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RESEARCH

# ANALYSIS OF FACTORS AFFECTING SERVICE QUALITY AT THE ANGGERAJA COMMUNITY HEALTH CENTER

Herman H<sup>1\*</sup>, Muh Irvan Nur'Iva<sup>2</sup>, Andi Asripan<sup>3</sup>, Waode Fitri Noviana Putri<sup>4</sup>, Japarudin<sup>5</sup>, Zumarina<sup>6</sup>  
<sup>1,2,3,4,5,6</sup> Universitas Negeri Makassar, Sulawesi Selatan, 90222, Indonesia

## Abstract

**Background** The quality of service at the Community Health Center plays an important role in increasing patient satisfaction and the health status of the community. This study aims to analyze the factors that influence service quality at the Anggeraja Community Health Center.

**Method** The research used a descriptive qualitative approach with informants consisting of the head of the community health center, healthcare workers, administrative staff, and patients. Data collection techniques include in-depth interviews, direct observation, and document studies.

**Result** The research results indicate that service quality is influenced by driving factors such as the competence of healthcare workers, service management, staff attitudes and communication, as well as facilities and infrastructure. Factors that hinder progress include government support, budget allocation, and supporting facilities. Some of the obstacles found include a shortage of healthcare workers, high workload, limited facilities, long operational service standards, and suboptimal cross-program coordination.

**Conclusion** This research confirms that the combination of inhibiting and driving factors is crucial in determining service quality. Quality improvement efforts can be achieved through stunting prevention training, optimization of facilities and infrastructure, use of a manual queuing system, improved management, and consistent government support. This finding is expected to serve as a basis for recommendations to improve the quality of service at Anggeraja Health Center and other health centers.

\*Correspondence

\*Name

Email

: Herman H

: [hermandody@unmac.id](mailto:hermandody@unmac.id)



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## Keywords

Key words: Service Quality, Driving Factors, Inhibiting Factors, Community Health Center, Anggeraja Health Center

## Introduction

Community health centers (Puskesmas) are at the forefront of health services and support the successful implementation of national health programs in Indonesia. Puskesmas are at the grassroots level of the health organization, where health workers collaborate to achieve health development goals. This is in accordance with the Decree of the Minister of Health of the Republic of Indonesia Number 128/MENKES/SL/II/2004 concerning Basic Policies for Community Health Centers (Puskesmas).

Puskesmas have a strategic function in improving the health status of the community, especially in rural areas that are easily accessible to the community. Puskesmas are expected to be able to provide preventive, promotive, curative, and rehabilitative services. Although Puskesmas have become the spearhead of health services in Indonesia, the quality of services at Puskesmas is influenced by various driving and inhibiting factors. Enabling factors include the competence of health workers, service management, the attitude and communication skills of staff, and facilities and infrastructure ([Tjiptono, 2019](#)). Barriers include government support, budget allocation, health policies, and the characteristics of patients who come to receive services ([Rahmawati & Sutanto, 2022](#)).

The competence of health workers is one of the main factors. Medical personnel who have high knowledge and skills can improve the effectiveness of services and patient satisfaction. Conversely, limited competence, lack of training, and limited experience can be obstacles to health services in general. In addition to human resources, facilities and infrastructure also play an important role in determining the quality of services. Cramped waiting rooms, limited laboratory equipment, and incomplete availability of medicines can reduce the comfort and effectiveness of services. Government support and appropriate budget allocations help fulfill these facilities, but some modern facilities, such as digital queuing systems and the latest laboratory equipment, are still unavailable.

Administrative and documentation services are also obstacles. Unstructured registration, visit recording, and medical record processes can cause inefficiency and prolong patient waiting times. Therefore, the use of an integrated management information system is essential to support smooth operations and improve service quality. In addition, the Anggeraja Community Health Center faces challenges related to government support and budget allocation. Limited budget allocation can affect the availability of medicines, medical equipment, and supporting facilities. Consistent government support is needed to ensure the availability of adequate facilities so that services can run smoothly and with high quality.

Patient satisfaction is an indicator of service success at health centers. Patients who feel that the service is fast, friendly, and effective tend to give positive responses, which improves the reputation of the health center and encourages other people to use the services. Therefore, understanding the factors that affect service quality is important for continuous improvement ([Wilson et al., 2016](#)).

The quality of service at the Anggeraja Community Health Center is a serious concern amid government efforts to improve public health. A few studies indicate that community health centers often still face shortcomings in terms of service quality ([Adil et al., 2023](#); [Indrayathi et al., 2014](#)). In this case, the Anggeraja Community Health Center is not immune to criticism regarding administrative irregularities and patient dissatisfaction ([S et al., 2023](#)). This

contributes to the community's negative perception of the health services provided.

Patient satisfaction is an important indicator for assessing the quality of health services at Puskesmas. Research shows that many factors influence patient satisfaction, including the performance of health workers, which is often considered inadequate ([Listiani & Fevatridiyawati, 2024](#); [S et al., 2023](#)). In the context of the Anggeraja Puskesmas, several patients reported negative experiences related to slow and inefficient administrative services, which resulted in long waiting times ([Adil et al., 2023](#)).

In addition, the facilities provided are also a concern. In many cases, Puskesmas do not have adequate infrastructure, such as uncomfortable waiting rooms and limited medical equipment ([Paska, 2023](#); [Susi & Zaky Yopiannor, 2024](#)). This hinders the ability of Puskesmas to provide satisfactory services to patients and can affect overall satisfaction. Data shows that dissatisfaction is caused by poor facilities, which directly impact patients' experiences and perceptions of Puskesmas ([Sonia et al., 2022](#)).

Based on [Wilson et al., \(2016\)](#) theory, which covers five dimensions of organizational health service quality. These include the responsiveness of indifferent and rude employees, and the assurance dimension, where medicine stocks have run out, resulting in longer waiting times. The Reliability dimension shows that Puskesmas staff are quite good in terms of speed and reliability in providing services to patients, and the Empathy dimension shows that staff are quite friendly in providing services to patients.

Considering these issues, this study was conducted to analyze the factors that influence service quality at the Anggeraja Community Health Center, as well as to identify obstacles that need to be addressed. The results of this study are expected to provide input for improving service quality, optimizing management, and increasing patient satisfaction at the Anggeraja Community Health Center, as well as contributing to the development of health service management science in Indonesia.

## Methods

This study uses a qualitative approach to analyze factors that influence service quality at the Anggeraja Community Health Center in Enrekang Regency. A qualitative approach was chosen because it allows researchers to explore the experiences, perceptions, and views of health workers, administrative staff, and patients regarding service quality. The focus of the study was the Anggeraja Community Health Center, which serves 100-150 residents with rural community characteristics ([Wright, 2007](#)). The research informants consisted of the head of the health center, one doctor, three nurses, five midwives, two administrative staff, and five patients who received services at the health center. Informants were selected using purposive sampling, which involves selecting individuals who are considered to have relevant information regarding factors that affect service quality. The number of informants was considered sufficient to obtain rich and representative data on the conditions at the Anggeraja Community Health Center.

Data collection techniques included in-depth interviews, direct observation, and documentation studies. In-depth interviews aimed to explore the informants' perceptions, experiences, and views regarding service quality. Direct observation was conducted in the service room to assess the condition of facilities and infrastructure, workflows, and interactions between staff and patients. The documentation study included quality reports,

standard operating procedures (SOPs), and statistical data on patient visits to supplement and verify field data. This study also utilized data triangulation to increase the validity of the findings. This aimed to ensure the consistency of information and reduce subjective bias from a single data source. With triangulation, researchers could obtain a more accurate and comprehensive picture of the quality of service at the Anggeraja Community Health Center.

This study also emphasizes the use of participatory observation, in which researchers not only observe but also interact with staff and patients to understand the service process directly. Participatory observation helps researchers capture nuances of behavior, communication, and social interaction that are difficult to express through interviews or documentation alone. This enriches the quality of the data and increases the depth of analysis. Data analysis was conducted using data reduction, data presentation, and conclusion drawing methods in accordance with the guidelines ([Miles & Huberman, 1994](#)). Data reduction was carried out by selecting, highlighting, and grouping relevant information to focus on the research problem. Data presentation is done narratively to facilitate understanding, while conclusions are drawn inductively to find themes and patterns that emerge from the field data.

This study emphasizes data validity through validation procedures such as member checking and peer review. Member checking was conducted by reconfirming the interview results and the researcher's interpretation with the informants. Peer review involved fellow researchers to assess the consistency and objectivity of the analysis. With this procedure, the research findings are expected to reflect the actual conditions in the field and can be used as a basis for recommendations to improve the quality of services at the Anggeraja Community Health Center.

In addition, this study considers research ethics as an important part of data collection. Each informant was explained the research objectives, data collection procedures, and the right to refuse or stop participation at any time. The confidentiality of informants' identities was guaranteed, and all data was used only for the purposes of this study. This ethical approach is important for obtaining valid data while building trust between researchers and participants.

## Result and Discussion

This study on service quality at the Anggeraja Community Health Center uses the five dimensions proposed by [Wilson et al., \(2016\)](#), which include physical evidence, consistency, responsiveness, assurance, and empathy. Based on the results of the study, each dimension is as follows:

### Tangible

The tangible dimension refers to tangible evidence of service quality, such as physical facilities, medical equipment, room cleanliness, and staff appearance. Based on interviews with several patients, the Anggeraja Community Health Center was considered to have adequate basic facilities, including physical buildings, waiting rooms, and service rooms that were relatively clean and tidy. However, a number of patients highlighted the limitations of the facilities, especially the lack of chairs, which caused discomfort when the health center was crowded. In addition, some patients complained about the lack of air conditioning, which affected their comfort while waiting. The absence of a designated smoking area was also considered to interfere with comfort and environmental cleanliness, given that some visitors chose to smoke in inappropriate areas. These findings reflect that although the physical aspects of service have

been fulfilled at a basic level, improvements in supporting facilities are still needed to strengthen the perception of service quality in this dimension.

### **Reliability**

The reliability dimension describes the ability of a healthcare organization to provide consistent, accurate, and trustworthy services. The interview results show that Puskesmas employees are considered to be quite reliable and agile in providing medical services. Patients assessed that most employees carried out their duties according to the correct procedures and were able to provide services with relatively good timeliness. The consistency of these services shows that the Puskesmas has fairly stable work standards. However, some patients still expect improvements in the accuracy of information and consistency of treatment during busy hours. This shows that although staff reliability is already good, it is still necessary to strengthen service management mechanisms so that reliability is maintained even when patient volumes are high.

### **Responsiveness**

The dimension of responsiveness emphasizes the ability of health workers to provide fast, responsive service and their willingness to help patients. Based on interviews, patients generally felt that health center employees had shown responsiveness in handling complaints, providing information, and responding to their needs. However, there were also reports that some employees appeared to be unresponsive or indifferent, especially in situations where there were a large number of patients. This condition indicates an imbalance between the workload and the ability of employees to maintain ideal responsiveness standards. These findings emphasize the need to strengthen queue management, task distribution, and service communication training to ensure that employee responsiveness remains optimal in various situations.

### **Assurance**

The assurance dimension relates to the knowledge, skills, manners, and ability of employees to foster a sense of security and trust in patients. The interview results show that in terms of service assurance, health center employees are considered quite good at providing information about treatment procedures, service flows, and costs. Patients feel quite confident in the ability of medical personnel to carry out their duties. However, problems arise in terms of drug availability, with some patients reporting that certain drugs are often out of stock, forcing them to wait longer to obtain drugs from the warehouse. Although this delay is not entirely the responsibility of the staff, it affects patients' perceptions of service assurance. This situation shows that improving the drug logistics system is essential to strengthen the assurance dimension.

### **Empathy**

The empathy dimension emphasizes individual attention, friendliness, and the ability of staff to understand the needs and conditions of patients. The results of the study show that most Malimongan Community Health Center employees have provided services that are quite friendly, polite, and show concern for patients. Patients feel that employees are able to provide appropriate attention, especially to elderly patients and patients with certain health conditions. However, some patients complained that some staff sometimes prioritized personal matters, resulting in less efficient service. This indicates the need to reinforce work

discipline and strengthen professional ethics in health services. Improving empathy is very important, as the interpersonal relationship between staff and patients greatly influences patient satisfaction and trust in health center services.

### Factors Affecting Poor Service at Anggeraja Community Health Center

The quality of health services provided by health workers to the community has an impact on community satisfaction. If the quality of health services provided does not meet community expectations, it will certainly cause disappointment. Factors affecting the quality of service at the Anggeraja community health center include those that act as drivers and those that act as inhibitors. The influencing factors are obstacles and supporting factors in health services, such as:

#### a) Obstacle

- Quality of human resources. The majority of medical personnel have adequate basic knowledge and skills, but some have not undergone training, so that the handling of special cases is sometimes less than optimal. The attitude and communication of staff are significant factors in patient satisfaction. It is still common to find health workers who display poor attitudes, such as indifference and rudeness, when serving the community. Research by [Wilson et al., \(2016\)](#) shows that good interpersonal communication can increase patient trust and the quality of service interactions.
- Service management plays an important role in service quality. The health center has implemented service flows and a queuing system, but it is not yet fully computerized. This causes patient backlogs during peak hours and reduces service efficiency. Optimizing internal management, such as staff scheduling and performance monitoring, is essential to improve service effectiveness ([Tjiptono, 2019](#)). Patient characteristics also influence service quality. Most patients come from villages with low levels of education, requiring additional education about service procedures. This has an impact on service time and interactions between health workers and patients, affecting patient satisfaction and perceptions of the service ([Rahmawati & Sutanto, 2022](#)). Some patients complain about lengthy and unstructured administrative procedures, which cause discomfort and prolong waiting times. The use of a more integrated management information system can help solve this problem ([Tjiptono, 2019](#)).
- Facilities and infrastructure also affect service quality. Limited waiting rooms, limited laboratory equipment, and incomplete availability of medicines can reduce the comfort and efficiency of services.
- Several obstacles were identified during the study. Limited medical personnel, high workloads, limited facilities, and suboptimal coordination between programs, such as immunization, nutrition, and maternal and child health programs, were significant obstacles. Lack of internal coordination can lead to data duplication and service inefficiency.

#### b) Supporting Factors

- Support from the government and the Health Office is a significant supporting factor. The allocation of budgets for medicines, medical equipment, and facility improvements

supports the smooth running of services, although the procurement of modern facilities, such as digital queuing systems, is still limited. This external support is an important factor in ensuring consistent and quality services.

- The existence of puskesmas quality guidelines acts as an operational guide to fulfill quality commitments by satisfying stakeholders through the achievement of operational objectives, including all established performance indicators. The quality guidelines are also developed as a reference for puskesmas in building a good quality management system for community health efforts (UKM) and individual health efforts (UKP).

This study shows that many factors influence the quality of health services at the Anggeraja Community Health Center, which is a benchmark for community satisfaction. There are several supporting and inhibiting factors that affect the quality of these services. Judging from the obstacles that have arisen, there is still much work to be done by the Anggeraja Community Health Center. However, several supporting factors can be utilized to improve service quality. Overall, the quality of service at the Anggeraja Community Health Center is influenced by a combination of internal and external factors emphasizing five dimensions of service quality: emphasizing that the competence of health workers, service management, facilities and infrastructure, interpersonal communication, government support, and patient characteristics are the main factors that determine service quality, while limitations in human resources, facilities, coordination, and administration are obstacles that need to be addressed.

Regular training for health workers, gradual improvement of facilities and infrastructure, coaching on interpersonal communication, and proposing a digital queuing system are concrete steps to improve service quality. Improving internal coordination between service units is also a focus. Good coordination helps minimize duplication of work and improve service efficiency. Cross-sector programs such as immunization and nutrition require good collaboration between midwives, nurses, and administrative staff to ensure that services run smoothly and on target.

The implementation of services based on standard operating procedures (SOPs) has helped improve the quality and consistency of services. However, observations show that some procedures have not been fully implemented consistently due to limited human resources and high workloads. Therefore, the dissemination and supervision of SOP implementation need to be continued to ensure that services meet standards. The SOPs included in the health center quality guidelines contain a series of standardized instructions on various office administration processes, including how to perform tasks, when to perform them, where to perform them, and the resources involved in the activities.

Improvements in the quality of health center services must, of course, be supported by a health budget. The health budget is the management of health financing, which consists of various efforts to obtain, distribute, and utilize resources to support health development with the aim of optimal public health (Government Regulation No. 72 of 2012). Health financing aims primarily to provide sustainable and adequate resources, distribute them fairly, and use them effectively and efficiently. This ensures the development of a sustainable health system and contributes to improving the quality of health services. Access to health services, especially in developing countries and remote areas, is greatly influenced by the health service budget. This budget can be interpreted as an inhibiting factor that can limit or delay individuals' access to

health service facilities.

Research findings show that limited health budgets hinder community access to services provided by the Anggeraja Community Health Center. This is a significant obstacle, as rising healthcare costs make access to these services more difficult. In remote areas, a lack of resources and infrastructure often exacerbates the problem of tight healthcare budgets. Interviews with several doctors and midwives revealed that some healthcare facilities still lack adequate medical equipment, especially sophisticated and specialized equipment such as eye examination equipment. This situation is an obstacle to the provision of advanced health services. Furthermore, various facilities and infrastructure are often damaged, including equipment and machinery such as office equipment, medical devices, and laboratory equipment. This is due to irregular maintenance and use.

Health costs include the financial resources that must be allocated to implement and utilize the various types of health services needed by individuals, families, groups, and communities. The perspective on health costs can be explained as follows:

- a. Health service costs for health service providers consist of the resources needed to provide these services. These costs include medical personnel, medical equipment and supplies, and various healthcare programs. The most significant healthcare providers are the government and private institutions.
- b. Users, both individually and collectively, bear the costs of healthcare. These costs refer more to the amount of money that users must spend to use healthcare services.

## Conclusion

The results of the study indicate that the quality of service at the Anggeraja Community Health Center is influenced by a combination of driving and inhibiting factors. The dominant internal factors include the competence of health workers, service management, the attitude and communication of staff, and facilities and infrastructure. External factors include government support, budget allocation, supporting facilities, and patient characteristics. All of these factors interact with each other and determine the effectiveness and patient satisfaction with the services provided. Service quality factors reported by the head of the health center Dissatisfaction arises in the workplace when supervisors fail to meet employee expectations. The head of the health center pays little attention to supervision, especially in terms of improving discipline and enforcing work rules. Furthermore, the lack of continuous monitoring means that health center managers do not receive adequate information to carry out their duties.

The need for support from various parties, such as the government in this case the health office, is important in supporting improvements in the quality of health center services. The distribution of the health budget and its utilization must be managed properly to provide satisfactory results. The limitations of this study lie in its scope, which focused on only one community health center, and its use of largely subjective data, meaning that the findings cannot be generalized broadly. Future studies are recommended to expand the study location, use a mixed methods approach, and include quantitative data to gain a more comprehensive understanding of the quality of health services.

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