

Unveiling the Management of Community Health Centers and Its Impact on Service Quality and Patient Satisfaction in The Tabanan Regency of Bali

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Abstract

This study seeks to examine the correlation between governance, service quality, and patient satisfaction at Tabanan III and Kerambitan II Community Health Centers (Puskesmas) in Tabanan Regency, Bali. Effective governance of Puskesmas, which includes planning, implementation, supervision, and evaluation, is pivotal in determining healthcare service quality. Service quality is assessed through dimensions such as timeliness, facility reliability, staff demeanor, and service accessibility, while patient satisfaction indicates the congruence between expectations and actual experiences with healthcare services. This research utilizes a quantitative methodology employing Partial Least Squares (PLS) and includes medical personnel and patients as participants. The results indicate that governance at Tabanan III and Kerambitan II Puskesmas positively affects both service quality and patient satisfaction. Additionally, healthcare service quality significantly influences. A significant discovery is that service quality mediates the relationship between governance and patient satisfaction, underscoring the critical role of good governance in improving overall healthcare service quality. This study underscores the necessity for enhanced focus on the execution of governance in accordance with Standard Operating Procedures (SOPs) and ongoing accreditation, as stipulated by Ministry of Health Regulation No. 34 of 2022. The results are anticipated to provide a basis for developing initiatives to strengthen governance and elevate service quality at Puskesmas, both in Tabanan Regency and in other locations with analogous issues. As a result, this study helps significantly to the creation of more effective primary healthcare services aimed at increasing community satisfaction.

Keywords: governance, service quality, patient satisfaction, health center

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1. Introduction

Primary health care plays a strategic role in public health development in Indonesia (Hidayah & Rahaju, 2022). Puskesmas, as the first-level health service unit, is at the forefront of promotive, preventive, curative, and rehabilitative efforts to improve public health status (Yendra et al., 2021). By the end of 2023, there will be 120 Puskesmas in Bali, consisting of 31 inpatient Puskesmas and 89 non-inpatient Puskesmas (Bali Provincial Health Office, 2022). Although the number of facilities continues to grow, the main challenge lies in maintaining and improving the quality of health services in order to meet the needs and expectations of the community. The quality of health services provided by Puskesmas should refer to Standard Operating Procedures (SOPs) and be accredited regularly, as stipulated in Permenkes No. 34 of 2022. Accreditation aims to ensure the quality of services that are effective, efficient, safe, and accountable. However, facts in the field show that many health centers have not been optimal in implementing the principles of good governance, thus impacting patient satisfaction. National data in 2015 showed that of the 350 sub-districts targeted to have accredited health centers, only 93 had achieved it. While the 2016 target of 700 sub-districts was achieved by 106 sub-districts (Minister of Health of the Republic of Indonesia, 2016). This indicates the need for more serious efforts in improving the governance system at Puskesmas. The number of health centers in Tabanan District is 20 units. Of these, 5 units are inpatient puskesmas and 15 units are non-inpatient puskesmas. However, there are several problems in the implementation of governance that impact on community satisfaction. While Minister of Health Regulation No. 43/2019 mandates the implementation of good

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governance, some health centers in Tabanan have not been able to implement systematic management in terms of planning, monitoring, and reporting. This can be seen from the low operational standards in service provision. Several community reports mentioned discrepancies between services provided and SOPs, such as delays in service time and lack of cleanliness. This study focused on Puskesmas Tabanan III and Kerambitan II because these two Puskesmas represent some of the main challenges in health governance and service delivery in Tabanan District. The selection of these two Puskesmas allowed the researcher to explore more deeply aspects of governance, service quality, and patient satisfaction, so as to provide relevant and applicable recommendations in improving the quality of health services at the Puskesmas level in Tabanan in general. Interviews with ten patients showed that most of them were dissatisfied with the services provided at the Puskesmas, especially by the registration counter staff. Six of the ten patients interviewed directly expressed their dissatisfaction with the quality of service received. They revealed that the registration staff did not provide services that met their expectations. Some patients mentioned that they were disappointed with the unfriendly attitude of the staff, who were considered to lack empathy and warmth when serving. In addition, they also complained about the length of the registration process which was considered inefficient, thus prolonging the waiting time and causing discomfort. Based on the background description above, this research problem can be formulated as follows.

- a. How does the governance of Puskesmas Tabanan III and Kerambitan II service quality?
- b. How does the governance of Puskesmas Tabanan III and Kerambitan II patient satisfaction?
- c. How does the service quality of Puskesmas Tabanan III and Kerambitan II affect patient satisfaction?
- d. How does the governance of Puskesmas Tabanan III and Kerambitan II service quality with service quality as a mediator?

2. Literature Review

2.1. Community Health Center (Puskesmas)

The Community Health Center (Puskesmas) is a health development at the sub-district level which is an important pillar implemented through education and information communication to the community through programs, primary prevention, secondary prevention and increasing the capacity and capability of primary care at the puskesmas. Puskesmas provide the first health services for individuals, families, and communities in health services. Health programs include preventive programs such as health promotion, and specific health protection, treatment programs (prompt treatment) and rehabilitative programs. Puskesmas provides comprehensive health services to individuals and community groups such as prevention (preventive), health promotion (health promotion), appropriate treatment (prompt treatment), rehabilitative and palliative effectively and efficiently according to good Puskesmas governance. Puskesmas service governance is a series of activities that work systematically, effectively, efficiently and continuously. A series of systematic activities form management functions, some management functions include planning, organizing, implementing and supervising, controlling. References P1 (Planning), P2 (Implementation, Organizing), P3 (Supervision, Control, and Reassessment) and ARRIF (Analysis, Formulation, Plan, Implementation, Monitoring, Evaluation), (Sulaiman, 2021). Based on the Minister of Health Regulation No. 43 of 2019, Puskesmas must implement effective, efficient, and accountable Puskesmas management. Public Health Efforts (UKM) is every effort to maintain and improve health status and prevent and overcome the emergence of health problems.

2.2. Community Health Education

Public health education is widely informed with the hope of changing public health behavior for the better. The concept of Public Health means that health education can be developed with the concept of public health promotion in line with the shifting paradigm of public health. The shift of the old paradigm to a new paradigm of health occurs due to changes in disease patterns, lifestyles, the environment and so on in order to adapt to changing times to be effective and efficient. The health paradigm has shifted from a health development paradigm that prioritizes health treatment (curative and rehabilitative) to disease prevention (promotive and specific protection). Public health is one of the things that is the basis of disease prevention and health promotion (which includes behavior and health education) and the health status of the community which is in a pattern of mutually influencing relationships. According to Susilowati (2016), there is a shift in terms from health education, health behavior, to health promotion.

According to Susilowati (2016) the purpose of implementing health promotion is the vision of health promotion itself, namely creating a community that :

- 1) Willingness to maintain and improve their health.

- 2) Ability to maintain and improve their health.
- 3) Maintaining health means being willing and able to prevent disease and protect oneself from health problems.
- 4) Improving health means being willing and able to improve health because of the dynamic health status of individuals, groups and communities.

2.3. Health Center Accreditation

Puskesmas accreditation is an external assessment process conducted by an independent institution to evaluate whether a Puskesmas has met certain standards in the implementation of primary health services. Based on Permenkes No. 34 of 2022, accreditation aims to improve the quality of health services in a sustainable manner, ensure patient safety, and improve risk management. According to Permenkes No. 34 of 2022, accreditation aims to improve the quality of health services in a sustainable manner, ensure patient safety, and improve risk management. Accreditation includes assessments on various aspects, such as governance, facilities, human resources, medical services, and promotive and preventive programs. This process must be carried out at least every three years to ensure that health centers are able to meet the health needs of the community according to applicable standards.

2.4. Research Conceptual Framework

The governance of Puskesmas services is closely related to the concept of maintaining quality so that quality services, affordable costs, fast accessibility, safe, comfortable, sustainable and accountable to the wider community. The following is a conceptual framework of the research variable "Governance of Puskesmas Tabanan III and Puskesmas Kerambitan II which affects the Performance of Program Services and Patient Satisfaction at Puskesmas Tabanan III and Puskesmas Kerambitan II".

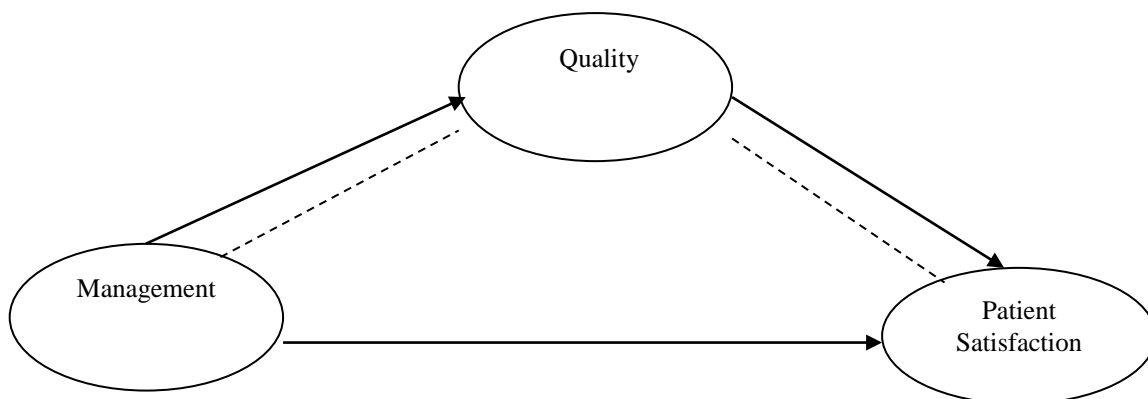


Figure 1. Research Framework

2.5. Research Hypothesis

a. The Effect of Governance on Patient Satisfaction

Good governance at Puskesmas has a direct influence on patient satisfaction because it includes well-organized management of all aspects of services, from planning, implementation, to evaluation. With effective governance, Puskesmas can ensure that the health service process runs smoothly, efficiently, and in accordance with applicable standards. This includes managing competent human resources, adequate facilities, and clear procedures that are easily accessible to patients. When governance works well, patients feel well served, have shorter waiting times, and receive quality services. All of these factors contribute to the level of patient satisfaction, because they feel they are getting services that match their expectations and health needs. The results of research conducted by (Rizaldy et al., 2024); (Ahmad et al., 2021); (Yendra et al., 2021) show that good governance can increase patient satisfaction with health services at the puskesmas.

H₁: Good governance at Puskesmas Tabanan III and Kerambitan II has a positive effect on patient satisfaction.

b. The Effect of Governance on Service Quality

Good governance in PHC includes a well-integrated system of planning, implementation, supervision, and evaluation. With effective governance, Puskesmas can ensure that health services are carried out in accordance with established standards, ranging from human resource management to facility management. At Puskesmas Tabanan III and Kerambitan II, good governance is expected to improve coordination between staff, optimize the use of facilities, and improve administrative processes and services, which in turn will improve the quality of health services. If the governance of the Puskesmas is running well, the quality of services provided to patients will be more optimal. The results of research conducted by (Haryanto & Mohammad, 2024); (Harmin et al., 2023); (Rosidah et al., 2024) show that good governance can improve service quality in organizations, especially Puskesmas.

H₂: Good governance at Puskesmas Tabanan III and Kerambitan II has a positive effect on the quality of health services provided to patients.

c. The Effect of Service Quality on Patient Satisfaction

The quality of health services at Puskesmas depends on many factors, including the reliability of the medical staff, the facilities available, and friendly and responsive service. Puskesmas Tabanan III and Kerambitan II that provide high-quality services - especially in terms of accuracy of diagnosis, efficient service time, and convenience of facilities - can increase the level of patient satisfaction. Patient satisfaction is one of the main indicators of the success of health services. With good service quality, patients will feel valued, cared for, and get solutions that suit their health needs. Therefore, good service quality at these two health centers is expected to be directly related to high patient satisfaction. The results of research conducted by (Rizaldy et al., 2024); (Yendra et al., 2021); (Dharmawati et al., 2023) explain that good service quality can increase patient satisfaction.

H₃: Good health service quality at Puskesmas Tabanan III and Kerambitan II has a positive effect on patient satisfaction.

d. The Effect of Governance on Patient Satisfaction Mediated by Service Quality

Good governance has a significant influence on patient satisfaction, especially when service quality acts as a mediator. Effective governance, such as optimal resource management, transparency, and good facility management, creates a framework that supports the provision of quality services. High service quality, which includes cleanliness, friendliness, responsiveness, and availability of medical facilities, directly improves patient experience. When good governance is in place, it enables medical and paramedical personnel to work more professionally, resulting in services that satisfy patients. Thus, service quality becomes the bridge that strengthens the relationship between governance and patient satisfaction, ensuring that optimal governance can translate into a high-quality service experience.

H₄: Service quality is able to mediate the effect of good governance at Puskesmas Tabanan III and Kerambitan II on patient satisfaction.

3. Research Methods

The research location is in 2 (two) places, namely at Puskesmas Tabanan III and at Puskesmas Kerambitan II, Tabanan Regency, Bali Province. The research design used is an exploratory quantitative case study at Puskesmas Tabanan III and Puskesmas Kerambitan II. The survey was conducted by giving a list of questions to several samples in the form of questionnaires both regarding program services, namely to medical and para-medical staff at Puskesmas Tabanan III and at Puskesmas Kerambitan II. Also provide a list of questionnaires to patients who need health services in the coverage area of Puskesmas Tabanan III and Puskesmas Kerambitan II to assess patient satisfaction with the quality of Puskesmas services. Hypothesis testing in SEM-PLS is done using the calculated t value compared to the t table value (Sarwono, 2018).

4. Results and Discussion

4.1. Respondent Characteristics

Table 1. Respondent's Demographics

		Frequency (F)	Percentage (%)
Gender	Male	82	27.5
	Female	216	72.5
Age	21 - 30 years	76	25.5
	31 - 40 years	175	58.7
	> 40 years	47	15.8
Jobs and Occupation	Student University	13	4.4
	Private Employee	196	65.8
	Civil Servants	23	7.7
	Entrepreneurship	36	12.1
	Merchant	15	5.0
	Worker	15	5.0

4.2. PLS Analysis Results

The data for this investigation were analyzed using the Partial Least Squares (PLS) technique. This was chosen because SEM-PLS modeling estimates often have a high level of statistical power and include projected route coefficients as well as statistically meaningful results (Filho et al., 2020). SEM-PLS is a statistical technique for developing and testing causal models (Sarwono, 2018).

4.2.1. Measurement Model Evaluation Results (Outer model)

Table 2. AVE Convergent Validity Test Results

	Average Variance Extracted (AVE)
Patient Satisfaction	0.857
Service Quality	0.697
Governance	0.827

Discriminant and convergent validity in this research is carried out to show the statistical validity of an instrument (Adelekan et al., 2018). Based on table 2, it can be seen that all Average Variance Extracted (AVE) values are more than 0.5. Thus it can be stated that the data in the study **are valid**.

Table 3. Test Results of Composite Reliability Coefficient and Cronbach's Alpha

	Cronbach's Alpha	Composite Reliability
Patient Satisfaction	0.979	0.982
Service Quality	0.966	0.970
Governance	0.981	0.983

Table 3 shows that all Cronbach's alpha values for each variable exceed 0.7, as do all Composite Reliability values. Thus, the study's data can be said to be reliable.

4.2.2. Measurement Model Evaluation Results (Inner model)

Table 4. R-square Test Results

	R Square	R Square Adjusted
Patient Satisfaction	0.917	0.916
Service Quality	0.894	0.894

Based on Table 4, the R-square value for governance variables and service quality on patient satisfaction is 0.917, including large, which shows that it has a large influence of $0.917 \times 100\% = 91.7\%$. The R-square value for the governance variable on service quality is 0.894, including large, which indicates that it has a large influence of $0.894 \times 100\% = 89.4\%$.

Table 5. Q-square Test Results

	SSO	SSE	Q ² (=1-SSE/SSO)
Patient Satisfaction	2,682.000	730.685	0.728
Service Quality	4,172.000	1,773824	0.575
Governance	3,576.000	3,576.000	

Based on Table 5, the Q-square value 0.728 is more than 0 and close to 1, so it can be concluded that the model has a predictive relevance value or the model deserves to be said to have **relevant predictive value**.

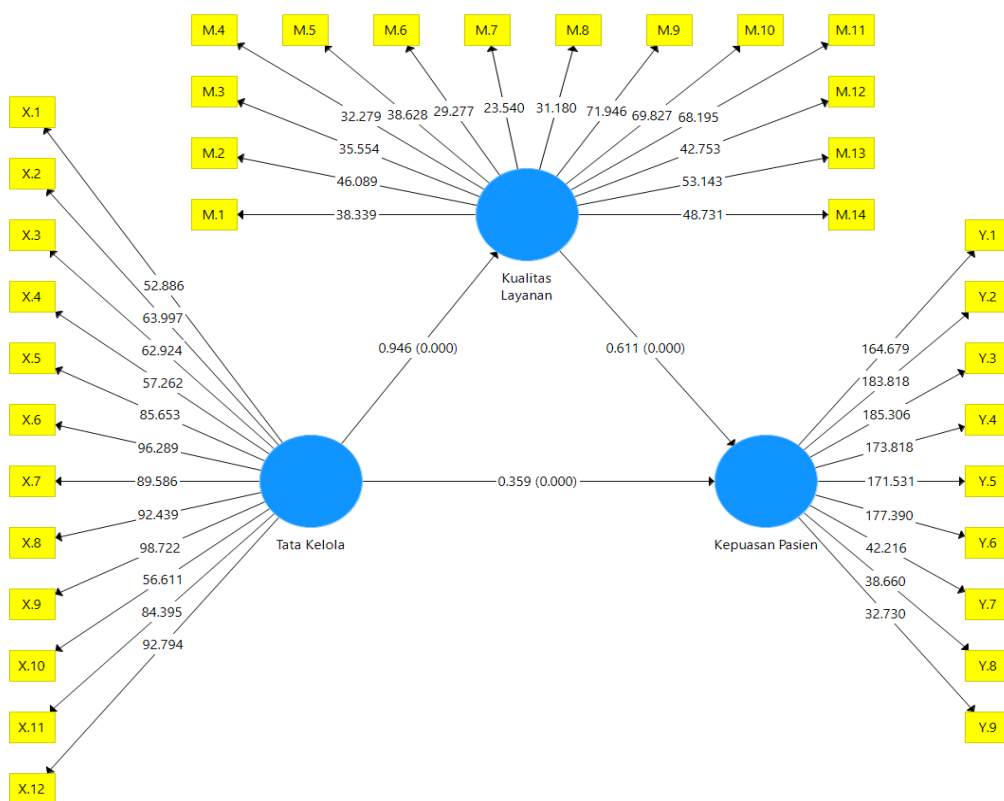


Figure 2. PLS-Output Model Result

4.2.3. Hypothesis Test Results

Based on Table 6, the p-value and t-statistic for each variable are explained.

- 1) The p-value for the service quality variable on patient satisfaction is 0.000, compared to a significance level of 0.05. The p-value is < significant ($0.000 < 0.05$), with a beta value of 0.611 and a statistical t value of 8.902, indicating that service quality positively impacts patient happiness. So, the hypothesis is **accepted**.

- 2) The governance variable has a significant impact on patient satisfaction, with a p-value of 0.000 compared to 0.05. The p-value is < significant ($0.000 < 0.05$), with a beta value of 0.359 and a statistical t value of 5.108, indicating that governance positively impacts patient happiness. So, the hypothesis is **accepted**.
- 3) The governance variable has a significant impact on service quality, with a p-value of 0.000 versus 0.05. The p-value is < significant ($0.000 < 0.05$), with a beta value of 0.946 and a statistical t value of 87.883, indicating that governance improves service quality. So, the hypothesis is **accepted**.

Table 6. Direct Effect

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Result
Service Quality -> Patient Satisfaction	0.611	0.607	0.069	8.902	0.000	significant positive
Governance -> Patient Satisfaction	0.359	0.362	0.070	5.108	0.000	significant positive
Governance -> Quality of Service	0.946	0.945	0.011	87.883	0.000	significant positive

Table 7. Indirect Effect

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Result
Governance -> Quality of Service -> Patient Satisfaction	0.578	0.574	0.062	9.244	0.000	partial mediation

Based on the table 7, the p-value and t statistics for each variable are explained:

- 1) The p-value of the governance variable on patient satisfaction mediated by service quality is 0.000 which is compared to a significant 0.05. Because the p-value is < significant ($0.000 < 0.05$) with a beta value of 0.578 and a statistical t value of 9.244, it can be concluded that service quality is able to mediate the effect of governance on patient satisfaction. So that the hypothesis is **accepted**.

4.3. Discussion

4.3.1. The Effect of Governance on Patient Satisfaction

Good governance at Puskesmas has a direct influence on patient satisfaction because it includes well-organized management of all aspects of services, from planning, implementation, to evaluation. With effective governance, Puskesmas can ensure that the health service process runs smoothly, efficiently, and in accordance with applicable standards. This includes managing competent human resources, adequate facilities, and clear procedures that are easily accessible to patients. When governance works well, patients feel well served, have shorter waiting times, and receive quality services. All these factors contribute to the level of patient satisfaction, as they feel they are getting services that match their expectations and health needs. The results of this study are not in line with the results of research conducted by (Rizaldy et al., 2024); (Ahmad et al., 2021); (Yendra et al., 2021) showing that good governance can increase patient satisfaction with health services at the Puskesmas.

4.3.2. Effect of Governance on Service Quality

Good governance in health centers includes a well-integrated system of planning, implementation, supervision, and evaluation. With effective governance, Puskesmas can ensure that health services are carried out in accordance with established standards, ranging from human resource management to facility management. At Puskesmas Tabanan III and Kerambitan II, good governance is expected to improve coordination between staff, optimize the use of facilities, and improve administrative processes and services, which in turn will improve the quality of health services. If the governance of the Puskesmas runs well, the quality of services provided to patients will be more optimal. The results of this study are in line with the results of research conducted by (Haryanto & Mohammad, 2024); (Harmin et al., 2023); (Rosidah et al., 2024) showing that good governance can improve service quality in organizations, especially Puskesmas.

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4.3.4. The Effect of Governance on Patient Satisfaction Mediated by Service Quality

Good governance has a significant influence on patient satisfaction, especially when service quality acts as a mediator. Effective governance, such as optimal resource management, transparency, and good facility management, creates a framework that supports the provision of quality services. High service quality, which includes cleanliness, friendliness, responsiveness, and availability of medical facilities, directly improves patient experience. When good governance is in place, it enables medical and paramedical personnel to work more professionally, resulting in services that satisfy patients. Thus, service quality becomes the bridge that strengthens the relationship between governance and patient satisfaction, ensuring that optimal governance can translate into a high-quality service experience.

5. Conclusion

The study reveals that effective governance at Puskesmas Tabanan III and Kerambitan II leads to higher patient satisfaction. The p-value for service quality is 0.000, indicating a positive effect. The study also found that effective governance improves healthcare service quality, leading to increased patient satisfaction. However, service quality can mitigate the impact of governance on patient satisfaction.

According to the findings of the investigation, there are still research outcomes that do not correspond to earlier studies. As a result, this provides a gap (GAP) for future research to investigate the influences between factors in greater depth. Furthermore, based on the data description of the summary respondents' answers, there are answers that are less certain and uncertain about the assertions supplied based on the variable indicators used. This obviously suggests that there is still a need for additional research linked to the variables investigated in this study, which are governance, service quality, and patient satisfaction.

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