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The Quality of Health Office Services in Serving the COVID-19 Vaccine to Community Satisfaction in Garut Regency

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Abstract

The COVID-19 pandemic is one of the crucial health problems in Indonesia, so the government continues to strive to handle it, especially by vaccination. Vaccine administration is one of the preventive policies to minimize the spread of the virus. In Indonesia, the party in charge of holding the vaccination program is the Health Office. This makes the Health Office interact with the community. In exchange, of course, a relationship will be established. In this case, the community is the recipient, while the Health Office is the service provider. When someone receives a service, there will be satisfaction or even disappointment. Therefore, the researcher aims to review public satisfaction with the assistance of the Garut Regency Health Office when providing vaccinations. Then, researchers immediately made a study through quantitative methods by distributing a survey of 100 respondents using the purposive sampling method. This research questionnaire was distributed to vaccine service recipients at the Garut Regency Hall. The collected data was then analyzed using multiple regression with the help of SPSS 23 data processing tools. The results showed that three of the five service quality indicators affected community satisfaction. Indicators that affect public satisfaction include vaccine availability, vaccine information, and vaccination center infrastructure. Meanwhile, indicators for vaccinators and doctor behavior did not affect public satisfaction. Vaccine availability indicators are the most impactful part. Meanwhile, the behavior of doctors has the most negligible influence on community satisfaction.

Keywords: Covid-19 pandemic; Quality of Service; Community Satisfaction

1. Introduction

The report on the occurrence of the first case of COVID-19 in Indonesia was in March 2020 (Malawi, 2020). Starting from one point, the spread of the virus immediately expanded to attack various regions (Hu et al., 2021). In response to this case, the government issued a Large-Scale Social Restrictions policy (Humas Polri, 2020). The consequence of this policy is obstructing community mobility and interaction, especially in areas marked as red zones (Suhaedading, 2020). The red zone is a term for areas with high COVID-19 cases (Rokom, 2021).

Despite restrictions for areas highlighted as unsafe sectors, the number of virus spread is still increasing (Rina, 2020). As an additional preventive measure, the government imposed mandatory vaccines on the community rather than just limiting their social activities (Rakhmawati et al., 2020). The vaccination program began being implemented in Indonesia in January 2021 (KOMINFO, 2022). This activity aims to realize a community that has immune immunity to the

COVID-19 virus (Falcone et al., 2022). The government has a target that 70% of the Indonesian population has been vaccinated for this virus (Nur Nazmi et al., 2022).

The vaccination agenda organized by the government needed to produce a harmonious correlation with the decline in COVID-19 in Indonesia (Margarini, 2021). Based on data from the Indonesian Ministry of Health, in August 2021, areas on the island of Java continued to experience an increase in cases. West Java is one of the provinces with an alarming explosion of possibilities. The skyrocketing transmission of COVID-19 in West Java has also made this province one of the highest contributors to issues, reaching 25% of the accumulated cases in Indonesia (CNBC Indonesia, 2021).

Cases in West Java can also be specified into small sections covering the Regency area. One of the areas ranked top of transmission cases under West Java is the Garut Regency. According to PIKOBAR or West Java Covid-19 Information and Coordination Center, as of November 17, 2021, positive Covid-19 cases reached 707,314 cases cumulatively, while for the Garut Regency segment report, there were 24,747 active positive cases. These reports became an extensive record for Garut Regency, so the government took steps in the form of vaccination programs in 28 points spread across various districts in Garut Regency. This activity involves collaboration with the Health Office, TNI, and Polri (Nurfadilah, 2021).

The vaccination agenda in The Garut Regency, the local government targets that as many as 1,977,713 people have been vaccinated. However, as of November 2021, only around 66% of people have received vaccination (KOMINFO, 2021). This is an indication that vaccine services in Garut have not been optimal. The cause of not maximizing benefits for the public can be based on the quality standards of apparatus services or government agencies that still need to meet the requirements (Pratama et al., 2021). One indicator that can be used as the substance of maximum public services and meet the criteria is the level of community satisfaction (Arsita et al., 2020). Therefore, the quality of public services and the level of community satisfaction can be studied more deeply, especially in vaccination activities that have been carried out in the Garut Regency.

2. Literature Review

Vaccination

Vaccination is giving vaccines to someone to protect from a particular disease (Brewer, 2021). Vaccine products contain microorganisms or viruses in a weakened condition or even only in their artificial form (Muhoza et al., 2021). Vaccines stimulate the immune system to produce antibodies to attack certain diseases when a viral attack or illness has occurred (Moghadas et al., 2021).

Some benefits expected after vaccine administration are reducing the risk of disease, avoiding the worst effects of contracting a disease, reducing severe threats such as death, and creating herd immunity (Shah et al., 2021). Herd immunity is a condition when most members of our body's immune system have sensitivity to the attack of a virus so that other impacts in the form of the disease can be avoided or the process of spread can be suppressed (Sanz-Leon et al., 2022).

Public Service

Public service always colors the line of people's lives in social interactions, so every individual must have felt this form of interaction attachment (Agostino et al., 2021). If explicitly defined, Rosenbloom et al., (2021) explained that public services are interactions between service

providers and their users. Implementing services in the public sector aims to achieve satisfaction from service users (Osborne, 2020).

In the implementation of public services, four things accompany it. The four instruments include service providers, service recipients, types of services, and customer satisfaction (Rosenbloom et al., 2021). In more detail, service providers are groups obliged to serve service users. Next is the recipient of the service, which means an individual or group of people who receive the service. The current aspect is the type of service, namely various forms of assistance from service providers provided to service users. The last aspect is customer satisfaction. In this case, a service provider must give a good impression so that the intention to use the service or service can continue to repeat (Arsita et al., 2020). The will to repeat the use of a service signifies the creation of satisfaction.

Community Satisfaction

Satisfaction is an expression of happiness, joy, or disappointment based on the fulfillment of an expectation or not (Susilawati, 2016). Satisfaction can also be achieved when something exceeds expectations (Pratama et al., 2021). Satisfaction is part of the preference and taste indicators influencing an individual's judgment (Vroom, 2019). Satisfaction is a game of perception in which if the results exceed the shadow, it will be considered satisfactory, and vice versa (Susilawati, 2016).

3. Methodology of Research

Technically, this study uses a type of quantitative research with descriptive purposes. This indicates that researchers want to describe and explain how public satisfaction with the quality of vaccine services is. Based on time, this study is cross-sectional, which suggests that data collection is carried out at different intervals. Regarding the unit of analysis, researchers made individuals who had taken the COVID-19 vaccine at the Garut Regency Hall as research respondents. The number of respondents obtained through the purposive sampling amounted to 100 people. Selected respondents should fill out questionnaires distributed by researchers.

4. Result and Discussion

The questionnaire section contains questions about gender, age, and vaccine stage. Classification of respondents based on these criteria results in the answers attached to Table 1.

Table 1.
Categorizing Respondents

Category	Frequency	Presented
Gender		
Man	35	35%
Woman	65	65%
Total	100	100%
Age		
12 - 19 years	27	27%
20 - 29 years	66	66%
30 - 39 years	4	4%

Category	Frequency	Presented
Gender		
> 39 years old	3	3%
Total	100	100%
Vaccine Phase		
Phase - 1	19	19%
Phase - 2	81	81%
Total	100	100%

Source: processed from primary data

Based on data collected from the results of the questionnaire distribution, the majority of people who come to vaccinate are women, with the highest age range between 20 and 29 years. The number of people who have done the second vaccination is also more than the first, so it can be identified if public awareness about the importance of vaccines increases (Falcone et al., 2022).

Respondents were drawn based on the purposive sampling method and then received several research questions in questionnaires with 29 queries. Then, each item is given a value weight based on the Likert scale. The assessment criteria in detail are presented in Table 2.

Table 2.
Likert Scale

Value Weighting	Alternative Answers	Symbol
1	Very good	SB
2	Good	B
3	Enough	C
4	Bad	Bu
5	Very bad	Sbu

Source: Sugiyono, 2018

Referring to the assessment of questionnaires based on Likert scales, researchers then calculate the score range as the basis for determining descriptive analysis assessment guidelines for questionnaires that have been distributed. The details of the calculation are as follows:

$$=\frac{\text{highest percentage} - \text{lowest percentage}}{k}$$

RS is an acronym for score range, and k is the Interval class. To calculate the highest and lowest percentages, the following calculations are conducted:

$$\text{Percentage} = \frac{\text{Cumulative item value}}{\text{frequence value}} \text{ x } 100\%$$

The cumulative value of the item is obtained from the value weight formula multiplied by the number of respondents. In this calculation, we must get the lowest and highest cumulative values. Judging from the value weight table, we know that the highest weight is five and the lowest is 1, so the highest and lowest cumulative values are as follows:

Highest cumulative value= 5x100= 500
Lowest cumulative value= 1x100=100

After getting the cumulative values, we can calculate the lowest and highest percentages. The details of this calculation are as follows:

$$\text{Highest percentage} = \frac{500}{500} \times 100\ \% = 100$$

$$\text{Lowest percentage} = \frac{100}{500} \times 100\% = 20$$

After getting the values above, the range of values will be obtained. The details are as follows:

$$rs = \frac{100\% - 20\%}{5} = 16\%$$

The calculation results above show descriptive analysis assessment guidelines in Table 3

Table 3.
Descriptive Analysis Assessment Guidelines

Class	Value Range (%)	Criteria
1	20 – 36	Very bad
2	36 – 52	Bad
3	52 – 68	Enough
4	68 – 84	Good
5	84 - 100	Excellent

Source: processed from primary data

The responses from respondents then go through a data processing procedure to assess whether the answers to each question item are valid and reliable. In detail, the results of such tests are presented in Table 4 and Table 5.

Table 4.
Validity Test

Item	r Count	r Table	Conclusion
1	0.854	0.1654	Valid
2	0.848	0.1655	Valid
3	0.771	0.1656	Valid
4	0.768	0.1657	Valid
5	0.728	0.1658	Valid
6	0.788	0.1659	Valid
7	0.774	0.1660	Valid
8	0.684	0.1661	Valid
9	0.714	0.1662	Valid
10	0.796	0.1663	Valid
11	0.754	0.1664	Valid
12	0.714	0.1665	Valid

Item	r Count	r Table	Conclusion
13	0.766	0.1666	Valid
14	0.746	0.1667	Valid
15	0.652	0.1668	Valid
16	0.686	0.1669	Valid
17	0.732	0.1670	Valid
18	0.651	0.1671	Valid
19	0.682	0.1672	Valid
20	0.661	0.1673	Valid
21	0.681	0.1674	Valid
22	0.638	0.1675	Valid
23	0.686	0.1676	Valid
24	0.652	0.1677	Valid
25	0.692	0.1678	Valid
26	0.708	0.1679	Valid
27	0.696	0.1680	Valid
28	0.758	0.1681	Valid
29	0.782	0.1682	Valid
30	0.732	0.1670	Valid

Source: processed from primary data

Table 5.
Reliability Test

Variable	Cronbach's Alpha	Information
X	0.884	Reliable
Y	0.782	Reliable

Source: processed from primary data

Following up on the appropriate data validity and reliability test results, the researcher continued compiling the article by presenting Table 6. In the section, a summary of each respondent's response to the quality of vaccine services by officers from the Garut Regency Health Office will be attached.

Table 6.
Responses Regarding Vaccine Services

No	Statement	SBa	Ba	C	SBu	Bu	Score
Vaccine Availability							
1	The vaccine service center has the vaccines needed by the community;	39	51	8	2	0	427
		39%	51%	8%	2%	0%	85%
2	People can get vaccines easily	40	45	14	1	0	424
		40%	45%	14%	1%	0%	84%
Total Score							851

No	Statement	SBa	Ba	C	SBu	Bu	Score
Total Score Presentation							85,10%
Vaccine Information							
3	Vaccine service personnel provide complete information about vaccinations;	26	45	18	8	2	385
		26%	45%	18%	8%	2%	77%
4	Vaccine service personnel provide information about the number of doses/vaccine schedules and	24	46	21	8	1	384
		24%	46%	21%	8%	1%	76%
5	Vaccine service personnel provide the public with complete information about side effects that can occur after vaccination.	20	39	27	11	2	364
		20%	39%	27%	11%	2%	72%
Total Score							1133
Total Score Presentation							75,50%
Officer Behaviour							
6	Vaccine service personnel speak politely and courteously;	30	41	23	5	1	394
		30%	41%	23%	5%	1%	78%
7	Vaccine service workers help with community needs.	25	44	25	5	1	387
		25%	44%	25%	5%	1%	77%
Total Score							781
Total Score Presentation							78,10%
Doctor Behavior							
8	The public is given enough time to ask doctors anything about vaccinations;	13	36	36	10	5	341
		13%	36%	36%	10%	5%	68%
9	Doctors listen carefully to what society has to say;	13	44	30	13	0	357
		13%	44%	30%	10%	0%	71%
10	The doctor does the vaccination correctly;	28	48	18	6	0	398
		28%	48%	18%	6%	0%	79%
11	Doctors are always ready to answer people's questions	22	41	30	6	1	377
		22%	41%	30%	6%	1%	75%
12	Doctors give people enough time	14	37	42	6	1	357
		14%	37%	42%	6%	1%	71%
Total Score							1830
Total Score Presentation							73,20%
Vaccine Center Infrastructure							
13	The cleanliness of the vaccination center is quite adequate;	22	43	32	2	1	383
		22%	43%	32%	2%	1%	76%

No	Statement	SBa	Ba	C	SBu	Bu	Score
14	Comfort of seating facilities at the time of vaccination;	23	35	34	8	0	373
		23%	35%	35%	8%	0%	74%
15	The waiting time for vaccination is not long	13	25	41	17	4	326
		13%	25%	41%	8%	4%	65%
16	The vaccination center has all the necessary facilities	18	32	36	8	1	343
		18%	32%	36%	8%	1%	68%
Total Score							1425
Total Score Presentation							71,20%

Source: processed from primary data

Furthermore, researchers will display responses related to public satisfaction with vaccine services. The results are contained in table 7.

Table 7.
Response to Vaccine Service Satisfaction

No	Statement	SBa	Ba	C	SBu	Bu	Shoes
17	Level of clarity regarding terms of service	15	41	39	5	0	366
		15%	41%	39%	5%	0%	73%
18	The level of ease of service personnel.	4	33	49	12	2	325
		4%	33%	49%	12%	2%	73%
19	The level of discipline of officers in the service process	7	39	43	10	1	341
		7%	39%	43%	10%	1%	68%
20	The level of punctuality of officers in completing a service	10	28	44	18	0	330
		10%	28%	44%	18%	0%	66%
21	The speed of the officer's response to complaints from the public;	8	41	36	13	2	340
		8%	41%	36%	13%	2%	68%
22	Level of openness of service completion time	11	27	43	13	1	319
		11%	27%	43%	13%	1%	63%
23	The level of timeliness of the service process	9	38	40	13	0	343
		9%	18%	40%	13%	0%	68%
24	Service Process according to a predetermined schedule;	5	35	43	15	2	326
		5%	35%	43%	15%	2%	65%
25	Community service needs are met.	8	43	37	11	1	346
		8%	43%	37%	11%	1%	69%
26	The level of accuracy of procedures in completing services	12	38	42	8	0	354
		12%	38%	42%	8%	0%	70%
27	Simplicity of service completion procedures	10	41	38	9	2	348
		10%	41%	38%	9%	2%	69%
28	The level of community satisfaction with the services provided	23	40	30	7	0	348
		23%	40%	30%	7%	0%	69%
29	The level of courtesy and friendliness of the service personnel	26	46	22	5	1	379
		26%	46%	22%	5%	1%	75%
30		26	46	22	5	1	391

No	Statement	SBa	Ba	C	SBu	Bu	Shoes
	The level of ability of officers to complete services	26%	46%	22%	5%	1%	78%
	Total Score						4508
	Total Score Presentation						64,40%

Source: processed from primary data

All data displayed go through several classical assumption test processes, and every part of these assumptions can be fulfilled. Furthermore, researchers will continue the discussion by reviewing the results of various tests and data calculations.

Based on the results of the study in partial testing with t-tests on the variable vaccine availability (X1), H1 is accepted because the calculated t value (2,306) > the table t value (1,985). The vaccine information variable (X2) H2 is accepted because the computed t value (2.759) > table t value (1.985). The behavior variable of vaccine service workers (X3) H3 was rejected because the calculated t value (0.791) < the table t value (1.985). The physician behavior variable (X4)H4 was dismissed because the computed t value (-0.959) < the table t value (1.985). The H5 vaccination center infrastructure variable is accepted because the calculated t value (2,746) < the table t-value (1,985). Judging from the R-value, it shows that service quality affects public satisfaction with vaccine services at the Garut Regency Hall by 36.1%. This indicates that the relationship between the quality of vaccine services and community satisfaction is mild or moderate. This finding is a consideration in decision-making because 63.9% are influenced by variables that have yet to be studied.

This is in contrast to the findings of Chayomchai (2021), which show that service quality affects COVID-19 vaccine consumer satisfaction by 77.7%. Various factors can cause these differences. The study uses service quality dimensions, namely service quality, customer satisfaction, perceived trust, and loyalty, taken from multiple referral sources (Supriyanto et al., 2021).

Variables affecting public satisfaction with vaccine services include (Yuantari, 2022), which states that service quality (tangible, reliable, responsiveness, assurance, and empathy) positively and significantly influences patient satisfaction. Patient satisfaction with getting maximum service will foster trust indirectly embedded in always visiting the same health service in contrast to the findings of Fitriani et al., (2022), who explained that technological components (system quality and information quality) are factors that affect the satisfaction of Covid-19 vaccine services.

Meanwhile, based on research by (Lasmita et al., 2021), information sources affect community satisfaction. Providing clear and transparent information about the side effects and safety of the COVID-19 vaccine will improve public trust and increase the vaccination program. This is important for the success of achieving the national vaccination target.

5. Conclusion

From the results of the discussion, it can be concluded that the variables of vaccine availability, vaccine information, and vaccination center infrastructure affect the satisfaction of people who receive vaccine services at the Garut Regency Hall. The variables showing the results do not affect the dignity of people who receive vaccine services at the Garut Regency Hall. These are variables of vaccine service officer behavior and doctor behavior. The variable of vaccine availability is the most impactful.

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