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Optimizing Internal Supervision: The Role of Time and Location in Enhancing Health Center Service Quality in Kendari

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ABSTRACT

Introduction: The problem in this study is the data on the achievement of health center accreditation in Kendari City, namely: 10 intermediate health centers (66%), 2 basic (13%), 2 main (13%) and 1 plenary (6.6%). This data indicates that not all health centers have implemented service standards according to Minister of Finance Regulation 46 of 2015 concerning Health Center Accreditation Standards, this condition provides an illustration that technical guidance and supervision carried out at the Health Center have not been carried out optimally. The purpose of this study was to analyze the optimizing internal supervision: the role of time and location in enhancing health center service quality in Kendari.

Method: This type of research is quantitative Observational using Cross Sectional Study design. The population of the study were all health center leaders, personal health efforts managers, public health efforts managers and quality managers totaling 60 people at Kendari City health centers. The sampling method used the total Sampling technique.

Result: The results of the chi-square test on the supervision time variable obtained a value of $X^2_{count} = 17.019$, the location of supervision obtained a value of $X^2_{count} = 13.081$.

Conclusion: There is a relationship between the time of supervision and the location of supervision with the improvement of service quality at the Kendari City Health Center.

Introduction

Supervision is very necessary in order to increase employee work productivity in order to support the achievement of organizational goals. These things are decisions that have been made (in

the form of plans) are truly carried out in accordance with what has been previously determined, and can also avoid the possibility of deviations or abuses that ultimately result in the achievement of predetermined goals. With

supervision, it can be used as an affirmation of the tasks carried out by employees, as well as a maintenance tool for employees to produce optimal performance, especially in the Health Center as the spearhead of basic health services.^[1]

Inherent supervision is actually one of the management functions that are continuously carried out by every superior as a leader in addition to planning and implementation, therefore inherent supervision is actually not a complicated thing, but rather a self-discipline that must be developed by every superior to do it. Inherent supervision is a real and most effective action in realizing employee discipline in the company because with this waskat, it means that superiors must be active and directly supervise the behavior, morale, work enthusiasm, and work performance of their subordinates. This means that the direct superior is always present at his workplace, so that he can supervise and provide instructions, if any of his subordinates have difficulty in doing their work.^[2]

The effectiveness of supervision is largely determined by the quality of the community health center leadership. The position of the community health center leader is a competent organizational leader who has a far-sighted view, by paying attention to the development of the era that continues to change by influencing changes in the work patterns of the organization he leads, and can act as a good protector and mentor of subordinates, and is able to think comprehensively and conceptually so that he is able to think for a career system as well as work achievement awards in the community health center.^[3]

Supervision is the process of determining performance measures and taking actions that can support the achievement of expected results in accordance with the performance that has been set. Supervision is the process of measuring performance and taking action to ensure desired results. Supervision is the process of ensuring that all activities carried out are in accordance with what has been planned. The process of ensuring

that actual activities are in accordance with planned activities.^[1]

The importance of supervision in management is needed in a business because we must ensure that all work can be completed according to what we want. Supervisory management for Civil Servants in accordance with Article 15 of Law No. 5 of 2014 and Article 51 of Government Regulation No. 11 of 2017 explains the duties and responsibilities of employee supervision is the position of supervisor as responsible for supervising the implementation of activities carried out by implementing officials which include public services, government administration, and development.^[4]

Aware of the importance of honest, clean and authoritative apparatus in the current era of national development, attention to supervision of central and regional government apparatus continues to be carried out. So that all levels of civil servants are truly capable and can become honest, clean and authoritative state apparatus and are qualified so that they are able to carry out various tasks they are entrusted with full responsibility.^[3]

A Community Health Center is a health service facility that organizes public health efforts and first-level individual health efforts, with a greater emphasis on promotive and preventive efforts, to achieve the highest level of public health in its working area. A community health center carries out the functions of public service organization management that require effective supervision and is carried out continuously to ensure quality health services that are always oriented towards customer needs and satisfaction. The quality of health services is the level of health services for individuals and communities that can improve optimal health outcomes, provided in accordance with service standards, and the latest scientific developments, and to fulfill patient rights and obligations.^[5]

Various policies, regulations, rules, methods and others have been tried and implemented by local governments in order to realize quality public

services. However, reality shows that quality services are still far from what is expected by all levels of society (stakeholders). Finally, the government together with the legislative body has ratified Law No. 25 of 2009 concerning Public Services. Article 3 of the law states that the objectives of the Law on Public Services are: (a) the realization of clear boundaries and relationships regarding the rights, responsibilities, obligations, and authorities of all parties related to the implementation of public services; (b) the realization of a proper public service system in accordance with the general principles of good governance and corporations; (c) the fulfillment of public service implementation in accordance with laws and regulations; and (d) the realization of protection and legal certainty for the community in the implementation of public services.^[5]

In carrying out the functions of the health center, it is necessary to continuously improve the quality of service through supervision with the right model and strategy. For this reason, it is hoped that the Health Center will be able to remember the intervention to improve the quality of primary services through accreditation or external supervision. Starting from 2015 to 2019, it has not provided sufficient effective performance in encouraging the achievement of continuous quality improvement which in turn will realize a culture of quality and patient/community safety in the Health Center as evidenced by the existence of continuous quality improvement.^[6]

The issue of service quality is undeniably the most important thing to increase public trust in health services at the health center. Data on the achievement of health center accreditation nationally until December 2018, there were 7,518 accredited health centers (75.3%) spread across 5,385 districts. For the graduation of Health Center accreditation, it is still dominated by basic and intermediate with the following order: 2,405 basic (32%), 4,242 intermediate (56%), 798 main (11%) and 73 plenary (1%). Data on the achievement of Health Center accreditation in Southeast Sulawesi until December 2018, there were 263 accredited

Health Centers (90.7%) spread across 17 Districts/Cities. For the graduation of health center accreditation, it is still dominated by basic and intermediate with the following order: 93 basic (35.4%), 141 intermediate (53.6%), 27 main (10.3%) and 2 plenary (0.8%).

Data on the achievement of health center accreditation in Kendari City until December 2019, there were 15 health centers that were accredited (100%). For the graduation of health center accreditation, it is still dominated by middle health centers with the following order: 10 middle health centers (66%), 2 basic (13%), 2 main (13%) and 1 plenary (6.6%). This data indicates that not all health centers have implemented service standards according to PMK 46 of 2015 concerning Health Center Accreditation Standards, this condition provides an illustration that the technical guidance and supervision carried out at the Health Center have not been carried out optimally.

Based on the results of field observations, it can be seen that supervision is weak, marked by weak reprimands or sanctions given to officers who are negligent in carrying out their work, this can be caused by the influence of excessive familiarity in the work environment, and the seniority factor is still valid, in this case if the violation is committed by an officer who has a high level of seniority, there has been no firm action, and the supervisory strategy of the leadership at the health center is still not appropriate in carrying out internal supervision of officers in carrying out their work. So that the weak supervision can affect the report on the results of the work which only conveys good things and ultimately the quality of health center services in general is still low.

Efforts to improve the governance of health center management that are expected in accordance with Minister of Finance Regulation No. 43 of 2019 are still far from expectations. This condition is thought to be due to the model and strategy of supervision that has not touched the level of substance that can easily control all

systems running in the health center. Therefore, there needs to be an internal supervision strategy that is able to change work behavior into sustainable work patterns and cultures so that the hope of health center services as the health service of choice for the community because the quality of its services provides a guarantee of customer/patient satisfaction can be realized.

Based on these problems, the author is interested in conducting research on "The Relationship between Time and Location of Internal Supervision Implementation on Quality Improvement at Kendari City Health Centers".

Method

This type of research is quantitative observational using cross sectional study design. the population of the study were all health center leaders, individual health efforts personnel, public health efforts personnel and quality personnel as many as 60 people at Kendari City health centers. The sampling method used the total sampling technique so that the number of samples was 60 people. The data were processed using the chi-square test, closeness test and phi test.

Result

Table 1 shows that among the 28 respondents who have sufficient category of supervision implementation time, there are 22 respondents (78.6%) who have improved the quality of service sufficiently and 6 respondents (21.5%) who have not improved the quality of service. Then among the 32 respondents who have insufficient category

of supervision implementation time, there are 7 respondents (21.9%) who have improved the quality of service sufficiently and 25 respondents (78.1%) who have not improved the quality of service. Based on the results of statistical tests using the chi square test, the calculated $X^2_{count} = 17.019 > X^2_{table} = 3.841$; and the phi value = 0.566. This shows that H_0 is rejected and H_1 is accepted, meaning that there is a moderate relationship between the implementation time of internal supervision and improving the quality of service at the Kendari City Health Center.

Table 2 shows that among the 30 respondents who have a location for implementing supervision in the sufficient category, there are 22 respondents (73.3%) who have improved the quality of service sufficiently and 8 respondents (26.7%) who have not improved the quality of service. Then among the 30 respondents who have a location for implementing supervision in the less category, there are 7 respondents (23.3%) who have improved the quality of service sufficiently and 23 respondents (76.7%) who have not improved the quality of service. Based on the results of statistical tests using the chi square test, the calculated $X^2_{count} = 13.081 > X^2_{table} = 3.841$; and the phi value = 0.500. This indicates that H_0 is rejected and H_1 is accepted, meaning that there is a moderate relationship between the location of internal supervision implementation and the improvement of service quality at the Kendari City Health Center.

Table 1.

Distribution of Supervision Implementation Time Based on Improving Service Quality at Kendari City Health Center

Time of implementation of supervision	Improving service quality				Total		Statistical Test
	Enough		Not enough		n	%	
	n	%	n	%			
Enough	22	78.6	6	21.4	28	100.0	$X^2_{count} = 17,019$ $X^2_{table} = 3.841$ Phi = 0.566
Not enough	7	21.9	25	78.1	32	100.0	
Total	29	48.3	31	51.7	60	100.0	

Table 2.
Distribution of Locations for Implementing Supervision Based on Improving the Quality of Services at Kendari City Health Centers

Location of supervision implementation	Improving service quality				Total		Statistical Test
	Enough		Not enough		n	%	
	n	%	n	%			
Enough	22	73.3	8	26.7	30	100.0	X ² count = 13,081 X ² table = 3.841 Phi = 0.500
Not enough	7	23.3	23	76.7	30	100.0	
Total	29	48.3	31	51.7	60	100.0	

Discussion

The Time of Implementation of Internal Supervision and Improving the Quality of Services at the Kendari City Health Center

One way to improve employee performance including health workers in the Health Center is to carry out supervision properly and in a targeted manner, meaning that supervision is carried out in two ways, namely direct supervision and indirect supervision. Direct supervision is carried out by the leader directly reviewing health workers in carrying out their work. While indirect supervision is carried out to complement the implementation of supervision carried out directly.^[7]

The results of the univariate analysis showed that out of 60 respondents, 32 respondents (53.3%) had a supervision implementation time in the category of less. Based on the results of the study, this was because the leaders of the Health Centers did not carry out sufficient supervision of the quality of services in their Health Centers. In addition, the leaders also did not carry out preventive supervision before implementing activities in the Health Centers, but supervision was carried out after the health service activities were completed in the form of evaluation only. The lack of preventive supervision when the implementation of activities took place had an impact on the emergence of various unexpected obstacles so that the implementation of activities did not run according to the initial plan.

This is in accordance with the theory according to Averus and Pitono, that supervision

of the implementation of regional government is carried out preventively and repressively. Preventive supervision is carried out before a regional government decision comes into effect and on regional regulations before the regulation is enacted preventive supervision is not carried out on all decisions or regulations regarding certain matters, which according to the provisions in Government Regulations or Laws can only come into effect after obtaining approval from authorized officials. The form of preventive supervision is to give approval or not to give approval.^[7]

The bivariate results show that there are still 6 respondents (21.5%) who have sufficient supervision implementation time but the improvement of service quality in health centers is still lacking. This is caused by several factors, including new employees and honorary workers not receiving various training from the government or health centers so that the skills of health workers in providing health services are also very limited.^[8]The lack of skills and experience of health workers in handling various health problems experienced by patients results in low quality health services to patients at community health centers.

The results of the study also show that there is still performance of health workers, especially nurses, who have not implemented good health services, so that health services are still considered less than satisfactory to patients. It is indeed necessary to note that in reality, nurses on duty at the Health Center not only carry out specific health

services for patients, but nurses also do various jobs outside their main duties, such as cleaning the room (cleaning service) which should be the task of the Health Center cleaning staff, and also carrying out administrative activities, for administrative activities it should be the task of nurses, but with the absence of nurses on duty, sometimes administrative tasks are somewhat neglected.

The bivariate results also showed that there were 7 respondents (21.9%) who had a less category of supervision implementation time but improved the quality of service sufficiently. This is because the health workers who are tasked with providing health services to patients have a lot of experience and high working hours, so that they improve the quality of service provided to patients even though the head of the health center rarely supervises health workers according to their time.

The results of statistical tests using the chi square test obtained that there is a moderate relationship between the time of internal supervision implementation and improving the quality of service at the Kendari City Health Center. The results of this study are in line with research Averus and Pitono, that leadership supervision has an effect on nurse performance, but nurse performance has little effect on the quality of inpatient health services, this is because nurses are still working on other tasks outside of their main tasks.^[7]

Based on the results of the study above, it shows that supervision when viewed from the time of implementation, the best to be applied is preventive and progressive supervision. Preventive supervision is supervision carried out at the beginning of the process and progressive supervision is supervision that takes place during the work process. Therefore, every leader of a health center should always supervise every health worker routinely and in a structured manner so that there is an increase in the quality of health services provided to patients visiting the health center.

The Location of Internal Supervision Implementation and Improving the Quality of Services at the Kendari City Health Center

The location of supervision can be seen from the place of implementation which consists of direct supervision (on the spot control) and indirect supervision (in the arm chair control). Direct supervision is supervision carried out directly by the manager himself. The leader checks the work being done to find out the truth of the work results while indirect supervision is remote supervision. Remote supervision can be interpreted as a report given by subordinates. The report can be oral or written about the implementation of the work and the results achieved.

The results of the univariate analysis showed that out of 60 respondents, 30 respondents (50%) had a supervision location with a less category. Based on the results of the study, this is because the leaders and those responsible for the health center rarely conduct direct supervision of health workers who are on duty serving patients visiting the Health Center, but they more often conduct indirect supervision or only through reports provided by health workers, which sometimes the contents of the report are not entirely in accordance with the facts of the actual events in health services. The weakness of this supervision can affect reports on the results of work that only convey things that are good.

The bivariate results show that there are still 8 respondents (26.7%) who have a location for implementing supervision in the sufficient category but the improvement in the quality of services in the health centers is still lacking. This is because the facilities and infrastructure owned by several health centers such as the Nambo Health Center and the Eye Health Center are still incomplete and inadequate. The lack of facilities and infrastructure owned by these health centers has an impact on hampering the improvement in the quality of health services in these health centers.

The bivariate results also showed that there were 7 respondents (23.3%) who had a location for

implementing supervision in the less category but had improved the quality of service sufficiently. This is because several of these health centers have been equipped with complete and adequate facilities and infrastructure. In addition, health workers on duty also have good skills and discipline in carrying out their duties so that the quality of health services is also getting better even though the head of the health center and the person in charge of the program rarely supervise health workers on duty directly.

In principle, the task of employees to serve the public interest in accordance with their respective fields of duty in line with the dynamics of the implementation of health autonomy, the scope of duties of health center employees appears increasingly complex and crucial, thus requiring quality, professional human resources who have a good commitment to carrying out their duties.^[9]

The results of statistical tests using the chi square test obtained that there is a moderate relationship between the location of internal supervision implementation and the improvement of service quality at the Kendari City Health Center. The results of this study are in line with research Isnandar et al., that there is an influence of discipline and direct supervision on the performance of employees of the Central Kalimantan Natural Resources Conservation Agency.^[10]

Based on the results of the study above, it shows that internal supervision when viewed from the location of its implementation, the best to be applied is direct supervision. Direct supervision is supervision carried out directly by the manager himself. The leader checks the work being done to find out the truth of the work results. If this direct supervision is carried out continuously, it can improve the quality of health services at the health center.

Conclusion

There is a relationship between supervision time, supervision location, supervision period, supervision method and structured supervision with improving the quality of service at the Kendari City Health Center. The most dominant variable related to improving the quality of service is the supervision time variable. It is expected that health workers in Kendari City can increase their motivation in working in order to provide the best health services to the community or patients.

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