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Analysis of Public Satisfaction Index in Kedungadem Public Health Center: Evaluation of Service Quality in Semester II, 2024

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Abstract

Objective – This study aims to evaluate the quality of public services and obtain feedback on the performance of services provided to the community for continuous improvement of service performance based on the Public Satisfaction Index (IKM) at the Kedungadem Public Health Center in Semester II of 2024.

Methodology – This research uses a quantitative descriptive approach through surveys to 100 respondents each from 14 villages and 13 types of health services. The score was measured using data processing techniques for analyzing the IKM. The survey instrument uses a questionnaire that is compiled based on 9 service elements determined by government regulations.

Findings – The overall IKM value of the Kedungadem Public Health Center service is 85.40, which is categorized in the "Good" category. However, the element of Handling Complaints with a value of 66.55 and Product Specifications of Service Types, especially toilet cleanliness with a value of 72.45 in the "Not Good" category so that it still needs to be improved.

Research limitations/implications – This study was only conducted in one health center and only covered a period of one semester.

Practical implications – The results can be used as evaluation material for health service managers in improving service quality in certain aspects.

Originality/value – This research presents the practical application of IKM in evaluating and improving public services in the health sector, especially in health centers.



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INTRODUCTION

Public service is one of the important tasks that can not be ignored by the local government. The government is required to provide excellent service as part of an effort to build public trust in state institutions (Mahardika, 2024). Public service is an act of providing services by the government to the community, either directly or through partnerships with the private sector and the community.(Hendriek Mahendry et al., 2023) Along with the development of the era, the paradigm of public service has shifted from being oriented towards internal management to focusing on customer satisfaction (*customer driven government*).

Rapid and broad strategic environmental changes are driving increasing specialization and diversity of community needs, coupled with increasing public awareness of their rights to quality services. Advances in information technology are also accelerating the dissemination of information and increasing public expectations of the performance of public service providers. This requires a paradigm shift in government in serving the public. The government remains a service provider, but its role must be adjusted to the demands of the times, namely to become a facilitator and catalyst in providing responsive, participatory, and adaptive services to the needs of citizens.(Lindayanti et al., 2023)

Health is the prosperous state of body, soul, and social which enables individuals to live productively in social and economical aspects. (Husain Akbar & Tegar Jaya, 2017).Health is a human right and one of the elements of welfare that must be realized according to the ideals of the Indonesian people. (Wartiningsih et al., 2022). The Health Center is a functional organization that organizes health efforts that are comprehensive, integrated, equitable, acceptable and affordable by the community, with active community participation and using the results of appropriate scientific and technological developments. Health services provided by the Health Center emphasize promotive and preventive services, although they also include curative and rehabilitative services. These services are intended for the wider community in order to achieve optimal health, without ignoring the quality of service to individuals.(Desiyana Norrahiimi et al., 2024)

In the context of public services in the health sector, public satisfaction is an important indicator in assessing the effectiveness and efficiency of service delivery. In order to realize good governance, accountable, transparent, and community-oriented public services are needs that cannot be postponed. Therefore, innovation in services, readiness to receive public input, and implementation of continuous evaluation and improvement are imperative.

In the recent past, studies on patient satisfaction gained popularity and usefulness as it provides the chance to health care providers and managers to improve the services in the public health facilities. Patients' feedback is necessary to identify problems that need to be resolved in improving the health services. Even if they still do not use this information systematically to improve care delivery and services, this type of feedback triggers a real interest that can lead to a change in their culture and in their perception of patients.(Sodani et al., 2010). Patient loyalty is defined as a strong desire to repurchase a desired service in the future. Further, other aspects of the health facilities also have an impact on patient loyalty.(Febri Endra Budi Setyawan et al., 2022).One of the important instruments in assessing the quality of public services is the preparation of the IKM. IKM is a strategic step to assess public expectations and government service performance quantitatively. Through IKM measurement, public service agencies can obtain an objective picture of public perception of the quality of services received, as well as being the basis for determining policies for continuous service improvement. Thus, measuring public satisfaction is not only an evaluation tool, but also part of the commitment of public service institutions to continue to improve the quality and accountability of services to the public.

Health centers as the spearhead of first-level health services have an important role in maintaining and improving the health of the community. However, there are still various challenges in the implementation of services, ranging from limited human resources, facilities and infrastructure, to bureaucratic procedures that are sometimes not fully efficient. These challenges have the potential to cause dissatisfaction among the community as service users. To answer these challenges, measuring public satisfaction is important to be done periodically. One of the instruments used by the government is the IKM. IKM provides a comprehensive picture of public perception of the quality of services provided by public institutions, including Puskesmas. The results of this measurement can be the basis for continuous service improvement, as well as part of public performance accountability.

Some study of which IKM applied in public sector is the study of Lindayanti, Fitriano, Y., & Irawan Abi, Y. (2023). (Yasinta et al., 2025)(Alfiyani et al., 2023). Year by year, the researches on public sector where IKM has been used as primary method of public sector assessment is increasing. Due to its rigour studies, Hermanto (2021) who studies Community Satisfaction Index in Healthcare Service of Community Central Health Service in Maron Probolinggo Indonesia. The Importance-Performance Analysis have been providing a fundamental tool needed for agent to focus on their energy where they can maintain the relatively good performance proved by IKM. By doing so, agent can manage its energy to work more effectively and efficiently. (Hermanto et al., 2021)

Kedungadem Public Health Center as a first-level health facility in Bojonegoro Regency has a great responsibility in providing quality and equitable health services to the community. In Semester II of 2024, Kedungadem Public Health Center has conducted an IKM survey to determine the level of public satisfaction with the services provided. Therefore, it is important to analyze the results of the survey in order to determine the strengths and weaknesses of the service, as well as material for evaluation and formulation of policies to improve the quality of health services in the future.

THEORETICAL BACKGROUND AND RESEARCH MODEL

Service quality has become one of the important issues in the provision of public services in Indonesia. The bad impression of public services has always been the image attached to service provider institutions in Indonesia. So far, public services have always been synonymous with slowness, injustice, and high costs. Not to mention in terms of service ethics where the behavior of service providers is less empathetic and responsive in providing good service. Service quality itself is defined as a dynamic condition related to products, services, people, processes and environments that meet or exceed expectations. (Goetsch & Davis, 2017) Therefore, service quality is related to meeting customer expectations or needs.

Public satisfaction with public services is greatly influenced by perceptions of service quality, which can be measured through five main dimensions in the SERVQUAL theory, namely:

1. *Tangibles* (Physical Evidence), including physical facilities, equipment, and the appearance of service personnel. In public services, this is the cleanliness of the service room, toilet facilities, and the availability of other supporting facilities.
2. *Reliability*, the agency 's ability to provide promised services accurately and reliably. Services must be in accordance with procedures and can be relied upon whenever needed.
3. *Responsiveness*, the willingness and ability of employees to help customers and provide service quickly. Including how public complaints or grievances are responded to.
4. *Assurance*, Knowledge and courtesy of employees and their ability to create trust and a sense of security. This is related to the competence and behavior of officers.

5. *Empathy*, the agency's attention and concern for the individual needs of the community. This includes active involvement in listening to citizen input and needs.

Health services are one form of concrete public service provided by the government. Health is a very important investment for society, because without a physically and mentally healthy society, the development of a country will not be able to run smoothly. Health problems are the most fundamental problems that should be taken seriously by the government.

Peraturan Menteri Kesehatan Nomor 19 Tahun 2024 tentang Penyelenggaraan Pusat Kesehatan Masyarakat, it is stated that Community Health Centers are first-level Health Service Facilities that organize and coordinate promotive, preventive, curative, rehabilitative, and/or palliative health services in their working areas. (Kementerian Kesehatan, 2024)

The quality of health centers, patient satisfaction, and loyalty are three key factors that enable health care providers to improve its services and cost-effectiveness. Studies showed that the following important factors influence patient satisfaction: (1) timely visit, (2) compassionate professionals, (3) accurate medical bills, (4) effective communication skills, (5) promptness in delivering health services, and (6) willingness to support others. Patient satisfaction also affects other dimensions of healthcare services, including retention, which is the key factor that determines their willingness to return to the same center. In addition, the provision of high standard health services, motivation, and showing appreciation help to retain patients. (Setyawan et al., 2020)

The government regulation on public services to assess the performance of public service units is Peraturan Menteri PAN dan Reformasi Birokrasi Nomor 14 Tahun 2017 tentang Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik. This regulation uses survey methods and techniques that are in accordance with the characteristics of each type of public service, considering the diverse nature of existing public services. In addition, the minimum elements that must be present in the Public Satisfaction Measurement Survey include 9 (Nine) scopes, namely:

1. Requirements, namely the conditions that must be met in administering a type of service, both technical and administrative requirements;
2. Procedures are the service procedures required to complete the entire service process for each type of service.
3. Service Time is the time period required to complete the entire service process for each type of service.
4. Fees/Tariffs are costs charged to service recipients in managing and/or obtaining services from the provider, the amount of which is determined based on an agreement between the provider and the community.
5. Product Specification Type of Service, is the result of the service provided and received in accordance with the provisions that have been set. This service product is the result of each type of service specification.
6. Employee Competence, is the ability that must be possessed by the implementer including knowledge, expertise, skills and experience.
7. Employee Behavior is the attitude of officers in providing services.
8. Handling of Complaints, Suggestions and Input, is the procedure for implementing complaint handling and follow-up.
9. Facilities and infrastructure. Are everything that can be used as a tool in achieving goals and objectives. Infrastructure is everything that is the main support for the implementation of a process (business, development, project). (Kementerian PAN RB, 2017)

RESEARCH METHODS

This study uses a quantitative descriptive method with data collection through a survey of 100 respondents from 14 villages and 100 respondents from 13 types of health services. The number of respondents is determined by the formula $n = (U + 1) \times 10$, which U is 9 (nine) elements that must be included in the Public Satisfaction Measurement Survey. Data collection is carried out through face-to-face interviews. The sampling technique uses Stratified Random Sampling where the population is divided into subgroups (strata) that are internally homogeneous (based on village and type of service), then a random sample is taken from each stratum. In measuring the score, this study uses the IKM analysis data processing technique in accordance with the Peraturan Menteri PAN dan Reformasi Birokrasi Nomor 14 Tahun 2017 tentang Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik, namely with a Likert scale. The Likert scale is a scale used to measure a person's perception, attitude or opinion regarding a social phenomenon. The IKM value is calculated based on the weighted average of the respondent's satisfaction level with each service element, then converted to a scale of 25-100 to determine the performance category. The form of answers to determine the IKM through questions from each service element generally reflects the level of service quality in each Kedungadem Public Health Center Service unit ranging from very good to poor categories. For the poor category, a perception value of 1 is given, less than a perception value of 2, good is given a perception value of 3, and very good is given a perception value of 4.

The value of the IKM is calculated using the "weighted average value" of each service element. In calculating the community satisfaction index against the number of service elements studied, each service element has the same weighting with the following formula:

$$\text{Weighted average value} = \frac{\text{Total weight}}{\text{Number of elements}} = \frac{1}{9} = 0.111 \dots\dots\dots(1)$$

To obtain the IKM value, a weighted average value approach is used with the following formula:

$$\text{Weighing IKM} = \frac{\text{Total of the perception value per element}}{\text{Number of filled elements}} \times \text{Weighing value} \dots\dots\dots(2)$$

To facilitate interpretation of the IKM assessment, which is between 25-100, the assessment results above are converted to a basic value of 25, with the following formula:

$$\text{Community Satisfaction Index} \times 25 \dots\dots\dots(3)$$

The data that has been entered will be analyzed manually or using software. Data processing will produce output: IKM Value:

Table 1.
PERCEPTION VALUE, INTERVAL VALUE, CONVERSION INTERVAL VALUE, SERVICE QUALITY AND SERVICE UNIT PERFORMANCE

Mark Perception	Interval Value	Value Interval Conversion	Quality Service	Service Unit Performance
1	1.00 – 2.5996	25.00 – 64.99	D	Not good
2	2.60 – 3.064	65.00 – 76.60	C	Not good
3	3.0644 – 3.532	76.61 - 88.30	B	Good
4	3.5324 – 4.00	88.31 – 100.0	A	Very good

Source: Author

ANALYSIS AND RESULTS

Respondent Characteristics

The dominance of each respondent characteristic at the Kedungadem Public Health Center, Bojonegoro Regency can be seen as follows:

Table 2.
CHARACTERISTICS OF RESPONDENTS AT KEDUNGADEM PUBLIC HEALTH CENTER

No	Characteristics	Domination	
		Information	Percentage (%)
1	Age	30-39 Years	25.67
2	Gender	Woman	52.89
3	Last education	SENIOR HIGH SCHOOL	35.11
4	Work	Self-employed / entrepreneur	34.00
5	Number of Visits	< 3 times	42.33
6	Respondent Status	Patient	76.78

Source: Author

The characteristics of respondents representing visitors to the Kedungadem Public Health Center, Bojonegoro Regency as a whole need special attention, so that it is expected that by knowing the type of the majority of visitors, the Kedungadem Public Health Center, Bojonegoro Regency can prepare specific strategies and services. 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.(Alayyannur & Dwiyantri, 2019) Different age groups can provide different opinions, because each age group will have different levels of accessibility, knowledge, benefits and concern for the services received. Based on Table 2, the dominance of respondents is in the 30-39 year age group with a percentage of 25.67%. Female respondents are more dominant than male respondents, namely 52.89%.

This illustrates that women use more health services at the Kedungadem Public Health Center, Bojonegoro Regency. Information on Education Level is important in predicting the level of knowledge and insight of the community, as well as the opinions and expectations of the community towards service performance. Most of the respondents have a high school education, namely 35.11%. Most respondents have a main job as self-employed/entrepreneurs (traders) with a percentage of 34.00% with the highest number of visits <3 times (42.33%) and status as patients (76.78%).

Service Elements

Table 3.
RESULTS OF IKM SERVICE ELEMENTS AT KEDUNGADEM PUBLIC HEALTH CENTER

No	Element	Interval Value	Conversion Interval Value	Quality of Service	Service Performance
1	Condition	3.89	97.22	A	Very good
2	Procedure	3.84	96.11	A	Very good
3	Service Hours	3.40	85.00	B	Good
4	Fees/Rates	4.00	100.00	A	Very good
5	Product Specification Service Type	2.90	72.45	C	Not good
6	Employee Competence	3.71	92.77	A	Very good
7	Employee Behavior	3.19	79.75	B	Good
8	Handling Complaints, Suggestions and Feedback	2.66	66.55	C	Not good
9	Infrastructure	3.15	78.75	B	Good
IKM Health Center		3.57	85.40	B	Good

Source: Author's data

In general, the IKM of Kedungadem Public Health Center has shown good service performance with a value of 85.40. The Requirements element with a value of 97.22, Procedure with a value of 96.11, Employee Competence with a value of 92.77 received the predicate of "Very Good" Service Performance. The Service Time element with a value of 85.00, Employee Behavior with a value of 79.75, Facilities and Infrastructure with a value of 78.75 are included in the "Good" Service Performance. There are two elements with Service Quality C (Poor) which needs to be done immediately repaired, namely Service Products In this case what needs attention is the cleanliness of the toilet with a score of 72.45 and Complaint Handling with a value of 66.55.

Villages and Service Units

The results of the IKM in Villages and Health Service Units are as follows:

A. Village (Polindes/Pustu)

Table 4.
RESULTS OF VILLAGE IKM (POLINDES/PUSTU) KEDUNGADEM PUBLIC HEALTH CENTER

No	Health post / health center	Interval Value	Conversion Interval Value	Quality of Service	Service Unit Performance
1	Tumbrasanom	3.24	81.11	B	Good
2	Drokilo	3.40	85.00	B	Good
3	Sidorejo	3.39	84.63	B	Good
4	Sidomulyo	3.24	81.11	B	Good
5	Jamberejo	3.28	82.08	B	Good
6	Kepohkidul	3.30	82.50	B	Good
7	Sumberwungu	3.38	84.44	B	Good
8	Babad	3.42	85.55	B	Good
9	Megale	3.24	80.92	B	Good
10	Tlogoagung	3.19	79.63	B	Good
11	Balongcabe	3.40	85.00	B	Good
12	Ngrandu	3.51	87.77	B	Good
13	Geger	3.43	85.74	B	Good
14	Kedungrejo	3.38	84.44	B	Good
	IKM Village	3.34	83.57	B	GOOD

Source: Author's data

The results of the Village IKM (Polindes/Pustu) with an average of 83.57 are included in Service Quality B with the predicate of "Good" Service Unit. All villages in the working area of the Kedungadem Public Health Center are also included in Service Quality B with the predicate of "Good" Service Unit. Based on the data in Table 4, Ngrandu Village received the highest score of 87.77 while the lowest score was in Tlogoagung Village with a score of 79.63.

B. Service Unit / Polyclinic

Table 5.
RESULTS OF IKM SERVICE UNIT/POLYCLINIC OF KEDUNGADEM PUBLIC HEALTH CENTER

No	Service Unit/Polyclinic	Interval Value	Conversion Interval Value	Quality of Service	Service Unit Performance
1	Registration Counter	3.43	85.78	B	Good
2	General Polyclinic	3.49	87.22	B	Good
3	KIA & KB	3.52	88.06	B	Good
4	Children's Polyclinic & Immunization	3.61	90.14	A	Very good

5	Dental Polyclinic	3.54	88.61	A	Very good
6	TB Room	3.51	87.78	B	Good
7	Nutrition Room	3.51	87.78	B	Good
8	Laboratory	3.52	88.06	B	Good
9	Pharmacy	3.67	91.67	A	Very good
10	Emergency Room	3.46	86.39	B	Good
11	Inpatient	3.53	88.30	B	Good
12	Delivery room	3.31	82.78	B	Good
13	Postpartum	3.26	81.39	B	Good
IKM Unit / Poly		3.49	87.23	B	GOOD

Source: Author's data

Based on the data in Table 5, the IKM Results of the Kedungadem Public Health Center Service Unit/Polyclinic obtained an average value of 87.23 in the Service Quality B category with the predicate of Service Unit Performance "Good". The highest IKM results with Service Quality A and Service Unit Performance "Very Good" were in the Pharmacy Service Unit with a value of 91.67, then the Children's and Immunization Polyclinic with a value of 90.14 followed by the Dental Polyclinic with a value of 88.61. For the Registration Counter Service Unit, General Polyclinic, KIA & KB, TB Room, Nutrition Room, Laboratory, Emergency Room, Inpatient, Delivery Room, Postpartum/Postpartum received the Service Quality B category with the predicate of Service Unit Performance "Good".

Based on Table 4. Results of Village IKM (Polindes/Pustu) of Kedungadem Public Health Center and Table 5. Results of Service Unit/Poly Unit IKM of Kedungadem Public Health Center, the results of Kedungadem Public Health Center IKM are as listed in the following table:

Table 6.
RESULTS IKM OF THE KEDUNGADEM PUBLIC HEALTH CENTER

No	Health Center	Conversion Interval Value	Quality of Service	Service Unit Performance
1	Service Unit	87.23	B	Good
2	Village	83.57	B	Good
IKM		85.40	B	GOOD

Source: Author's data

Based on the data in Table 6. The results of the Kedungadem Public Health Center's IKM, show that the Kedungadem Public Health Center's IKM Value obtained from the average of all village IKM values and service units at the Kedungadem Public Health Center is 85.40, included in Service Quality B with the category "Good". The IKM value obtained from the Service Element is also the same, namely 85.40, included in Service Quality B with the category "Good".

DISCUSSION

Respondent Profile and User Segmentation

The research results indicate that the majority are aged 30–39 years (25.67%) and female (52.89%), suggesting that women of reproductive age are the primary users of Puskesmas services. Most have a high school education (35.11%) and are self-employed/traders (34%), meaning they are economically independent but may have time constraints in accessing services. Most only access services less than three times (42.33%), indicating low frequency, which could reflect high satisfaction so they don't need to visit frequently, or conversely, access barriers such as time, transportation costs, or lack of knowledge. This suggests that service strategies have not been fully segmented effectively based on key user characteristics. There is still potential for improvement in access, education, and gender- and age-based approaches. Policy implications that can be implemented include providing flexible service hours for working-age women, community-based health education for housewives and the elderly, and specialized promotion and prevention services for adolescents and young adults, given the dominance of the 30–39 age group.

Service Quality: Individual Elements

The research results show that the best elements are Cost (100), Requirements (97.22), Procedures (96.11), and Implementer Competence (92.77), indicating that administrative and human resource aspects are already very good. However, two elements received poor ratings (Category C): Service Product (72.45), particularly related to toilet cleanliness, which is an important physical indicator of facility quality, and Complaint Handling (66.55), indicating that the feedback system and service accountability remain very weak. Although the overall IKM score is quite good, supporting aspects and management of ongoing satisfaction are not yet optimal, and disparities between service elements indicate an imbalance in perceptions of service quality. This is reinforced by the findings of Setyawan et al., who state that consistency in service quality across all dimensions of service is crucial for maintaining overall user satisfaction with health services.

In the context of the Kedungadem Community Health Center IKM, the low score on the complaint handling element reflects inconsistencies in community expectations regarding the response and problem-solving system. This aligns with Confirmation Theory, where satisfaction decreases when services do not meet community expectations.

Therefore, to improve patient satisfaction, healthcare institutions such as community health centers need to manage community expectations, enhance the quality of interactions, and establish a swift and transparent feedback and complaint system. Continuous evaluation of the complaint management system, along with empowering frontline staff to be more responsive to community complaints, is essential. Technology-based innovations, such as digital complaint systems, can serve as alternative solutions to enhance these service elements. Healthcare quality can be improved through visionary leadership, proper planning, education and training, resource availability, effective resource management, staff and processes, as well as collaboration and cooperation among service providers. (Alfiyani et al., 2023.)

What Puskesmas can do is improve toilet facilities and general cleanliness as key indicators of physical service quality, which are highly needed. Additionally, they can establish a proactive and transparent complaint system, such as: Digital suggestion boxes, Automatic responses via WhatsApp/SMS, and Scheduled community meetings. Improvement strategies should include enhancing the responsiveness of frontline staff, implementing a transparent complaint resolution system, and utilizing digital tools to facilitate direct feedback.

Performance Variations Among Villages and Service Units

The average IKM score for villages (Polindes/Pustu) is 83.57, which falls into the “Good” category, but the score range is wide (Highest: Ngrandu 87.77; Lowest: Tlogoagung 79.63). The best service units are the Pharmacy (91.67) and the Pediatric Immunization Clinic (90.14), but other services are only “Good” (Category B). Disparities between service units and village areas indicate quality disparities in services, both in terms of personnel, facilities, and processes. This could impact inequitable access to primary health services in the Puskesmas service area. The implication is that villages with low scores, such as Tlogoagung, require special interventions by implementing an integrated supervision system across villages and rotating staff from high-performing villages to underperforming villages as a form of quality transfer. Strengthening service integration between units can be done by replicating service SOPs from superior units to other units and forming cross-unit internal quality improvement teams to share best practices. IKM survey results can be used as a basis for performance-based budget planning, not just administrative reports. IKM survey results are integrated with visit data, community complaints, and Puskesmas program achievements for strategic decision making.

CONCLUSION

The findings of this study demonstrate that the overall service quality at Kedungadem Public Health Center in Semester II of 2024 is categorized as “Good” with a Public Satisfaction Index (IKM) score of 85.40. The highest performing elements are service requirements, procedures, fees, and employee competence, indicate that administrative and human resource aspects are functioning well. However, the significantly lower scores in complaint handling and service product quality, particularly toilet cleanliness, reveal service gaps that must be urgently addressed.

Variation in performance across service units and village health posts further underscores the need for standardized service delivery, internal benchmarking, and targeted interventions in underperforming areas. To enhance service equity and user satisfaction, the health center should adopt segmented service strategies based on user demographics, improve feedback mechanisms, and implement cleanliness and facility improvements.

This study emphasizes the importance of integrating IKM results into strategic planning and continuous quality improvement efforts. By addressing the identified weaknesses and leveraging high-performing areas as models, Kedungadem Public Health Center can move toward more responsive, equitable, and citizen-centered health services.

REFERENCE

- Alayyannur, P. A., & Dwiyantri, E. (2019). Workforce Satisfaction Index in The Utilization of Community Health Center. *Malaysian Journal of Medicine and Health Sciences*, 15(SUPP5), 2636–9346.
- Alfiyani, L., Alis Setiyadi, N., Yakob, A., Mulyono, D., & Fathur Rizqi, M. (n.d.). Analysis of Community Satisfaction Index on Health Service Quality: CFA and Gap Analysis. *Jurnal Berita Ilmu Keperawatan*, 16(2), 2023.
- Desiyana Norrahimi, D., Affrian, R., & Munawarah. (2024). KEPUASAN MASYARAKAT TERHADAP PELAYANAN PADA PUSKESMAS BIRAYANG KECAMATAN BATANG ALAI SELATAN KABUPATEN HULU SUNGAI TENGAH. *Jurnal Pelayanan Publik*, 1 No.2.
- Febri Endra Budi Setyawan, Stefanus Supriyanto, Ernawaty, & Lestari, R. (2022). Organizational commitment, patient satisfaction and loyalty in the first-level health facilities. *International Journal of Public Health Science (IJPHS)*, 11(3). <https://doi.org/10.11591/ijphs.v11i3>
- Goetsch, D. L., & Davis, S. B. (2017). *INTRODUCTION TO TOTAL QUALITY*. Tom Snell.
- Hendriek Mahendry, Soleh, A., & Irawan Abi, Y. (2023). Analysis Of Community Satisfaction Index On Public Services At Amen District Office Lebong District. *Jurnal Ekonomi*

- Manajemen Akuntansi Dan Keuangan*, 4(3), 1063–1076.
<https://doi.org/10.53697/emak.v4i3>
- Hermanto, CP, R., & Ngatimun. (2021). Community Satisfaction Index in Healthcare Service of Community Central Health Service in Maron Probolinggo Indonesia. *The 3th International Conference On Economics And Business*, 346–352.
- Husain Akbar, F., & Tegar Jaya, M. (2017). Relationship between Service Quality on Public Health Center and Patient Satisfaction. *Global Journal of Health Science*, 9(7), 96.
<https://doi.org/10.5539/gjhs.v9n7p96>
- Kementerian Kesehatan. (2024, December). *permenkes-no-19-tahun-2024*.
<https://Peraturan.Bpk.Go.Id/Details/312837/Permenkes-No-19-Tahun-2024>.
<https://peraturan.bpk.go.id/Details/312837/permenkes-no-19-tahun-2024>
- Kementerian PAN RB. (2017, May 9). *PERMENPAN NOMOR 14 TAHUN 2017*.
<https://Peraturan.Bpk.Go.Id/Details/132600/Permen-Pan-Rb-No-14-Tahun-2017>.
<https://peraturan.bpk.go.id/Details/132600/permen-pan-rb-no-14-tahun-2017>
- Lindayanti, Fitriano, Y., & Irawan Abi, Y. (2023). Analysis Of The Community Satisfaction Index On Public Services At The Sub-District Head Office Of The Ulu Musi Sub-District, Empat Lawang District. In *Journal of Indonesian Management* (Vol. 3, Issue 4).
- Mahardika, A. S. (2024). PENGARUH KUALITAS LAYANAN TERHADAP KEPUASAN MASAYARAKAT DI KANTOR KECAMATAN KENJERAN SURABAYA. *Jurnal Penelitian Administrasi Publik*.
- Setyawan, F. E. B., Supriyanto, S., Ernawaty, E., & Lestari, R. (2020). Understanding patient satisfaction and loyalty in public and private primary health care. *Journal of Public Health Research*, 9(2), 140–143. <https://doi.org/10.4081/jphr.2020.1823>
- Sodani, P. R., Kumar, R. K., Srivastava, J., & Sharma, L. (2010). Measuring patient satisfaction: A case study to improve quality of care at public health facilities. *Indian Journal of Community Medicine*, 35(1), 52–56. <https://doi.org/10.4103/0970-0218.62554>
- Wartiningih, M., Silitonga, H. T. H., Ritunga, I., Prayogo, M. C., & Wijaya, E. D. (2022). Patient Satisfaction Improvement by Comprehensive Holistic Services at Public Health Centre X Surabaya. *Kemas*, 18(2), 164–173. <https://doi.org/10.15294/kemas.v18i2.31555>
- Yasinta, S., Rohmah, A., Sahbani, S., & Sukaesih, P. (2025). PUBLIC SATISFACTION INDEX OF PUBLIC SERVICES AT PAMARAYAN COMMUNITY HEALTH CENTER, SERANG DISTRICT, BANTEN PROVINCE. *Icobest Unikom*.