



PHENOMENOLOGICAL STUDY : COMMUNITY EXPERIENCE AS A PUBLIC SERVICE AT THE PUBLIC HEALTH CENTER

¹Nurul Hayati, ²R Endro Sulistyono

¹Diploma III Nursing of Lumajang, Universitas Jember, Indonesia; ns_madura@yahoo.co.id

²Diploma III Nursing of Lumajang, Universitas Jember, Indonesia

ABSTRACT

Background: Identify a complaints that the community needs as a service user to health services. Is an important factor to improve the improvement of health services at public health center (Puskesmas). Provision of excellent service to the community which is the embodiment of the obligations of the government apparatus as a public servant. In its implementation the service providers should implement access to public service accesses consisting of transparency, accountability, participatory, and responsiveness. The purpose of this study is to explore the community's experience in receiving puskesmas services. **Methods:** The research design used was qualitative with interpretive phenomenology approach. The data were collected through in-depth face-to-face interviews with 10 community members from community leaders, cadres and religious leaders. Data were collected and analyzed using thematic analysis based on Braun & Clarke approach. **Results:** The research yield 3 theme that is the expectation of facility convenience, less optimal of puskesmas service, and lack of service officer accessibility. **Conclusions:** Community experience in receiving puskesmas services is a complex experience related to the expectation of facility convenience, lack of optimal service of puskesmas, and the lack of service access of officers so as to result in improvement efforts for improvement of service based on public complaints to improve public health service quality. Exploration of community experience combined with staff experience is necessary to obtain material for policy proposals on improving the quality of public services in the health sector.

Keywords: community experience, public service, puskesmas

INTRODUCTION

Service is important for Puskesmas in Indonesia. Puskesmas is a service provider or health service for the community (Misidawati, 2011). The purpose of health development which is carried out by Puskesmas is to support the achievement of the national health development goal which is to increase the awareness, the willingness and the ability to live healthy for every person who reside in the work area of Puskesmas to realize the highest health degree in order to realize

Healthy Indonesia (MOH, 2004). The implementation of public services carried out by the government apparatus in various service sectors, especially those concerning the fulfillment of civil rights and basic needs needs, is still not in accordance with the demands and expectations of the community (Misidawati, 2011).

Indonesia's Neonatal Death Rate (AKN) is still quite high, it can be seen from the results of Indonesia Demographic and Health Survey (2012), the number of



Death Neonatus (AKN) in 2012 amounted to 19 per 1000 live births, although there is a decrease in the number of results SKDI in 2007 but AKN Indonesia is still the highest compared to other Southeast Asian countries. Attention to efforts to decrease neonatal mortality (0-28 days) is important because neonatal mortality contributes to 56% of infant deaths. One of the three main causes of neonatal mortality is low birth weight with prematurity.

Each public service must have a service standard and be published as a guarantee of certainty for the recipient of service. Standard service is a standardized standard in the delivery of public services that must be obeyed by the giver and / or service recipient. Public service standards at least include 1) service procedures, ie standardized service procedures for the giver and recipient of services including complaints; 2) completion time, ie settlement time stipulated from the time of filing the application to completion of service including complaint; 3) service charge, ie cost / service tariff including details specified in service delivery process; 4) product of service, that is the result of service to be received in accordance with the stipulated; 5) facilities and infrastructure, namely the provision of adequate facilities and infrastructure of services by public service providers; 6) the competence of the service officer, that the competence of the service provider officer should be determined appropriately on the basis of the knowledge, skills, skills, attitudes, and behaviors required.

One of the important missions of reform is by bringing together and providing public services that are easy, fast, cheap and quality. So all efforts to provide the best service to the community

should always be done tirelessly. One of the most effective methods of improving the quality of public services is by "listening to public complaints" through surveys of complaints.

Efforts to improve public health services in Lumajang district have conducted complaint surveys in two health centers as providers of services that became the pilot program of public service at the basic level of cooperation of Lumajang Regency Government with ADB PERFORMANCE at Tempeh Health Center and Sukodono Public Health Center (Puskesmas Tempeh). From the results of the complaint survey, the result of the identification of complaints that became the needs of the community as the service users to the excellent health services in the Puskesmas, to the promise of Service Repair in two Puskesmas. Every citizen is entitled to the maximum health care of the service provider.

This research is important because the complexity of public health service problems that need to be broken down one by one to get a breakthrough problem solving. Community involvement as a service user can contribute to improving services that can be seen from the eyes of the community as the recipient of the service. Related research and literature discussing community experience as a user of public health services has not been comprehensively and comprehensively described, so the general purpose of this study is to explore deeper into the community's experience in using Puskesmas.

METHODS

This research is a qualitative research with interpretive phenomenology



approach. The research was conducted at Sukodono Health Center and Tempeh of Lumajang Regency. Participants selected in this study were 10 community members consisting of elements of community leaders, health cadres, and religious leaders. After the participants sign the willingness form to be a participant, the researchers and participants agree on the time and place of the interview.

Data were collected through in-depth interviews using open ended interviews for 30-60 minutes. The results were analyzed by using thematic analysis of Braun & Clarke. This thematic analysis through six stages, the first step is to recognize the data made by making verbatim transcripts, reading and listening to the results of interviews over and over again. The second stage is to do the encoding by giving the underline and make certain code on each keyword found. The third step is to search for the initial theme done by collecting similar keywords and collecting in certain categories and sub themes that eventually produce the initial theme. Reviewing the theme is the fourth langkah done, in this process is to reconcile the themes found with verbatim transcripts of all participants and reorder if there is a theme that is considered less appropriate. define and name the theme is the fifth stage, where in this stage each theme until the keyword is defined in accordance with the word limit in accordance with the meaning of language and contextual. The last stage is to write the results in the form of quotes, sentences and paragraphs that have meaning that are interconnected with each other.

RESULTS

The research results obtained three themes, namely the convenience of facilities, less optimal puskesmas services, and the lack of access to service officers. The researcher uses the term "p" to replace participants in delivering interview results, eg p1 for participants 1.

Theme: User convenience expectation

The theme of user-friendly expectation is the result of the exploration of the experience of the community when using the existing facilities at the Puskesmas. This theme has the meaning of the people's desire to get a suitable and reassuring atmosphere for the visitors to the puskesmas. There are two sub themes that have been excavated from the theme of user comfort expectation that is the suitability of the main support and the supporting facilities that reassure.

"lah gimana mau cepet bu lah wong mau masuk puskesmas harus gentian, tempat parkir kendaraan ndak cukup". (p7) "

"masak nunggu harus berdiri.. wis antri ngadeg sisan" (p2)

"ini jarene tempat layanan kesehatan tapi kamar mandine kotor dan bau lagi... piye mau sembuh dan betah pasien dan keluargane ." (p4).

"mbok yo ono ijo ijo puskesmas ben rodo seger di delok" (p10)

"klo bisa pas diperikso ruanganne sing apik ben tenang perasaane kan saat masuk pikiran yo takut macem-macem lah klo ruanganne apik , rodo tenang pas awal mlebu" (p5)

"rodo sumuk ning puskesmas " (p6)

Theme: Less optimal public service

The second theme that has been extracted from the ten participants is the less optimal puskesmas service which has three sub themes: service improvement, service improvement, and additional services. Limitation of the notion of less optimal



puskesmas services is not yet or not enough process or way to make puskesmas more advanced and berkualitas. The quotation of the participant's statement expressing the proficiency can be seen below:

"...bu bidan klo di pusyandu jarang memberikan penjelasan tentang buku KIA.. ya Cuma gitu gitu aja kegiatan nya " (p2)

" klo lahiran di puskesmas.. bu bidan atau bu perawatnya jarang memberikan penjelasan tentang penting nya ASI .. jadinya pas sudah di rumah klo susah ngasih ASI awal awal ndak diberikan wis sama ibunya, kadang klo sudah agak besar alasannya ASI nya ndak keluar. Di posyandu juga jarang dijelaskan penting nya ASI juga ,"(p7)

" klo pas datang kontrol dokter nya jarang ngomong banyak dan ndak dijelaskan tuntas tentang sakitnya dan apa yang selanjutnya dilakukan agar sakitnya ndak tambah parah.. "(p4)

"nah kadang kan kita ndak tau tentang syarat syarat klo pakai BPJS.. masak klo syarat kurang ndak dilayani trus disuruh lengkapi dulu.. padahal kan kadang kita ndak tau" (p6)

"masak klo antri loket lama...apa ndak ada cara ben cepet dan ndak rebutan" (p5)

"kadang pas posyandu makanan sehat buat balita itu.. itu aja dan kadang kurang sehat buat balita" (P10)

"masak bayarnya beda beda klo lahiran di Pustu itu bu.."(p2)

"klo bisa di puskesmas itu ada bimbingan konseling untuk kesehatan... apalagi yang sering control pasiennya yang sakitnya lama-lama sembuhnya.."(p3)

"nah kan di desa ada ambulance desa.. tapi kadang pas butuh ambulance nya ndak ada.. apa ndak ada pengarahan dari puskesmas untuk penggunaan ambulance desa biar lebih manfaat " (p1)

Theme: Lack of service officer accessibility

The theme of lack of service officer accessibility from in-depth interviews while exploring the community's experience in using puskesmas services. the lack of access to the services of the

officers is the ease in obtaining the services shown by the presence of officers at each service outposts. The effectiveness of the guidelines has two sub themes: officers are not available and officers are not in place.

"klo parkir suka was was ndak ada yang jaga soalnya.. trus orang keluar masuk puskesmas ndak tersaring soalnya ndak ada satpam nya... terus piye keamanan pengunjung" (p9)

" masak klo mau periksa darah ndak bisa dilayani karena petugas ndak ada."(p5)

"nah klo butuh sopir ambulance untuk rujuk pas malam suka ndak ada orang nya.. trus siapa yang nyopir ambulance nya"(p3).

"Mau periksa ke polindes loh bu bidan nya ndak ada trus mau periksa sama siapa..."(p1)

" pingin nya itu ada pak dokter klo di pustu kan kadang kita kejauhan klo ke puskesmas... apa hari khusus gitu_"(p7)

DISCUSSION

Theme : User convenience expectation

This study has the main purpose of exploring deeper into community experience in using Puskesmas (public health), there are three themes identified from the results of research and has been analyzed and is a representation of the results of the experience felt by the participants directly. The first thing that the community perceives as a puskesmas user is their impression of comfort. People have hope for clean, neat, healthy, safe, and safe health center conditions, and can bring a feeling of reassurance. This corresponds to Categories of experiences assessed by the HCAHPS Survey, in order of degree of correlation with overall satisfaction is cleanliness of room and bathroom (Manary, 2017).

Better delivery and integration of public services; Financial (cost cutting) efficiencies; New systems and financial



innovation also introduced to fulfil functions no longer being provided as shared corporate services within the public sector (Ian, 2017). Interviewees in all cases affirmed the public benefit of their innovative services, often referring to the importance they continued to attach to the public service ethos and related practices of accountability and regulation, while also operating as independent enterprises.

Public service values were also referred to in terms of a need for cooperation with other providers to continue to deliver integrated services, but with significant service innovation also requiring new relationships to be forged. The relationships between service users among Service innovations shaped by increased emphasis on patient care, customer focus and, in some cases, democratic steering of innovation and co-production with user communities (Ian, 2017).

The interview evidence supports that all cases were attempting (at least) to become more responsive to the needs of service users since having left the public sector, with some innovations being strongly motivated by the understanding of service needs as experienced by newly empowered frontline staff working closely with patients.

Theme: Lack of service officer accessibility

The highest patient satisfaction indicator in this model was reflected from the ease of BPJS registration and from the service as expected. BPJS patient satisfaction level in all had Customer Satisfaction Index (CSI) of 83.22%. This value means that those BPJS patients are considered very satisfied on service

quality provided by the Puskesmas (Sitamorang, 2017).

Public expectations of comfort is divided into two desires that the suitability of existing conditions and the desire to the atmosphere that can add a sense of fun and pride in using the health center as a place of public health services. The community also assessed the importance of services provided by the Puskesmas. Quality public health services and quality become the main attraction for the community. Community involvement in determining the quality of services is necessary to produce creative, innovative services.

More empowering substantive and structural participation strategies were less common than consultation or participation used to achieve prescribed goals. The most commonly reported barriers to community participation were budget and lack of flexibility in service delivery (Freeman, 2014). The interplay of logics shaping social innovation is also found in relationships with key stakeholders, notably public sector funders, service users and service delivery partners. Implications are drawn for innovation in public services and hybrid organisations more broadly (Ian, 2017).

Analysis examines the innovation activity of newly created hybrid organisations and shows how the creative interplay of logics, even when there may be tensions, contributes to alternative ways of mobilising resources for constructive ends. By examining specific service and organisational innovations, we fill a research gap on innovation related to the public domain, contributing to understanding of the interplay of logics both within organisations and in their relationships with external actors, notably



the public sector commissioners who fund services, other service providers and the users of the public services themselves. This is particularly relevant to other national contexts with developing quasi-markets for the delivery of public services (Ian, 2017).

Theme: Less optimal public service

Puskesmas service quality is also determined against the availability of service providers. The limited number of personnel can affect the satisfaction of the users of the Puskesmas, the workers who are rarely in place or not present when required cause the neglect of health care delivery. To meet the ease of accessibility the officer does not have to be a specialist force, but the general one but can meet the needs already considered enough. This is in accordance with the results of research, that the results indicate that the working climate perceived by administration and services staff employees in the Spanish healthcare context is moderately positive, with a better perceived climate in primary care than in specialist care (Jose, 2014).

The result are implications for the changing role of service users—the patients, clients and customers of public service. The rigidities of professional boundaries and hierarchical cultures within the public sector have tended to prioritise the views of senior clinicians and managers, but with some scholars calling for further research on how service users and citizens may play a more active role (Reay and Hinings, 2009). This study has shown that much innovation is taking place within develop organisational structures that enable co-production and co-design. This trend signifies an increasing receptivity to the views and

ideas of users who themselves are funding public services through the taxes they pay as citizens.

The innovation in public services and social innovation are seen as necessary to address complex societal and wellbeing challenges. This study shows how innovation in this context is shaped by different users, not just of the state/public sector, but also users of the market and civil society.

By examining specific service and organisational innovations, we fill a research gap on innovation related to the public domain, contributing to understanding of the interplay of logics both within organisations and in their relationships with external actors, notably the public sector commissioners who fund services, other service providers and the users of the public services themselves.

This study has two limitations, namely the process of collecting data conducted by researchers only using interviews while in qualitative research phenomenologi data collection can be done by interview and field observation. Field observations are not conducted by researchers because of the limitations of the tools used can not record images. Data collection by means of field observation is a way that can be used to clarify the suitability between statements submitted by participants and the conditions that exist in Sukodono and Tempeh Public Health Centers.

CONCLUSION

This research produces three themes: user convenience expectation, lack of service officer accessibility, and less optimal public service. Public service is a process that contains some complicated



elements, complicated, difficult and interconnected, so that required cooperation from various related elements. Input from the users can be used as the basis for the improvement of quality services by improving the achievement of minimal service at the puskesmas, it can be an alternative policy solution for the government in the effort to improve the quality of public health services. Inputs and corrections from the community can make the services that are principled transparent, participatory, accountable and responsive in providing services to the community.

REFERENCES

- Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research Psychology*. 2006;3(2):77 - 101.
- Departemen Kesehatan RI. 2004. Sistem Kesehatan Nasional. Jakarta: Departemen Kesehatan RI.
- Freeman, Toby; Gwyn Jolley; Fran Baum et al. (2014). Community assessment workshops: a group method for gathering client experiences of health services. *Health & Social Care in the Community*. Volume 22, Issue 1, pages 47–56, January 2014. <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12060/abstract>.
- Freeman, Toby; Frances E. Baum, Gwyneth M. Jolley, Angela Lawless, Tahniah Edwards, Sara Javanparast and Anna Ziersch (2014) Service providers' views of community participation at six Australian primary healthcare services: scope for empowerment and challenges to implementation. *The International Journal of Health Planning And Management*. Int J Health Plann Mgmt 2016; 31: E1–E21.
- Ian Vickersa, Fergus Lyona, Leandro Sepulveda, Caitlin McMullinb. (2017). Public service innovation and multiple institutional logics: The case of hybrid social enterprise providers of health and wellbeing. *Research Policy* 46 (2017) 1755–1768.
- José Muñiza, Elsa Peña-Suárez, Yolanda de la Rocca, Eduardo Fonseca-Pedreroc, Ángel L. Cabald, Eduardo García-Cueto. (2014) Organizational climate in Spanish Public Health Services: Administration and Services Staff. *International Journal of Clinical and Health Psychology* (2014) 14, 102–110.
- Manary, Matthew P.; William Boulding, ; Richard Staelin; and Seth W. Glickman (2013). The Patient Experience and Health Outcomes. *The New England Journal of Medicine* 368;3 nejm.org january 17, 2013.
- Misidawati, Dwi Nova Ria. (2011). *Analisis Faktor-faktor yang mempengaruhi Kinerja Pelayanan di Puskesmas Kota Tegal*.
- Situmorang, Hezron Lastogar; Heny K Daryanto, Trias Andati. (2017). The Effect of Service Quality on BPJS Patient Satisfaction at Puskesmas Kelapa Gading. *International Journal of Science and Research (IJSR)* ISSN (Online) Volume 6 Issue 10, October 2017 : 2319-7064.
- UNSAID KINERJA (2014). *Panduan Praktis Pengelolaan Pengaduan Sebagai Metode Efektif Peningkatan Kualitas Pelayanan Publik (Pendidikan dan Kesehatan)*.