrastructure available at the health center, while the difference is that the main data collection tool in this study is a questionnaire list. The questionnaire list is used to analyze the empirical conditions of the existence of research objectives at the research location. This study uses two population groups and samples to assess the quality of health services at the Siak

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Health Center, Siak District, Siak Indrapura Regency. while researchers focus more on the physical evidence aspect, namely the absence of inpatient rooms and air conditioning, responsiveness and assurance aspects such as medical records, dental nurses.

METHOD

The location of this research was conducted at the Siempat Rube Health Center, Siempat Rube District, Pakpak Bharat Regency. With the title of the research to be studied on the quality of health services at the Siempat Rube Health Center, Pakpak Bharat Regency. The reason the researcher chose this location was to find out the services available at the Siempat Rube Health Center. because the researcher found phenomena in the field regarding the lack of facilities/infrastructure and human resources at the Siempat Rube Health Center resulting in the provision of health services to the community that were less than satisfactory. Complaints from the community regarding the quality of services that have been provided such as inpatient rooms and air conditioning that are not available. The author's research approach uses a qualitative approach with a descriptive analysis research type by processing primary data (primary research) in the form of observation/observation results, interviews, and documentation related to the problems to be studied in order to obtain an in-depth picture of the quality of health services at the Siempat Rube Health Center, Pakpak Bharat Regency. According to Moleong (2008: 6) Qualitative research is research that intends to understand the phenomenon of what is experienced by the research subject, for example behavior, perception, motivation, action, holistically/comprehensively, and by means of description in the form of words and language, in a specific natural context and by utilizing various natural methods.

The reason the author uses qualitative methods is because by using qualitative methods researchers can analyze by processing data through direct observation in the field so that researchers can see the real problems that occur at the Siempat Rube Health Center, the second way is interviews researchers can interview directly with subjects and objects about the facts of the problems in the field, the last is documentation, documentation or photos can be tools or evidence and accurate data related to document/data information so that it can prove the data obtained in accordance with the reality in the field. Research informants are subjects who understand the information of the research object as actors or other people who understand the research object (Buran Bungi: 2010). Informants as people who are used in providing information about the situation and conditions of the research background. Informants can help researchers through knowledge or experience in understanding the phenomena being studied. According to Lofland (in Moleong, 2013: 157) "The main data sources in qualitative research are words and actions, the rest are additional such as documents and others". Data sources will be taken from documents, interview results, field notes and observation results.

There are two data sources used in this study, namely:

1. Primary Data

Primary Data is data that is directly obtained from the first data source at the research location or research object. This data is obtained from sources or informants or in other terms respondents, are people who are used to obtain information.

2. Secondary data

Secondary data is data that is referred to from a second source or secondary source of the data needed. According to Amirin, secondary data is data obtained from non-original sources and contains information or research data.

Data is a collection of raw information or facts that can be in the form of symbols, numbers, words, or images. This information is obtained through the process of observation or searching from various sources. According to Suharsimi Arikunto (2006), said that data is the result of researcher records, either in the form of facts or numbers.

In this study, the researcher used several data collection techniques, namely as follows:

1. Observation

Observation means looking attentively. In the context of research, observation is defined as a way of systematically recording behavior by directly observing the behavior of individuals or groups being studied. Margono defines observation as systematic observation and recording of the symptoms of research subjects.

2. Interview

The interview method is used to collect data by asking a number of oral questions to the interviewee. Interview techniques can also be used to collect data by asking informants or research respondents directly. Interviews can be conducted face to face (*face to face*) or by telephone.

3. Documentation

Documentation is a method of collecting research data through a collection of information documented in the form of written or recorded documents. Types of written documents include archives, diaries,

autobiographies, memorials, collections of personal letters, clippings, and so on. Types of recorded documents include, but are not limited to, films, cassette tapes, microfilms, photographs, and so on.

Data analysis techniques are collections, procedures, and approaches used to process, analyze, and interpret data. The purpose of this process is to gain a better understanding of the data and important information. Qualitative data analysis techniques are data processing techniques where the data is non-numerical and focused on quality. Data will be better if the explanation is more complete. As for the data analysis method by Creswell, the data process must be processed into information. In a study, data analysis needs to be done so that the data can be more easily understood. This is important in research because it makes data easier to understand and helps solve research problems. From various data analysis processes, there are several methods used to make it easier and match the problems being faced.

RESULT AND DISCUSSION

Quality of Health Services at Siempat Rube Health Center

Quality of Health Services is a service provided to customers/patients in accordance with service standards that have been carried out as guidelines in providing affordable, safe and satisfying services to patients/communities. According to Zeithaml, Berry, and Parasuraman, the quality of health services is defined as customer perceptions of the difference between their expectations and the performance they receive from a service. Zeithaml, Berry, and Parasuraman developed a model known as SERVQUAL (Service Quality), which measures service quality based on five dimensions, namely:

Tangibles Aspect (Physical Evidence)

Tangibles are things that are physical or real, which can be touched, seen, and felt. In terms of service, tangibles refer to physical elements that support the customer experience and create a positive first impression. Things that can be seen or felt that are related to the provision of services such as waiting room facilities, service areas, administration, and cleanliness of the place, provision of services such as equipment used by staff or to serve customers (medical equipment, computers, or cash registers). Tangibles are very important because they influence customer impressions of the quality of service provided. To find out the quality of health services (physical evidence) at the Siempat Rube Health Center, researchers conducted interviews with several health center employees, community leaders, and patients at the Siempat Rube Health Center. Tangibles are real evidence of the care and attention given by service providers to consumers. The quality of service provided by the Siempat Rube Health Center is very important because customers need a real experience that can be felt for themselves. The tangible dimension refers to the physical appearance of facilities, equipment, and other supporting facilities that are visible to service users.

Based on the research results, problems in the field that need to be considered are found, several deficiencies such as rooms that do not have AC or fans, the condition of the roof of the room is perforated, and the unavailability of certain medical devices for free health checks (PKG). In addition, the availability of unstable medicines and an inadequate medical record system, limited facilities will have an impact on patient comfort and service efficiency. In the context of SERVQUAL theory, this tangible aspect is important because it is the first impression for the public in assessing the professionalism and quality of service of a health institution, especially the Siempat Rube Health Center, Pakpak Bharat Regency. Therefore, improving facilities and infrastructure at the Siempat Rube Health Center is an important step to support more optimal services and increase public satisfaction. This must be given more attention by the health center so that the available facilities and infrastructure are sufficient and adequate so that the medical service process provided to patients can be guaranteed and run effectively and efficiently. This is in accordance with Law No. 25 of 2009 which states that public services are required to provide adequate service facilities and infrastructure in organizing public services.

Responsiveness Aspect (Responsiveness)

Responsiveness is a person's ability to immediately respond or react to situations, events, or information that occurs around them. This involves speed, accuracy, and sensitivity in dealing with changes or urgent events. In the context of service, responsiveness refers to the ability of service providers to immediately respond to the needs, questions, or problems faced by customers or service users. Good responsiveness in service means being fast and effective in providing solutions, answering questions, or handling customer complaints. In order to find out the extent to which the Siempat Rube health center service officers are, the researcher conducted observations and interviews. Based on the results of the observations and interviews that I have seen, it shows.

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Responsiveness is the alertness and readiness of medical personnel in responding to patient needs, requests, or complaints. Judging from the interview above, health center officers in Siempat Rube always make maximum efforts in serving patients, including being friendly, actively asking complaints, providing clear explanations regarding the patient's health condition, and offering solutions that are in accordance with the problems faced. They are also responsive in handling administrative processes, such as submitting referral letters to the Regional Public Hospital, by providing complete information and ensuring that the process runs quickly after the requirements are met. In addition, the presence of a suggestion box shows openness and commitment to continuous improvement based on feedback from the community. Hopefully, the principle of responsiveness of Siempat Rube health center employees can be maintained, where fast, agile, and attentive service is the basis for patient trust and satisfaction with the health services provided.

Assurance Aspect

In the context of service, assurance refers to a commitment or promise from a service provider to a customer to provide a quality of service that meets certain standards. This assurance can include things such as assurance that the service provided will meet customer expectations, or assurance that if a problem or dissatisfaction occurs, the service provider will be responsible for fixing it, for example through replacement or repair. Assurance in service can also mean the existence of policies or procedures that ensure customers receive fast, effective, and satisfactory service. This aims to create a sense of trust and satisfaction on the part of customers towards the service provider. Assurance includes the knowledge and ability of officers in providing services, as well as polite, friendly attitudes, and being able to foster a sense of trust and security in patients. Based on the results of the research from the interviews that the researcher has conducted, the employees of the Siempat Rube Health Center have provided the best service, are friendly, and explain health information clearly to patients. However, there is a shortage in terms of the availability of medical personnel, especially dental nurses and medical records staff, which indicates that the guarantee of the availability of specific services has not been fully met. Thus, although there is still a shortage in the number of medical personnel, the aspect of assurance in service has been carried out well through the attitude, communication, and sincerity of officers in serving the community. As well as for the quality of service at the Siempat Rube Health Center, the Health Center must pay more attention to the lack of availability of medical personnel provided so that the community feels satisfied with the services received.

Empathy Aspect

Empathy is the ability to understand, feel, and share the feelings or experiences of others. In the context of health center services, empathy means the ability of service providers to feel and understand the feelings and needs of customers/patients, and then respond to them in a caring and understanding manner. Empathy is very important for building good relationships between health center staff and patients, and in providing a satisfying and caring experience. Empathy is individual attention and concern for customers personally, including the ability to understand patient needs, provide special attention, and communicate in a warm and friendly manner. From the interviews that have been conducted, researchers saw that health center staff had tried to be friendly, provide clear explanations regarding treatment procedures and referral letters, and help people who were having difficulties by asking directly what could be helped. They also re-explained information to patients who were still confused, showing concern and patience in communicating. In addition, fairness in service was also seen, where all people were served without distinguishing social status, and still prioritizing patients with emergency conditions. Although there were still some officers who were less friendly, in general the empathy approach had been implemented quite well at the Siempat Rube Health Center. Things like this need to be improved for the sake of patient comfort when seeking treatment at the Siempat Rube Community Health Center.

Health Center Building

Puskesmas (Community Health Center) is a first-level health service facility managed by the government, which aims to provide basic health services to the community. Puskesmas buildings are facilities or structures used to provide basic health services to the community. Puskesmas (Community Health Center) usually provide medical services such as health checks, immunizations, treatment, disease control, and health promotion and disease prevention. Puskesmas buildings are designed to meet the needs of medical services, with rooms such as waiting rooms, examination rooms, medicine rooms, laboratory rooms, inpatient rooms (if any), and other facilities that support community health activities. From the explanation of the head of the Siempat Rube health center in Siempat Rube sub-district, it can be concluded that the facilities in the Puskesmas building are inadequate where there are several buildings that are damaged such as roof holes, cracked walls of the room. This will cause the community to

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be less comfortable in receiving services as well as disrupting the performance of medical personnel when providing services, and this must be done immediately to procure goods to renovate the building and also the room with the roof hole.

Inhibiting Factors of Health Services at Siempat Rube Health Center, Siempat Rube District, Pakpak Bharat Regency

Inhibiting factors that also affect the quality of health services at the Siempat Rube Community Health Center, Pakpak Bharat Regency. The Community Health Center is a center for public health services at the sub-district level. The Community Health Center as a Health Institution whose mission is to improve the overall health of the community. Inhibiting factors for health services at the Community Health Center are various obstacles or constraints that affect the ability of the Community Health Center to provide quality and effective health services to the community. The Siempat Rube Community Health Center, Pakpak Bharat Regency has several obstacles, from the results of the interview above it can be concluded that health services at the Siempat Rube Community Health Center face various obstacles that affect the quality of services provided to the community. One of the obstacles faced is the low participation of the community in participating in the free health check program that has been provided. Although this program aims to increase awareness of the importance of health, many people are still reluctant to come to the Community Health Center. To overcome this, the Community Health Center carries out health promotions and socialization, especially at the moment of the Community Health Center's anniversary celebration, in the hope of attracting public interest in taking advantage of the free health check service.

Poor infrastructure conditions, especially damaged access roads to the Health Center, are a major obstacle for the community in reaching health services. Damaged roads not only make travel difficult, but also have a serious impact in emergency situations because they slow down the travel time of patients who need immediate treatment. On the other hand, the Health Center also experiences a shortage of medical personnel, such as dental nurses and medical records officers, which disrupts the smoothness of services and decreases public satisfaction with the services received. The Health Center continues to strive to overcome this shortage so that services can run more optimally. The inhibiting factor for service is also seen from the low discipline of employees. Some employees come and go not according to the predetermined working hours, thus indicating a lack of professionalism in carrying out their duties. This certainly has an impact on the public's assessment of the quality of services at the Health Center. Of the many obstacles, the Siempat Rube Health Center, Pakpak Bharat Regency, is trying to overcome these obstacles by discussing with the Regent, Health Office, and local government so that they can improve the damaged road infrastructure to the Health Center and provide the lacking medical personnel. Likewise, monitoring the performance of Siempat Rube Health Center employees to be more disciplined in the future.

CONCLUSION

The quality of service at the Siempat Rube Health Center still faces various obstacles that need to be fixed immediately. In the Tangibles aspect, the available facilities and infrastructure are still inadequate, such as the lack of medical equipment for free health check-ups, and the absence of air conditioning or fans in the room which disrupts the comfort of the service, especially during the day. This has an impact on the lack of effectiveness and efficiency of the service. In terms of Responsiveness, the health center staff are considered to have provided good service, according to procedures, communicative, and provide a suggestion and criticism box, but the damaged access road to the health center remains a major obstacle for the community in obtaining services. Meanwhile, in the Assurance aspect, there is still a shortage of medical personnel such as dental nurses and medical record officers, which makes the community feel that the service is not yet fully optimal. Emphaty (Eempathy), seen from the attitude of the friendly and good gadgets tetowards the patientn wantpon Society sualready donethe wayngan baik. Obstacles in the health service process that impact the quality of services provided to the community. One of the main obstacles is the lack of community participation in the free health check-up program (PKG), even though promotional and socialization efforts have been made. In addition, damaged road access to the health center is a significant obstacle because it makes it difficult for the community, especially in emergency conditions. limited medical personnel, especially dental nurses and medical record officers. Employee discipline is also a problem, where there are still employees who arrive late or go home not according to working hours, thus indicating a lack of professionalism in carrying out their duties.

REFERENCES

Buku

- Arikunto, Suharsimi, (2006). *Suatu Pendekatan Praktik*, Edisi Revisi VI, Jakarta : PT Rineka Cipta
- Azwar, Azrul. (1996). *Pengantar Administrasi Kesehatan*. Jakarta: Bina Rupa Aksara.
- Barata, Atep Adya. (2004). *Dasar Dasar Pelayanan Prima*. Jakarta: PT Elex Media Komputindo
- Bungin Burhan. (2010). *Metodologi Penelitian Kualitatif*. Jakarta : PT. Raja Grafindo Persada.
- Denhardt, JV., dan Robert B. Denhardt. (2003). *The New Public Service : Serving, not Steering*. London, England: M.E. Sharpe
- Dr. Drs.Ismail Nurdin, M. s. (2019). *Kualitas Pelayanan Publik* (S. H. Lutfiah (Ed.)). Media Sahabat Cendekia, Surabaya
- Gronroos, Christian. (1990). *Services Management and Marketing: managing the moments of truth in service competition*. Massachusetts: Lexington Books
- Hardiansyah, Haris, (2010), *Metodologi Penelitian Kualitatif*, Jakarta : Salemba Empat
- Hardiansyah. (2011). *Kualitas Pelayanan Publik*. Yogyakarta: Gava Media.
- Hardiansyah. (2018). *Kualitas Pelayanan Publik (Edisi Revisi)*. Yogyakarta: Gava Media
- Herlambang, Susatyo. (2016). *Manajemen Pelayanan Kesehatan Rumah Sakit*. Yogyakarta: Gosyen Publishing.
- Ibrahim. (2007). *Penelitian dan Penilaian Pendidikan*. Bandung: Sinar Baru Algensindo
- Kotler, Wasistiono. (2003). *Manajemen Pemasaran*. Edisi kesebelas, Jakarta: Indeks kelompok Gramedia
- Lofland, Moleong, (2013). *Metodologi Penelitian Kualitatif*. Edisi Revisi. Bandung: PT. Remaja Rosdakarya.
- Moleong. Lexy J. (2008). *Metodologi Penelitian Kualitatif*. Edisi Revisi. Bandung: Remaja Rosdakarya
- Pasolong, Harbani, (2007), *Teori Administrasi Publik*, Bandung : Alfabeta
- Purnama, N.(2006). *Manajemen Kualitas Perspektif Global*. Yogyakarta: Ekonosia.
- Sinambela, L. P. (2011). *Reformasi Pelayanan Publik: Teori, Kebijakan, Dan Implementasi* (Cetakan ke). Jakarta: Bumi Aksara.

Jurnal/Skripsi

- A. Parasuraman, Valarie A. Zeithaml, and Leonard L. Berry. (2019). "SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality". *Journal of Retailing*.
- Bailey, Stephen dan Connolly Stephen. (1998). The Flypaper Effect: Identifying Areas for Further Research. *Public Choice* 95: 335-361. Netherlands: Kluwer Academic Publishers.
- Carlile, Paul R., Christensen, Clayton M. (2005). *The Cycles of Theory Building in Management Research*. Version 6.0
- Febrianti, S. V. (2023). Analisis Pengaruh Kualitas Pelayanan terhadap Kepuasan Pasien Unit Layanan Rawat Jalan Kesehatan Jiwa di Puskesmas Kabupaten Situbondo. *Jurnal Mitra Bisnis*, 7(1).
- Handayani, Go, dkk. (2016). pengaruh aktivitas berlari terhadap tekanan darah dan suhu pada pria dewasa normal. Fakultas Kedokteran Universitas Sam Ratulangi: Manado.
- Herawati, Nunuk. (2015). "Pengaruh Kualitas Pelayanan Puskesmas Terhadap Kepuasan Pasien Pengguna Kartu Pemeliharaan Kesehatan Masyarakat Surakarta (PKMS) Di Surakarta." *BHIRAWA* 2 (2): 42–51.
- Pohan, I.S., (2006), *Jaminan Mutu Layanan Kesehatan Dasar-Dasar Pengertian dan Penerapan*, Hal. 146, Penerbit Buku Kedokteran, EGC, Jakarta.
- Riandi, R. (2018). Hubungan Mutu Pelayanan Kesehatan dengan Kepuasan Pasien Rawat Jalan di Puskemsas Wonorejo Samarinda Tahun 2018. Dipetik April 2022, dari <http://www.umkt.ac.id>
- Ridlo, Ilham Akhsanu (2012), *Turn Over Karyawan: Kajian Literatur, Serial Paper Manajemen*. Public Health Movement – Indonesia.
- Tampi, A. G. C., Kawung, E. J., & Tumiwa, J. W. (2016). Dampak pelayanan badan penyelenggara jaminan sosial kesehatan terhadap masyarakat di Kelurahan Tingkulu. *Acta Diurna Komunikasi*, 5(1).

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Wahyuni, S. (2019). Tanggung Jawab Hukum Rumah Sakit Terhadap Penanganan Pasien Gawat Darurat di Rumah Sakit. *Spektrum Hukum*, 14(2), 181-198.

Peraturan perundang-undangan

Bappenas. Pedoman Evaluasi Kinerja Pembangunan Sektorial. Jakarta: Kedeputian Evaluasi Kinerja Pembangunan; 2009.

Departemen Kesehatan RI. Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 Tentang Kesehatan. Jakarta: Kementrian Kesehatan RI: 2009.

Depkes RI, 1992b, Undang-Undang Republik Indonesia Nomor: 23 Tahun 1992 Tentang Kesehatan, Jakarta, h.9.