



EVALUATION OF THE IMPACT OF PRIMARY CARE SERVICE IMPLEMENTATION ON SERVICE QUALITY

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ABSTRACT

Patient satisfaction is a critical indicator in assessing the quality of healthcare services, as it influences patient loyalty and the sustainability of service utilization. This study aimed to evaluate the impact of the implementation of Integrated Primary Care (ILP) on the quality of healthcare services at Pilolodaa Primary Health Center. This study employed a qualitative research design with a case study approach. This qualitative study included nine purposively selected informants. Data were obtained through in-depth interviews and analyzed using thematic analysis with triangulation. Data were collected through in-depth interviews, direct observation, and document review. The data were then analyzed thematically using the Input–Process–Output–Impact (IPO-D) evaluation. The findings indicate that the implementation of ILP had a positive impact on service quality, as evidenced by improved cross-program coordination, enhanced service workflows, increased ease of access to healthcare services, and higher levels of patient satisfaction. However, several challenges remained, including limitations in human resources, increased digital administrative workload, and disparities in infrastructure and facilities. The implementation of ILP contributes positively to improving healthcare service quality and patient satisfaction at the primary care level. Nevertheless, addressing human resource constraints, administrative burdens, and infrastructural inequalities is essential to ensure the sustainability and optimal effectiveness of ILP implementation.

Keywords: community health center; patient satisfaction; primary health care; program implementation evaluation; service quality

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INTRODUCTION

Primary Health Centers (Puskesmas) serve as first-level healthcare facilities with a strategic role in improving population health through promotive and preventive services within their catchment areas. According to Regulation of the Minister of Health of the Republic of Indonesia No. 43 of 2019, Puskesmas function not only as treatment facilities but also as centers for community empowerment. The quality of healthcare services is not solely assessed based on treatment outcomes, but also encompasses healthcare workers' attitudes, knowledge, and skills, communication abilities, timeliness, friendliness, as well as the availability of supporting facilities and infrastructure (Batara, 2023).

Patient satisfaction is a key indicator in evaluating healthcare service quality, as it influences patient loyalty and the sustainability of service utilization (Najib et al., 2022). Mashita et al. (2022) identify five core dimensions influencing healthcare service quality: tangibles, reliability, responsiveness, assurance, and empathy. However, efforts to improve service quality often encounter various challenges, including excessive medicalization, shortages of skilled healthcare personnel, suboptimal referral systems, and limited stakeholder engagement (Lukito & Gani, 2024).

Prior to 2023, primary healthcare services in Indonesia were predominantly characterized by fragmented, program- and polyclinic-based approaches that were insufficiently responsive to community needs. To address these challenges, the Ministry of Health of the Republic of Indonesia

introduced the Integrated Primary Care (IPC/ILP) policy in August 2023 as part of the National Health System Transformation agenda. This policy is grounded in Law No. 17 of 2023 on Health and Minister of Health Decree No. HK.01.07/MENKES/2015/2023, and aims to establish integrated, comprehensive, and life-course-oriented primary healthcare services.

At the national level, findings from the Ministry of Health's Monitoring and Evaluation for 2024–2025 indicate that ILP implementation has contributed to improved cross-program coordination, expanded coverage of health screening services, and increased participation of community health cadres. Nevertheless, ILP implementation continues to face challenges, including disparities in the availability of human resources and infrastructure, increased administrative workload resulting from digitalization, and uneven distribution of health information systems, particularly in remote areas (Ministry of Health of the Republic of Indonesia, 2025). To strengthen implementation, the government issued Minister of Health Regulation No. 19 of 2024 concerning the Administration of Primary Health Centers.

In Gorontalo Province, ILP has been implemented across all districts and municipalities; however, only approximately 60% of Puskesmas have achieved full implementation indicators. Coordination among programs such as immunization, nutrition, and maternal and child health has improved, although constraints persist, including shortages of healthcare personnel, delays in digital reporting, and inequalities in facilities and infrastructure across regions (Gorontalo Provincial Health Office, 2024). At the municipal level, the Gorontalo City Health Office has reported increased patient satisfaction and improved service coordination, yet the workload of healthcare workers and limitations in medical equipment remain significant challenges (Gorontalo City Health Office, 2024).

These conditions are also evident at Pilolodaa Primary Health Center in Gorontalo City. Prior to ILP implementation, service delivery systems were fragmented across programs, leading to duplication of activities and prolonged patient waiting times. Since late 2023, Pilolodaa Primary Health Center has implemented ILP through the restructuring of service clusters, the establishment of cross-program teams, and the utilization of digital recording systems. Overall, ILP implementation has demonstrated a positive impact on service integration and patient satisfaction; however, further strengthening of human resource capacity, simplification of digital administrative processes, and enhancement of facilities and infrastructure are still required. Therefore, this study is essential to evaluate the impact of ILP implementation on the quality of primary healthcare services and to provide an evidence base for the development of integrated healthcare policies at both regional and national levels.

METHOD

This study employed a descriptive qualitative design with a case study approach to gain an in-depth understanding of the processes and impacts of Integrated Primary Care (IPC/ILP) implementation on service quality at a first-level healthcare facility, namely Pilolodaa Primary Health Center. The study was conducted at Pilolodaa Primary Health Center in Gorontalo City between 2024 and 2025. The study participants included the head of the primary health center, healthcare providers, supporting staff, and service users, who were purposively selected based on their relevance and capacity to provide rich and meaningful information aligned with the research objectives. Data collection methods comprised in-depth interviews, direct non-participant observation, and a review of relevant supporting documents. The collected data were analyzed thematically using the Input–Process–Output–Impact (IPO-D) evaluation framework to systematically assess resource inputs, service delivery processes, service outputs, and the broader impacts of ILP implementation on healthcare service quality. This study received ethical approval from the Health Research Ethics Committee (KEPK), Universitas Negeri Gorontalo (No. 186C/UN47.B7/KE/2025), and all participants provided informed consent.

RESULT

Description of Research Informant

The informants of this study are 9 people consisting of 5 key informants, 3 ordinary informants and 1 triangulation informant. The characteristics of informants can be seen as follows:

Tabel 1. The characteristics of informants

No.	Name (Initial)	Age (Yrs)	Gender	Departments	Types of Informants
1.	EH	51	P	Head of Pilolodaa Community Health Center	Key Informant
2.	IA	44	L	Doctor at Pilolodaa Community Health Center	Key Informant
3.	NB	45	P	Midwife Coordinator at Pilolodaa Community Health Center	Key Informant
4.	LYK	45	P	Health Coordinator at Pilolodaa Community Health Center	Key Informant
5.	MIA	34	L	Cross-Cluster Officer at Pilolodaa Community Health Center	Key Informant
6.	KM	45	P	Community	Regular Informant
7.	SD	38	P	Community	Regular Informant
8.	TRP	42	P	Community	Regular Informant
9.	KM	47	L	Head of Community Health Services, Gorontalo City Health Office	Triangulation Informant

The table shows that the research informants amounted to 9 people consisting of 5 key informants, 3 ordinary informants, and 1 triangulated informant, with an age range of 34–51 years who were all in the productive age. The key informants came from the internal elements of the Pilolodaa Health Center which has a strategic role in the planning and implementation of health services, while the triangulation informants came from the Gorontalo City Health Office as a comparator to strengthen the validity of the data. Meanwhile, ordinary informants come from elements of the community as service recipients who provide a direct picture of their experience with health services. The composition of these informants is considered to be able to provide comprehensive and complementary information in accordance with the research objectives

Evaluation of Inputs

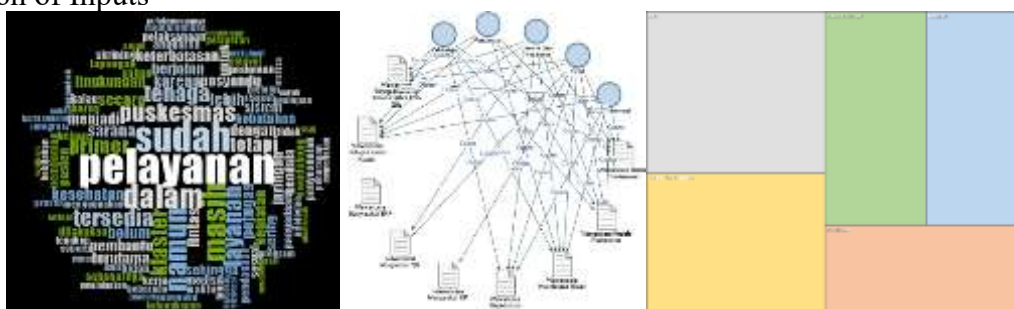


Figure 1. Nvivo Analysis Input Evaluation

The results of Nvivo's analysis show that the input for the implementation of Primary Service Integration (ILP) at the Pilolodaa Health Center includes five main aspects, namely human resources (HR), facilities and infrastructure, funding, policies, and information systems, with human resources and infrastructure as the most dominant aspects. The number and type of health workers are considered sufficient, but they still face challenges in the form of cross-cluster task traps and increased workload, although supported by the friendly and committed attitude of officers. Facilities and infrastructure are generally available, but the limitations of screening tools, cluster-based spatial planning, drug availability, and network disruption affect service efficiency. ILP funding is relatively sufficient, but its utilization is not optimal due to limited flexibility and procurement processes. From a policy aspect, SOPs and guidelines have been available but have not been implemented consistently, while information systems, especially Electronic Medical Records, help services but are still constrained by data completeness and connectivity. Overall, ILP inputs have supported the implementation of services, but they still need to be strengthened so that implementation runs more effectively and sustainably.

Process Evaluation

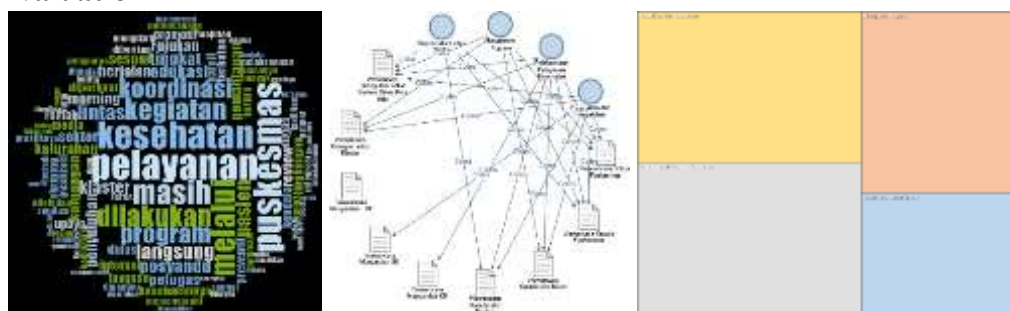


Figure 2. Nvivo Analysis Process Evaluation

The results of Nvivo's analysis on the process evaluation component show that the implementation of Primary Service Integration (ILP) at the Pilolodaa Health Center includes four main aspects, namely the implementation of health services, program management, cross-sector coordination, and health education and counseling, with the implementation of services and program management as the most dominant aspect. Health services have been running according to the flow of cluster-based ILP and life cycle, starting from registration, screening, to follow-up services, so that services become more structured and comprehensive, although still constrained by limited manpower, facilities, and overlapping tasks that affect patient waiting times. Program management has been carried out systematically through regular planning, monitoring, and evaluation, but its optimization is still hampered by the trap of officer duties. Cross-sector coordination with the health office and referral facilities is going quite well, but it is not optimal at the village and community levels. Meanwhile, education and health counseling activities have been carried out regularly as an integral part of the ILP, although their effectiveness is still limited by limited media, staff time, and variations in public understanding. Overall, the ILP implementation process has run according to the concept and provides a more integrated service direction, but it still requires strengthening cross-sector coordination, increasing officer capacity, and developing education strategies so that its implementation is more effective and sustainable.

Output Evaluation

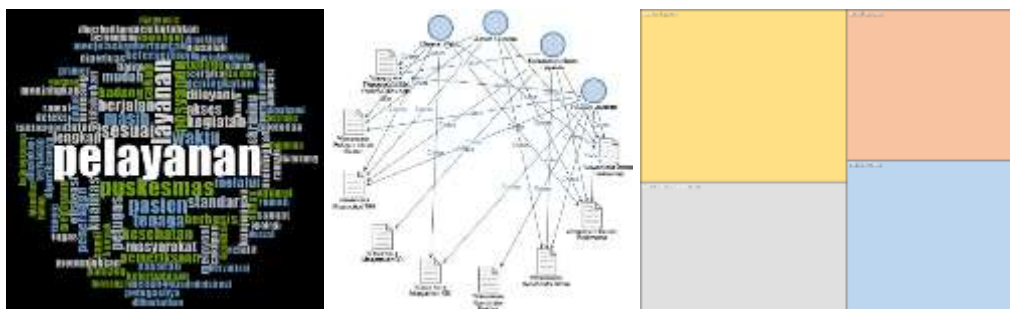


Figure 3. Nvivo Analysis Output Evaluation

The NVivo analysis of the output evaluation component indicates that the implementation of Integrated Primary Care (ILP) at Pilolodaa Health Center is reflected in four key indicators: service volume, service quality, time efficiency, and ease of access, with service volume and quality emerging as the most dominant. ILP implementation has expanded service coverage—particularly screening, promotive–preventive, and cluster- and life-course–based services—across the main health center, auxiliary facilities, posyandu, and home visits. Service quality has improved through more targeted and comprehensive care and better provider–patient communication, although consistency in SOP implementation remains constrained by limited human resources and infrastructure. Increased service volume has led to longer waiting times, especially during peak hours, but this is generally accepted due to more comprehensive care. Service access has become broader and more accessible, particularly through posyandu, despite ongoing administrative barriers and limited public understanding of ILP service pathways. Overall,

ILP implementation demonstrates positive outputs but requires further improvements in efficiency, service consistency, and accessibility to ensure sustainability.

Implementation Impact Evaluation

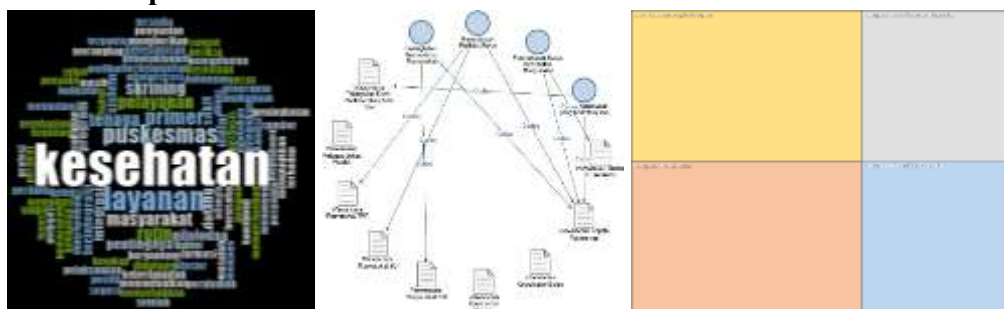


Figure 4. Nvivo Analysis Impact Evaluation

The results of Nvivo's analysis on the impact evaluation component show that the implementation of Primary Service Integration (ILP) at the Pilolodaa Health Center has a positive impact on four main aspects, namely improving public health status, changing healthy behaviors, increasing community independence, and strengthening a sustainable health system, with system strengthening and improving health status as the most dominant themes. The implementation of integrated screening and cluster-based services and life cycles allows for early detection and monitoring of public health, especially in pregnant women, toddlers, and the elderly, so that interventions can be carried out faster and more targeted. In addition, the intensity of education and interaction with health workers encourages changes in people's behavior towards a healthier direction and increases awareness to use health services regularly, even though these changes are not even and community independence is still in the developing stage. The implementation of the ILP also strengthens the primary service system through service integration, policy support, and the use of information systems, but its sustainability is still highly dependent on the availability of resources, infrastructure, funding, and consistency of cross-sector coordination. Overall, ILP has a positive impact in the short and long term, but it requires strengthening sustainable education, community assistance, and stakeholder commitment so that the benefits are more optimal and equitable.

DISCUSSION

Evaluation of Human Resources, Infrastructure, Financing, Policy, and Information Systems in Primary Care Implementation and Their Impact on Service Quality

The findings indicate that input components—including human resources, infrastructure, financing, policy frameworks, and health information systems—play a decisive role in determining service quality at the first-level healthcare facility of Pilolodaa Primary Health Center. The availability of healthcare personnel from various professional backgrounds generally meets primary care service standards and constitutes a key asset in the implementation of Integrated Primary Care (IPC/ILP). The competence and positive attitudes of healthcare workers—characterized by friendliness, effective communication, and strong professional commitment—contribute positively to service interactions and patient satisfaction. Nevertheless, increasing workloads and multitasking across service clusters pose challenges that may affect work efficiency and service quality consistency if not managed proportionally.

In terms of infrastructure, basic service facilities and essential medical equipment are generally available and support more comprehensive service delivery. However, limitations in screening equipment, suboptimal cluster-based spatial arrangements, and disruptions in information systems and network connectivity hinder service effectiveness and efficiency. These constraints affect patient waiting times and service flow, which in turn influence public perceptions of service quality. Financing for primary healthcare services, primarily sourced from Non-Physical Special Allocation Funds (DAK) and the Regional Public Service Agency (BLUD), is generally considered sufficient

to support basic services and ILP implementation. However, limited budgetary flexibility and lengthy procurement processes hinder the timely fulfillment of urgent operational needs. This finding suggests that financial availability alone is insufficient; responsive financial management mechanisms are essential to ensure that funding effectively contributes to service quality improvement.

Regarding policy and standard operating procedures (SOPs), primary care service guidelines—including those related to ILP—are in place and serve as formal references for service delivery. However, variations in understanding and inconsistent implementation of SOPs in practice indicate that the existence of policies does not automatically guarantee service quality. Strengthening efforts through continuous socialization, technical assistance, and monitoring are required to ensure uniform implementation. Meanwhile, the health information system, particularly through the use of Electronic Medical Records (EMRs), has facilitated service documentation and monitoring, although network constraints and incomplete patient data continue to limit optimal utilization.

These findings align with Donabedian's Structure–Process–Outcome evaluation model, which emphasizes that structural components or inputs form the foundation that determines the quality of healthcare processes and outcomes. Strong structures—comprising competent human resources, adequate infrastructure, sustainable financing, clear policies, and effective information systems—create a service environment that enables healthcare providers to deliver safe, accurate, and continuous care (Donabedian, 2020).

Furthermore, the Primary Health Care (PHC) concept underscores that high-quality primary healthcare must be supported by integrated resources, sound governance, and reliable information systems. The World Health Organization emphasizes that strengthening primary care should extend beyond clinical service availability to include systems that facilitate cross-program coordination, data-driven decision-making, and continuity of care. Previous studies have also demonstrated that preparedness of human resources, infrastructure, and supporting systems is significantly associated with service quality and patient satisfaction, while high workloads, limited financial flexibility, and policy inconsistencies remain major barriers to sustaining service quality (Batbaatar et al., 2022).

Evaluation of Healthcare Service Processes, Program Management, Cross-Sector Coordination, and Health Education in Primary Care Implementation

The results show that the implementation of Integrated Primary Care (ILP) at Pilolodaa Primary Health Center has generally aligned with the life-course and cluster-based service model, contributing to more structured and comprehensive service quality. Healthcare delivery that begins with screening and is followed by need-based services enables early detection of health problems and more targeted interventions. This approach enhances clinical service quality, although it also increases service duration and patient waiting times as a consequence of more thorough examinations (Donabedian, 2020).

Program management plays a crucial role in maintaining service process quality. Target-based planning, routine monitoring, and periodic evaluations through internal forums such as morning reviews enable continuous service improvement. Regular program evaluation helps identify implementation barriers and adjust service strategies accordingly. However, limited numbers of healthcare workers and multitasking across service clusters continue to affect optimal program implementation, particularly for outreach activities (Sari et al., 2023).

Cross-sector coordination in ILP implementation has been established, particularly with the health office and referral healthcare facilities, thereby supporting continuity of patient care. Nevertheless, coordination with sub-district governments and community stakeholders remains suboptimal and insufficiently structured. This limits support for promotive and preventive activities, despite cross-

sector collaboration being a core pillar of primary care quality oriented toward prevention and community empowerment (Putri & Wulandari, 2022).

Health education and promotion, as integral components of the ILP process, have been routinely conducted through health center services, integrated health posts (posyandu), and outreach activities. These efforts contribute to improved community knowledge and health awareness. However, limitations in educational media, staff time, and variations in community comprehension levels reduce the overall effectiveness and reach of health messages (Notoatmodjo, 2020).

Theoretically, healthcare service processes are key determinants of service quality, as they reflect how services are planned, delivered, controlled, and evaluated. High-quality processes are characterized by clear service flows, proportional task distribution, continuous monitoring mechanisms, and feedback systems for quality improvement. Screening-based, patient-oriented services reflect principles of patient safety and responsiveness to patient needs, although they require optimal time and resource management to maintain efficiency (Bustami, 2020).

These findings are consistent with previous studies showing that effective service processes—particularly in healthcare delivery, program management, cross-sector coordination, and health education—significantly contribute to improved service quality and patient satisfaction. However, human resource limitations and weak cross-sector coordination remain key barriers to optimizing service processes, especially for promotive and preventive outreach activities (Sari & Handayani, 2021). Therefore, strengthening program management, cross-sector collaboration, and more diverse and sustainable health education strategies is essential to enhance the quality of ILP implementation at Pilolodaa Primary Health Center.

Evaluation of Service Volume, Service Quality, Time Efficiency, and Accessibility in Relation to Service Quality

The implementation of Integrated Primary Care (ILP) at Pilolodaa Primary Health Center has led to an increase in the volume of services delivered to the community, particularly through screening and cluster-based services. This expanded service coverage reflects improved access to and utilization of primary healthcare services and serves as a positive indicator of service quality. More comprehensive and routine examinations enhance public perceptions of service quality, as services are no longer solely curative but also oriented toward early detection and disease prevention.

Overall service quality is perceived as good, characterized by more comprehensive examinations, standardized diagnosis and treatment, and friendly, informative communication by healthcare providers. These findings indicate that ILP enhances clinical service quality and strengthens public trust in primary healthcare facilities. However, increased service volume has not been fully balanced with time efficiency, resulting in relatively long patient waiting times under certain conditions, particularly during peak visit periods.

Time efficiency remains a major challenge in ILP implementation. Longer waiting times are a direct consequence of more thorough examinations and increased service demand. If not properly managed, this may reduce patient satisfaction, despite improvements in clinical service quality. This finding highlights the importance of patient experience as a determinant of service quality, alongside diagnostic accuracy and treatment effectiveness (Pohan, 2021).

Service accessibility is generally considered adequate due to service networks such as auxiliary health centers and posyandu, which bring healthcare closer to communities, particularly for priority groups such as pregnant women, children, and older adults. However, administrative barriers and uneven community understanding of ILP-based service flows continue to limit optimal access. This

suggests that service accessibility depends not only on facility availability but also on procedural clarity and system simplicity.

Conceptually, primary healthcare service quality is strongly influenced by the balance between service volume, service quality, time efficiency, and accessibility. From a healthcare quality management perspective, expanded service coverage must be accompanied by efficient service process management to avoid compromising patient satisfaction. High-quality services require clear service pathways, effective time management, and systems capable of responding optimally to increased service utilization (Pohan, 2021).

These findings align with the ILP policy, which emphasizes comprehensive, continuous, and accessible services through screening and life-course-based care. However, increased service volume must be accompanied by strengthened time management, improved service flow arrangements, and enhanced community education to ensure that access becomes more efficient and responsive. Previous studies also indicate that waiting time and understanding of service procedures significantly influence patient satisfaction, even when clinical service quality is rated highly (Rahmawati & Suryawati, 2021).

Evaluation of the Impact of Integrated Primary Care Implementation on Service Quality

The study findings indicate that the implementation of Integrated Primary Care (ILP) at Pilolodaa Primary Health Center has had a positive medium- to long-term impact on service quality. These impacts are reflected in improved community health status through screening and early detection activities, positive shifts in health-related behaviors, and increased awareness and utilization of preventive and routine healthcare services.

These findings demonstrate that ILP not only enhances curative services but also strengthens the promotive and preventive functions of primary healthcare. Improved community health status resulting from screening and early detection reflects the effectiveness of prevention-oriented primary care. Integrated and continuous services enable healthcare providers to conduct systematic health monitoring, allowing health problems to be addressed earlier before progressing to more severe conditions. This aligns with primary healthcare principles that emphasize disease prevention and improved quality of life as core objectives (Starfield & Macinko, 2021).

ILP implementation also promotes positive changes in community health behaviors. Increased intensity of health education, more frequent interactions with healthcare providers, and improved service accessibility encourage individuals to become more proactive in managing their own and their families' health. Communities increasingly utilize healthcare services not only when ill but also for screening and routine health monitoring. Such behavioral changes represent a key indicator of successful, community-empowering primary healthcare (Putri & Wulandari, 2022).

Another notable impact is the strengthening of a more integrated and sustainable primary healthcare system. Policy support, utilization of health information systems, and cross-program service integration enhance the capacity of primary healthcare facilities to deliver consistent and responsive services. However, the sustainability of these positive impacts remains highly dependent on the availability of human resources, adequacy of infrastructure, stability of financing, and consistency of cross-sector coordination.

Within the health system evaluation framework, the impact of primary healthcare services is understood as the medium- and long-term outcomes arising from interactions among service structures, processes, and outputs. Impact reflects tangible changes in community health status, health behaviors, and the system's capacity to sustain service quality over time. Primary healthcare services that emphasize screening, early detection, and continuous monitoring have been shown to

strengthen health system capacity for disease prevention and risk reduction (Starfield & Macinko, 2021).

These findings are consistent with the World Health Organization's perspective that sustained impact of primary healthcare can only be achieved when supported by strong systems, adequate resources, sustainable financing, and consistent governance. Previous studies also indicate that integrated primary healthcare services produce more enduring positive effects on service quality and population health outcomes when supported by coherent policies and cross-sector collaboration (WHO, 2020; Putri & Wulandari, 2022).

CONCLUSION

The implementation of Integrated Primary Care (IPC/ILP) at Pilolodaa Primary Health Center has been supported by the availability of generally adequate human resources, infrastructure, financing, policy frameworks, and health information systems, all of which have contributed positively to service quality. Service processes have been conducted in accordance with a life-course and cluster-based approach, beginning with screening activities that enhance service targeting and clinical quality. Nevertheless, challenges remain, including increased staff workload, suboptimal cross-sector coordination, and limited time efficiency in service delivery. ILP implementation has also led to increased coverage and utilization of primary healthcare services, with overall service quality perceived as good. However, prolonged patient waiting times and administrative barriers continue to pose challenges. Overall, ILP has had a positive impact on improving service quality and strengthening the primary healthcare system at Pilolodaa Primary Health Center, with sustainability largely dependent on the strengthening of resources, policy consistency, and cross-sector support.

REFERENCES

- Batara, A. S. (2023). Analisis pengaruh kualitas pelayanan terhadap kepuasan pasien selama masa pandemi COVID-19 di Puskesmas Simbang Kabupaten Maros. *Journal Muslim Community Health*, 4(1), 31–42.
- Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2020). Determinants of patient satisfaction: A systematic review. *Perspectives in Public Health*, 137(2), 89–101. <https://doi.org/10.1177/1757913916634136>
- Bustami. (2020). *Penjaminan mutu pelayanan kesehatan dan akseptabilitasnya*. Erlangga.
- Dinas Kesehatan Kota Gorontalo. (2024). *Laporan evaluasi integrasi layanan primer (ILP) tahun 2024 Kota Gorontalo*. Dinas Kesehatan Kota Gorontalo.
- Donabedian, A. (2020). Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly*, 44(3, Pt. 2), 166–203. (Reprinted in *Milbank Quarterly*, 2005, 83(4), 691–729). <https://doi.org/10.1111/j.1468-0009.2005.00397.x>
- Kementerian Kesehatan Republik Indonesia. (2025). *Laporan monitoring dan evaluasi nasional transformasi layanan primer tahun 2024–2025*. Direktorat Jenderal Pelayanan Kesehatan.
- Lukito, M., & Gani, A. (2024). Implementation of primary health care system in countries. *Indonesian Journal of Health Administration*, 12(2), 315–324.
- Mashita, D. A., Rachmawati, E., Deharja, A., & Ardiyanto, E. T. (2022). Hubungan kualitas pelayanan kesehatan dengan kepuasan pasien rawat inap di FKTP: Literature review. *J-REMI: Jurnal Rekam Medik dan Informasi Kesehatan*, 3(2), 177–189.
- Najib, K., Nugroho, H. A., Sholihin, M., & Fathonah, R. (2022). Pengaruh kualitas pelayanan kesehatan terhadap kepuasan pasien rawat jalan di RSUD Saptosari Gunungkidul Yogyakarta. *Jurnal MANISE (Manajemen, Bisnis, dan Ekonomi)*, 1(1), 35–44.
- Notoatmodjo, S. (2020). *Promosi kesehatan dan perilaku kesehatan*. Rineka Cipta.
- Pohan, I. S. (2021). *Jaminan mutu layanan kesehatan: Dasar-dasar pengertian dan penerapan*. EGC.
- Putri, A. R., & Wulandari, R. D. (2022). Dampak penguatan pelayanan kesehatan primer terhadap kualitas pelayanan dan perilaku kesehatan masyarakat. *Jurnal Administrasi Kesehatan Indonesia*, 10(2), 123–132. <https://doi.org/10.20473/jaki.v10i2.2022.123-132>

- Rahmawati, D., & Suryawati, C. (2021). Analisis kualitas pelayanan kesehatan terhadap kepuasan pasien di puskesmas. *Jurnal Kesehatan Masyarakat*, 16(4), 213–221. <https://doi.org/10.15294/kemas.v16i4.27654>
- Sari, M., & Handayani, L. (2021). Hubungan proses pelayanan dengan mutu pelayanan kesehatan di puskesmas. *Jurnal Kesehatan Masyarakat Nasional (Kesmas)*, 16(2), 87–95. <https://doi.org/10.21109/kesmas.v16i2.4578>
- Sari, N. P. I. P., Sugianto, M. A., & Hardy, I. P. D. K. (2023). Manajemen program kesehatan ibu dan anak (KIA) di UPTD Puskesmas Mengwi I Kabupaten Badung. *Jurnal Kesehatan, Sains, dan Teknologi (JAKASAKTI)*, 2(1), 103–114.
- Starfield, B., Shi, L., & Macinko, J. (2021). *Primary care and its contribution to health systems and health*. Oxford University Press.
- World Health Organization. (2020). *Strengthening primary health care for universal health coverage*. World Health Organization.