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ANALYSIS OF CONSUMER SATISFACTION OF COVID 19 HEALTH PROTOCOL SERVICES AT JATINEGARA HEALTH CENTER, JAKARTA

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ABSTRACT:
The Covid-19 pandemic in Indonesia is part of the ongoing 2019 coronavirus (Covid-19) pandemic worldwide. Community services in Health Center continue to run during a pandemic but have health protocols that must be implemented. This study wants to determine the level of consumer satisfaction with medical services, especially in general poly. The method used in this study is the Servqual method and further analyzed with Importance Performance Analysis to provide service improvement advice to the Jatinegara Health Center. The number of respondents studied as many as 380 patients in general poly who sought treatment during the pandemic. The study results showed that patients were not satisfied with the service in Jatinegara District Health Center. The most enormous dissatisfaction is precisely a lot on tangible dimension attributes such as the completeness of equipment in the examination room, the completeness and type of medicine given, the cleanliness of the room, and the completeness of information for directions. This proves that patients have high expectations for improving the quality of service. Service improvement steps are made with priority scales, such as analyzing five-dimensional diagrams of existing quality.

Keywords: Consumer satisfaction, service quality, Covid 19, Servqual, quality dimension, health protocol.

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INTRODUCTION

Covid-19 is one of the diseases caused by the coronavirus that attacks the respiratory system. The disease first appeared in Wuhan. China is called SAES-Cov-2. Covid 19 pandemic forces many

governments to take public health more seriously (Robina-Ramírez et al., 2021). In December 2019, a mysterious case of pneumonia was first reported in Wuhan, Hubei Province (Al-Subaie, et al. 2021). It usually causes respiratory infections in humans, ranging from the common cold to severe illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Alam, M. S., & Mondal, M. 2019). Covid-19 is a new disease that has not been identified in humans. Communities and individuals follow government requests to adopt flexible work schedules and school closures and cut out eating out (Suppasri et al., 2021). The Japanese government adopted a policy targeting people with specific socioeconomic backgrounds anticipating the Covid 19 disruption (Awa, H. O, et al. 2021).

Common signs and symptoms of Covid-19 infection include symptoms of acute respiratory distress such as fever, cough, and shortness of breath. The average incubation period is 5-6 days, with the most prolonged incubation period of 14 days. In severe cases of Covid-19, it can cause pneumonia, acute respiratory syndrome, kidney failure, and even death. Common symptoms early in the disease are fever, fatigue or myalgia, dry cough (Levani et al., 2021). Clinical signs and symptoms reported in most cases are fever, with some cases having difficulty breathing, and X-rays showing widespread pneumonia infiltration in both lungs. Enforcement of the diagnosis starts from common symptoms in the form of fever, cough, and difficulty breathing to close contact with countries that have been infected (Christidis, P, et al. 2021).

This emergency condition requires that some ongoing activities or activities that will soon occur must be stopped until an uncertain deadline. The government needs to open up opportunities to make new policy breakthroughs (Christley, R, et al. 2021). It cannot be denied that this outbreak has had such a significant impact on every country, especially Indonesia. Indonesian people's knowledge of Covid-19 is still shallow (Nasution et al., 2021). One of the effects is the change in medical and health services. The public must play a proactive role in following all appeals issued by the government (Firdaus, F, 2020). Community services in Health Center continue to run during a pandemic. All health workers and health centers still serve patients but have health protocols that must be implemented. This is to avoid transmission to health workers who are most at risk of Covid 19 because it still serves patients.

Health Center is a health service provided officially by the state for the people. Covid Task Force in the community must coordinate with Health Center (Pemprov DKI Jakarta, 2020). Jatinegara Health Center, including those included in the Jatinegara area, is one of the places of community treatment that also has a vital role in handling covid. The Covid 19 pandemic lowered the economic level of the community, which makes the community increasingly in need of

government health services such as health centers (Goula, A, et al. 2021). Facing the current condition of service management must understand patient behavior; the understanding has essential meaning because every activity carried out is shown to provide satisfaction to the patient. The government must take various policies in order to serve the community during the pandemic (Christley et al., 2021). An integrated public policy is needed from pandemic to post-pandemic (Hashjin, A. A, et al. 2020).

This study was conducted at Jatinegara Health Center, which has health care facilities that serve patients during the Covid 19 Pandemic. Covid 19 pandemic impacts basic human needs of comfort and health(Brandtner et al., 2021). This study aims to determine the level of consumer satisfaction with the quality of service during the Covid 19 Pandemic, especially services in general poly. The results of this study are expected to provide proposed service improvements to improve the quality of service in Puskemas Jatinegara.

RESEARCH METHODS

The method used to measure a customer's perception of a service's satisfaction is Service Quality (Servqual). Measuring customer satisfaction is the stage for the development of a service (Hizam, S. M., & Ahmed, W, 2019). This method is one of how respondents are asked to rate Servqual levels to explore consumer expectations in a service industry (Ghofar et al., 1988).

This method uses user based-approach, which measures the quality of services quantitatively in the form of questionnaires and contains dimensions of service quality such as tangibles, responsiveness, reliability, assurance, and empathy. This combined methodology provides an idea of measuring the quality of sanitary services in a more straightforward way (Alam & Mondal, 2019). This method is widely used to measure the quality of services in the service industry (Kowalska & Ostrega, 2020). The purpose of using the Servqual dimension in gap measurement is to undertake a program of improvement in service control as an alternative to proposed service quality improvements. Quality measurement is also required for the development of health services (Li, X., & Ding, Y, 2020).

The Servqual model assumes that consumers compare service performance on attributes relevant to the ideal standard. Servqual can also be used to analyze the quality of services in the digital-based service industry (Liu, J., Zhou, Y, et al. 2021). If the performance of the service is per or exceeds the standard, then the perception of the overall quality of the service will be positive and vice versa. Servqual can be used to analyze the gap between a patient's perceived quality and a management perspective (Menezes, A, et al. 2020).

The thing to do in calculating using the Servqual method is to calculate the average of perceptions and expectations and calculate the value of Servqual (Gap), where the value of Servqual is equal to the

difference between the average perception and the average expectation. Organizations must maintain the quality of service for the sustainability of the industry in a sustainable manner. Furthermore, the overall gap value is interpreted with the Importance Performance Analysis approach so that recommendations are obtained for companies regarding attributes that have the highest level of improvement priority in order to improve the quality of these service attributes. The Importance Performance Analysis (IPA) method measures the relationship between priority improvement of products or services known as quadrant analysis. In this technique, respondents are asked to assess the level of interest and performance of the company.

(Ong & Pambudi, 2014). IPA has been generally accepted and used in various fields of study because of the ease to apply, and the display of analytical results facilitates performance improvement proposals. The follow-up to satisfaction analysis is priority scale mapping with the importance-performance analysis method. (Nursofwa, R. F, et al. 2020). This method displays service factors that significantly affect customer satisfaction and loyalty. (Ong, J. O., & Pambudi, J, 2014). The IPA method combines the measurement of performance dimensions (performance) with importance (importance) in a two-dimensional diagram, i.e., an importance-performance diagram where the x-axis represents the level of performance. In contrast, the axis represents the level of expectation (Nursofwa, R. F, et al. 2020).

In the Servqual method, expect score data is needed (expected score) and perception score (perceive score). The difference between these two scores has a customer assessment goal to determine the quality of services received by customers. The sharper the difference between expectations and perceptions, the more it shows the level of customer satisfaction. (Pemprov DKI Jakarta, 2020). The Servqual assessment method asserts that if the performance on the attribute performance increases more excellent than the expectations of the attributes concerned, then the perception of service quality will be positive and vice versa. The application of the Servqual method as a tool for quality assessment needs to include environmental dimensions in the study object (Putri, R. N, 2020).

The initial stage in this study is the design of attributes derived from the dimension of service quality. This design involves Health Center officers and patients. The number of attributes used in this study is as many as 24 attributes consisting of eight attributes intangible dimensions, four attributes in reliability dimension, four attributes in responsiveness dimension, five attributes in assurance dimension, and three attributes in empathy dimension. Determination of attributes in the quality dimension must involve parties concerned with the object of study (Shafiq et al., 2019). Data collection techniques in this study using questionnaire questionnaires in the form of google form. The questionnaire in this study is in the form of a rating scale,

namely the Likert Scale, in the form of statements followed by columns that show levels: Very Satisfied, Satisfied, Dissatisfied, Very Dissatisfied. Patient data taken as a population are general poly BPJS patients served since the Covid 19 pandemic period of April 2020 - April 2021, with a total of 7355 and then sampled using the Slovin formula with an error rate of 5%. The number of samples taken was 380 patients. Data collection techniques in this study using questionnaire questionnaires in the form of google form. The questionnaire in this study is in the form of a rating scale, namely the Likert Scale, in the form of statements followed by columns that show levels: Very Satisfied, Satisfied, Dissatisfied, Very Dissatisfied. Patient data taken as a population are general poly BPJS patients served since the Covid 19 pandemic period of April 2020 - April 2021, with a total of 7355 and then sampled using the Slovin formula with an error rate of 5%. The number of samples taken was 380 patients.

RESULTS AND DISCUSSION

Analysis of service quality data using the Servqual method resulted in the service at Jatinegara Health Center during the Covid 19 pandemic was not satisfactory because the gap value generated <1 (minus). The gap results in each service attribute are seen in table 1. From table 1, it can be known that the Servqual score of all attributes is negative, indicating that the patient has not been satisfied with the services of the Covid 19 Health protocol in the general poly. This should be a particular concern for the Jatinegara Health Center to find the root of the problem and immediately improve service. The most enormous dissatisfaction is precisely a lot on tangible dimension attributes such as the completeness of equipment in the examination room, the completeness and type of medicine given, the cleanliness of the room, and the completeness of information for directions. The perception of consumer satisfaction starts a lot from physically healthy things (Shafiq, A, et al. 2019).

Table 1

Attribute Gap

Attribute	Expectation	Perception	Gap
1. Conditions of screening devices such as thermometers, hand sanitizers, wastafel, and handwashing soap (Tangible)	4.90	4.39	-0.51
2. Completeness of medical and non-medical clothing (Tangible)	4.88	4.23	-0.66
3. Direction/completeness of the information (Tangible)	4.83	4.11	-0.72
4. Registration counter conditions	4.84	4.18	-0.66

(have barriers or bulkheads to avoid transmission of Covid-19) (Tangible)			
5. Restrictions on seating in waiting rooms to prevent Covid-19 transmission	4.85	4.14	-0.71
6. Completeness of equipment in the examination room such as tensimeter, scales, and stethoscope (Tangible)	4.88	4.14	-0.74
7. Completeness of the drug and the type of drug given (Tangible)	4.86	4.13	-0.73
8. Cleanliness of the room (Tangible)	4.84	4.10	-0.73
Mean Tangibles	**4.86**	**4.18**	**-0.68**
9. Service Time (Reliability)	4.83	4.14	-0.69
10. Checking patients by doctors in a professional way and still pay attention to health protocols (Reliability)	4.86	4.14	-0.72
11. Trust in the information provided by service personnel (Reliability)	4.85	4.20	-0.65
12. Drug usage information by Pharmacies (Reliability)	4.85	4.19	-0.66
Mean Reliability	**4.85**	**4.17**	**-0.68**
13. Officers provide services with rapid responsiveness.	4.85	4.15	-0.70
14. Clarity of doctors in providing information (Communicative) (Responsiveness)	4.85	4.19	-0.67
15. Clarity of pharmaceutical personnel in explaining drugs (Responsiveness)	4.88	4.19	-0.68
16. The officer reminds the patient of the Health Protocol, for example, to keep his distance and wear a mask (Responsiveness)	4.87	4.16	-0.71
Mean Responsiveness	**4.86**	**4.17**	**-0.69**
17. Assurance that all BPJS /KIS	4.84	4.20	-0.64

participants are well served (Assurance)			
18. Safety and comfort of patients while in health centers served by complying with the Health Protocol (Assurance)	4.83	4.18	-0.64
19. Service is carried out by officers who are experts in their field and have a license (Assurance)	4.83	4.22	-0.61
20. Accuracy of doctors in handling patients (Assurance)	4.85	4.20	-0.65
21. Accuracy of drugs per the recommended dose (Assurance)	4.86	4.23	-0.62
Mean Assurance	**4.84**	**4.21**	**-0.63**
22. The attention of officers to priority services such as pregnant women, elderly, emergency department, and disability (Empathy)	4.82	4.22	-0.60
23. The family is allowed to accompany the patient (Empathy)	4.81	4.20	-0.62
24. Repeated temperature checks are mainly in patients with a temperature of 37.50C, especially patients who ride motorcycles and overheat. (Empathy)	4.82	4.22	-0.60
Mean Empathy	**4.82**	**4.21**	**-0.61**

Service quality can be calculated from the ratio of perception divided by expectations.

The average quality value of Jatinegara Health Center services in five dimensions is seen in table 2:

Table 2

Service quality value at five dimension

Dimension	Expectation	Perception	Gap	Service Quality
Tangibles	4.86	4.18	-0.68	0.86
Reliability	4.85	4.17	-0.68	0.86
Responsiveness	4.86	4.17	-0.69	0.86

Assurance	4.84	4.21	0.63	0.87
Empathy	4.82	4.21	-0.61	0.87
Mean	4.85	4.19	-0.41	0.86

Description: If Q ≥ 1, then the quality of service is said to be good.

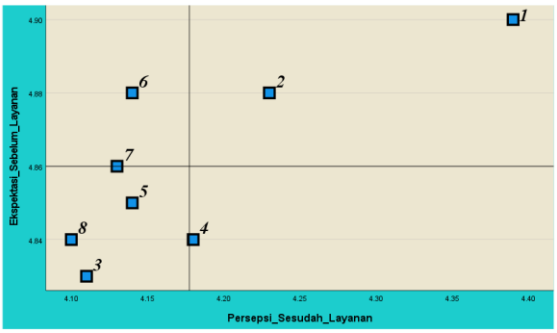
From the research results shown in the table above, it can be seen that the quality of each dimension is almost balanced. Although the quality value (Q) of all dimensions is still <1 (below one), the quality of service for Jatinegara Health Center, in this case, is said to be quite good. It is just that it is necessary to make more targeted improvement efforts from the Jatinegara Health Center to improve the quality of service. Management should design strategic programs related to improving service quality in an open innovation environment (Alvarez-Meaza et al., 2020). Public awareness and a sound health system (Putri, 2020). Health care must always be ready to be improved to improve the quality of service (Susilo, A, et al. 2020).

Cartesius diagrams help determine the priority of improving existing attributes so that the Health Center can focus its improvements on top priorities. In determining point x and point y to form the intersection of quadrant lines, point x is taken from the average value of perception, and pointy is taken from the average value of expectation. After that, the average value of each attribute in each aspect is entered as point x and point y to see the quadrant position of each attribute. The analysis of this cartesian diagram is divided based on the five dimensions measured, namely:

1. Tangible Dimensions

Figure 1

Diagram of Cartesian physical forms (tangibles)

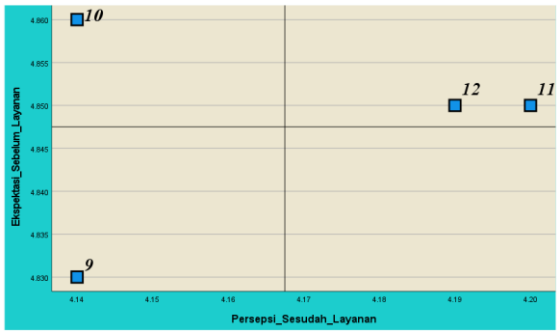


Based on the picture above, it can be seen that the attributes that go into Quadrant A (Top Priority) are number 6 (Completeness of equipment in the examination room such as tensimeter, scales, and stethoscope. So it needs to be proposed to the Jatinegara District Health Center to use the examination tool, even though the doctor does not examine it directly. It is better to use this tool at the beginning of entry by the nurse who uses PPE. At the time in the examination room, the patient does not need to be examined again, and the doctor is more accurate in the patient's disease analysis.

2. Reliability Dimensions

Figure 2

Cartesius Diagram of Reliability

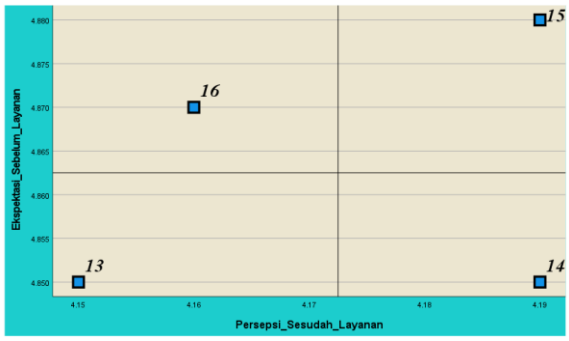


Based on the picture above, it can be seen that the service attribute that goes into coil A is number 10 (Checking patients by doctors in a professional way and still paying attention to health protocols). This means that patients feel doctors do not examine every patient in detail because during the Covid 19 pandemic, doctors usually only ask for complaints and symptoms. So that in the future this service should be improved and should be made two service patterns. For example, patients with symptoms of Covid 19 indications are examined by a complete PPE doctor, while ordinary patients should be checked directly.

3. Dimensions of Responsiveness

Figure 3

Diagram of Cartesius Responsiveness

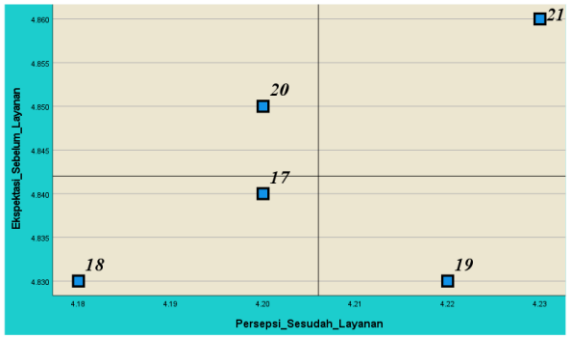


Based on the image above, it can be seen that the dimension of responsiveness that goes into quadrant A is number 16 (Officers remind patients of health protocols, for example, to keep their distance and wear masks). This also needs to be improved by the presence of officers, such as security on the front that always reminds patients to wear masks and sit following the sign given on the chair.

4. Assurance Dimensions

Figure 4

Diagram of The Assurance (Assurance)



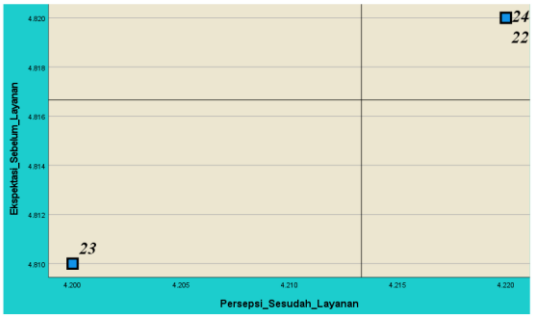
The picture above in the Dimensions of Assurance in quadrant A is number 20 (Accuracy of doctors in handling patients).

It is also in line with the most unsatisfactory results on tangible and responsiveness dimensions, meaning that the patient feels not properly examined due to distance. Hence, doctors only ask for complaints and give drugs based on complaints. So it needs improvement in the doctor's examination by using examination tools so that patients feel properly examined and thorough. The hope is that in the future so that patients will feel satisfied with the quality of Health Center services of Jatinegara Subdistrict.

4. Empathy Dimensions

Figure 5

Diagram of Caresthesian Empathy (Empathy)



Unlike other dimensions, based on the analysis of cartesian diagrams, the empathy dimension has a level of satisfaction that is close to satisfactory, although not yet satisfactory. This is evidenced by the absence of attributes in this dimension that go into quadrant A. In general, the health protocol services of Jatinegara Health Center are still not satisfactory but can already serve health in the Covid 19 pandemic. Consumer satisfaction in healthcare efforts determines the sustainability of service provider organizations (34). Service improvement can use technology that helps the performance of the Jatinegara Health Center organization. Organizations in service improvement must be carried out strategically with the support of technology (Decyk, 2020). Adaptive strategy is one of the practical approaches of corporate management, which is safety-oriented, taking into account current hazards, threats, and risks by moving all elements of the organization (Tim Kerja Kementerian Dalam Negeri, 2013). Improvement of service quality must be made with a priority scale starting from what appears tangible by the patient, such as the completeness of equipment in the examination room, completeness and type of drugs given, cleanliness of the room, and completeness of information for directions. The development of service must look at the priority of existing resources (Wirtz, J., & Zeithaml, V, 2018).

The use of systems and technologies helps achieve satisfactory public services (Wirtz & Zeithaml, 2018). The use of information technology can start from registering patients who seek treatment to a database of patient status records for further treatment. The quality of service and its management can improve public health service satisfaction (Yuliana. Y, 2020).

Service improvement must be made by all parties in the Jatinegara Health Center organization to get optimal results. The application of holistic governance is more effective when supported by technological

systems that accelerate services. (Li & Ding, 2020). Improvements to the Covid 19 service system can improve the performance of Jatinegara Health Center services for the better and also public confidence in the government. Customer satisfaction occurs a lot when service providers respond to their complaints (Zulkipli, & Muharir, 2021).

CONCLUSION

This study concludes that the quality of service in BPJS Poli Umum patients at Jatinegara Health Center results have not been satisfactory, with the lowest level of satisfaction being in the responsiveness dimension with a gap value of -0.69 and the highest satisfaction level is in the empathy dimension (Empathy) with a gap value of -0.61. Based on the analysis of cartesian diagrams, the priorities to be improved are the completeness of equipment in the examination room, checking patients by doctors in a professional way, officers reminding patients of health protocols, the accuracy of doctors in handling patients.

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