

The Management of Facilities and Technology in Improving Service Capacity of Community Health Centers in Cimahi City

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ABSTRACT

Puskesmas (the Community Health Center) is the spearhead of the health care service provided by the Indonesian Government which has a strategic role in increasing the public health level. This research aims to find out how management of facilities and technology plays a role in improving service capacity of community health centers in Cimahi City. The research method applied in this study was the qualitative research method Informants in this research comprised elements of community, management and staff of community health centers, and also from the Health Office of Cimahi City. The result of this research shows that facilities and technology management has an important role in increasing community health centers' service capacity in Cimahi City. Although it has an important role, the existing facilities and technology management still needs an improvement in order to be able to give the best service capacity to the public.

Keywords: facilities and technology management, service capacity

1. INTRODUCTION

The Community Health Center is a healthcare service institution which is established and reaches rural areas in a region, and it spearheads the government's healthcare service for the public. Meanwhile, the main task of the Community Health Center is to serve the public by providing medical care, taking care of the health, and improving the health of the public. Cimahi City as an autonomous region also has an obligation to strengthen the institution of the Community Health Center in its area in order to improve the service of the Community Health Center which eventually will improve the health level of the residence of Cimahi City. Ingham, Joyce and Donohue in Gazley and Christensen (2007), define capacity as "ability to marshal, develop, direct and control its financial, human, physical and information resources". The definition is almost the same as its definition in the sector of non-profit organizations, which defines capacity as "a set of management practices, processes or attribute that help an organization to fulfill its mission" (Eisenger, 2002).

Lusthaus (2002) proposed, "Organizational capacity entails eight interrelated areas that underlie an organization's performance. These are strategic leadership, organizational structure, human resources, financial management, infrastructure, program and service management, process management, and inter-organizational linkage." Because the concept built by Lusthaus is based on the context of resources owned by the organization, the proposed aspect is also in the form of resources owned by the organization. Based on the

explanation, one of the things that affects the capacity of an organization in conducting its activities is infrastructures owned the the organization. The definition of infrastructure, according to Grigg (1988) is a physical system that provides transport, irrigation, drainage, buildings and other public facilities, which are needed to comply basic needs, like social needs and economic needs. This definition refers to the infrastructure as a system, in which the infrastructures in a system is the parts of facilities and infrastructures (networks) inseparable to each other.

Looking at the occurring reality, one of the problems that hinder the service is the insufficient facilities and technology management of community health centers in Cimahi City. Referring to the phenomenon, this research would discuss the impact of the management of facilities and technology to the service capacity of community health centers in the area of Cimahi City.

2. RESEARCH METHOD

Research Method

The research method applied in this study was the qualitative research method. The qualitative method is appropriate to be applied to obtain a descriptive research result based on the phenomenon in the field which subsequently is revealed and analyzed thoroughly according to situation and condition of the research object.

Source of Data

The type of data needed in this research was secondary data. Secondary data refers to data that was collected by someone other than the user. In this case data was obtained from libraries, the internet media, reports, interviews, and the mass media.

Documents related to the study and other data that related to the study were then combined with data obtained from informants (primary data) in the form of interviews and written data from the research object as necessary.

Sources of information used in this study were the important elements related to the service of the community health centers which were classified as follows:

1. The public using the service of community health centers in the area of Cimahi City;
2. Heads of community health centers and employees of community health centers (including doctors and nurses) in the area of Cimahi City;
3. The Health Office of the City Government of Cimahi.

The selected informants were the people considered to thoroughly understand the condition of community health centers in Cimahi City.

Techniques of Data Collection, Data Recording, and Data Processing

The technique used for data collection was documentation, collecting necessary data from various media, both the print media and the electronic media. Besides that, the researcher conducted a literature review. The literature review was conducted through the library research and the internet research. This technique was conducted to obtain information on the studied issue and to obtain data that supported this research.

Data recording was in the form of words, substances of discussion, and observation in the field based on the accuracy and structuredness. Accuracy means the researcher's ability in processing data that it results in accurate data appropriate for the research study. Structuredness means the recording of data which are initially general to be specific ones. This technique was conducted by processing the data which had been collected and testing

their objectivity and correctness by confirming them to one informant and another according to the observation in the field, interviews, and the existing document.

Data Analysis

Data analysis conducted by the researcher is an attempt to find and systematically arrange the record of observation result in the field and documentation, in order to the researcher's comprehension of the findings based on the studied issue. This data analysis is a process to arrange the sequence of data, and then to organize them in a pattern of research. Therefore, activities in data analysis comprise: reduction of data, presentation of data, conclusion drawing, and verification.

3. DISCUSSION

The research result showed that the public using the healthcare service of hoped for a better service. It indicated that community health centers in Cimahi City still had some shortcomings in the public service of the health sector. Kotler in Susan & Ratnawati (2017) said health service has unique characteristics owned by the service and they generally and basically are different from products. To get health service in accordance with the patients' expectation, hospitals must provide good service quality not only in the perspective of the hospitals but also those of the patients.

Facilities Management

This indicator focuses on how the management of community health centers understands the condition of infrastructures and the management. This indicator comprises four elements, the appropriateness of the infrastructure to support the performance of community health centers, condition of the building, the owned facilities, facilities that may need to be added to support the performance of community health centers.

The majority of community health centers stated that the existing infrastructure has not supported the performance of community health centers. The example is the Community Health Center of Pasirkaliki, in which it has not yet had special rooms for senior citizens and Integrated Management of Childhood Illness (IMCI), and counseling room and the rooms were in need of renovation. However, three Community Health Centers (Cibeber, Cipageran, and Citeureup) stated that the existing infrastructure was able to support their performance. The management of community health centers also complained about the condition of the building which has not been appropriate to support everyday working facilities, particularly not so good interior design and the insufficient size of the room. It was different from what the Community Health Center of Citeureup said that the condition of the building has been sufficient to support the working facilities.

Every community health center generally has had facilities of clean water, electricity, wastewater treatment plant, and supporting facilities and facilities for conducting health related activities. Meanwhile, in the Community Health Center of Cibeureum, procurement of facilities and infrastructures was still conducted in stages. For the majority of community health centers, facilities considered to be insufficient included parking facilities, urban open space, and service supporting rooms. Besides that, some community health centers also asked for detailed facilities, such as rooms for senior citizens, waiting rooms, rooms for Integrated Management of Childhood Illness, lactation rooms, counseling rooms, Intensive Care Units, and other facilities. To manage the health infrastructure, community health center have to work and communicate with other related organization in Cimahi Government. Candradewini (2016) stated "if an organization does not implement this component, it will be many

organizations that have problems and unable to finish the job because they do not get support from organizations that are in the same field of work”.

Technology Management

This indicator focuses on how the management of community health centers understand the condition of information technology of community health centers and its management. This indicator comprises three elements, the sufficiency level of technology in supporting the activities of community health centers, development planning of the necessary technology, and the existence of the unit in charge of technology.

The majority of community health centers stated that the technology owned by community health centers has supported the management of community health centers. However, the management of the Community Health Center of Cibeber and the Community Health Center of Cipageran felt that the technology has not yet been optimum. As for the planning of new technology for community health centers, generally the management of community health centers wanted the improvement of the internet connectivity between rooms or polyclinics. Meanwhile, the management of the Community Health Center of Cibeber wanted a new integrated online system for collecting the data of patients and the management of the Community Health Center of Pasirkaliki stated that there has not yet been a plan of technology development. Almost all community health centers had persons in charge of the persistence/the existence of technology in the community health centers except for the Community Health Center of Pasirkaliki, the Community Health Center of Cibereum, and the Community Health Center of Citeureup.

Based on the obtained facts, it can be known that the lack of infrastructures, both facilities and technology, in many community health centers has caused the service level of the majority of community health centers in Cimahi City to be still need improvement. The lack of facilities and technology management eventually obstructed the service capacity of a number of community health centers in Cimahi City, hence it created the mean rate of service of medium level for all community health centers in the area of Cimahi City.

4. CONCLUSION

The insufficient of facilities and technology management in each community health centers has caused the public service capacity of the community health centers to be not so good, which is proven by the average service time community health centers in the area of Cimahi City which has not been optimal. The types of facilities and technology considered to be insufficient in the majority of community health centers in Cimahi City are of the same, parking facilities, urban open space, and service supporting rooms. Besides that, some community health centers also asked for detailed facilities, such as rooms for senior citizens, waiting rooms, rooms for Integrated Management of Childhood Illness, lactation rooms, counseling rooms, Intensive Care Units, and other facilities.

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