

ANALYSIS OF HEALTH SERVICES QUALITY USING SERVQUAL METHOD IN CORRECTIONAL INSTITUTIONS CLASS IIA KOTABUMI



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ABSTRACT

This research is to analyze whether there are problematic attributes in the health services provided by the Kotabumi Class IIA Penitentiary, which are the needs of its inmates, using the ServQual and Importance Performance Analysis methods. This research was then carried out using quantitative methods. Data collection in this research was carried out by distributing questionnaires to respondents, where the respondents in question were samples taken from sick prisoners in December 2023 in the Class IIA Kotabumi Correctional Institution. In the research, the researchers used random sampling techniques. The population used was 142 respondents. Sampling was carried out using the Krejcie Morgan table. The findings show that the services provided by the Kotabumi Class IIA Penitentiary have not fully met the expectations of the prisoners in the prison.

Keywords: *Quantitative; Gap; Importance Performance Analysis; ServQual*



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INTRODUCTION

Implementation of efforts to fulfill prisoners' rights regarding obtaining health services is carried out based on Law of the Republic of Indonesia Number 17 of 2023 concerning Health, which is then detailed in the Decree of the Director General of Corrections, Ministry of Law and Human Rights of the Republic of Indonesia, Number PAS-36.OT.02.02 of 2020 Concerning Correctional Service Standards.

Decree of the Director General of Corrections, Ministry of Law and Human Rights of the Republic of Indonesia, Number PAS-36.OT.02.02 of 2020 regarding the standard number of health workers (adjusted to service conditions and residential capacity) required in a prison or detention center, namely a minimum of 1 doctor, Dentist at least 1 person, Nurse at least 4 people, Administration at least 1 person. The aim of fulfilling these health workers is none other than the provision of quality and sufficient health workers in terms of number and competence (including licensing) so that they can function optimally in providing health services, however, at the Kotabumi Class IIA Correctional Institution based on LAKIP 2023 Class Correctional Institution data IIA Kotabumi has no permanent doctors or health workers, there are only 2 nurses, 1 sanitarian and 1 pharmacist. This is not in accordance with the health service standards that have been set. Apart from that, this is further complicated by the situation at the Kotabumi Class IIA Penitentiary, where as of 31 December 2023 there were 526 inmates with a supposed capacity of 178 inmates, the data shows 195% exceeds the supposed capacity. Based on this situation, it must be a serious concern, considering that the impact of overcapacity can cause fights between residents, disease transmission, misuse of communication equipment, and less than optimal health services.

LITERATURE REVIEW

Dani, et al.'s (2022) research has the same research model as the researchers, but the difference is the ServQual method developed which is called E-Govqual which then results of the research are checked using the IPA method to see which urgent matters are must be repaired immediately. Agia and Nurjannah's (2022) research uses a Banking Service Quality approach and uses a matrix diagram to determine which dimensions are priorities for improvement, the stages and methods used are similar to the research the author conducted.

METHOD

This research was then carried out using quantitative methods. Data collection in this research was carried out by distributing questionnaires to respondents where the respondents in question were samples taken from sick prisoners in December 2023 in the Class IIA Kotabumi Correctional Institution, this was done in order to obtain samples from the existing population as a measuring tool and primary data collection tool. The population used was sick prisoners in December 2023, totaling 236 prisoners. This population was obtained from the source of the 2023 Class IIA Kotabumi Penitentiary Polyclinic Monthly Report. In the research the researchers used random sampling techniques. The population used was 142 respondents. Sampling was carried out using the Krejcie Morgan table.

RESULTS AND DISCUSSION

Validity Test

Table 1 shows the criteria based on the calculated r dimension which is greater than r . The table has valid criteria for all statement items. Therefore, all statements about the dimensions of responsiveness used in this research are appropriate to use.

Table 1
Validity Test Results

Attribute	r Result		r Table	Description
	Expectation	Reality		
Q1.	0,735	0,722	0,361	Valid
Q2.	0,830	0,798	0,361	Valid
Q3.	0,659	0,681	0,361	Valid
Q4.	0,677	0,672	0,361	Valid
Q5.	0,627	0,691	0,361	Valid
Q6.	0,796	0,649	0,361	Valid
Q7.	0,637	0,749	0,361	Valid
Q8.	0,876	0,722	0,361	Valid
Q9.	0,783	0,798	0,361	Valid
Q10.	0,675	0,681	0,361	Valid
Q11.	0,675	0,672	0,361	Valid
Q12.	0,709	0,691	0,361	Valid
Q13.	0,629	0,649	0,361	Valid
Q14.	0,748	0,749	0,361	Valid
Q15.	0,876	0,722	0,361	Valid
Q16.	0,783	0,798	0,361	Valid
Q17.	0,675	0,681	0,361	Valid
Q18.	0,675	0,672	0,361	Valid
Q19.	0,709	0,691	0,361	Valid
Q20.	0,629	0,649	0,361	Valid
Q21.	0,736	0,673	0,361	Valid
Q22.	0,781	0,898	0,361	Valid
Q23.	0,858	0,916	0,361	Valid
Q24.	0,776	0,785	0,361	Valid
Q25.	0,810	0,806	0,361	Valid
Q26.	0,868	0,885	0,361	Valid

Source: Data processed with SPSS 27.0, 2024

Reliability Test

It is concluded that the statement items in the questionnaire are reliable because the Cronbach's Alpha value is greater than 0.70, and each statement item used will obtain consistent data, meaning that if the statement is distributed again, the answer will be relatively the same.

Table 2
Reliability Test Result

Dimension	Cronbach's Alpha Result		N of Items	Description
	Reality	Expectation		
Tangibel	0,833	0,834	7	Reliable
Reliability	0,833	0,850	7	Reliable
Responsiveness	0,860	0,792	6	Reliable
Assurance	0,783	0,701	3	Reliable
Empathy	0,765	0,750	3	Reliable

Source: Data processed with SPSS 27.0, 2024

Gap Analysis

Based on table 3, it shows the gap results for each questionnaire attribute that has been filled in by respondents, where a positive gap indicates that the reality value is greater than expectations, and a negative gap indicates that the expected value is greater than reality.

Table 3
Gap Result

Attribute	Reality	Expectation	Gap
Tangible			
Q1.	498	471	27
Q2.	336	487	-151
Q3.	507	497	10
Q4.	499	492	7
Q5.	503	477	26
Q6.	366	491	-125
Q7.	499	483	16
Result	3208	3398	-190
Reliability			
Q8.	485	471	14
Q9.	494	487	7
Q10.	505	497	8
Q11.	354	492	-138
Q12.	518	477	41
Q13.	521	483	38
Q14.	508	471	37
Result	3385	3378	7
Responsiveness			
Q15.	490	487	3
Q16.	500	497	3
Q17.	504	492	12
Q18.	495	491	4
Q19.	488	483	5
Q20.	488	471	17
Result	2965	2921	44
Assurance			
Q21.	502	487	15
Q22.	379	497	-118
Q23.	370	492	-122
Result	1251	1476	-225
Empathy			
Q24.	489	477	12
Q25.	501	491	10
Q26.	495	483	12
Result	1485	1451	34

Source: Data processed with SPSS 27.0, 2024

Analysis of Importance Performance Analysis

Conformity Level Analysis

According to Sukardi and Cholidis in Raftul Fedri and Dewi Anggraini (2023), if the value of the suitability level is close to 100 and is above average, it can be said that the suitability level is good.

Table 4
Level of Conformity Between Reality Level and Expectation Level

No	Dimension	Attribute	Reality Level (Ki)	Expectation Level (Hi)	Level of Conformity (Tki)
1.	Tangible	Q1.	498	471	105,73%
		Q2.	336	487	68,99%
		Q3.	507	497	102,01%
		Q4.	499	492	101,42%
		Q5.	503	477	105,45%
		Q6.	366	491	74,54%
		Q7.	499	483	103,31%
2.	Reliability	Q8.	485	471	102,97%
		Q9.	494	487	101,44%
		Q10.	505	497	101,61%
		Q11.	354	492	71,95%
		Q12.	518	477	108,60%
		Q13.	521	483	107,87%
		Q14.	508	471	107,86%
3.	Responsiveness	Q15.	490	487	100,62%
		Q16.	500	497	100,60%
		Q17.	504	492	102,44%
		Q18.	495	491	100,81%
		Q19.	488	483	101,04%
4.	Assurance	Q20.	488	471	103,61%
		Q21.	502	487	103,08%
		Q22.	379	497	76,26%
5.	Empathy	Q23.	370	492	75,20%
		Q24.	489	477	102,52%
		Q25.	501	491	102,04%
		Q26.	495	483	102,48%

Source: Data processed with SPSS 27.0, 2024

Cartesian Diagram Analysis

These four quadrants are limited by an average score for the perception level of 3.33 on the X axis and an average score for the expectation level of 3.42 on the Y axis.

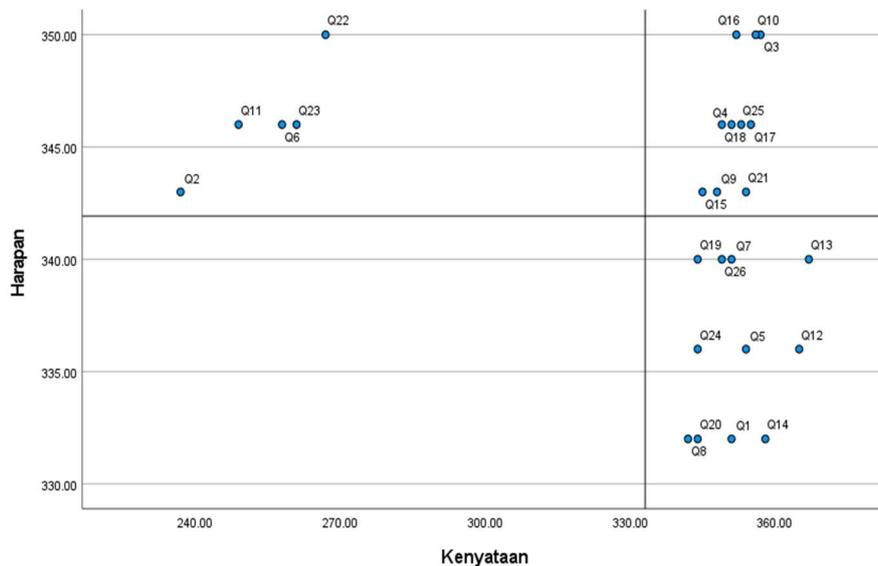
Table 5
Average Value of Reality Level and Expectation Level

No	Dimension	Attribut	Reality Level (Ki)	Expextation Level (Hi)
1.	Tangible	Q1.	3,51	3,32
		Q2.	2,37	3,43
		Q3.	3,57	3,50
		Q4.	3,51	3,46
		Q5.	3,54	3,36
		Q6.	2,58	3,46
		Q7.	3,51	3,40
2.	Reliability	Q8.	3,42	3,32
		Q9.	3,48	3,43
		Q10.	3,56	3,50
		Q11.	2,49	3,46
		Q12.	3,65	3,36
		Q13.	3,67	3,40
		Q14.	3,58	3,32

		Q15.	3,45	3,43
		Q16.	3,52	3,50
3.	Responsiveness	Q17.	3,55	3,46
		Q18.	3,49	3,46
		Q19.	3,44	3,40
		Q20.	3,44	3,32
		Result		86,58
4.	Assurance	Q21.	3,54	3,43
		Q22.	2,67	3,50
		Q23.	2,61	3,46
5.	Empathy	Q24.	3,44	3,36
		Q25.	3,53	3,46
		Q26.	3,49	3,40
		Average Score		3,33

Source: Data processed with SPSS 27.0, 2024

Each quadrant describes a different situation. Mapping based on levels of perception and expectations allows organizations to immediately improve the attributes considered important by inmates at the Kotabumi Class IIA Penitentiary as soon as possible. Each of these quadrants can be explained with the following explanation:



Source: Data processed with SPSS 27.0, 2024

Figure 1
Cartesian Diagram Results

CONCLUSION AND SUGGESTIONS

Based on the data analysis and discussion presented in the previous chapter, it can be concluded that this research was conducted by testing the 26 attributes contained in the TERRA approach (tangible, empathy, reliability, responsiveness and assurance) by distributing questionnaires to 142 prisoners in Class IIA Correctional Institutions. Kotabumi. The results of the gap analysis show that the level of quality of health services at the Kotabumi Class IIA Correctional Institution is negative (-). Where the results of the gap test score between prisoners' perceptions and prisoners' expectations as a whole is -330, this shows that the services provided by the Kotabumi Class IIA Penitentiary have not fully met the expectations of the prisoners in the prison.

The author provides recommendations for improvements to the problematic attributes, namely:

1. The attribute "There are medicines according to the patient's needs" with recommendations for improvement to fulfill the medicine needs through preparing a Medicine Needs Plan and Drug Control which is carried out every month, apart from that, also collaborating with the local Regional Hospital to fulfill the need for medicines that are not available in prison.
2. The attribute "Officers are ready to serve prisoners at any time" with recommendations for improvement, namely providing training and provision to prison officers regarding emergency measures for sick patients (convicts) as well as fulfilling the results of health workers according to applicable standards.
3. The attribute "The medicines given by officers are correct" with recommendations for improvement, namely providing training, provision and maturation of material related to the use of medicines to patients (inmates).
4. The attribute "Officers strive to be punctual in providing services" with recommendations for improvement, namely providing training in an effort to increase the integrity of health workers on duty at the Kotabumi Class IIA Correctional Institution.
5. The attribute "Officers do not delay health services" with recommendations for improvement, namely increasing competence and professionalism for officers in carrying out their duties and strict supervision regarding the implementation of existing SOPs in providing health services at the Kotabumi Class IIA Correctional Institution.

For the Kotabumi Class IIA Penitentiary, the services provided to inmates must be improved, so that inmates feel that the service meets their expectations. The research that has been carried out is still far from perfect. There are many things that can be developed and improved in various ways, such as the use of methods and variables, therefore it is recommended that further research use other methods and variables, so that measurement of the level of service quality can develop.

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