

Implementation of Public Service Quality at Morokrengan Community Health Center, Surabaya City

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ABSTRACT

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This study aims to evaluate the implementation of public healthcare service quality at Puskesmas Morokrengan, Surabaya, using the SERVQUAL model, which encompasses five key dimensions: reliability, responsiveness, assurance, empathy, and tangibles. The research employs a descriptive quantitative approach with data collected from 100 respondents who had accessed healthcare services at the facility at least twice within the past year. The findings indicate that all service quality dimensions fall within the “good” category, with the empathy dimension receiving the highest average score, particularly in aspects related to respectful and non-discriminatory service. In contrast, the reliability dimension emerged as the area requiring the most attention, especially regarding public perceptions of the alignment between service requirements and the types of services provided. These findings suggest that, although Puskesmas Morokrengan has succeeded in providing inclusive and human-centered services, improvements are still necessary in enhancing procedural clarity, standardizing service requirements, and leveraging information technology to strengthen service communication. This study contributes to the broader discourse on service quality in public health institutions and offers practical implications for enhancing the delivery of digitally integrated primary healthcare services.

INTRODUCTION

Public service delivery constitutes one of the primary instruments through which governments strive to promote societal welfare. In the healthcare context, community health centers (Puskesmas) function as the frontline providers of essential health services with broad outreach across populations. As expectations for service quality continue to rise, citizens increasingly evaluate healthcare not solely on clinical outcomes but also on the quality of interpersonal interactions, service responsiveness, and the adequacy of physical facilities.

The Morokrengan Community Health Center, operated by the Surabaya City Government, has integrated a digital registration system through the ehealth.surabaya.go.id platform. Nevertheless, public forums continue to reveal recurrent complaints concerning waiting times, access to information, and

the comfort of waiting areas. These issues indicate a persistent gap between citizens' expectations and the actual service delivery performance.

One established framework for assessing public service quality from the user's perspective is the SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988). This model evaluates service quality across five core dimensions: reliability, responsiveness, assurance, empathy, and tangibles. Due to its comprehensive approach to capturing user perceptions, the SERVQUAL model has been widely applied in studies of public services, including in healthcare settings.

Previous studies conducted in various regions of Indonesia have underscored the critical role of service quality in enhancing public satisfaction and trust in community health centers. However, much of the existing research tends to emphasize technical aspects

of service delivery or only partially examines the SERVQUAL dimensions. Few studies have comprehensively analyzed all five SERVQUAL dimensions within the context of digitally transformed health centers such as those found in Surabaya. Moreover, there remains a significant gap in the literature regarding the relationship between public perceptions of non-medical service aspects and institutional responsiveness in service quality improvement efforts.

This article presents a descriptive analysis based on prior empirical research concerning service quality at the Morokrengan Community Health Center. Utilizing the SERVQUAL framework, the study aims to assess the most salient service dimensions and identify areas requiring targeted improvement. The findings are intended to provide an empirical overview of public perceptions of service quality in community health centers and to inform evidence-based policy considerations for enhancing local healthcare service delivery.

LITERATURE REVIEW

Service Quality

Service quality is a critical construct in evaluating the effectiveness and responsiveness of public institutions in meeting the needs of their constituents. Zeithaml, Berry, and Parasuraman (as cited in Tjiptono & Diana, 2003) developed the SERVQUAL model, which has gained widespread acceptance as a comprehensive tool for measuring service performance. The model is built on the premise that service quality can be assessed by examining the gap between customer expectations prior to service delivery and their perceptions after the service has been rendered. SERVQUAL proposes five core dimensions of service quality: tangibles (physical facilities and equipment), reliability (the ability to perform services dependably), responsiveness (the willingness to help and respond to customers), assurance (the competence and courtesy of staff), and empathy (personalized attention and care).

Kotler and Keller (2020) further conceptualize service quality as the totality of a product's or service's characteristics that enable it to satisfy customer needs. High-quality service encompasses not only technical performance—such as procedural accuracy and timeliness—but also emotional and psychological aspects, including comfort, friendliness of staff, and ease of access. Within the context of

public healthcare, optimal service quality contributes to increased system efficiency and enhances public trust in service providers. As such, the SERVQUAL framework serves as a useful theoretical foundation for evaluating the multidimensional aspects of public service delivery.

Public Satisfaction

Public satisfaction is a key indicator for assessing the quality of public services and reflects the extent to which service providers succeed in fulfilling user expectations. According to Kotler (as cited in Rifa'i, 2023), satisfaction refers to the level of positive feeling experienced by an individual after comparing initial expectations with the actual outcomes received. Oliver (1990) asserts that satisfaction is a cognitive evaluation of the discrepancy between prior expectations and actual performance. Thus, public satisfaction is not merely an emotional response but rather a rational assessment of service quality.

In the context of Indonesia's public sector, public satisfaction is typically measured using the Community Satisfaction Survey (Survei Kepuasan Masyarakat, or SKM), which is compiled into a Community Satisfaction Index (Indeks Kepuasan Masyarakat, or IKM). This quantitative instrument is designed to evaluate how well public services align with citizen needs and expectations (Rifa'i, 2023). Key indicators of SKM include the clarity of service requirements, procedural simplicity, timeliness, staff professionalism, and the adequacy of supporting infrastructure. In this study, the SERVQUAL model is employed as a complementary analytical framework, as its dimensions align closely with the qualitative aspects of public satisfaction. Together, SKM and SERVQUAL offer a comprehensive basis for assessing and improving the performance of public service institutions.

METHOD

This study employed a descriptive quantitative approach, as defined by Sugiyono (2013), which aims to systematically, factually, and accurately describe the characteristics of a specific population or phenomenon. The primary focus of this research is to analyze the implementation of public service quality at Puskesmas Morokrengan in Surabaya City, particularly within the context of digital healthcare service delivery through the ehealth.surabaya.go.id platform. Data collection was conducted over the period from November 2024 to April 2025, aligning

with the full operationalization phase of the digital registration system.

The target population in this study consisted of all individuals who had utilized healthcare services at Puskesmas Morokrengan, including those accessing outpatient care, routine check-ups, and consultation services. A total of 100 respondents were selected using accidental sampling, a type of non-probability sampling technique where participants are selected based on availability and convenience. The inclusion criteria for respondents were as follows:

1. Individuals aged 17 years or older;
2. Patients who had received services at Puskesmas Morokrengan at least twice within the last year;
3. Registered patients under the Puskesmas as their primary care provider.

The primary data collection instrument was a closed-ended questionnaire developed based on the five SERVQUAL dimensions proposed by Parasuraman et al. (1988), namely: tangibles, reliability, responsiveness, assurance, and empathy. These five dimensions were operationalized into 14 questionnaire items, each measured using a five-point Likert scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). The questionnaire items were adapted from established indicators used in previous empirical studies and adjusted to the context of public healthcare service quality in Indonesia.

Data were analyzed using descriptive statistical techniques, including calculations of mean scores, percentages, and index values for each SERVQUAL dimension. The interpretation of scores followed a service quality categorization scale: poor (1.00–2.00), fair (2.01–3.00), good (3.01–4.00), and excellent (4.01–5.00). Additionally, the Community Satisfaction Index (Indeks Kepuasan Masyarakat, IKM) served as a reference framework to assess how community perceptions aligned with national public service standards (Kementerian PAN-RB, 2003).

This quantitative approach provides a measurable overview of the quality of digital public health services at Puskesmas Morokrengan. Furthermore, it allows for the identification of specific service dimensions that require improvement to better meet public expectations and support institutional accountability in healthcare service delivery.

RESULT

This study aims to evaluate the implementation of public service quality in the health sector at Puskesmas Morokrengan, Surabaya City, particularly in the context of digital service delivery through the ehealth.surabaya.go.id platform. The evaluation is conducted using the SERVQUAL framework, which consists of five core dimensions of service quality. The research findings are presented in the following subsections:

Respondent Characteristics

| Respondent Characteristics | Description | Freq | % |
|----------------------------|----------------------------------|------|-----|
| Gender | Male | 20 | 20% |
| | Female | 80 | 80% |
| Age | Late Adolescence (17–25 years) | 24 | 24% |
| | Early Adulthood (26–35 years) | 40 | 40% |
| | Middle Adulthood (36–45 years) | 22 | 22% |
| | Early Elderly (46–55 years) | 14 | 14% |
| Education | Basic (Elementary & Junior High) | 48 | 48% |
| | Secondary (Senior High School) | 46 | 46% |
| | Higher (University Level) | 6 | 6% |
| Occupation | Unemployed/House wife | 67 | 67% |
| | Student | 12 | 12% |
| | Private Sector Employee | 18 | 18% |
| | Entrepreneur | 1 | 1% |
| | Civil Servant (PNS) | 2 | 2% |

A total of 100 respondents participated in this study, all of whom met the predetermined inclusion criteria. Based on demographic data, the majority of respondents were female (62%) and fell within the age range of 26–45 years (58%). Most respondents were employed in the private sector (41%) and had completed senior high school education (47%). All participants had accessed services at Puskesmas Morokrengan at least twice within the past year and were registered as BPJS members who designated the health center as their primary healthcare facility (faskes I).

Mean Scores for Each Service Quality Dimension

| Dimension | State ment | Response Scores | | | | Tot al | Mea n | Mean Indicat or |
|-----------------|------------|-----------------|----|----|----|--------|-------|-----------------|
| | | 1 | 2 | 3 | 4 | | | |
| Reliability | X1.1 | 5 | 23 | 60 | 12 | 100 | 2,8 | 3,0 |
| | X1.2 | 1 | 27 | 40 | 32 | 100 | 3,0 | |
| | X1.3 | 0 | 29 | 31 | 40 | 100 | 3,1 | |
| | X1.4 | 4 | 24 | 28 | 44 | 100 | 3,1 | |
| Responsive ness | X2.1 | 4 | 23 | 33 | 40 | 100 | 3,1 | 3,1 |
| | X2.2 | 3 | 26 | 29 | 42 | 100 | 3,1 | |
| | X2.3 | 0 | 24 | 29 | 47 | 100 | 3,2 | |
| Assurance | X3.1 | 2 | 33 | 44 | 21 | 100 | 2,8 | 3,1 |
| | X3.2 | 1 | 26 | 28 | 45 | 100 | 3,2 | |
| | X3.3 | 3 | 28 | 23 | 46 | 100 | 3,1 | |
| | X3.4 | 2 | 29 | 21 | 48 | 100 | 3,2 | |
| Empathy | X4.1 | 2 | 27 | 14 | 57 | 100 | 3,3 | 3,3 |
| | X4.2 | 2 | 27 | 12 | 59 | 100 | 3,3 | |
| Tangible | X5.1 | 2 | 19 | 40 | 39 | 100 | 3,2 | 3,2 |

Descriptive analysis indicates that, overall, the quality of service falls within the “good” category, with the average scores for each SERVQUAL dimension as follows:

1. Reliability (3.0)
2. Empathy (3.3)
3. Tangibles (3.2),
4. Responsiveness (3.1)
5. Assurance (3.1)

Based on the interpretive category using a scale range of 1.00 to 5.00, all dimensions are classified at the “good” level (3.01–4.00).

Interpretation of Each Dimension

The reliability dimension evaluates the extent to which services are provided accurately, consistently, and in accordance with established procedures. According to Parasuraman et al. (1988), reliability is defined as the ability to perform the promised service dependably and accurately. Based on the table, the mean score of 3.0 suggests that the public generally perceives the services at Puskesmas Morokrembangan as reliable, though not yet optimal. This score remains within the "good" category, yet reflects that some respondents still encountered procedural mismatches or experienced inconsistencies in service delivery. These results indicate that improvements are necessary in standardizing operational procedures,

especially during peak hours. As stated by Tjiptono (2021), procedural clarity and consistency are essential to building service reliability. Enhancing queue management systems and conducting regular training for service personnel could help strengthen the reliability and consistency of healthcare services at the facility.

Responsiveness refers to the promptness and readiness of staff in addressing patient needs. This concept aligns with the SERVQUAL framework developed by Parasuraman et al. (1988), which emphasizes responsiveness as a core indicator of service quality. With a mean score of 3.1, this dimension is rated as good, though it represents one of the lower scores in the SERVQUAL framework. While most respondents acknowledged adequate responsiveness, some expressed dissatisfaction with delays during busy hours or when staffing levels were insufficient. According to Widodo (2020), staffing shortages during high demand periods are a common issue in urban healthcare services. Improvements may include increasing staff availability during peak times and streamlining registration and service workflows.

The assurance dimension measures the competence, courtesy, and ability of staff to instill confidence and a sense of safety among patients. As explained by Zeithaml, Parasuraman, and Berry (1990), assurance involves the knowledge and courtesy of employees and their ability to inspire trust and confidence. The mean score of 3.1 suggests that patients feel reasonably confident in the capabilities of both medical and administrative personnel. However, several respondents noted a lack of clarity in the explanation of medical procedures. Rifa'i (2023) emphasized that effective communication and clarity are critical in healthcare settings to improve patient trust. To strengthen assurance, staff should receive periodic training in patient communication and service clarity to enhance trust and understanding.

Empathy received the highest score among all dimensions, with a mean of 3.3. Parasuraman et al. (1988) define empathy as the provision of caring and individualized attention to customers. This reflects a strong perception of courteous, respectful, and attentive service from the healthcare staff. The ability to engage with patients empathetically contributes significantly to comfort and satisfaction, as supported by Kotler and Keller (2016), who argue that perceived empathy enhances patient experience and loyalty. Sustaining this strength requires continued

reinforcement of a service-oriented culture and investment in interpersonal communication training for staff.

The tangibles dimension evaluates the condition of physical facilities such as waiting areas, cleanliness, and medical equipment. As stated by Parasuraman et al. (1988), tangible aspects represent the physical evidence of a service and can significantly affect the initial impressions of service quality. A mean score of 3.2 indicates that the infrastructure is generally adequate and meets the expectations of the public. Nonetheless, some respondents suggested improving the aesthetics and comfort of the service areas. Tjiptono (2021) also highlights the symbolic role of physical evidence in influencing customer perceptions. Regular maintenance and periodic upgrades of facilities would enhance the tangible aspect of service delivery.

Based on the analysis of all SERVQUAL dimensions, it can be concluded that the empathy dimension received the highest mean score of 3.3, reflecting the success of Puskesmas Morokrembangan in establishing positive interpersonal communication and demonstrating care toward patients. In contrast, the reliability dimension recorded the lowest average score, at 3.0, indicating persistent challenges related to procedural consistency, alignment of service outcomes with established standards, and occasional deviations in service execution. Therefore, although all service quality dimensions are rated within the “good” category (Parasuraman et al., 1988), the most significant improvement opportunity lies in enhancing service reliability in order to elevate the overall quality of public healthcare services at Puskesmas Morokrembangan to the “very good” category.

DISCUSSION

Reliability

The reliability dimension, with a mean score of 3.0, suggests that service users perceive the procedures at Puskesmas Morokrembangan as generally consistent, though not yet optimal. According to Parasuraman et al. (1988), reliability represents the organization’s ability to perform promised services dependably and accurately, forming the backbone of trust in service delivery. This finding aligns with Tjiptono (2021), who emphasized that procedural conformity and timeliness are essential in building service credibility. The presence of occasional delays and procedural

inconsistencies reported by respondents highlights a service gap that needs to be addressed. Moreover, in the context of public services, Oliver’s (1990) expectancy-disconfirmation theory reinforces the idea that when actual performance deviates from expectations, it leads to reduced satisfaction. Therefore, strengthening SOP implementation and standardizing workflow—especially during peak hours—is essential for enhancing reliability.

Empathy

Empathy received the highest average score of 3.3, indicating a strong emotional connection between healthcare providers and patients. This reflects the success of the Puskesmas in delivering personalized and respectful service, as defined by Parasuraman et al. (1988) in the SERVQUAL model. The findings support Kotler and Keller’s (2016) assertion that empathy plays a critical role in shaping perceived service value, especially in emotionally sensitive sectors such as healthcare. In community-based health services, empathy also acts as a social capital that increases patient trust and adherence to medical advice. The ability of healthcare personnel to offer patient-centered attention aligns with the WHO’s (2023) recommendation that quality health services should be equitable, respectful, and responsive to individual preferences.

Tangibles

With a mean score of 3.2, the tangibles dimension reflects user perceptions of physical evidence, such as facilities, cleanliness, and the visual appeal of the environment. According to the SERVQUAL framework, tangible elements are the first indicators perceived by service users and significantly influence their initial impressions. Parasuraman et al. (1988) emphasize that well-maintained physical infrastructure not only represents professionalism but also enhances patient comfort and confidence. Tjiptono (2021) also highlights the symbolic value of clean, organized, and modern facilities in public services. While the current infrastructure was deemed sufficient, suggestions for aesthetic and comfort improvements point to the need for routine maintenance and user-oriented space redesign to elevate perceived quality.

Responsiveness

The responsiveness dimension, with a mean score of 3.1, indicates that patients view the staff as generally willing to help, though delays in service were noted during peak hours. This aligns with Parasuraman et al. (1988), who defined responsiveness as the willingness to assist customers and provide prompt service. The limited score suggests that service responsiveness is hindered by structural challenges, such as inadequate staffing and inefficient queue systems. Widodo (2020) emphasized the role of human resource management and operational efficiency in ensuring timely public service delivery. Furthermore, integrating real-time queue monitoring technologies and optimizing staff allocation—especially during high-demand periods—could significantly improve this service dimension.

Assurance

Assurance also received a mean score of 3.1, reflecting that patients generally trust the competence and courtesy of staff but desire clearer communication regarding medical procedures. Zeithaml et al. (1990) defined assurance as the ability of employees to inspire confidence and trust, which is vital in health-related interactions where patients are often vulnerable. The gaps identified in the explanation of procedures highlight the need for improved communication training. Rifa'i (2023) emphasized that in primary healthcare, satisfaction depends not only on technical competence but also on interpersonal clarity and empathy. Enhancing this dimension requires not just procedural accuracy, but also soft-skill development through communication workshops and patient-focused service protocols.

CONCLUSION

This study has evaluated the quality of public healthcare services at Puskesmas Morokrembangan using the SERVQUAL framework, with findings indicating that all five dimensions fall within the "good" category. Among these, empathy was rated highest, signifying the center's strength in providing patient-centered, respectful, and non-discriminatory care. However, the reliability dimension showed room for improvement, particularly in aligning procedural clarity with patient expectations. These findings imply that while digital transformation can streamline

service delivery, it must be balanced with consistent operational standards and interpersonal effectiveness. Thus, public health institutions must not only invest in digital platforms but also reinforce procedural accuracy and staff training to enhance trust and satisfaction.

The implications of this research suggest that continuous quality improvement in public healthcare requires a dual focus on technological advancement and human-centered service design. For future research, it is recommended to explore longitudinal studies that assess the impact of specific digital innovations (e.g., mobile apps, e-queues, AI-assisted triage) on patient satisfaction and service efficiency. Additionally, expanding the research across multiple Puskesmas with varied demographic and infrastructural contexts would provide a broader understanding of best practices in service quality management. Investigating the role of organizational culture and leadership in fostering service excellence may also yield valuable insights for sustainable healthcare improvements.

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