

CHAPTER 1 INTRODUCTION

1.1 Background

Healthcare is a fundamental form of public service that plays a strategic role in improving the quality of life for the community. Health is viewed not only as a basic individual need but also as a key asset in supporting productivity and social well-being (World Health Organization, 2010). In the context of national development, the level of public health contributes to the success of overall human development, as reflected in the Human Development Index (United Nations, 2015).

However, limited access to adequate health services remains a challenge, particularly regarding the equitable distribution of facilities, medical personnel, and service quality (Ministry of Health of the Republic of Indonesia, 2020). These conditions can increase the population's vulnerability to disease, elevate morbidity and mortality rates, and hinder the achievement of sustainable development goals (World Health Organization, 2010). Therefore, the government bears the responsibility to ensure the availability of equitable, affordable, and quality health services as part of fulfilling citizens' basic rights, as mandated by Law No. 36 of 2009 on Health. Thus, the aspects of availability, affordability, and quality of health services are key indicators in assessing the effectiveness of public service delivery in the health sector (United Nations, 2015; Ministry of Health of the Republic of Indonesia, 2020).

Healthcare services are any efforts made individually or collectively within an organization to improve and maintain health, prevent and cure diseases, and

restore the health of individuals, families, groups, or communities. Health services are all forms of activities and or a series of service activities provided directly to individuals or communities to maintain and improve the degree of public health in the forms of promotive, preventive, curative, rehabilitative, and palliative (Sanjaya, 2023 in Agustini et al., 2024: 26). The right to health services guaranteed in the 1945 Constitution Article 28H paragraph (1) emphasizes that the state has an obligation to ensure that every citizen can access adequate health services. It is the government's duty to provide quality healthcare services, both in terms of the availability of healthcare facilities, competent medical personnel, and an efficient and easily accessible service system for the community.

Health services are a very important form of public service in efforts to improve the health of the community. As a primary health facility, community health centers (Puskesmas) play a strategic role in providing equitable, accessible, and quality health services. This is in line with the mandate of Law Number 17 of 2023 concerning Health, which emphasizes that every citizen has the right to obtain quality, safe, and community-oriented health services. The law also emphasizes the importance of providing professional, equitable health services that focus on improving the quality of services in all health facilities, including Puskesmas.

The selection of the Cempaka Putih Community Health Center in Central Jakarta as the research location was based on several considerations. First, the Cempaka Putih Community Health Center is a primary health facility that receives a high number of patient visits every day, whether for general medical services,

immunizations, maternal and child checkups, or other health services. This makes the Community Health Center an important representation of the quality of public services in the health sector in urban areas.

In fulfilling their role as the frontline providers of primary healthcare, community health centers still face various challenges that can affect the quality of care. Based on preliminary observations derived from user reviews on digital platforms such as Google Maps, several issues frequently cited by the public have been identified, including limited facilities, both in terms of medical equipment and supporting infrastructure which hinder the optimization of services. Additionally, long waiting lines are a common complaint due to the high number of patients, which is disproportionate to the availability of human resources and infrastructure.

Another issue highlighted is the quality of healthcare personnel, as there remains a shortage of medical staff and a need to enhance their competencies through continuing education and training. The speed and friendliness of service are also important factors in shaping patient satisfaction, as slow and unresponsive service can create a negative perception of the community health center. These findings are consistent with various studies indicating that the quality of facilities, human resources, and service responsiveness are key determinants of the quality of health care (Ministry of Health of the Republic of Indonesia, 2020; World Health Organization, 2010).

The following figure is one of the complaints found through reviews on digital platforms such as Google Maps, which serve as a means for service users to

convey their experiences directly. The following is an example of a public review of the services at the Cempaka Putih Community Health Center

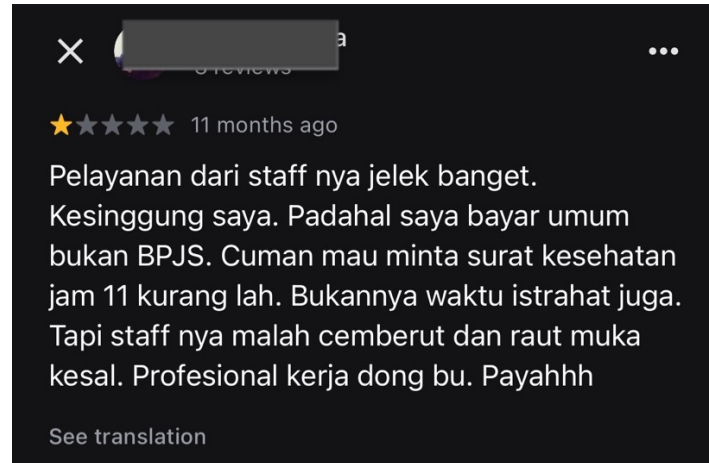


Figure 1.1 Review of Cempaka Putih Community Health Center in Google Maps

Source: Google Maps

The reviews indicate complaints about staff attitudes that are considered unfriendly and unprofessional when serving patients. This phenomenon illustrates that there is still a gap between the quality of service expected by the community and what is actually experienced. Based on these conditions, a more in-depth analysis of service quality at the Cempaka Putih Community Health Center is needed.

To measure and analyze the quality of service at Puskesmas, this study uses the SERVQUAL model as a comprehensive conceptual framework. According to Wider (2024) The SERVQUAL model is commonly employed to assess service quality in diverse sectors, examines service quality through five dimensions: tangibility, reliability, responsiveness, assurance, and empathy.

However, in this study, the measurement of service quality uses the SERVPERF (service performance) approach developed by Cronin & Taylor, 1992. Unlike the SERVQUAL model, which measures the gap between expectations and perceptions, the SERVPERF approach only measures service quality based on the performance perception felt by customers. Cronin and Taylor (1992) state that performance-based measurement has better predictive capability and is simpler compared to the gap model.

The tangible dimension relates to physical aspects such as facilities, equipment, and the appearance of healthcare personnel that reflect the professionalism of the institution. The reliability dimension describes the ability of the community health center (Puskesmas) to provide accurate and consistent services. The responsiveness dimension assesses the extent to which healthcare personnel can deliver services quickly and respond to patients' needs.

The assurance dimension relates to the ability of healthcare professionals to provide a sense of safety, trust, and professional competence to patients. Meanwhile, the empathy dimension describes the attention and care that healthcare professionals show toward the individual conditions and needs of patients. Thru the SERVPERF approach, this research focuses on evaluating the service performance directly perceived by patients as a basis for assessing the overall service quality.

Based on the background description, this research focuses on a comprehensive analysis of service quality at Puskesmas Cempaka Putih, Central Jakarta, using the SERVQUAL model as the conceptual framework for

measurement. The measurement of service quality is conducted using the SERVPERF (performance-based) approach, which involves assessing patients' perceptions of service performance across five quality dimensions: tangibles, reliability, responsiveness, assurance, and empathy.

1.2 Problem Identification

1. There are still complaints from the community about the attitude and behavior of Puskesmas staff, who are considered unfriendly and unprofessional in providing services.
2. The overall performance of service delivery at the Cempaka Putih Community Health Center has not been comprehensively evaluated based on patients' perceptions across the five dimensions of service quality (tangibles, reliability, responsiveness, assurance, and empathy).
3. There are no recent studies that specifically analyze the quality of service at the Cempaka Putih Community Health Center using the SERVQUAL dimension with a performance-based measurement approach.

1.2.1 Problem Formulation

Based on the SERVQUAL method developed by Parasuraman, Zeithaml, and Berry (1988), SERVQUAL is a widely used framework for assessing service quality through five main dimensions, namely tangible, reliability, responsiveness, assurance, and empathy. In this study, the five dimensions are used as a conceptual

framework to assess service quality with a performance-based approach (SERVPERF), which is based on patients' perceptions of the service received..

Therefore, this study formulates the following research questions:

1. How is the service quality at the Cempaka Putih Community Health Center based on the five dimensions of SERVQUAL?

1.3 Research Objectives

1. To analyze the quality of service at Puskesmas Cempaka Putih based on the five dimensions of SERVQUAL (tangibles, reliability, responsiveness, assurance, and empathy) using a performance-based approach (SERVPERF).

1.4 Benefits of Research

1. Pratical Benefits

This research is expected to provide suggestions to the Cempaka Putih Community Health Center in improving its services.

2. Theoretical Benefits

This research is expected to provide readers with information regarding the quality of public services in the health sector.

1.5 Previous Research / Theoretical Framework

1.5.1 Previous Research

Table 1.1 Previous Research

No.	Author and Year	Title	Reserach Objectives	Methods	Results
1.	Anggit & Setyorini (2021)	Analysis of Service Quality on Patient Satisfaction at Seroja Community Health Center Bekasi Using the Servqual Method	The study aims to examine patient satisfaction with health services by identifying the gap between expectations and reality in terms of quality, thereby enabling Seroja Community Health Center to identify elements that should be maintained and improved in order to further enhance the quality of its services.	Quantitative	The services at the Seroja Community Health Center have generally met patient expectations in the five dimensions of SERVQUAL. Attributes that need to be maintained include the availability of clinics, service reliability, and the attention of medical personnel to patients. Aspects that need to be improved are service responsiveness, knowledge, and the competence of the medical and paramedical teams.
2.	Riduansyah et al. (2020)	Analysis of Service Quality in Health Testing Services at the Mulawarman Health Center Clinic, Mulawarman University, Using the Service Quality (Servqual) Method	The study aims to measure service quality and provide suggestions for improving the quality of health testing services at the MHC clinic.	Quantitative	Customer satisfaction with MHC clinic services is still lacking. The clinic needs to improve service quality, such as greeting customers, assisting them, maintaining cleanliness, and improving facilities. Based on IPA analysis,

					improvements should focus on aspects that are considered important by customers. Employee training and performance monitoring are also necessary to ensure that services comply with SOPs and increase customer loyalty.
3.	Herawan et al. (2017)	Analysis of Service Quality at Health Center X Using the Servqual Method and Suggestions for Improvement	The purpose of this study was to determine patients' perceptions and expectations regarding service quality and to identify the Servqual dimensions that most influence the quality of service at Puskesmas X.	Quantitative Descriptive	The expected value of patients at Community Health Center X is higher than their perception, indicating a gap in service. The assurance dimension has the most significant impact on service quality. Improvements can be made by strengthening patient trust through transparency regarding employee competence, providing clear Information on procedures, maintaining a polite attitude, and improving the knowledge and skills of staff.
4.	Hermansyah et al. (2019)	Analysis of Factors Affecting Health Service Quality Using the Servqual Method at Community	The purpose of this study is to determine the factors that influence the quality of health services using the Servqual method.	Quantitative	The conclusion of this study indicates that physical conditions, reliability, responsiveness,

		Health Centers in the Working Area of the East Aceh Health Department			
5.	Fristiohady et al. (2020)	Analysis Of Quality Service Towards Out-Patient Satisfaction At Puskesmas Puuwatu Kendari City	The purpose of this study is to examine the effect of service quality on the satisfaction of outpatients at the Puuwatu Community Health Center in Kendari City.	Quantitative	The results of the paired T- test show that there is a significant difference between the expected and actual services, with a significance value of 0.000. This indicates a gap in the quality of pharmacy services at the Puuwatu Community Health Center in Kendari City

1.6 Theoretical Framework

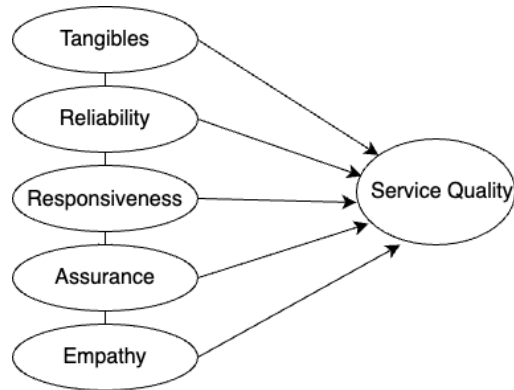


Figure 1.2 Theoretical Framework

Source : Processed by the author

1.6.1 Public Administration

Public administration is the process of carrying out government activities that are directly related to the interests of the community. Through public administration, the government performs its functions in providing services, regulating, and meeting the needs of citizens. The main objective of public administration is to create effective, efficient, transparent, and accountable governance so that public services can be provided optimally.

According to Dwight Waldo (1965), public administration is not only related to technical or managerial aspects, but also has a dimension of values and ethics. He views public administration as a value-laden activity, because every government policy and action always involves moral considerations, justice, and the public interest. Thus, public administration is not merely a neutral administrative process, but also a form of moral

responsibility of the government in realizing the goals of the state based on the values of democracy and humanity.

Public administration and public services are closely related because public services are the tangible manifestation of public administration. Public administration functions as a system and process that regulates how the government formulates policies, manages resources, and carries out activities aimed at meeting the needs of the community. Meanwhile, public services are the direct result of the effective and efficient implementation of public administration.

1.6.2 Public Services

Public services are one of the main functions of the government in meeting the basic needs of the community and ensuring the rights of citizens. Public services are a form of trust from the community to the government. The public expects that public services are carried out honestly, with targeted resource management, and can be accountable to the public. Fair and accountable services are believed to be able to build public trust. Therefore, ethics in public service become the main pillar, while public trust becomes an important foundation in creating good governance (Lewis & Gilman, 2005). Sinambela (2010) states that public service is a process of fulfilling the needs of individuals or groups in society who have an interest in an organization, carried out based on previously established regulations and procedures.

Good public service provides satisfaction to the community with the service. In providing services, it is the duty and responsibility of the government to deliver them professionally, accountably, and optimally. Optimal service is the hope of all citizens to create better service quality. Professional public service is at least based on accountability and responsibility of the service providers (government apparatus) through strengthening service institutions by prioritizing effectiveness in achieving goals and objectives, simplicity in procedures and methods of service delivery that are easy, fast, accurate, straightforward, understandable, and executable by the community requesting the service, the need for clarity and certainty (transparency) regarding the certainty of service requirements, both technical and administrative requirements, work units and/or officials who are authorized and responsible for providing services, details of service costs/tariffs and payment methods, as well as the schedule for service completion (Rachman, 2021).

In order to realize high-quality, fair, and community-oriented public services, clear guidelines are needed for each service-providing agency. These guidelines are reflected in the principles of public service, which serve as the foundational principles in the implementation of services to the community. These principles not only serve as benchmarks for ethics and professionalism but also reflect the state's commitment to providing responsible, transparent, and participatory services. According to (Marwiyah, 2023), In public service, public service providers must adhere to the principles of public service, namely:

a. Transparency

Transparency, in the provision or delivery of public services, it must be open, easy, and accessible to all groups or parties in need. Services must also be provided adequately and easy to understand.

b. Accountability

Accountability means that public services must be accountable in accordance with regulatory provisions legislation.

c. Conditional

Conditional, meaning that public services must be appropriate with the conditions and capabilities of the provider and recipient service. Which remains steadfast in the principle of efficiency and effectiveness.

d. Participatory

Participatory, which means encouraging community involvement in the provision of public services by taking into account aspirations, needs, and hopes of the community.

e. Non-discriminatory

It means that in providing public services, it must be non-discriminatory, where there is no distinction in terms of ethnicity, race, religion, class, gender, economy, or social status.

f. Balance of rights and obligations

Providers and recipients of public services must both mutually fulfil the rights and obligations of each party.

1.6.3 Health Services

Health service are a form of public service that play a strategic role in improving the health status of the community. Health is not just an individual's basic need, but also a right of every citizen guaranteed by the state. Therefore, the provision of health service must be carried out professionally, equitably, and with a focus on quality. Health service not only involve the availability of facilities and medical personnel, but also the effectiveness of the service system, affordability, and the satisfaction of the community as service users. The concept of health service encompasses various dimensions, including the organizational structure of the services, the interaction process between providers and recipients, as well as the outcomes of the services themselves.

Health service are one of the services that provided by the government either directly or through cooperation with community or private sectors. Health services is an important service to be provided or driven by the government, because health service are a basic service for the community with its unique nature. Improvement of service delivery health service from time to time must always be improved to maintain and enhance public health, preventing and curing various kinds diseases suffered by individuals, families, or communities. Through various improvements in the provision of health service it is hoped that the quality of health services will improve, thereby positively impacting the level of health in public health (Mustofa et al., 2020).

Good health service management will be able to plan health service activities and alternative health services to be achieved. In addition, good health service

management is able to provide a clear and efficient range of health service activities. In addition, if the management of health services is clear, it will affect the distribution of the main tasks of the service provider in carrying out his duties. With a clear division of tasks, it will be easier to carry out the control function of its human resources (Nadarsyah & Priyanto, 2022).

According to Astaqauliyah (2008), that healthcare services are unique compared to other services in fulfilling human needs. This is because healthcare services have three characteristics, namely: uncertainty, asymmetry of information, and externality. These three main characteristics make healthcare services very unique compared to with other products or services.

- a. **Uncertainty** means that the health service provided to help someone who is facing a risk of getting sick and the risk of incurring costs to treat the illness that there is no guarantee of success and recovery. It is not possible for health services to predict what diseases will afflict a person in the future, by therefore we cannot know exactly what health services we need in the future.
- b. **Asymmetry of information**, which refers to the recipient of services in a weak position and doctors and service providers feel that the services performed are of high quality and worth to sell. As a result, service recipients or patients are prone to be targeted by doctors and providers. Therefore there is a need for control and monitoring from the government.
- c. **Externality**, that is health services not only affect recipients of services but also other people associated with health services, because health services must be

provided. As a result of this condition, health services require subsidies in various parties, especially in extracting financing. Therefore, the financing of health services is not only the responsibility of oneself but also the responsibility of together.

Health services are services that are included in the category of public good in the sense that health services are services that seek to meet human needs in the health sector, and their provision is carried out by the government with the consideration that these services are needed by many people. Among these health services are: Hospitals, health centers, public toilets and others so on. Health services are service products in the form of services which are actions or deeds that can be offered by one other party, and are basically intangible (intangibile) and do not result in ownership of something.

1.6.4 Services Quality

Service quality is a measure of the extent to which a service is able to meet the needs and expectations of users. In the context of public services, including health services, service quality is a major factor that determines the level of public satisfaction with service providers. Service quality is not only measured by the end result received by users, but also by the service delivery process, the attitude of staff, speed, accuracy, and the comfort felt by service recipients. According to (Gronroos, 1988) in (Sigit & Soliha, 2017) Defining service quality as the result of comparing customer expectations with actual service performance. In other words, there are two main factors that influence service quality, namely expected service and perceived service.

In general, service quality reflects an institution's ability to provide consistent, professional, and user-oriented services. Quality services are usually characterized by adequate facilities, efficient procedures, competent and friendly staff, and good communication between service providers and service recipients. In the health sector, service quality greatly influences patient trust and satisfaction levels, which ultimately determine the success of efforts to improve public health.

1.6.5 SERVQUAL Model

The SERVQUAL model is one of the most frequently used models for analyzing service quality. This model was developed to determine the extent to which the services provided by an organization meet the expectations of service users. Furthermore, Parasuraman, Zeithaml, and Berry (1988) introduced the SERVQUAL model as an approach to measuring service quality based on five main dimensions, namely:

1. Tangibles

This dimension covers all forms of visible physical facilities, such as buildings, equipment, environmental cleanliness, and the appearance of staff. In the context of health services, this dimension can be seen from the availability of comfortable waiting rooms, cleanliness of rooms, completeness of medical equipment, and the neatness and professionalism of health workers.

2. Reliability

Reliability refers to an institution's ability to provide services that are consistent with its promises, timely, and error-free. In healthcare, this means

accurate services, precise diagnoses, and consistency in providing medical treatment according to procedures.

3. **Responsiveness**

This dimension assesses the extent to which service personnel are willing to assist and provide services quickly and responsively to patient needs. The speed of responding to complaints, providing information, and serving patients is an important indicator of the responsiveness of a healthcare institution.

4. **Assurance**

This guarantee covers the ability of service personnel to provide patients with a sense of security and trust through their competence, courtesy, and professional attitude. In healthcare services, this aspect relates to the ability of medical personnel to explain procedures clearly, maintain patient confidentiality, and provide a sense of security during the service process.

5. **Empathy**

Empathy describes the extent to which service providers give personal attention to service users. In healthcare, this includes caring attitudes, friendliness, patience, and the ability to understand patients' emotional conditions and needs.

1.6.6 SERVPERF (Service Performance)

SERVPERF (Service Performance) is a service quality measurement model developed by James J. Cronin Jr. and Steven A. Taylor in 1992 as an improvement of the SERVQUAL model previously introduced by Parasuraman, Zeithaml, and Berry. This model emphasizes that service quality should be measured based on the actual performance perceived by customers, without comparing it to expectations.

In their research titled *Measuring Service Quality: A Reexamination and Extension* published in the *Journal of Marketing* (1992), Cronin and Taylor stated that performance-only based service quality measurement has better predictive ability for customer satisfaction compared to the gap approach between perception and expectation as in SERVQUAL.

The SERVPERF approach still uses the same five dimensions of service quality as SERVQUAL, namely Tangibles, Reliability, Responsiveness, Assurance, Empathy. However, unlike SERVQUAL, which measures the difference between expectations and perceptions (gap score), SERVPERF only measures customers' perceptions of the service performance received. Therefore, this model is considered simpler and more efficient.

In the context of this research, SERVPERF is used to analyze the service quality at Puskesmas Cempaka Putih based on patients' perceptions of the five dimensions of service quality. This approach was chosen because it is more suitable for directly measuring service performance.

1.7 Hypothesis Development

In an effort to understand the factors that influence service quality at the Cempaka Putih Community Health Center, the author developed several hypotheses based on the results of theoretical studies and the conceptual framework of the research. This study uses the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988), which assesses service quality through five main dimensions: Tangibles (X1), Reliability (X2), Responsiveness (X3), Assurance (X4), and Empathy (X5).

The relationship between these independent variables and the dependent variable, namely Service Quality (Y), can be illustrated through a hypothesis diagram below. This framework provides an overview of how each dimension of service quality contributes to the overall assessment of service quality at the Cempaka Putih Community Health Center in Central Jakarta.

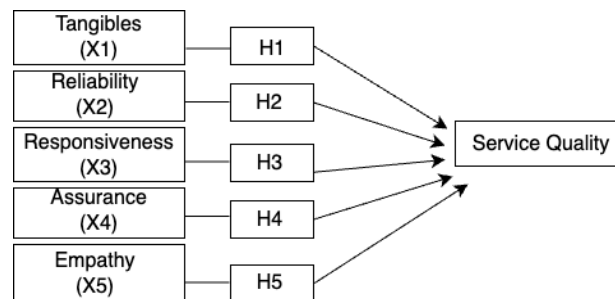


Figure 1.3 Hypothesis Diagram

Source : Processed by the author

H1 : Tangibles have a positive effect on Service Quality at the Cempaka Putih Community Health Center.

H2 : Reliability has a positive effect on Service Quality at the Cempaka Putih Community Health Center.

H3 : Responsiveness has a positive effect on Service Quality at the Cempaka Putih Community Health Center.

H4 : Assurance has a positive effect on Service Quality at the Cempaka Putih Community Health Center.

H5 : Empathy has a positive effect on service quality at the Cempaka Putih Community Health Center.

1.8 Conceptual Definition

Conceptual definitions are used to provide clear boundaries and understanding of the concepts or variables used in this study. These definitions aim to ensure that the terms used are scientifically understandable and consistent with the theories underlying the study. The conceptual definitions in this study are as follows:

1. Service Quality

According to Parasuraman et al. (1985), service quality is founded on a comparison between what the customer feels should be offered and what is provided. In addition, according to Conrath and Mignen (1990), quality of service, is the match between user's expectations and actual service.

However, in the context of this study, service quality is measured using a performance-based approach (SERVPERF), which emphasizes

customers' perceptions of actual service performance rather than comparing expectations and perceptions. Thus, service quality in this research is conceptualized as the overall evaluation of service performance perceived by patients at the Cempaka Putih Community Health Center.

2. Tangibles

Tangibles, relating to the appearance of physical facilities, equipment, and service provider personnel. The attributes of this dimension are: modern equipment, visually appealing facilities, neat and professional looking employees and materials related to visually appealing services (Setiono & Hidayat, 2022).

3. Reliability

Reliability refers to the extent to which a measure yields the same number or score each time it is administered (Fayers & Hays, 2005).

4. Responsiveness

Responsiveness is the awareness and willingness to help customers and provide services quickly. This dimension emphasizes attention and accuracy when dealing with customer requests, questions, and complaints (Alaan, 2016).

5. Assurance

Assurance is a dimension related to the ability of service providers to provide a sense of security and comfort to customers (Benny Agus Setiono & Putra, 2025)

6. Empathy

Empathy consists of the degree to which customer service shows personal interest and politeness, and is perceived by customers as displaying personal attention (Lee & Min, 2006).

1.9 Operational Definition

To ensure that the variables in this study can be measured clearly and purposefully, operational definitions detailing the indicators for each variable are required. Operational definitions are used as a reference in the preparation of research instruments, so that each dimension measured has specific boundaries and can be understood consistently. In this study, the operational definitions of the variables used are as follows:

1.9.1 Questioner Development

Table 1.2 Research Questionnaire Development

Variable	Code	Indicator	Statement	References
Tangibles	TA1	Availability of service facilities.	Complete health center facilities.	(Anggit & Setyorini, 2021)
	TA2	Cleanliness and comfort of the environment.	Comfortable and clean health center waiting room.	(Anggit & Setyorini, 2021)
	TA3	The neatness and professionalism of the officers' Appearance.	Medical personnel has a neat and clean appearance.	(Anggit & Setyorini, 2021)
Reliability	RE1	Accuracy of service according to procedures.	The medical staff provided services as promised.	(Anggit & Setyorini, 2021)

	RE2	Accuracy of the information Provided.	Medical personnel provide accurate Information.	(Anggit & Setyorini, 2021)
	RE3	Consistency of service time.	Medical personnel provide services quickly.	(Anggit & Setyorini, 2021)
Responsiveness	RES1	The speed of officers in responding to requests.	The medical staff responded to my request quickly.	(Anggit & Setyorini, 2021)
	RES2	Promptness in handling complaints.	Medical personnel accommodate the requests and needs of patients.	(Anggit & Setyorini, 2021)
Assurance	AS1	The knowledge and ability of officers in providing services.	The medical teams have extensive knowledge	(Anggit & Setyorini, 2021)

	AS2	Sense of security regarding services	I feel safe when interacting with medical personnel	(Anggit & Setyorini, 2021)
Empathy	EM1	Friendly and attentive staff.	Medical personnel pay attention to every patient's needs.	(Anggit & Setyorini, 2021)
	EM2	The ability of officers to understand the needs of service users.	The medical staff are sincere in paying attention to the interests of patients.	(Anggit & Setyorini, 2021)
Service Quality	SQ1	Overall service Quality.	Overall, the quality of services meets my expectations.	(Parasurama n et al 1988)
	SQ2	Overall satisfaction with service.	I am satisfied with overall quality of services at the health center.	(Cronin & Taylor 1992)

1.10 Research Method

1.10.1 Type of Research

This study aims to describe and analyze the level of service quality at the Cempaka Putih Community Health Center, Central Jakarta, based on the perceptions of the community as service users.

The study adopts the five service quality dimensions originally introduced by A. Parasuraman, Valarie A. Zeithaml, and Leonard L. Berry (1988), namely tangibles, reliability, responsiveness, assurance, and empathy.

However, the measurement approach follows the SERVPERF model developed by James J. Cronin Jr. and Steven A. Taylor (1992), which measures service quality based solely on perceived performance rather than the gap between expectations and perceptions.

This study uses a quantitative approach because it focuses on collecting and analyzing numerical data to describe the phenomenon under study objectively.

1.10.2 Population and Sample

1.10.2.1 Population

The population in this study was all patients or members of the community who used health services at the Cempaka Putih Community Health Center in Central Jakarta. This population was selected because they were the ones who directly

experienced and assessed the quality of services provided by the Community Health Center.

1.10.2.1 Sample

The samples in this study were determined using accidental sampling, a method of sampling based on whoever happened to come and was willing to be a respondent at the time the study was conducted. This technique was chosen because it was practical and suited the field conditions, where researchers could not determine in advance who would come to the health center.

The sample size was determined using the Slovin formula, which is used to determine the sample size from a population while considering a certain margin of error. The Slovin formula is expressed as follows: $n = N / (1 + N(e)^2)$, where n is the sample size, N is the population size, and e is the margin of error. In this study, the population refers to the number of patient visits at the Cempaka Putih Community Health Center, with an average of approximately 700 patients per day. Using a margin of error of 10% (0.1), the sample size was determined to be 88 respondents. This number is considered representative of the population and capable of proportionally reflecting the public's perception of service quality at the Cempaka Putih Community Health Center.

1.10.3 Data Types and Sources

1.10.3.1 Primary Data

Primary data was obtained directly from the primary source by distributing questionnaires to patients or service users at the Cempaka Putih Community Health Center. The questionnaire contained statements based on the five dimensions of the SERVQUAL model, namely tangibles, reliability, responsiveness, assurance, and empathy. This primary data was used to determine the community's perception of the quality of service received.

1.10.3.2 Secondary Data

Secondary data was obtained from various supporting sources such as official Puskesmas documents, annual reports, Health Office publications, and relevant literature and previous research. This secondary data serves to strengthen the analysis and provide an overview of the conditions and service standards at the Cempaka Putih Puskesmas. By combining these two types of data, the research results are expected to be more comprehensive and able to describe the quality of service objectively.

1.10.4 Data Collection Technique

The data collection technique in this study was conducted using a questionnaire as the main instrument. The questionnaire was distributed directly to patients or service users at the Cempaka Putih Community Health Center, and could also be

completed online using Google Forms to facilitate data collection. Google Forms was chosen because it is more time-efficient, easily accessible to respondents, and makes it easier for researchers to compile the results. In addition to using questionnaires, this study also utilizes documentation as supporting data, such as annual reports, health center profiles, and health service data, to strengthen the results of the analysis obtained from the primary data.

1.10.4.1 Data Analysis Techniques

This analysis aims to describe and interpret the data obtained from the questionnaire distributed to respondents numerically. The data from the questionnaire was processed by calculating the average score (mean) for each dimension of SERVQUAL, namely tangibles, reliability, responsiveness, assurance, and empathy.

The average scores for each dimension were then used to determine the level of service quality at the Cempaka Putih Community Health Center. The results of the calculations were interpreted based on specific categories, namely excellent, good, fair, poor, and very poor, in accordance with the 1–5 Likert scale interval. By using quantitative descriptive analysis, researchers can obtain a clear and measurable picture of the community's perception of the quality of service provided by the Cempaka Putih Community Health Center.