

## ORIGINAL ARTICLE

# Workforce Satisfaction Index in The Utilization of Community Health Center

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## ABSTRACT

**Introduction:** Public services conducted by government officials are still weak, they cannot satisfy the quality expected by the public. This is indicated by the existence of various complaints from the community through mass media. Community Health Service is one of government officials and workers use it. The aim of this study was to assessment the workforce satisfaction index in the utilization of community health center in Jombang. **Methods:** This research is an observational research that applies quantitative method by applying community satisfaction index questionnaire. The data was collected in July 2017. The number of sample were 30 respondents chosen by using accidental sampling method. **Results:** The results showed that 1) the ease of procedures was poor, 2) the suitability of the requirements was poor, 3) directness of service was very good, 4) the discipline of officers was very good, 5) the responsibility of officers was poor, 6) the ability of officers was poor, and 7) the speed of service of officers was very good, 8) the fairness of service was poor, 9) the friendliness of the officers was very good, 10) the fairness of costs was very good, 11) the suitability of cost was very good, 12) the accuracy of the schedule was good, 13) the location was poor, 14) the security of the location was good. **Conclusion:** still needs several improvements in seven elements of WSI in the Community Health Center.

**Keywords:** Community health center, Government officials, Workers

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## INTRODUCTION

One aim in retaining government officials is to actualize high quality of public services as one of the characteristics of good government systems. The quality improvement of public services is an effort needed to be done continuously and feasibly by government officials. Public services are said to be essential, whether in form of goods or services. Services in form of public goods should be functional to support the life of the public, such as road, clean water, etcetera. Thus, it can be stated that the higher the quality of services in form of public goods, the better the life of the public will become, which means that there will be no further problem in doing daily activities. On the other hands, public services in form of services are believed indispensable, particularly in health and education services as well as transportation provision (1).

One of the ways to improve the quality of public services is by formulating Community Satisfaction Index (CSI) as a benchmark to assess the level of service quality and based on the Regulation No. 25 of 2009 on Public

Services, it is affirmed that organizers are obliged to conduct regular work assessment of public services. The data of the CSI can be an assessment object of service factors that are still in need of improvement and be a driving force for each public service unit to improve the quality of the services (2).

CSI contains data and information regarding the level of goodness of public obtained from the survey by applying both quantitative and qualitative approaches on the public's opinions concerning the services they receive from government officials by comparing their expectations and needs; in this case, the health service provided by Community Health Service. The survey of CSI aims to undergo the regular work level of Community Health Service in order to establish the policy to improve the next public services quality (3).

Currently, there are still numerous shortcomings discovered in public services provided by government officials so that it cannot meet the quality expected by the public. This can be noticed by countless public complaints conveyed through mass media written individually, which lead to poor image of government officials (1).

One example of the poor performance of public services is zero transparency and accountability in organizing

public services. Whereas, public services are obliged to be performed transparently and accountably since the work quality of public services carries immense implications to the public welfare. This can be seen from the massive number of complaints and grievances uttered by the public as well as by business communities, whether through letters or other media, that convey convoluted procedures and work mechanism of public services, inconsistency, and limited facilities and infrastructure services that it does not guarantee public certainty (law, time, and costs), along with many practices of extortion and actions indicating deviation. The implementation and the performance of public services carried out by Government Officers in various service sectors are still not as expected (1, 2).

Majority of the public who utilize the services in Community Health Services are workforces from various types of Types of Occupation, such as government employees, farmers, traders, and housewives. Hence, several workforces only go to Community Health Services to take their family members. In the era of Health Social Security Agency as it is now, Community Health Service is a level-1 health facility that must be visited by public if they want to be referred to hospitals. Currently, Community Health Services are increasingly being visited by the public whether to seek for treatment or to request for a referral letter.

Considering the main function of the Government is to serve public, the Government needs to keep improving the quality of public services for the public as the recipients of the services itself. The policy of utilizing government officers as an effort to increase the service quality must be carried out consistently by paying attention to the needs and expectations of the public. Thus, the government services to the public can always be provided quickly, accurately, cheaply, openly, simply, and easily implemented as well as not discriminatory (1, 2, 5). The measure of the success of service organization is determined by the level of satisfaction of the service recipients. The satisfaction level of service recipients in Community Health Services will be achieved only if the service recipients receive the services as needed and expected. In order to support government policy, it is necessary to develop Community Satisfaction Index, especially for the workforces, to the public services in one of Community Health Services in Public Health Office of Jombang District, East Java Province.

## MATERIALS AND METHODS

This research utilized survey research approach. Survey research is a primary data collection method that employs oral and written questions (4). This method requires contact or relationship between researcher and the research subjects (respondents) in order to obtain the data needed.

This research is an observational research because the only thing performed is observation without any intervention to the research variables. The data obtained is quantitative data. The data sourced from standard questionnaire regarding Community Satisfaction Index with a slight modification due to the aim of this research; to identify Community Satisfaction Index of workforces in particular. The questionnaires were in accordance with Minister of Empowerment and State Apparatus Decree Number 25 of 2004, which consists of 14 research variables, namely ease of procedures, suitability of requirements, directness of services, discipline of officers, responsibility of officers, ability of officers, speed of services, fairness of services, friendliness of officers, fairness of costs, suitability of costs, accuracy of schedules, convenience of location, and security of location (3).

The WSI value is calculated using the “weighted average value” of each service element. Therefore data processing is done by:

- a) Make a score for each alternative answer (x) as follows:
  - the alternative answer ‘a’ is given a value of 1, ‘b’ is given a value of 2 ‘c’ given a value of 3 and ‘d’ is given a value of ‘4’.
- b) Set the weighted average with the formula:
 
$$\text{Weighted average value} = \frac{\text{Amount of Weight}}{\text{Number of elements}} = \frac{1}{14} = 0.071$$
- c) Set the value of the WSI of the service unit.
 
$$\text{WSI} = \frac{\text{Total of perceptual value per element} \times \text{Weighing Value}}{\text{Total Elements filled}}$$
- d) To facilitate interpretation of the WSI value (between 25-100), the assessment results are converted to base value 25 with the following formula:
 
$$\text{WSI Service Unit} \times 25$$

The location of the research was one of Community Health Services in the area of Public Health Office of Jombang District. The data were gathered during July 2017. The samples of the research were 30 persons attained by system accidental random sampling of the workforces who utilized service units in the Community Health Service whether to seek for treatment or to do other businesses while the research was conducted. The respondents were the workforces who willingly filled in the questionnaires of Community Satisfaction Index.

All the data is presented in table form. In table form, there are some symbols, “n” means frequency, “N” means total frequency, “%” means percentage, and WSI is Workforce Satisfaction Index.

## RESULTS

### The Characteristics of the Respondents

Table I shows that the age of the respondents is grouped into 4 categories. This because the age range of the respondents was distant; the youngest was 20 years

old, while the oldest was >50 years old. Majority of the respondents in this research were between 40-49 years old, which consisted of 12 people (40.0%).

Both sexes visited and utilized the health services in Community Health Service X. However, it was found that male respondents did visit Community Health Service X more than female respondents did, as many as 18 people (60.0%).

The frequency distribution regarding former education of the respondents showed that everyone from any education background can utilize the health service in Community Health Service X. The respondents of this research, mostly, were high school graduates, which comprised 12 people (40.0%).

All people from different types of occupation wanted and were able to access the health services in Community Health Service X. Not only Government Employees, but also farmers, traders, informal sector workers, and housewives can utilize the health services in Community Health Service X. However, the table shows that the respondents who work as farmers and informal sector workers were the ones with the highest number of visit, which were 10 people each (33.3%).

**Table I: Sociodemographic characteristics of the respondents**

	n (%)
Age	
20-29	4 (13.3)
30-39	10 (33.4)
40-49	12 (40.0)
>50	4 (13.3)
Sex	
Male	18 (60.0)
Female	12 (40.0)
Former education	
Primary School/Equivalent	10 (33.4)
Middle School/Equivalent	4 (13.3)
High School/Equivalent	12 (40.0)
College/Equivalent	4 (13.3)
Types of Occupation	
Government Employees (PNS)	4 (13.3)
Traders	4 (13.3)
Farmers	10 (33.3)
Informal Sector Workers	10 (33.3)
Housewives	2 (6.8)

### Workforce Satisfaction Index of Each Element of Service

The ease of procedures in Community Health Service X obtained varied Satisfaction Index, namely poor, fair, good, and very good. The ease of procedures in Community Health Service X in poor index was 100% stated by government employees.

The suitability of requirements in Community Health Service X attained quite varied answers of Satisfaction Index, such as fair, good, and very good. From the data, it can be noticed that no respondent stated if the suitability of requirements in Community Health Service X was poor. However, it was found that the fair index of suitability of requirement in Community Health Service X was affirmed by Government Employees (50%) and informal sector workers (50%) (Table II).

The directness of services in Community Health Service X retained fairly varied answers of Satisfaction Index, namely fair, good, and very good. There was no respondent stated that the directness of service in Community Health Service X was poor. The fair directness of services in Community Health Service X was claimed by Government Employees (50%) and informal sector workers (50%). On the other hand, farmers (50%) and housewives (50%) asserted that the directness of services in Community Health Service X was very good.

The discipline of the officers in Community Health Service X obtained varied answers of Satisfaction Index, such as poor, fair, good, and very good. The very good index of discipline of public service officers in the Community Health Service was 100% affirmed by farmer respondents.

Responsibility of officers in Community Health Service X obtained slightly wide-ranging answers, namely poor, fair, and good. Interestingly, no single respondent stated that responsibility of officers in the Community Health Service was very good. The poor responsibility of officers was affirmed by Government Employees (50%) and informal sector workers (50%).

The ability of officers in Community Health Service X conveyed quite diverse answers of Satisfaction Index, such as poor, fair, and good. There was zero respondent admitted that the ability of officers in Community Health Service X was very good. In contrast, the poor ability of officers in the Community Health Service was 100% stated by farmer respondents.

The speed of services in Community Health Service X acquired a lot of answer variations, to be precise; poor, fair, good, and very good. The poor speed of services in Community Health Service X was 100% affirmed by Government Employees, while the other 100% avowed that the speed of services in Community Public Health X was very good.

The fairness of services in Community Health Service X had quite varied Satisfaction Indexes, such as poor, fair, and good. It was spotted that no respondent stated if the fairness of services in Community Health Service X was very good. Interestingly, the fair fairness of services was confirmed 100% by Government Employees.

**Table II: Cross Tabulation Workforce Satisfaction Index of Each Element of Service and Types of Occupation of the Respondents in Community Health Service X in 2017**

		Types of Occupation										Total	
		Government Employees		Traders		Farmers		Informal Sector Workers		House-wives			
		n	%	n	%	n	%	n	%	n	%	N	%
Ease of procedures	Poor	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
	Fair	0	0.0	1	25.0	0	0.0	3	75.0	0	0.0	4	100.0
	Good	3	13.6	3	13.6	9	40.9	6	27.3	1	4.5	22	100.0
	Very Good	0	0.0	0	0.0	1	33.3	1	33.3	1	33.3	3	100.0
Suitability of Requirements	Fair	1	50.0	0	0.0	0	0.0	1	50.0	0	0.0	2	100.0
	Good	3	12.0	4	16.0	9	36.0	8	32.0	1	4.0	25	100.0
	Very Good	0	0.0	0	0.0	1	33.3	1	33.3	1	33.3	3	100.0
Directness of Services	Fair	1	50.0	0	0.0	0	0.0	1	50.0	0	0.0	2	100.0
	Good	3	11.5	4	15.4	9	34.6	9	34.6	1	3.8	26	100.0
	Very Good	0	0.0	0	0.0	1	50.0	0	0.0	1	50.0	2	100.0
Discipline of Officers	Poor	1	50.0	0	0.0	1	50.0	0	0.0	0	0.0	2	100.0
	Fair	0	0.0	1	33.3	0	0.0	2	66.7	0	0.0	3	100.0
	Good	3	12.5	3	12.5	8	33.3	8	33.3	2	8.3	24	100.0
Responsibility of Officers	Very Good	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
	Poor	1	50.0	0	0.0	0	0.0	1	50.0	0	0.0	2	100.0
	Fair	1	16.7	2	33.3	1	16.7	2	33.3	0	0.0	6	100.0
Ability of Officers	Good	2	9.1	2	9.1	9	40.9	7	31.8	2	9.1	22	100.0
	Poor	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	1	100.0
	Fair	1	25.0	1	25.0	0	0.0	1	25.0	1	25.0	4	100.0
Speed of Services	Good	3	12.0	3	12.0	9	36.0	9	36.0	1	4.0	25	100.0
	Poor	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
	Fair	1	33.3	1	33.3	0	0.0	1	33.3	0	0.0	3	100.0
Fairness of Services	Good	1	4.0	3	12.0	10	40.0	9	36.0	2	8.0	25	100.0
	Very Good	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
	Poor	0	0.0	0	0.0	1	50.0	1	50.0	0	0.0	2	100.0
Friendliness of Officers	Fair	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
	Good	3	11.1	4	14.8	9	33.3	9	33.3	2	7.4	27	100.0
	Good	4	14.3	4	14.3	10	35.7	9	35.7	1	3.6	28	100.0
Fairness of Costs	Very Good	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1	100.0
	Good	4	13.8	4	13.8	10	34.5	10	34.5	1	3.4	29	100.0
	Good	3	10.7	4	14.3	9	32.1	10	35.7	2	7.1	28	100.0
Suitability of Costs	Very Good	1	50.0	0	0.0	1	50.0	0	0.0	0	0.0	2	100.0
	Good	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0
	Very Good	4	13.8	3	10.3	10	34.5	10	34.5	2	6.9	29	100.0
Accuracy of Schedules	Fair	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1	100.0
	Good	3	11.5	3	11.5	9	34.6	9	34.6	2	7.7	26	100.0
	Very Good	1	33.3	0	0.0	1	33.3	1	33.3	0	0.0	3	100.0
Security of Location	Good	4	13.3	4	13.3	10	33.3	10	33.3	2	6.7	30	100.0

The friendliness of officers in Community Health Service X obtained only two varieties of answers: good and very good. In other words, no respondent was found suggested that the fairness of officers in the Community Health Service were poor and fair. The good and very good fairness of officers in the Community Health Service were confirmed by informal sector workers (50%) and by housewives (50%).

The fairness of costs in Community Health Service X attained only two answers of satisfaction index: good and very good. Additionally, no respondent stated that the fairness of costs in the Community Health Service were poor and fair. Moreover, the very good fairness of costs was 100% assured by housewives.

The suitability of costs in Community Health Service X,

variety of answers that were not many, namely good and very good. Meanwhile, the Satisfaction Index of poor and fair were admitted by zero respondent. In addition, 50% of very good index was admitted by Government Employees and the other half was by farmers.

The accuracy of schedules in Community Health Service X obtained only two variations of satisfaction index, namely good and very good. In other words, there was no respondent found stating that the accuracy of schedules in the Community Health Service was poor and fair. Additionally, the very good accuracy of schedules discovered was revealed 100% by traders.

The convenience of location of Community Health Service X had three variations of satisfaction index; fair, good, and very good. Otherwise, it can be stated that the satisfaction index of poor was not found spoken by any respondent. Interestingly, the convenience of location was 100% specified by traders.

The cross tabulation regarding the security of location, indicates that in Community Health Service X, it had no variation of answer, providing it only obtained one kind of Satisfaction Index: good. This also meant that no single respondent stated if the security of location of the Community Health Service was poor, fair, or very good. In addition, the security of location was considered good 33.3% by farmers and 33.3% by informal sector workers.

### Workforce Satisfaction Index

According to Table III, it can be implied that in Community Health Service X, all of the elements of service had already acquired the category of good. However, the element of responsibility of officers obtained the lowest score of Satisfaction Index, which was 0.186. On the other hand, the highest score of Satisfaction Index was achieved by three elements, namely friendliness of officers, fairness of costs, and convenience of location, in which each element obtained the score of 0.218.

## DISCUSSION

### Workforce Satisfaction Index of Every Element of Service

The service procedures, for instance the ease of service stages provided for the public, is seen from the simplicity of service flow. 100% of respondents Government Employees affirmed that the service procedures were poor. The provision of information that was discovered less open could lead to the respondents utilizing other services (5). In fact, the discovery of opinion regarding the poor service procedures in Community Health Service X could be caused by lack of information related to the service flow in the Community Health Service itself. Meanwhile, the clear information was essential so that the visitors could feel the ease of service flows in the particular Community Health Service.

**Table III: Workforce Satisfaction Index in Community Health Service X in 2017**

No	Element of Service	Mean	Mean x 0,071	Service Quality	Performance
1	Ease of Procedures	2.90	0.206	B	Good
2	Suitability of Requirements	3.03	0.215	B	Good
3	Directness of Services	3.00	0.213	B	Good
4	Discipline of Officers	2.74	0.195	B	Good
5	Responsibility of Officers	2.61	0.186	B	Good
6	Ability of Officers	2.81	0.199	B	Good
7	Speed of Services	2.81	0.199	B	Good
8	Fairness of Services	2.84	0.202	B	Good
9	Friendliness of Officers	3.06	0.218	B	Good
10	Fairness of Costs	3.03	0.215	B	Good
11	Suitability of Costs	3.06	0.218	B	Good
12	Accuracy of Schedules	2.97	0.211	B	Good
13	Convenience of Location	3.06	0.218	B	Good
14	Security of Location	2.97	0.211	B	Good
<b>Total</b>		<b>40.90</b>	<b>2.90</b>	<b>WSI = 2.90</b> "good service of indicator"	
<b>Average</b>		<b>2.92</b>	<b>0.207</b>		

As for the service requirements, namely the technical and administrative requirements, were noticed in accordance with the type of the service. The fair suitability of requirements was mentioned 50% by Government Employees and another 50% by informal sector workers. Similar to the previous elaboration, the lack clearness of the provision of information could initiate the respondents to make the most of other services (5). Other than that, the supportive information concerning the requirements was also indispensable in order to utilize the service in Community Health Service. The lack of information and the abundance of obligations that were not notified to the visitors might be the causes of the emergence of fair satisfaction index regarding the service requirements in Community Health Service.

The directness of service officers included the availability and the list of the officers who provided services (name, position, authority, and responsibility). The fair directness of service officers itself was commented by 50% Government Employees and 50% by informal sector workers. In this case, the quality improvement was essential in order to enhance the functional performance of a product that lead to the increase of sales (5). The fact that the answer of fair directness of service officers was still found meant that the Community Health Service should improve the element, such as by

providing nameplate of officers in every unit as well as the availability schedule to improve the performance. This needed to be done to ease Community Health Service visitors recognizing the availability and the list of the officers who were in charge of providing services. Service clarity by officers very useful if there are patients who need treatment but constrained by administrative problems because the officer is out or not in place (6).

For the next element, the discipline of service officers, was the way the officers provided services, especially on the consistency of work time in accordance with the applied regulations. The very good disciplines of service officers was 100% stated by farmers. Additionally, it was argued that the loyalty of the visitors begins with satisfying services (7). The disciplines of officers needed to be maintained or could even be improved to shape the visitors loyalty.

Responsibilities of service officers included the directness and the responsibility of authority in providing and completing the services. The poor responsibility of officers in Community Health Service X was stated 50% by Government Employees and another 50% by informal sector workers. In this case, quality improvement was required to improve the functional performance of a product that can stimulate sales (5). The presence of fair satisfaction index of responsibility of officers was considered a challenge for the Community Health Service to improve their performance in this field.

The ability of service officers encompassed the level of expertise and skills that the officers had in providing services to the public. The poor ability of service officers in the Community Health Service was discovered mentioned 100% by farmers. Whereas, knowledgeable and responsive personnels were among the factors in a person to be considered in utilizing a product or a service (5). The ability of service officers in Community Health Service X must be increased providing the occurrence of poor satisfaction index regarding the element. To add more, the skills and ability of the officers could be improved by training.

Speed of services covered the target of service time that could be completed in ascertained time by the service provider unit. The poor speed of services in the Community Health Service was 100% mentioned by Government Employees, while in contrast, 100% of respondents from the other Types of Occupations revealed that the speed of services was very good. The visitors' decision whether to be loyal or disloyal was an accumulation of numerous small problems in a company (5). In this case, a number of the visitors stated that the speed of services was already very good, although some others specified that it was poor. This needed to be improved to make the visitors be loyal that they might revisit the Community Health Service. Additionally, Community Health Service must minimize

the sacrifices made by the visitors (8).

Fairness of services comprised the implementation of services without distinguishing the class/status of the public served. Unfortunately, the fairness of services in the Community Health Service was assessed fair by 100% Government Employees. Various psychological factors owned by each individual affected consumers/visitors behavior in recognizing needs, the process of searching for information before purchasing, and evaluating every existed alternative (9). Moreover, there were still several visitors who felt that the fairness of services in the Community Health Service was only fair that it became a psychological factor for the visitors, which might result to the visitors choosing not to visit the Community Health Service to any further extent. Thus, this must be followed up by the Community Health Service itself so that all visitors would feel the fairness in receiving services in the particular Community Health Service. In the Community Health Center there are patients who are JKN-KIS participants but some are independent. It is better if JKN-KIS patients and independent patients weren't differentiated either in terms of queues or services provided. Currently, there were still a number of JKN-KIS participants who don't get maximum service (10).

The politeness and the friendliness of the service officers included the attitude and behavior in providing services to the public in a polite, friendly, and respectful manner. The very good politeness and friendliness satisfaction index of the service officers in Community Health Service X was 50% confirmed by informal sector workers, while the other 50% was by housewives. Knowledgeable and responsive personnels were among considered factors of someone in utilizing a product or service (5). In this case, the politeness and friendliness of the service officers was considered very good. Therefore, the Community Health Service was expected to be able to maintain or to improve the element of service.

Fairness of costs linked to the affordability of the public regarding the amount of costs set by the service unit. The very well fairness of costs in Community Health Service X was 100% confirmed by housewife respondents. If the price offered were considered high by consumers, then the perception of the sacrifice was also high. Conversely, if the prices offered by producers of service providers were lower than the consumers' perception, then they would consider the sacrifice small matters (7). The costs incurred at the Community Health Service were already considered affordable by the respondents, resulting in them confirming very good satisfaction index of fairness of costs. This might be because all the costs in every Community Health Service, along with the majority of services, was covered by Health Social Insurance Administration Organization.

Suitability of costs meant the suitability between the

fees paid and the established costs. Suitability of costs was confirmed very good by Government Employees (50%) and by farmers (50%). If the price offered were considered high by consumers, then the perception of the sacrifice was also high. Conversely, if the prices offered by producers of service providers were lower than the consumers' perception, then they would consider the sacrifice small matters (7). In this case, it was discovered that the visitors thought if the suitability of costs was already very good, which means that this needed to be maintained so that there would be no extortion at times of service in the Community Health Service.

Accuracy of service schedules included the implementation of service time that was in accordance with the stipulated rules. Luckily, the accuracy of service schedules was verified 100% by trader respondents. The customers' decision whether to be loyal or disloyal was an accumulation of numerous small problems in the company (5). The accuracy of service schedules was a small yet undoubtedly important matter since the public would relate to the announced service schedules. Thus, if the performance were to be maintained by the Community Health Service, this element would be getting better score of satisfaction index from the visitors.

Convenience of location involved the clean, neat, and orderly condition of service facilities and infrastructure that could provide a sense of comfort to service recipients. However, the convenience of location was 100% assessed fair by traders. The customers' decision whether to be loyal or disloyal was an accumulation of numerous small problems in the company (5). Location or environment was a vital matter that must be well-maintained by every Community Health Service, whether by hiring cleaning services or by performing other things. The fact that there were still numerous of visitors thinking that the location or environment was fairly convenient indicated that the Community Health Service must carry out some improvements. Thus, the small problems would not accumulate the visitors that would lead to the willingness of the visitors to revisit the Community Health Service.

Security of service related to the guarantee of security of service provider units location or the facilities used, so that the public would feel peaceful to receive the services. In this case, the security of location and service was stated good by 33.3% farmer respondents and 33.3% by informal sector worker respondents. The customers' decision whether to be loyal or disloyal was an accumulation of numerous small problems in the company (5). Similar to the convenience, the security of Community Health Service could be handed to third parties, such as security guards or other similar security personnels. Even though all of the visitors had confirmed if the security of location and service was already good, the improvement of security itself still needed to be improved to achieve 'very good' satisfaction index.

### **Workforce Satisfaction Index**

The results of this research showed that the element of responsibility obtained the lowest score of Satisfaction Index, while the highest one was acquired by three elements, namely friendliness of officers, suitability of costs, and convenience of location. These results are in accordance with the research authored by Sukamti and Hardi (2014), in which they revealed that the highest index was on the element of politeness and friendliness of service officers as well as the convenience of location, specifically in Community Health Service of Kalicacing (11). This happened because the service officers in both Community Health Services were able to provide very good friendliness to the visitors. Moreover, the location of both Community Health Services were considered convenient that made the visitors felt comfortable when visiting the Community Health Services.

However, those results were contrary with the results of the research written by Kurdi (2016) that stated if in Community Health Service of Pamarayan, Serang, the friendliness of service officers and the convenience of location were assessed poor and fair by the public (12). This was caused by the ratio between the number of officers and the patients each day were too distant. In other words, the more the number of the patients, the more the work that the officers should do with limited facilities for the abundance of patients.

### **CONCLUSION**

The conclusion of this research needed improvement in the ease of procedures, the suitability of the requirements, the responsibility of officers, the ability of officers, the service justice, accuracy of the schedule, and the convenience of the location of Community Health Service.

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