

## A SURVEY ON THE COMMUNITY SATISFACTION INDEX BASED ON KEPMENPAN NO. 25/M.PAN/2/2004 AT KANUJOSO DJATIWIWOWO REGIONAL GENERAL HOSPITAL, BALIKPAPAN IN 2018

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**Abstract.** Community Satisfaction Index (CSI) Survey is used to measure the community's perception on the services that they receive. In hospitals, it is used to determine whether a service or facility needs to be improved or not, and where it must be improved. In 2018, a descriptive qualitative study was performed at RSUD Dr. Kanujoso which would measure the public's perception on the services that the hospital provided. The survey was based on the 14 aspects of CSI of the State Apparatus Empowerment Minister Decree No. 25/M.PAN/2/2004. We discovered that the highest rate was held by the Hemodialysis Unit with 100% and the lowest was held by the Medical Rehabilitation Unit with 74.18%. The other units ranged between 74.89%-90.83%. While the average score for the hospital was 78.42%, which meant that the hospital's performance was good. In general, the hospital provided good service, as evident in the average score of 78.42%. 93.6% of patients prefer to return to the hospital and 97,6% would recommend the hospital. Although some improvements were necessary, such as in the speed and fairness. Therefore, the staff involved in those areas should receive further training.

**Keywords:** Survey, Community Satisfaction Index, Hospital, KEPMENPAN.

**Abstrak.** Indeks Kepuasan Masyarakat adalah data dan Informasi mengenai tingkat kepuasan masyarakat yang diperoleh dari hasil pengukuran secara kuantitatif dan kualitatif atas pendapat masyarakat dalam memperoleh pelayanan dari aparatur penyelenggara pelayanan publik. Desain Survei Kepuasan Masyarakat terhadap Pelayanan di RSUD Kanujoso Wibowo 2018 ini bersifat deskriptif dengan pendekatan kualitatif yang akan mengukur tingkat kepuasan berbasis persepsi masyarakat pada saat menerima layanan kesehatan dikaitkan dengan 14 aspek Indeks Kepuasan Masyarakat dari Keputusan Menteri PAN Nomor: 25/M.PAN/2/2004. Berdasarkan unit layanan, indeks kepuasan masyarakat tertinggi ada di unit Hemodialisa dengan nilai 100,00 (sangat baik). 12 unit layanan lainnya masuk dalam kategori baik dan sangat baik dengan rentang nilai 74,18-90,83. Unit Rehab Medik menjadi unit layanan dengan indeks kepuasan masyarakat terendah yaitu hanya sebesar 74,18, walaupun nilai tersebut masih masuk dalam kategori baik. Nilai Indeks pelayanan dari 14 aspek indeks kepuasan masyarakat untuk pelayanan di RSUD Kanujoso Djatiwibowo adalah 78,42 artinya kinerja unit pelayanan adalah baik.

**Kata kunci:** Survey, Indeks, Kepuasan Masyarakat, Rumah Sakit, KEPMENPAN

### INTRODUCTION

The demand for healthcare continues to increase. To satisfy the demand, we must first measure the level of satisfaction. The results of this evaluation would then be used to improve the healthcare services available at the moment. One of the methods used to measure this was by performing a Community Satisfaction Index (CSI) survey.<sup>1</sup> Dr. Kanujoso Djatiwibowo Regional General Hospital (RSUD Dr. Kanujoso Djatiwibowo) has decided to perform such a survey because the CSI would provide data and information on the satisfaction levels gained through quantitative and qualitative measurement of the community's opinion after they

received services from the public service state apparatuses<sup>2</sup> and according to Law no. 25/2000 on the National Development Program (PROPENAS), the CSI is the standard used to measure the quality of healthcare services.<sup>3</sup> The CSI survey was performed by selecting several units that was expected to be able to represent the general opinions of the community about the services provided at the Hospital.

In addition to Law no. 25/2000, CSI measurement was also supported by a Decree from the Ministry of Administrative and Bureaucratic Reform (Kepmenpan) No. 25/M.PAN/2/2004 on the General Guidelines for Developing a Community Satisfaction Index for Service Units at the Government Institutions. Those guidelines

had 14 evaluation criteria, they were the procedures of the services, the requirements of each service, clarity of the service staff, staff discipline, responsibilities of the staff, capabilities of the staff, speed in providing services, equality in obtaining services, politeness and friendliness of the staff, affordability of services, certainty of cost, certainty of the schedule of services, comfortability of the environment, and safety of services. The aspects would be measured with the following scale (see table 1).<sup>4</sup>

**Table 1.** The Perception Scores, CSI Intervals Scores, CSI Scores Conversion, Quality of Service and the Performance of the Service Unit based on Kepmenpan No. 25/M.Pan/2/2004

Perception Scores	CSI Interval Scores	Conversion of CSI Scores	Quality of Services	Performance of the Service
1	1,00 – 1,75	25 – 43,75	D	Extremely Poor
2	1,76 – 2,50	43,76 – 62,50	C	Poor
3	2,51 – 3,25	62,51 – 81,25	B	Good
4	3,26 – 4,00	81,26 – 100,00	A	Exceptional

In addition to the CSI survey, we also performed a qualitative study on the upper and middle management of the hospital. This was done to obtain a description on the real situation at the hospital.

## METHODS

The CSI survey was performed from August to December 2018. This was a descriptive-qualitative study that measured the level of satisfaction of the community based on how they perceived it when they received healthcare services. It was also correlated with the 14 criteria of CSI. The qualitative data was obtained from in-depth interviews with the upper and middle management of the hospital. The sampling method used was the quota sampling method on 14 Service Units at RSUD Dr Kanujoso Djatiwibowo, involving a total of 548 respondents.

## RESULTS AND DISCUSSION

### Community Satisfaction Index on the Services at RSUD Dr. Kanujoso Djatiwibowo in 2018

The Service Index Scores was calculated based on the scores of each factor of each service component. From

the 15 questions asked in the CSI survey, the score obtained was 3.13. Therefore, the CSI score for the services at RSUD Dr. Kanujoso Djatiwibowo was 78.42 (Good).

**Table 2.** Community Satisfaction Index at RSUD Dr. Kanujoso Djatiwibowo in 2018.

No.	Service Component	Service Component Scores
1.	Accessibility of services	3.10
2.	Compatibility of the requirements to access services	3.10
3.	Clarity of the staff	3.16
4.	Discipline of the staff	3.15
5.	Responsibility of the staff	3.16
6.	Capabilities of the staff	3.16
7.	Speed in providing services	3.07
8.	Equality in obtaining services	3.07
9.	Politeness of the staff	3.20
10.	Friendliness of the staff	3.19
11.	Cost appropriateness	3.11
12.	The cost paid corresponds with the cost set by the hospital	3.10
13.	Reliability of the Schedule	3.10
14.	Comfortability	3.17
15.	Safety of services	3.12
	<b>Services Index Scores</b>	<b>3.13</b>
	<b>Community Satisfaction Index Scores</b>	<b>78.42</b>
	<b>Quality of Service</b>	<b>B</b>
	<b>Performance of the Service Unit</b>	<b>Good</b>

### 1. Accessibility of Services

According to 480 (87.6%) respondents the process to access services at RSUD Kanujoso Djatiwibowo was easy and according to 66 (12%) respondents, it was very easy. None of the respondents found any difficulty in accessing the services. In general, the service components scores for accessibility of procedures was 3.10 (Good). Services that was easy to access would increase the patient's satisfaction and therefore, the hospital has performed several changes to improve the process, such as creating an Out-patient and Emergency

Registration Chart, register the procedures to the hospital website, and require all its staff to comprehend and be familiar with the chart.

## 2. Compatibility of the Requirements to Access Services

According to 490 (89.4%) of respondents, the requirements set by the hospital to access the services was compatible with the type of services provided. 58 (10.6%) respondents stated that it was very appropriate and there were no respondents that stated that incompatibility between the requirements and the type of services provided. In general, the score for this element was 3.10 (Good).

This was because the hospital has provided information on the requirements and the procedure in effect, erected an information board and banners all around the hospital, such as the Emergency Care Registration Charts. There was also information on the administrative requirements to access healthcare at the hospital website.

## 3. Clarity of the Staff

453 (82.7%) respondents stated that the staff that provided service to them were clear and 94 (17.2%) respondents stated that they were very clear. The overall score for the clarity of the staff was 3.16 (Good). The hospital has a clear schedule for the staff on duty at each unit. The staff were also required to perform an online fingerprint attendance check-in when they began their shift.

## 4. Discipline of the Staff

465 (84.9%) respondents stated that the staff were discipline when providing services. No respondents stated that there were any undisciplined staff. Therefore, the overall score for the discipline was 3.15 (Good). The information board also disclosed the Regulations for Civil Servants Violation of Discipline Papan and the 10 Culture of Shame (Tardiness, Missing the morning service, Absence without leave, Requesting frequent leave, Working without a program, Leaving work before it was time to leave, Often leaving their desk without an important reason, Irresponsible in work, Neglected work, and Wearing uniforms unkemptly and incomplete). A Circular Letter on the Guidelines for Employee Behavior based on the East Kalimantan Governor's Regulation No. 82/2012 on Guidelines on Employee Behavior within the East Kalimantan Provincial Government Circles. RSUD Dr. Kanujoso Djatiwibowo also has set the punishments for those who violate the regulations that was based on the Government Regulation No. 53/2010 on Civil Servants Discipline. Good discipline would create a good work environment and would provide excellent services.

## 5. Staff Responsibilities

460 (83.9%) respondents stated that the staff were

responsible in providing their services. None of the respondents stated that the staff were irresponsible. The overall score for responsibility was 3.16 (Good).

Each staff member of the hospital has their own job description and function. How they perform their duties was also evaluated. If every staff member comprehend and were responsible to their jobs and functions, they would be able to provide good quality service and the patient would experience it.

## 6. Staff Capabilities

451 (82.3%) respondents stated that the staff were capable to provide healthcare services. None stated that the hospital staff were incapable. The overall score for staff capabilities was 3.16 (Good). Competent and reliable staff is the spearhead of healthcare services, therefore the knowledge and skills of their staff is important. To maintain that, the hospital would facilitate and perform various trainings, educations, seminars, and certifications for their staff, officers, nurses, and doctors. All staff were also given "Service excellence" training. The training was perform with external and internal parties, it also included coachings at each unit. All of those activities were recorded and reported.

## 7. The Speed of the Provision of Services

At RSUD Dr. Kanujoso Djatiwibowo, the staff were able to provide quick services. 471 (85.9%) respondents agreed with this. Only 2 (0.4%) respondents stated that they were slow. The overall score for quickness was 3.07 (Good). However, at the Pharmacology Unit, although there was an improvement in the speed compared to the previous year (from 2.62 (Good) to 2.96 (Good), it still had the lowest score for speed. A patient can wait 1-2 hours to obtain the prescribed medication at their busiest hours, which was between 11.00-15.00. This coincided with the staff's lunch break and payer break. Although the staff rotated each person taking the breaks, there weren't enough people to process the large amount of prescriptions that come to the unit during the hours.

## 8. Equality in Accessing Services

478 (87.2%) respondents stated that the hospital was fair in providing their services, 63 (11.5%) respondents stated that they were very fair, and there were no respondents that stated that they received unfair treatment. The overall score for equality in accessing services was 3.07 (Good). The hospital has used an electronic queuing machine and the patients must obtain their queue number from the machine. It used the first come, first serve system. The Polyclinic, Laboratory, and Radiology Units also has monitors that airing the number. However, at the Emergency Unit, the patient in the most serious/severe condition was

treated first. A colored band was assigned to each patient when they enter the unit.

#### 9. Staff Politeness

434 (79.2%) respondents stated that all the hospital staff were polite when providing services and 114 respondents stated that they were very polite. None that there were impolite staff. The overall score for staff politeness was 3.20 (Good).

#### 10. Staff Friendliness

442 (80.7%) respondents stated that the hospital staff were friendly. None stated that there were unfriendly staff providing services. The overall score for friendliness was 3.19 (Good).

#### 11. Appropriateness of Cost

478 (87.2%) respondents stated that the cost that they must spend to obtain healthcare was appropriate. Only 1 (0.2%) respondent stated that it was inappropriate. The overall score for cost appropriateness was 3.11 (Good). For many patients, funding is a problem in obtaining healthcare. Therefore, the details of each cost must be specified according to the procedures and type of the disease the patient has. The hospital should not perform unnecessary procedures and the pricelist for the hospital's services must be displayed at the registration unit.

#### 12. The Cost Paid Corresponds with the Cost Set by the Hospital

According to 485 (88.7%) respondents, the cost they paid was the same amount as what the hospital has set. No respondent stated that it was dissimilar. The overall score for the cost similarity was 3.10 (Good). The cost that the patient must match the cost set by the hospital and each item within the bill must be clear and itemized for all patients, whether it was BPJS, private, or insurance-paid patients. The patient can match the cost of an item written on the bill with the hospital's price-list at the registration unit. The price set by the hospital was regulated by East Kalimantan Governor Regulation No. 58/2013 on Healthcare Services Tariffs for Regional Public Service Agencies, General Hospitals in the East Kalimantan Province.

#### 13. Reliability of the Schedule

480 (87.6%) respondents stated that all the services began as scheduled. The overall scores for reliability was 3.10 (Good). Although exactly when the doctor would begin seeing his patients at the clinic, the doctor would already be at the hospital several hours before for operations, visiting the wards, or meetings. In general, the clinic would begin at 10.00 AM. Each doctor should be given a schedule for ward visits and other activities, and when the clinic must be started. Because this would affect the work of other units. For example the Pharmacy Unit, in the morning it would be very leisurely, but

be extremely busy between 11.00 AM till 02.00 PM, because the Out Patient Unit would only begin at 10.00 AM. The limited number of specialists available at the hospital was also related.

#### 14. Comfortability at the Service Unit

447 (81.6%) respondents stated that they were comfortable and 99 (18.1%) respondents stated that they were very comfortable with the conditions of the unit. However, 2 (0.4%) respondents did say that they were uncomfortable. The overall scores for the comfortability of the units were 3.17 (Good). The patient would directly experience the physical facilities of the units at the hospital. Therefore, the hospital must ensure that all the potentially problematic areas was made as comfortable as possible. According to our observations, the TV at the waiting room was working well and there were reading materials (Magazines or newspapers). The staff at the unit was also accountable for the comfortability in each of their unit. Therefore, they must coordinate with the management to ensure that the patients remain comfortable.

#### 15. Safety

The hospital must be able to guarantee the safety of their patients, so that the patients would be able continue treatment without fear. 439 (80.1%) respondents stated that they felt that they were safe at the hospital, none said that they felt unsafe. The overall scores for safety was 3.12 (Good). As an additional precaution, the hospital has installed CCTVs at several locations at the hospital. There were several theft attempts by the patient's family to steal hospital equipment, but the hospital staff were able to prevent it. The vulnerable locations that required more security had a lending procedure to control equipment usage and guarantee that it would be returned, CCTVs, and security personnel placed there.

#### Community Satisfaction Index Per Service Unit

The unit with the highest CSI scores was the Hemodialysis Unit with a score of 100.00 (Excellent). The other 12 units was in the Good and Excellent category, with scores ranging between 74.18-90.83. The lowest score was held by the Medical Rehabilitation Unit with a score of 74.18 (Good).

**Table 3.** Community Satisfaction Index per Services Unit at RSUD Kanujoso Djatiwibowo in 2018.

Unit	Community Satisfaction Index Score
Chemotherapy	100.00

Stroke	90.83
Hemodialysis	86.63
General Out-Patient	80.79
Pharmacy	77.95
Executive Out-Patient	77.25
Intensive Care	76.81
In-Patient Care (Wards)	76.46
Obstetrics	76.43
Laboratorium	75.40
Emergency	74.90
Radiology	74.89
Medical Rehabilitation	74.18

### Results of the Qualitative Study

In-depth interviews were performed with three members of the middle and upper management tiers of the hospital to obtain data for the qualitative study. According to the informants, the results of the quantitative study (CSI survey) has successfully represented the actual situation at the hospital. The results of the CSI survey was then socialized to all the hospital staff and was also presented in the hospital's website and the public can access it. The informants also stated that the results of the CSI survey was also easy to understand and was used as a performance report, evaluation on the integrity zone and as a base for internal improvements.

The informants also stated that most staff agreed with the results of the CSI survey. Such as the low scoring for the Radiology Unit. The unit did have several basic problems, such as a small and hot waiting area. The time the patients had to wait for the results of the examination was also another regular complaint. To solve this, the hospital performed several improvements, they raised the blowers for the air conditioners so that the area would be cooler. They also put a service procedure chart and the minimal service standard of time for each examination, for instance, a chest x-ray would take 3 hours, at the most. Other units with high CSI scores, such as the ICU, was also agreed upon.

The management also tried to address the causes of the problems and correlate it with the characteristics of each unit. According to an informant, those with high

CSI scores do not always have good results. For example, the ICU, the patient dependency levels to the staff were very high. In our eastern culture, if a person was highly dependent on another person, then he will give good reviews and vice versa. At the Radiology Unit, because more patients were coming and leaving the unit (which meant that they had a low level of dependence with the staff), people often give normal or bad reviews.

### CONCLUSIONS

In general, the quality of care at RSUD Dr. Kanujoso Djatiwibowo was Good (78.42%). They also had good performance, which was evident in the improving CSI scores each year, from 74.28% in 2015 to 78.42% in 2018. 93.6% of patients also prefer to return to the hospital for healthcare and would recommend the hospital. However, some improvements were necessary in the length of time (speed) in providing care (3.07%) and equality of case for different patient classes (3.07%). The staff would require more training to be able to provide quicker and more equal care.

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