

Trend Analysis of Community Satisfaction Index and Service Completion Time at the Purworejo Regional Health Office

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Abstract

Quality public service is the primary community expectation for realizing good governance in this digital era. However, bureaucratic performance often falls short, making periodic Community Satisfaction Survey (CSS) trend analysis a strategic instrument to evaluate service consistency and progressivity. This study aims to analyze CSS element trends by comparing Semester 1 and 2 achievements of 2025 at the Purworejo Regional Health Office, focusing on service time and cost transparency disparities. This descriptive research employs a secondary data analysis approach. The sample includes 2025 CSS respondents, totaling 1,058 individuals in Semester 1 and 568 in Semester 2. The assessment instrument covers nine service elements based on Regulation of Minister of PANRB Number 14 of 2017 standards. Findings indicate that overall service performance improved, with the converted CSI value rising from 92.04 to 92.78, both categorized as "Excellent." The cost/tariff element (U4) consistently achieved the highest score (3.98), indicating high public appreciation for cost transparency. Conversely, service completion time (U3) recorded the lowest score despite increasing from 3.52 to 3.56, identifying U3 as the main area requiring quality improvement. Key recommendations focus on simplifying bureaucratic procedures and integrating services into the Public Service Mall (MPP) to optimize time efficiency.

Keywords: community satisfaction index; public service quality; service completion time; health services; public service management

1. Introduction

In the era of digitalization, the realization of good governance has become a key demand of the public to ensure that government administration is effective, transparent, and accountable (Dwiyanto, 2021). Public services, particularly in the health sector, serve as the primary benchmark for the success of government bureaucracy, which demands continuous innovation to address public needs (Sari, 2023; Putri, Nugroho, & Setiawan, 2023). Public service transparency is also strongly mandated by Law Number 14 of 2008 concerning Public Information Openness, which requires public bodies to ensure clear access to information, procedures, and service standards (Government of the Republic of Indonesia, 2008). In accordance with Regulation of Minister of PANRB No. 14 of 2017, public service providers are

required to conduct a Community Satisfaction Survey (CSS) periodically across nine basic elements.

However, public service delivery often falls short of expectations, as reflected in complaints regarding slow administrative processes (Hardiyansyah, 2018; Ratmanto & Winarsih, 2021). Service completion time is a critical indicator of public service quality because prompt processing directly affects operational readiness, legal compliance, and public trust in government institutions. Within health departments, service complexity encompasses administrative processes such as issuing Practice Licenses (SIP) for healthcare professionals and facility permits. Regulatory services of this kind involve multi-layered verifications and cross-departmental coordination, making service duration a frequent bottleneck that

directly impacts administrative efficiency and client satisfaction (Wibowo & Setiawan, 2022).

Monitoring public service quality requires evaluating continuous dynamics rather than static end results. Analyzing trends in CSS scores through cross-period comparisons provides an early-warning mechanism to track fluctuations in public perception and evaluate policy intervention effectiveness (Kurniawan, 2019; Suryani et al., 2022).

Numerous previous studies have examined public satisfaction in healthcare (Alamsyah, Setiadi, & Ikhwan, 2022; Damayana et al., 2023). However, most existing literature relies on cross-sectional assessments focused on frontline clinical facilities like health centers or hospitals. By examining semester-to-semester trends within a regional health office, this study adds longitudinal empirical evidence beyond conventional cross-sectional surveys, capturing how administrative satisfaction evolves across operational periods.

The main practical contribution of this study lies in identifying persistent disparities between highly rated cost transparency and lower-rated service completion time. Therefore, this study aims to analyze CSS element trends between Semester 1 and Semester 2 of 2025 at the Purworejo Regional Health Office. The findings provide an empirical basis for prioritizing administrative workflow reengineering and service integration.

2. Method

This study is a descriptive comparative analysis based on secondary Community Satisfaction Survey (CSS) data from Semester 1 (January-June) and Semester 2 (July-December) of 2025 at the Purworejo Regional Health Office. Data were obtained from official periodic CSS reports compiled by the Planning and Finance Subdivision of the health office. The sample comprised all service users who completed the official survey during administrative interactions, resulting in a total dataset of 1,058

respondents in Semester 1 and 568 respondents in Semester 2.

A structured data verification procedure was conducted prior to analysis to ensure completeness and data integrity. The secondary dataset was audited against primary questionnaire logbooks to verify that all recorded entries contained complete evaluations across all nine service elements. Incomplete submissions or duplicate entries were filtered out during the official administrative synthesis, ensuring that only fully completed responses were included in the final analysis.

The evaluation instrument adheres strictly to the standard guidelines of Regulation of Minister of PANRB No. 14 of 2017, comprising nine core service elements evaluated on a 4-point Likert scale (1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good):

1. U1: Requirements
2. U2: Systems, Mechanisms, and Procedures
3. U3: Completion Time
4. U4: Costs/Tariffs
5. U5: Product Specification Types
6. U6: Competence of Personnel
7. U7: Behavior of Personnel
8. U8: Handling of Complaints, Suggestions, and Feedback
9. U9: Facilities and Infrastructure

Data processing involved calculating the Weighted Average Score (NRR) for each element and converting it into the Community Satisfaction Index (CSI) using the standard formula:

$$\text{CSI (Converted)} = \text{NRR} \times \text{times } 25$$

Performance ratings were classified according to PERMENPAN RB No. 14 of 2017 benchmark thresholds:

- 3.533 – 4.000 (CSI: 88.31-100.00) = Category A (Excellent)
- 3.065 – 3.532 (CSI: 76.61-88.30) = Category B (Good)
- 2.600 – 3.064 (CSI: 65.00-76.60) = Category C (Fair)
- 1.000 – 2.599 (CSI: 25.00-64.99) = Category D (Poor)

The analytical approach was strictly descriptive and comparative, evaluating direct numerical score changes and categorical movements between the two semesters. No inferential statistical significance testing (such as paired t-tests or non-parametric tests) was conducted. Consequently, observed variations in satisfaction scores are interpreted as descriptive performance trends rather than statistically significant or causal effects.

3. Result and Discussion

Data analysis from 1,058 respondents in Semester 1 and 568 respondents in Semester 2 of 2025 provides a comprehensive picture of service performance at the Purworejo Regency Health Office. Detailed CSI scores and categories for each service element across both semesters are presented in Table 1 and Table 2.

Table 1. CSI Scores per Service Element in Semester 1 2025

	Service Component Score								
	U 1	U 2	U 3	U 4	U 5	U 6	U 7	U 8	U 9
CSI per Component	3,57	3,57	3,52	3,98	3,52	3,66	3,72	3,65	3,95
Category	A	A	B	A	B	A	A	A	A
Service Unit CSI	92,04 (A Excellent)								

Table 2. CSI Scores per Service Element in Semester 2 2025

	Service Component Score								
	U 1	U 2	U 3	U 4	U 5	U 6	U 7	U 8	U 9
CSI per Component	3,60	3,60	3,56	3,98	3,59	3,70	3,75	3,68	3,94
Category	A	A	B	A	B	A	A	A	A
Service Unit CSI	92,78 (A Excellent)								

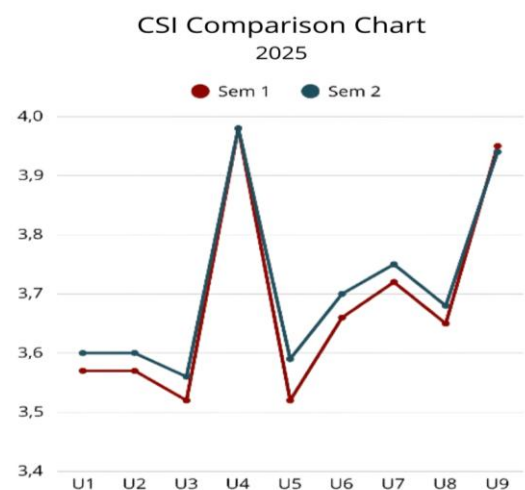


Figure 1. CSI Score Comparison Between Semester 1 and 2 of 2025

1. Analysis of Performance Improvement Trends

The primary finding of the comparative evaluation reveals a positive operational progression at the Purworejo Regency Health Office, where the overall converted CSI score rose from 92.04 in Semester 1 to 92.78 in Semester 2, maintaining an "A (Excellent)" rating. Seven out of nine service elements demonstrated numerical score increases (U1, U2, U3, U5, U6, U7, and U8), cost transparency (U4) remained stable at a high 3.98, and facilities (U9) experienced a minor adjustment from 3.95 to 3.94. Notably, in Semester 2, all nine elements satisfied Category A criteria (>3.532). A possible explanation for this positive trend is the continuous internal quality monitoring and routine administrative adjustments maintained by the agency between semesters. This positive trajectory aligns with observations by Kurniawan (2019) and Rahmad, Tawai, and Suhadi (2023), who emphasized that periodic survey feedback enables public organizations to sustain service quality standards over time. Practically, this upward trend demonstrates solid public trust, providing the health office with a stable operational foundation to implement further service modernization.

2. Critical Evaluation of Service Completion Time (U3)

Regarding element-level performance, the main finding indicates that service completion time (U3) consistently recorded the lowest score among all nine elements in both periods, scoring 3.52 in Semester 1 and 3.56 in Semester 2. A plausible explanation for this persistent lag is the procedural complexity inherent in health administrative services, such as issuing Practice Licenses (SIP) and facility permits, which require multi-layered verifications and cross-desk clearances. This result is consistent with findings reported by Hardiyansyah (2018), Ratmanto and Winarsih (2021), and Alamsyah, Setiadi, and Ikhwan (2022), who observed that turnaround time frequently represents the weakest link in public administration due to multi-tiered approval chains and slow adoption of automated workflows. From a practical standpoint, identifying U3 as the primary operational bottleneck highlights the urgent need for business process reengineering to simplify verification steps and eliminate unnecessary document queuing.

3. Disparity Between Cost Transparency (U4) and Completion Time (U3)

A key comparative finding is the pronounced disparity between the cost/tariff element (U4), which achieved the highest score (3.98) across both semesters, and completion time (U3), which lagged at 3.52–3.56. This high score in U4 is explained by complete cost transparency, zero illegal levies, and clear disclosure of service fees in compliance with Law Number 14 of 2008 concerning Public Information Openness (Government of the Republic of Indonesia, 2008). Similar patterns were documented by Damayana et al. (2023) and Wibowo and Setiawan (2022), who noted that cost clarity and fee predictability generate strong positive

public evaluation in public health management. The practical implication for management is that while cost transparency successfully fosters public goodwill, it should not obscure the necessity of optimizing turnaround speed; both cost transparency and time efficiency must be improved in tandem to achieve balanced public service quality.

4. Service Integration Strategy via One-Stop Service (MPP) and Digitalization

Looking toward future performance trends, the main finding indicates that further score enhancements will depend on overcoming procedural delays caused by fragmented administrative workflows. A key explanation for current delays is that applicants must interface with separate physical desks and manual verification checkpoints across different subdivisions. This observation supports the framework proposed by Prasetyo and Kurniadi (2023), Sari (2023), and Putri, Nugroho, and Setiawan (2023), which demonstrated that consolidating local health administrative functions into a Public Service Mall (MPP) streamlines institutional approval chains and aligns with regional innovation mandates under Government Regulation No. 38 of 2017 (Government of the Republic of Indonesia, 2017; Suryani et al., 2022). Practically, accelerating full integration into the MPP alongside deploying real-time digital tracking systems will enable the Purworejo Regional Health Office to transform manual verification into an automated, transparent, and prompt administrative service.

4. Conclusion

Service performance at the Purworejo Regency Health Office throughout 2025 demonstrated strong and progressive quality, maintaining an "A (Excellent)" rating. The converted CSI score improved

from 92.04 in Semester 1 to 92.78 in Semester 2. Cost transparency and affordability (U4 = 3.98) represented the highest-scoring element. Furthermore, in Semester 2, all nine service elements successfully satisfied Category A criteria. Although completion time (U3) improved from 3.52 to 3.56, it remained the lowest-scoring aspect, establishing U3 as the primary operational bottleneck requiring administrative streamlining and targeted process reengineering.

To address this completion time bottleneck effectively, the following operational recommendations are provided:

- 1) Accelerating Service Integration into the Public Service Mall (MPP): Relocate primary administrative services, specifically Practice Licenses (SIP) for healthcare professionals and health facility operational recommendations, to the MPP. Operational rationale: Consolidating cross-departmental validation desks into a unified One-Stop Service framework eliminates physical document transfers between separate offices, removes redundant identity verification steps, and directly compresses processing durations.
- 2) Business Process Reengineering for Internal Verifications: Simplify internal verification chains by replacing multi-layered manual sign-offs with a streamlined, single-tier technical review protocol to eliminate administrative queuing at each approval stage.
- 3) Targeted Digital Transformation Addressing the Service Bottleneck: Deploy an integrated digital platform equipped with electronic verification (e-verification) and digital signatures to automate routine document validation, thereby directly bypassing manual approval delays. Additionally, implement real-time digital document tracking to enable applicants to monitor permit processing stages transparently, reducing unnecessary in-person inquiry visits and optimizing overall time efficiency.

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