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EXPLORATION OF FORMING FACTORS TO IMPROVE SERVICE QUALITY IN COMMUNITY HEALTH CENTERS

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Abstract

This study explores the factors that influence the quality of services at Community Health Centers, especially Kediri II Community Health Center. The quality of health services plays an important role in increasing public satisfaction and the success of national health programs. Based on the Regulation of the Minister of Health No. 30 of 2022, this study analyzes the actual conditions of service quality and the challenges faced in achieving these standards. The methodology used is a qualitative approach with in-depth interview techniques. Informants consisted of heads of community health centers, doctors, nurses, program coordinators, and patients. Data were analyzed using NVIVO Pro 12. The results of the study showed that the quality of services at Kediri II Community Health Center was in the good category, despite facing challenges such as limited human resources and infrastructure. The recommended strategies include improving waiting room facilities, renovations to improve patient privacy, and routine maintenance of toilets and sanitation facilities. This study recommends increasing the number of health workers and improving infrastructure to meet the standards set by the Regulation of the Minister of Health No. 30 of 2022.

Keywords: Service Quality, Health Center, Minister of Health Regulation No. 30 of 2022

INTRODUCTION

Health services are a fundamental component in maintaining and improving the quality of life of the community (Adeleke et al., 2025; Carpenter et al., 2022; Gregg et al., 2023). They are essential not only for curing illness but also for preventing disease, promoting health, and improving the overall well-being of populations. In Indonesia, Puskesmas, or community health centers, are vital in this role as the primary healthcare providers for the majority of the population, offering a wide array of services such as preventive, curative, promotive, and rehabilitative care. Puskesmas is tasked with delivering accessible and affordable healthcare services to people across various socioeconomic backgrounds, especially in rural and underserved areas where health services may be limited (Adeleke et al., 2025; Carpenter et al., 2022). They are critical to achieving Indonesia's national health objectives, including improving maternal and child health, controlling infectious diseases, and managing chronic diseases.

As Indonesia strives to meet its healthcare goals, the quality of services provided by Puskesmas remains a significant concern. The Ministry of Health of the Republic of Indonesia has outlined specific standards for service quality through frameworks such as the National Quality Indicator (INM) and the Patient Safety Incidents (IKP), which are tools to assess and ensure that health services meet established standards (Adeleke et al., 2025; Gregg et al., 2023). The National Quality Indicator serves as a benchmark for assessing health center performance across various dimensions, including patient safety, service delivery efficiency, and clinical outcomes. Similarly, the Patient Safety Incidents measure the occurrence of medical errors and adverse events within healthcare facilities, aiming to identify areas that require improvements in safety protocols.

Since January 2022, the Ministry of Health has required that all Puskesmas undergo regular evaluations to track their adherence to national standards, ensuring that they provide optimal services that align

with the health needs of the population. This regulatory push highlights the government's commitment to improving healthcare in Indonesia. However, despite these efforts, many Puskesmas have not been able to meet the national quality targets, facing various challenges that hinder their performance. Among the most pressing issues are the lack of human resources and inadequate infrastructure, which have proven to be significant obstacles in maintaining service quality and improving healthcare delivery (Fadiyah & Gunawan, 2021; Pancaharjono et al., 2020).

Research indicates that the unequal distribution of healthcare professionals, particularly doctors, nurses, and specialists, across different regions of Indonesia contributes to the suboptimal functioning of many Puskesmas (Pancaharjono et al., 2020). While some areas are well-served by qualified health workers, rural and remote regions often struggle with shortages, which affects the efficiency and effectiveness of healthcare services. This is exacerbated by the fact that many Puskesmas, especially in less-developed regions, lack the necessary infrastructure to deliver quality care. For example, outdated medical equipment, limited treatment rooms, and poor sanitation facilities can detract from the overall patient experience and hinder the ability of healthcare providers to deliver timely and effective services.

In addition to these structural issues, management inefficiencies and the underuse of digital technologies have also been identified as major contributors to the poor quality of service at many health centers (Partini & Kusumaningrum, 2022). Ineffective management practices, including poor coordination between health workers, lack of continuous staff training, and the absence of standardized operating procedures (SOPs), can lead to inconsistent care delivery. Furthermore, the underdevelopment and slow implementation of digital systems, which can streamline administrative processes, exacerbate delays and reduce service efficiency, particularly during peak hours. These issues not only create dissatisfaction among patients but also increase the administrative burden on health workers, further straining already limited resources.

While there is a clear regulatory framework aimed at improving service quality, these barriers underscore a significant gap between policy and practice. Despite the existence of policies and indicators designed to measure and improve health services, the challenges related to infrastructure, human resources, and management often prevent these policies from being fully implemented at the local level. This gap represents a critical issue for Indonesia's healthcare system, especially as the country strives to provide equitable and effective healthcare services to its growing population.

The urgency of this research arises from the need to better understand the factors that influence the quality of services at Puskesmas, particularly at Puskesmas Kediri II. The Kediri II Health Center, which serves as the focal point of this study, is facing many of the same challenges experienced by other health centers across the country. By identifying and understanding these challenges in greater depth, the research seeks to offer actionable insights that can inform the development of strategies aimed at improving service quality. This study adopts a qualitative research approach, which is particularly suited to exploring the complex and multifaceted nature of healthcare delivery. Through in-depth interviews with healthcare providers, management personnel, and patients, the research will capture a comprehensive view of the current state of services at Kediri II Health Center and identify the key factors that contribute to the gaps in service quality.

This study's ultimate goal is to produce relevant and targeted recommendations that can guide improvements in the management and operation of Puskesmas, not only at Kediri II but also at other health centers facing

similar challenges. By focusing on the perspectives of healthcare workers, administrators, and patients, the research will provide valuable insights into the specific areas that need attention, such as staff training, facility upgrades, and improvements in patient-provider communication. Additionally, the study will explore the role of digital technologies in improving service delivery, particularly in terms of streamlining administrative processes, enhancing patient care coordination, and increasing overall efficiency.

Furthermore, this research will examine the interplay between structural, procedural, and outcome dimensions of service quality at Kediri II Health Center, drawing on the Donabedian model of healthcare quality, which categorizes service quality into three main components: structure, process, and outcomes (Ghofrani et al., 2022; Makovec et al., 2023). The structural dimension focuses on the physical and organizational aspects of care, such as the availability of medical equipment, the adequacy of facilities, and the qualifications of health workers. The process dimension examines the procedures and workflows involved in delivering care, including standard operating procedures, team collaboration, and patient interactions. Finally, the outcome dimension assesses the results of healthcare services, such as patient satisfaction, treatment effectiveness, and overall health improvements.

By analyzing these three dimensions of service quality, this research will provide a holistic understanding of the challenges faced by Kediri II Health Center and offer practical solutions that can improve service delivery. It is hoped that the findings from this study will not only inform improvements at Kediri II but also contribute to the broader goal of enhancing healthcare quality in Indonesia's Puskesmas. The findings will also support the ongoing digital transformation efforts within Indonesia's healthcare system, helping Puskesmas to adopt new technologies that can improve both service quality and operational efficiency.

Ultimately, this research is poised to play a critical role in supporting Indonesia's national health development goals. By addressing the systemic barriers to high-quality healthcare delivery and identifying strategies to overcome them, this study will contribute to the improvement of healthcare services for all Indonesians, especially those in underserved areas

METHODS

This study uses a qualitative approach to explore the factors that influence the quality of service at Puskesmas Kediri II. This approach was chosen because it allows researchers to understand the phenomenon in depth and obtain information from various relevant perspectives.(Trisliatanto, 2020). Data were collected through in-depth interview techniques with informants consisting of the head of the Health Center, doctors, nurses, program coordinators, and patients. Interviews were conducted in a semi-structured manner, where researchers prepared a list of initial questions but still gave space for informants to explain their views freely.(Siregar, 2021). Each interview was recorded with the informant's permission and then transcribed for further analysis. Data obtained from the interviews were analyzed using NVIVO Pro 12 software. The analysis process was carried out with steps that included data coding, where themes and categories from the interview transcripts were identified, followed by categorization to group the data into relevant categories.(Adiputra, 2021). Furthermore, interpretation is carried out to produce in-depth findings regarding the quality of service at Puskesmas Kediri II. To ensure the validity and reliability of the study, researchers conducted data triangulation by comparing information obtained from various sources of informants.

RESEARCH RESULT

In an effort to improve the quality of health services in Puskesmas, Permenkes

No. 30 of 2022 provides a comprehensive framework to ensure that the services provided meet the established standards. This study focuses on the experiences of patients and health workers at Puskesmas Kediri II by exploring perspectives from three main dimensions: structure, process, and outcomes.

Structure Dimensions

The quality of service from the structural dimension is greatly influenced by the facility aspect. Kediri II Health Center, in accordance with Permenkes No. 30 of 2022, must meet a number of standards that guarantee the quality of health services. Interviews with the Head of the Health Center showed a commitment to improving facilities and equipment. Doctors at the Health Center also highlighted the importance of physical conditions, such as the often crowded waiting room and the lack of privacy in the examination room, which can reduce patient comfort. Although the general physical condition of the health center is good, some facilities such as treatment rooms need updating. Patients gave positive feedback regarding cleanliness, but also noted areas that were poorly maintained, such as toilets, which affected overall comfort. The quality of medical equipment was also a concern, with the Head of the Health Center emphasizing the allocation of a budget for maintenance, but doctors noted that the equipment was still incomplete and needed to be updated.

Process Dimensions

The process dimension relates to the service procedures implemented. The Head of Kediri II Health Center explained the implementation of team-based SOPs that ensure each member understands their role, which has a positive impact on patient experience. Doctors confirmed that all health workers have been trained to comply with the SOPs, which cover steps from initial examination to emergency management. However, patients expressed that the procedures were sometimes difficult to follow, especially for those with low educational backgrounds. The lack of visual cues exacerbated this situation. In addition, data-driven service techniques helped the health center respond to community needs, while interactions between health workers and patients were seen as effective, although there were gaps in communication that needed to be improved.

Outcome Dimension

*Outcome*of health services at Kediri II Health Center were measured through patient satisfaction levels and treatment effectiveness. The Head of the Health Center explained the use of health indicators to evaluate the effectiveness of interventions. The doctor emphasized the importance of monitoring symptom improvement as a primary indicator of health outcomes. Patients reported significant improvements after receiving services, reflecting the effectiveness of medical interventions. However, there were also patients who were less satisfied with the communication provided by the officers, indicating that communication skills still need improvement. Overall, the patient experience at Kediri II Health Center reflected various elements of service quality that were successfully implemented, but also highlighted areas that need to be improved to ensure better patient satisfaction.

DISCUSSION

Current Condition of Service Quality at Kediri II Health Center

This study explores the condition of service quality at Kediri II Health Center by referring to Permenkes No. 30 of 2022. Using a qualitative approach through in-depth interviews and direct observation, the research results are organized based on the Donabedian model which includes dimensions of structure, process, and results.(Ghofrani et al., 2022; Makovec et al., 2023; Ssemugabo et al., 2020). In the structural dimension, Kediri II Health Center shows strength in the availability of standard facilities, such as adequate service rooms and well-educated health workers. However, there are significant weaknesses related to the comfort of the waiting room

and privacy in the examination room that need to be improved. This study also emphasizes the importance of a comfortable physical environment to improve patient satisfaction, in line with the theory of service quality which states that physical aspects affect patient experience.(Muchtar & Mulyanti, 2023)(Anfal, 2020)(Oktiarto et al., 2024).

In the process dimension, Kediri II Health Center has implemented clear SOPs, which are important to maintain consistency and quality of service. The implementation of these SOPs contributes to the reliability and responsiveness of services, although there are still challenges in the interaction between health workers and patients. Good interaction is essential to improve patient satisfaction, but there are reports that the interaction time feels rushed, which can interfere with effective communication.(Azizah, 2022; Mohammed & Qaradaxi, 2024; Qirko et al., 2024).

In the outcome dimension, patients reported good levels of satisfaction and improvements in health conditions after receiving services, reflecting the effectiveness of the interventions carried out. Overall, the results of the study indicate that although Puskesmas Kediri II has several strengths in service quality, there are still areas that need to be improved to ensure a better patient experience.

Strategies Implemented to Overcome Constraints and Improve Service Quality at Kediri II Health Center

Based on the interviews, several obstacles were identified in improving the quality of services at Kediri II Health Center, including inadequate facilities, inadequate equipment, and a shortage of health workers during peak periods. To overcome these problems, several strategies were proposed, such as improving the waiting room facilities by renovating and adding more chairs to make them more comfortable for patients. In addition, increasing privacy in the examination room through renovation and installation of partitions was also suggested. Routine maintenance of toilets and the provision of cleaning equipment in each toilet are expected to improve the comfort and cleanliness of the facilities.(Hidayatullah, 2023; Nurdelima et al., 2021; Purwiningsih et al., 2023). By implementing this strategy, Puskesmas Kediri II can improve the quality of service and overall patient experience.

CONCLUSION

The quality of service at Kediri II Health Center is currently good, although it still faces several obstacles that need to be considered. Research findings identified that the condition of facilities, such as waiting rooms with worn chairs, examination rooms that lack privacy, and poorly maintained toilets, have a negative impact on patient experience and satisfaction during medical visits. In addition, the completeness of medical equipment that needs to be updated and less than optimal interaction between health workers and patients are also important factors that influence patient satisfaction. To overcome these obstacles, strategies that can be implemented by Kediri II Health Center include physical improvements to facilities by updating chairs in the waiting room and increasing privacy in the examination room. In addition, routine maintenance of toilets and communication training for health workers are expected to improve the quality of interactions with patients. By implementing these strategies, Kediri II Health Center is expected to be able to overcome existing problems and significantly improve the quality of service and patient satisfaction, in line with the policy of Minister of Health Regulation No. 30 of 2022 in improving health service standards.

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