

"Analisis Mutu Keramahan Pelayanan Puskesmas Penyengat Olak Kabupaten Muaro Jambi Berdasarkan Model Gap SERVQUAL"

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Abstrak

Penelitian ini membahas Mutu Keramahan Pelayanan Puskesmas Penyengat Olak Kabupaten Muaro Jambi menggunakan Model Gap SERVQUAL di latarbelakangi masih terdapat keluhan pasien terhadap unsur non klinis khususnya perilaku keramahan petugas, meskipun layanan secara keseluruhan dinilai "Baik". Menggunakan metode kualitatif dengan desain studi kasus explorative, data didapat dari wawancara mendalam kepada 15 pasien, 14 petugas pelayanan, dan 5 informan manajemen, observasi langsung dan Focus Group Discussion (FGD), serta dilakukan juga triangulasi sumber dan metode. Temuan penelitian menunjukkan masih terdapat kesenjangan (Gap) di lima tahapan Model SERVQUAL, Gap 1, meski manajemen sebenarnya sudah memahami harapan pasien, tetapi cara melihat arti keramahan sedikit berbeda dengan yang diinginkan pasien. Gap 2, manajemen belum mampu menuangkan harapan pasien sepenuhnya ke SOP. Gap 3 pelaksanaan di lapangan belum selalu sama dengan aturan yang ada, terutama di unit tertentu, Gap 4, janji layanan yang sebagian kecil masih berbeda, Gap 5 sebagian kecil menyampaikan perbedaan antara pelayanan yang diinginkan dengan yang dirasakan terutama di unit tertentu yaitu pendaftaran dan informasi. Pasien berharap keramahan lebih pada unsur yang dapat dirasakan secara emosional, dan manusiawi ditandai dengan kecepatan petugas merespon kehadirannya dengan menyapa lebih dulu, dengan ekspresi yang tidak kaku, datar, atau terbebani, berbicara dengan posisi tubuh menghadap ke pasien dan kontak mata secara wajar, jadi terasa akrab, tidak dihalangi aktivitas lain yang tidak terkait dengan pasien. Sementara petugas menilai keramahan lebih pada unsur teknis yaitu dengan ukuran sudah terlaksananya SOP. Unsur Keramahan yang dominan dalam penelitian ini adalah Welcome, Efficiency, Empathy, Acknowledgement, Servitude, dan Safety. Kesimpulan dari penelitian ini, bahwa mutu keramahan di Puskesmas Penyengat Olak dinilai baik oleh sebagian besar pasien, kecuali pada unit tertentu dan masih terdapat celah (Gap) di tiap rangkaian model Gap SERVQUAL, paling krusial di Gap 2, karena mempengaruhi pelaksanaan Gap 3, 4, akibatnya keramahan yang di rasakan pasien masih bergantung pada inisiatif petugas karena belum tersistem. Perlu memperkecil tiap Gap dan memperkuat Gap 2 agar mutu keramahan meningkat secara sistem, sehingga pelaksanaannya dapat lebih konsisten terukur dan ditingkatkan secara berkesinambungan.

This study discusses the quality of hospitality in the services provided by the Penyengat Olak Community Health Center in Muaro Jambi Regency using the SERVQUAL Gap Model. This study was motivated by the fact that there are still patient complaints about non-clinical elements, particularly the hospitality of staff, even though the overall service is rated as "Good". Using a qualitative method with an exploratory case study design, data were obtained from in-depth interviews with 15 patients, 14 service staff, and 5 management informants, direct observation, and Focus Group Discussions (FGD), as well as triangulation of sources and methods. The research findings show that there are still gaps in the five stages of the SERVQUAL Model. Gap 1, management actually understands patient expectations, but their interpretation of friendliness differs slightly from what patients want. Gap 2, management has not been able to fully

incorporate patient expectations into SOPs. Gap 3, implementation in the field is not always in line with existing regulations, especially in certain units. Gap 4, some service promises are still different. Gap 5, some express differences between the desired service and the perceived service, especially in certain units, namely registration and information. Patients expect hospitality; more in terms of emotional and humanness, which is characterized by the speed with which staff respond to their presence by greeting them first, with expressions that are not stiff, flat, or burdened, speaking with their bodies facing the patient and making natural eye contact, so that they feel familiar and are not distracted by other activities unrelated to the patient. Meanwhile, staff assess hospitality more on technical elements, namely the extent to which SOP have been implemented. The dominant elements of hospitality in this study are Welcome, Efficiency, Empathy, Acknowledgement, Servitude, and Safety. The conclusion of this study is that the quality of hospitality at the Penyengat Olak Public Health Center is considered good by most patients, except in certain units, and there are still gaps in each series of the SERVQUAL Gap model, most crucially in Gap 2, because it systematically affects the implementation of Gaps 3 and 4. As a result, the hospitality felt by patients still depends on the initiative of the staff because it is not yet systematic. Therefore, it is necessary to reduce each gap and strengthen Gap 2 so that the quality of hospitality can be improved systematically, so that its implementation can be more consistent, measurable, and continuously improved.