THE RELATIONSHIP BETWEEN INTERNAL SUPERVISION STRATEGIES AND QUALITY OF HEALTH SERVICES AT PUSKESMAS KOTA KENDARI

Eka Putri Sari[1], Hariawan[1], Junardin[1]

[1]Department of Public Health, University of Mandala Waluya, Indonesia.

ARTICLE INFO

Corresponding Author:

Eka Putri Sari

Email:
ekaputri.181187@gmail.com

ABSTRACT

The problem in this research was the accreditation achievement data of the Puskesmas in Kendari City, namely: 10 middle puskesmas (66%), 2 basic (13%), 2 main (13%) and 1 plenary (6.6%). This data indicates that not all puskesmas have implemented service standards according to PMK 46 of 2015 concerning Puskesmas Accreditation standards, this condition illustrates that technical guidance and supervision carried out at Puskesmas has not been carried out optimally. This study aims to analyze the relationship between internal control strategy and the quality of health services as a managerial function at the Kendari City Health Center. This type of research is a quantitative observation using a Cross Sectional Study design. This research was carried out from February 28 to March 31, 2023. The population for this study was all puskesmas leadership officials, UKP in charge, UKM in charge and quality in charge of 53 people at the Kendari City Health Center. The sampling method uses the Total Sampling technique so that the number of samples is 53 people. Data were processed using the chi-square test, closeness test and phi test. The results showed that the results of the chi-square test on the surveillance time variable obtained the value of X2 count = 13,745, the location of the surveillance obtained the value of X2 count = 8,342, the supervision period obtained the value of X2 count = 16,009, the method of supervision obtained the value of X2 count = 16,009, and structured supervision the value of X2 count = 11,880 is obtained. The conclusion is that there is a relationship between supervision time, supervision location, supervision period, method of supervision and structured supervision with improving the quality of service at the Kendari City Health Center. The most dominant variable associated with improving the quality of service is the variable of supervision time. It is hoped that health workers in Kendari City can increase their motivation to work in order to provide the best health services to the community/patients.

INTRODUCTION

Supervision is essential in order to improve employee productivity and support the achievement of organizational goals. These matters, which have been decided (in the form of a plan), are implemented earnestly according to what has been previously determined. This also helps to prevent potential deviations or misconduct that could ultimately hinder the achievement of the set goals. Supervision serves as a reinforcement for the tasks carried out by employees, as well as a tool for maintaining their performance to achieve optimal results, especially in community health centers (Puskesmas), which are the forefront of basic healthcare services (28).

Situmorang and Juhir (2020) argue that embedded supervision is actually one of the management functions that is continuously carried out by every superior as a leader, in addition to planning and execution (29). Therefore, embedded supervision is not something complicated but rather a form of self-discipline that every superior must cultivate to implement it. Embedded supervision (Waskat) is a concrete and most effective action in realizing employee discipline within a company, as it requires superiors to actively and directly supervise the behavior, morale, work enthusiasm, and performance of their subordinates(9,10). This means that direct superiors are always present at their workplaces, so they can monitor and provide guidance if their subordinates encounter difficulties in performing their tasks (11, 8).

The effectiveness of supervision is highly determined by the quality of the leadership in a community health center (Puskesmas)(12). The role of the Puskesmas leader is that of a competent organizational leader with a forward-looking vision, paying attention to the ever-changing times and the impact these changes have on the work patterns of the organization they lead. They must also act as a protector and a good mentor to their subordinates, and be capable of thinking comprehensively and conceptually, allowing them to consider both career development systems and the recognition of work achievements within the Puskesmas (Makatumpias, 2020).

Supervision is the process of establishing performance standards and taking actions that support the achievement of expected results in accordance with the set performance. Supervision is the process of measuring performance and taking actions to ensure the desired outcomes. It is a process to ensure that all activities are carried out as planned. The process ensures that actual activities align with the planned activities (Sinolah, 2018).

The importance of supervision in management is essential in a business because we must ensure that all tasks are completed as desired. Supervision 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 that the duties and responsibilities of employee supervision lie with supervisory positions, who are responsible for overseeing the activities carried out by implementing officials, including public services, government administration, and development (6).

Recognizing the importance of honest, clean, and authoritative civil servants in the current era of national development, attention to the supervision of both central and regional government officials continues to be emphasized. This is to ensure that all levels of civil servants are truly capable and can become honest, clean, authoritative, and high-quality agents of the state, enabling them to carry out their various duties with full responsibility (15,16).

According to Siagian, supervision is the process of observing the implementation of all organizational activities to ensure that all tasks being carried out are in accordance with the previously established plans(21,27). Handayaningrat, quoting McFarland, further defines supervision as a process in which leaders seek to determine whether the results of their subordinates' work align with the predetermined plans, orders, goals, or policies (19,20). According to Schermerhorn, as cited in Ernie and Saefullah (2005), supervision is defined as the process of establishing performance standards and taking actions that support the achievement of expected results in accordance with these standards. Meanwhile, Mathis and Jackson (2006) state that supervision is the process of monitoring employee performance based on standards to measure performance, ensuring the quality of performance assessments, and gathering information that can be used as feedback for achieving results, which is communicated to employees (Iskandar, 2022).

For more than 40 years, supervision has been recommended as a strategy to support health programs and improve performance. Kilminster et al. define supervision as: "the provision of guidance and feedback on matters of personal, professional, and educational development in the context of delivering safe and appropriate public health services." Bosch Capblanch et al. emphasize that supervision helps connect the smallest health service units to broader health services within a region (24).

Community Health Centers (Puskesmas) are facilities established by the government with the goal of promoting national health through the provision of healthcare services to the community. The Directorate of Health and Community Nutrition (2018) concluded that Puskesmas are the most strategic healthcare units within Indonesia's healthcare system. This is because Puskesmas are the only service units whose activities are directly linked to priority program indicators. They are the frontline healthcare services that implement the "healthy paradigm" policy in the field, serve as instruments for equitable healthcare distribution to promote fairness, help reduce health disparities between regions, and play a role in reducing or preventing rising healthcare costs   through upstream   intervention   services (Kemenkes RI, 2021).

Community Health Centers (Puskesmas) are healthcare service facilities that provide both public health efforts and primary individual health efforts, with a greater emphasis on promotive and preventive measures, to achieve the highest possible level of public health in their service areas. Puskesmas carry out the functions of managing public service organizations, requiring effective and continuous supervision to ensure quality healthcare services that are always oriented toward customer needs and satisfaction. The quality of healthcare refers to the level of health services provided to individuals and communities that can enhance optimal health outcomes, delivered in accordance with service standards and the latest scientific developments, and aimed at fulfilling the rights and obligations of patients (Kemenkes RI, 2021).

Various policies, regulations, rules, methods, and others have been tried and implemented by local governments to achieve quality public services. However, the reality shows that the quality of services still falls far short of the expectations of all community stakeholders. Recently, the government, together with the legislative body, enacted Law No. 25 of 2009 on Public Services. Article 3 of this law states that the objectives of the Public Service Law are:

(a)   to establish clear boundaries and relationships regarding the rights, responsibilities, obligations, and authorities of all parties involved in the provision of public services; (b) to establish a public service system that is appropriate according to the general principles of good governance and corporate governance; (c) to ensure that public services are provided in accordance with applicable laws and regulations; and (d) to ensure legal protection and certainty for the public in the provision of public services (Kemenkes RI, 2021).

In carrying out the functions of the Puskesmas, continuous service quality is required through supervision with the right models and strategies. Therefore, it is expected that the Puskesmas can focus on improving the quality of primary services through accreditation or external supervision. From 2015 to 2019, it did not show sufficient performance in driving the achievement of continuous quality improvement, which in turn would foster a culture of quality and patient/community safety at the Puskesmas, as evidenced by the continuous improvement of quality (Kemenkes RI, 2021).

To achieve good and high-quality results, effective supervision is required. However, at the Puskesmas, supervision from leadership is still needed. This supervision is carried out directly by the leader or in a structured manner as an effort to compare whether the actions taken align with the established plan. This also means that supervision is an action or activity by the leader aimed

at ensuring that the work is carried out according to the set plan or the desired outcome (Kemenkes RI, 2021).

METHODOLOGY

Research design

This type of research is quantitative with a Cross-Sectional Study approach, aimed at analyzing the relationship between internal supervision strategies and service quality at the Kendari City Community Health Center (Puskesmas).

Research setting

This research was conducted at 15 Community Health Centers (Puskesmas) in Kendari City, Southeast Sulawesi. The locations include: Puskesmas Labibia, Puskesmas Lepo-Lepo, Puskesmas Wua-Wua, Puskesmas Puwatu, Puskesmas Mekar, Puskesmas Perumnas, Puskesmas Jati Raya, Puskesmas Poasia, Puskesmas Nambo, Puskesmas Abeli, Puskesmas Mokoau, Puskesmas Kandai, Puskesmas Mata, Puskesmas Kemaraya, and Puskesmas Benua- Benua. This research was carried out from February 28 to March 31, 2023.

Population and Sampling

The population in this study consists of all Puskesmas staff, including: Puskesmas leaders, responsible officers for UKP (Public Health Efforts), responsible officers for UKM (Individual Health Efforts), and quality control officers, totaling 60 people from the Community Health Centers in Kendari City. The sample to be used as respondents in this study consists of 53 respondents.

Data analysis

This data will then be entered into the SPSS V.20 program.

RESULTS AND DISCUSSION

Inferential Analysis

Inferential analysis is the analysis of two variables aimed at determining whether there is a relationship between the independent variable and the dependent variable.

Data Normality Test

Table 1. Distribution Of The Data Normality Test Results

o	Research Variables	P value	α
	Implementation Time	0,000	**0,05**
	Supervision Location	0,000	**0,05**
	Supervision Period	0,000	**0,05**
	Supervision Method	0,000	**0,05**
	Structured Supervision	**0,000**	**0,05**

The results of the data normality test using the Shapiro-Wilk test showed that all variables have a p-value (0.000) < α (0.05), meaning the data is not normally distributed.

Hypothesis Testing

The relationship between the timing of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The distribution of the relationship between the timing of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City is as follows:

Table 2. Distribution of Supervision Timing Based on Service Quality At The Community Health Centers (Puskesmas) in Kendari City

Supervision Timing	Service Quality				Total	
	Adequate		Inadequate			
	n	%	n	%		%
Adequate	20	76,9	6	23,1	6	100
Inadequate	6	22,2	21	77,8	7	100
Total	26	49,1	27	50,9	3	100

Table 2 shows that out of 26 respondents with adequate supervision timing, 20 respondents (76.9%) provided adequate service quality. Meanwhile, among the 27 respondents with insufficient supervision timing, 6 respondents (22.2%) provided adequate service quality. This means that respondents with adequate supervision timing were more likely to provide adequate service quality.

Based on the statistical test results using the chi-square test, the calculated value of $X^2 = 13.745 > X^2$ table $= 3.841$; and the value of $\varphi = 0.547$. This indicates that H_0 is rejected and H_a is accepted, meaning there is a moderate relationship between the timing of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The relationship between the location of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The distribution of the relationship between the location of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City is as follows:

Table 3. The distribution of the location of internal supervision based on service quality at the Community Health Centers (Puskesmas) in Kendari City.

Location of Supervision Implementation	Service Quality				Total	
	Adequate		Inadequate			
	n	%	n	%		%
Adequate	19	70,4	8	29,6	7	100
Inadequate	7	26,9	19	73,1	6	100
Total	26	49,1	27	50,9	3	100

Table 3 shows that out of 27 respondents with adequate supervision location, 19 respondents (70.4%) provided adequate service quality. Meanwhile, among the 26 respondents with insufficient supervision location, 7 respondents (26.9%) provided adequate service quality. This means that respondents with adequate supervision location were more likely to provide adequate service quality. Based on the statistical test results using the chi-square test, the calculated value of $X^2 = 8.342 > X^2$ table $= 3.841$; and the value of $\varphi = 0.434$. This indicates that H_0 is rejected and H_a is accepted, meaning there is a moderate relationship between the location of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The relationship between the period of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The distribution of the relationship between the period of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City is as follows:

Table 4. The distribution of the period of internal supervision based on service quality at the Community Health Centers (Puskesmas) in Kendari City.

Period of Supervision Implemantation	Service Quality				Total	
	Adequate		Inadequate			
	n	%	n	%		%
Adequate	19	82,6	4	17,4	3	100
Inadequate	7	23,3	23	76,7	0	100
Total	26	49,1	27	50,9	3	100

Table 4 shows that among the 23 respondents with an adequate supervision period, 19 respondents (82.6%) provided adequate service quality.

Meanwhile, among the 30 respondents with an insufficient supervision period, 7 respondents (23.3%) provided adequate service quality. This means that respondents with an adequate supervision period were more likely to provide adequate service quality. Based on the statistical test results using the chi- square test, the calculated value of $X^2 = 16.009 > X^2$ table $= 3.841$; and the value of $\varphi = 0.588$. This indicates that H_0 is rejected and H_a is accepted, meaning there is a moderate relationship between the period of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The relationship between the method of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City. The distribution of the relationship between the method of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City is as follows:

Table 5. The distribution of the method of internal supervision based on service quality at the Community Health Centers (Puskesmas)

Method of Supervision Implementation	Service Quality				Total	
	Adequate		Inadequate			
	n		n	%		%
Adequate	19	82,6	4	17,4	3	100
Inadequate	7	23,3	23	76,7	0	100
Total	26	49,1	27	50,9	3	100

Table 5 shows that among the 23 respondents with an adequate method of supervision, 19 respondents (82.6%) provided adequate service quality. Meanwhile, among the 30 respondents with an insufficient method of supervision, 7 respondents (23.3%) provided adequate service quality. This means that respondents with an adequate method of supervision were more likely to provide adequate service quality. Based on the statistical test results using the chi-square test, the calculated value of $X^2 = 16.009 > X^2$ table $= 3.841$; and the value of $\varphi = 0.588$. This indicates that H_0 is rejected and H_a is accepted, meaning there is a moderate relationship between the method of internal supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The relationship between structured supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

The distribution of the relationship between structured supervision and service quality at the Community Health Centers (Puskesmas) in Kendari

City is as follows:

Table 6. The distribution of structured supervision based on service quality at the Community Health Centers (Puskesmas) in Kendari City

Structured Supervision	Quality of Service				Total	
	Adequate		Inadequate			
	n	%	n	%		%
Adequate	18	78,3	5	21,7	3	**100**
Inadequate	8	26,7	22	73,3	0	**100**
Total	**26**	**49,1**	**27**	**50,9**	**3**	**100**

Table 6 shows that among the 23 respondents who conducted structured supervision in the adequate category, 18 respondents (78.3%) provided adequate service quality. Meanwhile, among the 30 respondents who conducted structured supervision in the insufficient category, 8 respondents (26.7%) provided adequate service quality. This indicates that respondents with adequate structured supervision were more likely to provide adequate service quality. Based on the statistical test results using the chi-square test, the calculated value of $X^2 = 11.880 > X^2$ table $= 3.841$; and the value of $\varphi = 0.512$. This indicates that H_0 is rejected and H_a is accepted, meaning there is a moderate relationship between the implementation of structured supervision and service quality at the Community Health Centers (Puskesmas) in Kendari City.

Multivariate Analysis

The result of multivariate analysis is based on logistic regression testing, which can be seen in the following table:

Table 7. The factor most closely related to service quality at Puskesmas Kota Kendari

Sub Variabel	B	SE	Wald	Sig	Exp B
Supervision Time	3,296	1,297	6.460	0,011	**26,998**
Supervision Location	-0,294	1,038	0,080	0,777	**0,745**
Supervision Period	2,951	1,310	5.077	0,024	**19,135**
Supervision Method	1,960	0,984	3.967	0,046	**7,100**
Structured Supervision	**1,963**	**1,157**	**2.881**	**0,090**	**7,121**

Based on the table, the logistic regression equation for this study is Y = 3.296 + (-0.294) + 2.951 + 1.960 + 1.963. The logistic regression test results show that the significance values for the variables are as follows Supervision time 0.011, Supervision location 0.777, Supervision period 0.024, Supervision method 0.046, Structured supervision 0.090. Based on the significance values, the variable most strongly associated with the quality of health services at the Puskesmas in Kendari City is the supervision time.

Discussion

The discussion of the data processing results regarding the relationship between internal supervision strategies and the quality of health services at the Puskesmas in Kendari City is as follows:

The relationship between the implementation time of internal supervision and the quality of service at the Puskesmas in Kendari City.

One of the methods of internal supervision to improve service quality at the Puskesmas is by conducting well-directed employee performance supervision.

Supervision is carried out in two ways: preventive supervision and progressive supervision. Preventive supervision is done before an activity is carried out, to prevent any deviation from the plan. Progressive supervision, on the other hand, is done during the process of the activity (1,2). The univariate analysis results show that out of 53 respondents, 27 respondents (50.9%) had an implementation time of supervision in the "insufficient" category. Based on the research findings, this is due to the Puskesmas leadership not conducting adequate quality supervision at their Puskesmas. Furthermore, the leadership also fails to conduct preventive supervision before activities are carried out. Instead, supervision is only conducted after the healthcare activities are completed, in the form of evaluation. The lack of preventive supervision during the activity leads to unforeseen obstacles, causing the activities to not proceed as initially planned(3,5).

This is in line with the theory by Makmur (2011), which states that supervision of local government administration is carried out both preventively and repressively. Preventive supervision is conducted before a local government decision takes effect and before regional regulations are enacted. Preventive supervision is not carried out on all decisions or regulations related to specific matters that, according to government regulations or new laws, can only take effect after receiving approval from the authorized official. The form of preventive supervision is to either approve or not approve.

The bivariate results show that there are still 6 respondents (23.1%) who have a sufficient supervision time, but the quality of service at the health center is still lacking. This is due to several factors, including the fact that new employees and honorary staff receive limited training from the government or the health center itself. As a result, the healthcare workers' skills in providing medical services are very limited. The lack of skills and experience among healthcare staff in handling various health issues faced by patients leads to poor healthcare quality at the health center.

The research also indicates that the performance of healthcare workers, particularly nurses, has not consistently met the standard of good healthcare service, resulting in patient dissatisfaction. It is important to note that nurses working at the health center do not only provide direct patient care, but also take on various tasks outside their primary responsibilities. For example, they often handle cleaning duties (which should be the responsibility of the cleaning staff) and administrative tasks. While administrative work is rightfully part of a nurse's role, the absence of sufficient nursing staff often leads to neglect of these administrative tasks.

The bivariate analysis also shows that 6 respondents (22.2%) with a "poor" category of supervision timing still provided adequate service quality. This is because the healthcare workers involved in patient care had considerable experience and high working hours, which enhanced the quality of service they provided, despite the fact that the health center leaders rarely supervised the staff according to the established time schedule. The statistical test results indicate a moderate relationship between the timing of internal supervision and the quality of service at the Puskesmas Kota Kendari.

The results of this study are in line with Ahmad et al. (2018), which found that leadership supervision affects the performance of nurses, but the performance of nurses has less impact on

the quality of inpatient health services(1). This is because nurses are still performing other tasks outside of their primary duties. Based on the above findings, it can be concluded that the most effective type of supervision to apply, in terms of timing, is preventive supervision. Therefore, every Puskesmas leader should consistently carry out routine and structured supervision of all healthcare staff to ensure the quality of healthcare services provided to patients visiting the Puskesmas.

The relationship between the location of internal supervision and the quality of service at the Puskesmas in Kendari.

The location of supervision can be viewed from where it is carried out, which consists of direct supervision (on the spot control) and indirect supervision (in the armchair control). Direct supervision is carried out personally by the manager. The leader checks the work being done to determine the accuracy of the results, while indirect supervision is carried out from a distance. Remote supervision can be understood as the reports provided by subordinates. These reports can be verbal or written, detailing the execution of tasks and the results achieved.

The univariate analysis results show that out of 53 respondents, 26 respondents (49.1%) had a supervision location categorized as insufficient. Based on the research findings, this is because the leaders and responsible parties at the health centers rarely conduct direct supervision of the healthcare workers who are serving patients at the health center. Instead, they more frequently perform indirect supervision, such as through reports provided by healthcare staff. However, these reports are sometimes not entirely accurate and may not reflect the actual events in healthcare service delivery. This weak supervision can affect the quality of reports, which often only highlight the positive aspects of the work.

The bivariate analysis results show that there are still 8 respondents (29.6%) who have a supervision location categorized as sufficient, yet the quality of service at the health center remains lacking. This is due to the inadequate facilities and infrastructure at some health centers, such as Puskesmas Nambo and Puskesmas Mata. The lack of proper facilities and infrastructure at these health centers has an impact on the impediment of healthcare service quality at these centers.

The bivariate analysis also shows that there are 7 respondents (26.9%) who have a supervision location categorized as insufficient, but still provide adequate service quality. This is because some of these health centers are equipped with complete and sufficient facilities and infrastructure. In addition, the healthcare workers on duty possess good skills and discipline in carrying out their tasks, which contributes to the improved quality of healthcare services, even though the health center leaders and program managers rarely conduct direct supervision of the healthcare staff.

According to Basid (2017), in principle, the duty of employees is to serve the public interest in accordance with their respective areas of responsibility(5). In line with the dynamics of health autonomy implementation, the scope of duties for health center employees appears to be increasingly complex and crucial, requiring skilled, professional human resources with a strong commitment to carrying out their tasks. The statistical test results indicate a moderate relationship between the location of internal supervision and the quality of services at the Puskesmas Kota Kendari.

This study's findings are consistent with the research by Ratna (2018), which found that discipline and direct supervision have an effect on the performance of employees at the Kalimantan Tengah Natural Resources Conservation Center (BKSDA)(23). Based on the results of this study, internal supervision, when viewed from the location of its implementation, is best applied through direct supervision. Direct supervision is performed personally by the manager, who examines the work being done to verify the accuracy of the results. If this direct supervision is consistently implemented, it can improve the quality of health services at the health center.

The relationship between the period of internal supervision and the quality of service at the Puskesmas Kota Kendari.

Supervision is based on the duration of implementation and target achievement, which consists of short-term and medium-term supervision. Short-term supervision is conducted within a 6-month period, while medium-term supervision is carried out within a 1-year period.

Univariate analysis results show that out of 53 respondents, 30 respondents (56.6%) have a supervision period categorized as insufficient. This is because the leadership and program managers at the Puskesmas rarely conduct periodic short-term supervision on service activities at the Puskesmas, and medium-term supervision is also rarely performed. One example of this is the failure to meet the ANC (Antenatal Care) program targets at several Puskesmas and the TB program that has not met its targets in almost all Puskesmas in Kota Kendari.

Bivariate results show that there are still 4 respondents (17.4%) who fall within the sufficient period of supervision, but the quality of service at the Puskesmas is still lacking. This is due to the insufficient facilities and medical equipment in several Puskesmas in Kota Kendari. This is a result of the short-term and medium-term targets from the leadership and program managers not being achieved, particularly in relation to the procurement and addition of medical equipment for healthcare workers(6,7).

The bivariate analysis also shows that there are 7 respondents (23.3%) who fall under the insufficient period of supervision but provide sufficiently good service. This is because some of the Puskesmas are well-equipped with facilities and medical tools to support the healthcare staff in their tasks. With the achievement of short-term and long- term targets by the Puskesmas, the performance of the medical staff improves, and the quality of service provided to patients also increases. Supervision, in essence, is an effort to assess whether the activities being carried out are achieving the set goals. If deviations occur, the necessary actions to correct those deviations are taken (23). Statistical test results show a moderate relationship between the period of internal supervision and the quality of service at the Puskesmas Kota Kendari.

This research is consistent with the findings of Basid (2017), which showed that short-term supervision affected the performance of staff at the Puskesmas Anjir Muara, Barito Kuala Regency(5). The results of the study suggest that Puskesmas leaders and program managers should also conduct short-term and medium-term supervision for every activity related to healthcare service quality to meet the planned targets.

The relationship between the method of internal supervision and the quality of service at the Puskesmas Kota Kendari.

The method of supervision, based on its implementation, consists of programmatic supervision and inherent supervision. An organization can function effectively and efficiently if it is directed, and in Puskesmas, intensive supervision is needed so that issues can be handled quickly, and quality service can be implemented to ensure patient satisfaction.

The univariate analysis shows that out of 53 respondents, 30 (56.6%) had a supervision method categorized as insufficient. This is due to the lack of skilled and qualified medical staff, resulting in many workers performing multiple tasks that do not align with their specific roles. This issue is still prevalent in several Puskesmas in Kendari. Moreover, the leaders and program managers at the Puskesmas rarely carry out direct supervision during service activities and infrequently apply internal supervision in a programmatic or inherent manner.

When supervision is optimal, the quality of service will also meet expectations. Service quality focuses on fulfilling the needs and desires of the customer and delivering services that meet their expectations. According to experts, service quality encompasses the total characteristics of a

service concept across all aspects, and the benchmark for quality service is the ability to satisfy the customer/patient or service recipient (22).

Bivariate analysis shows that 4 respondents (17.4%) who had an adequate method of supervision still reported poor service quality at the Puskesmas. This is due to documentation and reporting of healthcare services sometimes not reflecting actual events, where only positive aspects of the service are reported.

Additionally, 7 respondents (23.3%) who had a poor method of supervision but still provided satisfactory service quality. This is because some Puskesmas were equipped with well-trained and qualified healthcare personnel, leading to better service quality provided to patients.

Ultimately, good supervision is aimed at supporting the implementation of quality service. If supervision is optimal, service quality will align with expectations. Service quality focuses on fulfilling customer needs and delivering services that match their expectations. According to experts, service quality includes the total characteristics of a service concept across all aspects, and the measure of service quality is the ability to provide satisfaction to the customer or patient.

Statistical testing shows a strong relationship between the method of internal supervision and service quality at Puskesmas Kota Kendari. Based on these findings, Puskesmas leaders and program managers should pay more attention to how supervision is conducted with each healthcare worker. Additionally, healthcare services provided by medical staff should align with their job roles to minimize errors in service delivery to patients at the Puskesmas.

The relationship between the implementation of structured internal supervision and service quality at Puskesmas Kota Kendari.

Structured supervision, based on the organizational level, consists of hierarchical supervision and centralized supervision, which is carried out by the head of the puskesmas and program managers.

Univariate analysis shows that of the 53 respondents, 30 respondents (56.6%) performed structured supervision inadequately. According to the research, this is due to internal conflicts among employees at the Puskesmas, such as differences of opinion among program managers. These internal conflicts become one of the causes of barriers to health services for patients at the puskesmas.

Bivariate results show that 5 respondents (21.7%) perform structured supervision at an adequate level, but the quality of service at the puskesmas is still lacking. This is caused by the managerial system at the Puskesmas not functioning well, uneven task distribution among staff, and a familial system between leaders and subordinates, which leads to a situation where, even when staff make mistakes, leaders do not provide firm corrections. These factors are obstacles to the quality of health services at the Puskesmas. Bivariate results also show that 8 respondents (26.7%) perform structured supervision at a lower level, yet the quality of service at the puskesmas is already quite good. This is because some puskesmas are equipped with complete facilities and medical equipment to support the performance of medical staff in delivering health services at the Puskesmas. With the achievement of both short-term and long-term goals by the Puskesmas, the performance of medical staff improves, and thus the quality of service to patients also improves. Supervision essentially aims to avoid potential deviations and misdirection in achieving the intended goals. Through supervision, the implementation of established policies can be effectively and efficiently carried out to achieve planned objectives. Supervision also helps to determine or evaluate how well the service quality has been implemented, detect how far the head nurse's policies are being executed, and identify any deviations that occur in the performance of the work (17,18).

Statistical tests show that there is a moderate relationship between the implementation of structured internal supervision and the quality of service at Puskesmas Kota Kendari. This research is in line with Saragih's (2020) study, which found that, simultaneously, the structured supervision variable significantly affects the performance of employees at Puskesmas Tiga Juhar, Kecamatan STM Hulu, Kabupaten Deli Serdang(26). The Adjusted R Square value of 0.272% indicates that employee retention is 27.2%, while the remaining 72.8% of employee performance is explained by other variables not covered in the study. Based on the findings, it shows that the puskesmas leadership and program managers must also collaborate well in supervising every activity related to health service quality to achieve the planned targets.

CONCLUSION

between the implementation of internal supervision and the quality of service at Puskesmas Kota Kendari. This relationship includes aspects of time, location, period, method of implementation, and structured supervision. Of all these variables, the timing of the supervision is the most dominant factor related to the improvement of health service quality at Puskesmas Kota Kendari.

Acknowledgment

REFERENCES

1. Ahmad, A., dkk. (2018). Pengaruh Pengawasan Terhadap Kinerja Pegawai Dalam Meningkatkan Pelayanan Kesehatan di Kota Palu Provinsi Sulawesi Tengah. Jurnal Ilmu-ilmu Sosial dan Humaniora, 20(1), 15–21.

2. Areros, W.A. (2015). Pengaruh Pengawasan Terhadap Peningkatan Efektivitas Birokrasi. e-Jurnal ActaDiuma, 4(3).

3. Azwar, A. (2017). *Pengantar Epidemiologi*. Tangerang Selatan: Binapura Aksara.

4. Baihaqi, A. (2017). Pengawasan sebagai Fungsi Manajemen Perpustakaan dan Hubungannya denganDisiplin Pustakawan. Jurnal LIBRIA, 8(1).

5. Basid, A. (2017). Pengaruh Pengawasan dan Komitmen Organisasi Terhadap Kinerja Pegawai Puskesmas Anjir Muara Kab. Barito Kuala. Jurnal Berkala Kesehatan, 3(1), 39–49.

6. Choliq, A. (2020). *Peran Pengawasan dalam Meningkatkan Kedisiplinan Kerja Pegawai*. KementerianKeuangan Republik Indonesia: Jakarta.

7. David, L., & Goetsch, S.T.D. (2018). *Quality Management for Organizational Excellence: Introductionto Total Quality*. Seventh Edition. Pearson New International Edition.

8. Ariani, D.W. (2017). *Manajemen Kualitas Pendekatan Sisi Kualitatif*. Jakarta: Ghalia Indonesia. Dwiyanto, A. (2016). *Penilaian Kinerja Organisasi Pelayanan Publik*. Yogyakarta: Fisipol UGM. Sallis, E. (2011). *Total Quality Management in Education*. Jogjakarta: IRCiSoD.

9. Effendi, U. (2016). *Asas Manajemen* (Edisi Kedua). Jakarta: Rajawali Pers.

10. Eliana, S. (2016). *Kesehatan Masyarakat*. Kementerian Kesehatan Republik Indonesia. Tjiptono, F., & Diana, A. (2019). *Total Quality Management*. Yogyakarta: CV Andi Offset.

11. Fathoni. (2021). Pengaruh Kepemimpinan dan Pengawasan Melekat terhadap Disiplin Kerja Pegawai di Dinas Pertambangan dan Energi Kabupaten Kutai Timur. Jurnal Pemerintahan

Integratif, 3(1), 31–45.

12. Hasibuan, M.S.P. (2014). *Manajemen Dasar, Pengertian dan Masalah*. Jakarta: Bumi Aksara. Iskandar. (2022). Pengaruh Pengawasan Terhadap Produktivitas Karyawan Bagian Produksi PT Riau

13. Graindo Pekanbaru. Eko dan Bisnis (Riau Economics and Business Review), 14(1).

14. . Kementerian Kesehatan RI. (2021). *Pembinaan Terpadu Puskesmas oleh Dinas Kesehatan*. Jakarta: Kementerian Kesehatan RI.

15. Makatumpias, S. (2020). Peran Kepala Puskesmas dalam Meningkatkan Kinerja Aparatur Sipil Negara. Jurnal Eksekutif, 1(1), 1–14.

16. Maharani, F.L., Sofianti, S.P.D., & Wardayanti, S.M. (2020). Pengaruh Pengendalian Internal Terhadap Kinerja Karyawan di Rumah Sakit Jember Klinik. Jurnal Akuntansi Universitas Jember, 13(2), 57–69.

17. Makmur. (2011). *Efektivitas Kebijakan Kelembagaan Pengawasan*. Bandung: PT Rafika Aditama. Malisi, A. (2020). *Manajemen Kwalitas Pendidikan Islam*. Yogyakarta: K-Media.

18. Napitupulu, P. (2007). *Pelayanan Publik dan Customer Satisfaction*. Bandung: PT Alumni. Ndraha, T. (2008). *Kybernologi (Ilmu Pemerintahan Baru)*. Jakarta: Bineka Cipta.

19. Pardede, M. (2018). Pengaruh Pengawasan Atasan Langsung Terhadap Efektivitas Kerja Pegawai.

20. Parela, E. (2020). Pengaruh Pengawasan dan Penghargaan Terhadap Kinerja Pegawai. Jurnal Dialektika, 5(2), 49–63.

21. Siagian, P.S. (2004). *Fungsi-fungsi Manajerial*. Jakarta: Bumi Aksara.

22. Ratminto, & Atik, S.W. (2013). *Manajemen Pelayanan*. Yogyakarta: Pustaka Pelajar.

23. Ratna, K. (2018). Pengaruh Disiplin dan Pengawasan Langsung Terhadap Kinerja Pegawai. Jurnal Dialektika, 3(1), 95–113.

24. Rowe, S. (2022). The Effectiveness of Supervision Strategies. Human Resources for Health, 20(1). https://doi.org/10.1186/s12953-021-00683-z

25. Saragih, M. (2020). Pengaruh Komunikasi Interpersonal Terhadap Peningkatan Kinerja Pegawai. Jurnal Ilmiah AccUsi, 2(1), 49–58.

26. Setiawan, E., & Machmud, R. (2018). Faktor-Faktor yang Berhubungan dengan Kejadian Stunting. Jurnal Ilmu Gizi, 7(2), 275–284.

27. Siagian, S. (2019). *Manajemen Sumber Daya Manusia*. Jakarta: Bumi Aksara.

28. Sinollah. (2018). Pengaruh Pengawasan Terhadap Produktivitas Kerja Pegawai. Jurnal Dialektika, 3(1), 95–113.

29. Situmorang, J., & Jusuf, J. (2020). *Aspek Hukum Pengawasan Melekat*. Yogyakarta: Rineka Cipta. Siwandi. (2014). *Aplikasi Manajemen Perusahaan*. Jakarta: Mitra Wacana Media.