



DIFFERENCES IN THE QUALITY OF HEALTH SERVICES ON THE SATISFACTION OF BPJS HEALTH USERS

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ABSTRACT

The quality of healthcare services plays a crucial role in determining patient satisfaction, especially among BPJS Kesehatan users at primary healthcare facilities. This study aims to examine differences in service quality and healthcare workers' workload and their relationship with patient satisfaction at the Kota Tengah Health Center and Medy's Primary Clinic in Gorontalo City. This quantitative study employed an associative analytic design involving 324 respondents selected through accidental sampling. Data were collected using structured questionnaires that had undergone validity testing using item - total correlations (items accepted when $r\text{-count} > r\text{-table}$, $p < 0.05$) and reliability testing using Cronbach' s Alpha, with coefficients ≥ 0.70 indicating acceptable internal consistency. Data were analyzed using appropriate statistical tests, including bivariate correlation and t-tests. The findings revealed significant differences in service quality, workload, and patient satisfaction between the two healthcare facilities. The Kota Tengah Health Center demonstrated superior service quality, particularly in the dimensions of patient safety, effectiveness, and timeliness. At the Health Center, patient-centeredness was the strongest predictor of patient satisfaction ($r = 0.891$; $R^2 = 79.4\%$). In contrast, at Medy's Primary Clinic, healthcare workers' workload had the greatest influence on patient satisfaction ($r = 0.611$; $R^2 = 37.4\%$). A t-test further indicated that overall patient satisfaction was significantly higher at the Health Center ($p = 0.000$). Both service quality and healthcare workers' workload significantly influence patient satisfaction.

Keywords: BPJS health; clinic; community health center; patient satisfaction; service quality; workload

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INTRODUCTION

In every country, all governmental activities are regulated through public policies. Policies are inherently sensitive because they can influence a nation's progress. All state apparatuses are responsible for carrying out their core duties and functions, authorities, and obligations in delivering public services. Fundamentally, the government is tasked with serving the community rather than serving itself, with the ultimate goal of improving the well-being of all segments of society to achieve shared objectives (Widodo, 2021).

Healthcare services are a basic human right and a state responsibility, as mandated in Law No. 36 of 2009 on Health. In the Indonesian context, the implementation of the National Health Insurance (JKN) through the Social Security Administration Agency (BPJS Kesehatan) represents a strategic effort to ensure equitable and affordable access to healthcare services, particularly for vulnerable and low-income populations. However, as the number of BPJS participants continues to increase, primary healthcare facilities (FKTP), including community health centers (puskesmas) and primary clinics, face growing challenges in maintaining service quality. The quality of healthcare is not only determined by infrastructure but also by timeliness of service delivery, healthcare workers' competence, communication, and patient comfort throughout the care process. One of the key factors influencing service quality is the workload of healthcare workers, which includes the number of patients served, working hours, and the complexity of cases handled.

High-quality healthcare service is one of the most important determinants of patient satisfaction, especially among BPJS Kesehatan users who rely on JKN services at primary health facilities such as puskesmas and primary clinics, as well as at secondary and tertiary care facilities. However, patient satisfaction or patients' perceptions of healthcare quality varies due to multiple service dimensions, including safety, effectiveness, efficiency, timeliness, equity, and patient-centeredness. The Institute of Medicine (IOM) identifies six core dimensions of healthcare quality: patient safety, effectiveness, patient-centered care, timeliness, efficiency, and equity. These dimensions serve as benchmarks for evaluating service quality at both primary and secondary healthcare levels. Patient safety emphasizes preventing medical errors and minimizing risks during care; effectiveness requires adherence to evidence-based standards to achieve optimal health outcomes; patient-centered care prioritizes patients' needs, preferences, and values; timeliness focuses on reducing delays that may hinder recovery; efficiency ensures appropriate use of resources without unnecessary waste; and equity guarantees equal treatment for all patients without discrimination based on socioeconomic or demographic characteristics.

Beyond service quality, healthcare worker workload is another important factor that influences patient satisfaction. Heavy workloads often caused by high patient volume, limited medical personnel, and administrative demands under the BPJS system can reduce performance and service effectiveness. Such conditions may limit the time available for patient interaction, decrease accuracy, and slow service processes. At Kota Tengah Health Center and Medy's Primary Clinic, differences in workload across facilities may result in varied patient experiences. Therefore, analyzing differences in service quality and workload and their effects on patient satisfaction among BPJS Kesehatan users is essential to identify priority areas for improvement. This is particularly important to enhance service quality and ensure optimal patient satisfaction. According to Hunawa et al. (2023), 56.4% of nurses in the ICU of a Gorontalo hospital experienced a high workload, while 21.8% had a moderate workload and 21.8% had a low workload, based on findings from a journal published by Universitas Pahlawan Tuanku Tambusai. Workload and job stress negatively affect individuals, organizations, and society. For individuals, job stress can harm physical and mental health, reduce performance, hinder career development, and even lead to job loss. In severe cases, stress may cause depression. For organizations, job stress contributes to absenteeism, healthcare-related financial losses, and increased turnover. At the societal level, workplace stress negatively impacts communities, especially when it escalates to job loss, wage reduction, or benefit cuts due to health issues (Petreanu, Lordache & Seracin, 2022).

Preliminary interviews with 30 BPJS Kesehatan patients at Kota Tengah Health Center and Medy's Primary Clinic revealed that most respondents felt greatly helped by the BPJS program because it allows them to access healthcare services without significant financial burden. However, some patients reported concerns such as long waiting times, limited supporting facilities, and rushed service due to high patient volume, as well as staff who did not always provide comfort during care. Others noted that although the healthcare workers were generally friendly, there were still variations in speed and accuracy between facilities. These preliminary findings suggest that despite the benefits of BPJS Kesehatan, patient satisfaction remains influenced by differences in service quality and healthcare worker workload.

Patient satisfaction is a key indicator of the success of healthcare service delivery, as it reflects patients' experiences and perceptions of the care they receive. Dissatisfaction can lead to mistrust of the healthcare system, poor adherence to treatment, and reduced utilization of healthcare services. Therefore, it is essential to analyze differences in service quality and workload and how they affect patient satisfaction among BPJS Kesehatan users at Kota Tengah Health Center and Medy's Primary Clinic. This study is expected to provide a clear understanding of the influence of these variables and serve as a basis for healthcare service improvements, particularly in efforts to enhance service quality in the JKN era.

METHOD

This study employed a quantitative approach with an observational analytic design using an associative research framework. The research was conducted in the working areas of the Kota Tengah Community Health Center and Medy’s Primary Clinic. The study population consisted of 2,017 BPJS Kesehatan patients who were undergoing health examinations (screening) at these facilities. A total sample of 324 respondents was selected using accidental sampling. The inclusion criteria were BPJS Kesehatan patients who sought medical care at the Kota Tengah Health Center or Medy’s Primary Clinic, were able to read and write, were willing to participate as respondents, and were not in critical or comatose condition. The exclusion criteria included patients not registered as BPJS participants, those visiting solely for administrative matters (e.g., printing BPJS cards) without receiving medical services, and patients in emergency or unconscious conditions.

Data were collected using a questionnaire with Likert-scale response options. Data were collected using a questionnaire with Likert-scale response options. Prior to data collection, the questionnaire underwent validity testing using item–total correlations, where items with r-count greater than r-table ($p < 0.05$) were considered valid. Reliability testing was conducted using Cronbach’s Alpha, and all constructs demonstrated coefficients ≥ 0.70 , indicating acceptable internal consistency. Data analysis included univariate, bivariate, and multivariate procedures. Bivariate analysis was conducted using an independent t-test, while multivariate analysis employed multiple linear regression to determine the variables that most significantly influenced patient satisfaction among BPJS Kesehatan users.

RESULT

Table 1.
Distribution of Respondents by Characteristics

Respondent Characteristics		Community health center		Clinic	
		f	%	F	%
Age	17-25 Year	20	12,3	23	14,1
	26-35 Year	77	47,5	62	38
	36-45 Year	27	16,7	21	12,9
	46-55 Year	15	9,3	13	8,6
	56-72 Year	23	14,2	43	26,4
Gender	Man	78	48,1	73	45,1
	Woman	84	51,9	89	54,9
Education	Elementary School	11	6,8	9	6,7
	Junior High School	16	9,9	11	14,6
	High School	85	52,5	72	48,3
	College	50	30,8	70	43,2

Based on the distribution table of respondents based on characteristics, the most respondents in the age category of 26-35 years old were 77 people (47.5%) at the Kota Tengah Health Center and 62 people (38%) at the Pratama Medy's Clinic. Based on gender, the most respondents were 84 people (51.9%) at the Kota Tengah Health Center and 89 people (54.9%) at Medy's Pratama Clinic. Based on the education, the most respondents at the Central City Health Center in the high school category were 85 (52.5%) and 72 people (48.3%) at Pratam Medy's Clinic.

Taable 2, the distribution of safety scores at the Community Health Center (Puskesmas), which ranged from 20 to 25, all respondents rated safety above the minimum threshold for the “Safe” category (≥ 15). Thus, 100% of respondents assessed patient safety at Kota Tengah Community Health Center as safe. This indicates that all aspects of patient safety, according to BPJS users, have been adequately fulfilled, and none of the respondents perceived the service conditions as unsafe. The concentration of scores at 20 (50%) reflects consistent perceptions that risk prevention measures, examination flow, and service safety were implemented at standards acceptable to patients.

Table 2.
Univariate Analysis at the Central City Health Center and Medy's Pratama Clinic

Variabel		Central City Health Center		Medy's Pratama Clinic	
		f	%	F	%
Patient Safety	Safe	162	100	145	89,5
	Less Safe	0	0	17	10,5
Effectiveness	Effective	162	100	141	87,7
	Less Effective	0	0	21	13,0
Patient-Centered	Good	162	100	62	38,8
	Less Good	0	0	100	61,7
Timeliness	Precise	162	100	150	92,6
	Less Precise	0	0	12	7,4
Efficiency	Efficient	162	100	0	0
	Inefficient	141	87,7	21	13,0
Justice	Fair	149	91,6	143	24,7
	Unfair	13	8,0	19	11,7
Quality of Service	Good	53	32,9	43	26,9
	Poor	109	67,3	119	73,1
Workload	Low	162	100	40	24,8
	High	0	0	122	75,3
Patient Satisfaction	Very Satisfied	53	32,4	31	19,5
	Satisfied	49	30,6	65	40,2
	Less Satisfied	60	37,0	66	40,7

In contrast, the safety score distribution at the Clinic ranged more widely from 4 to 25 indicating that some respondents rated safety below the safe threshold. Those who assigned scores of 4, 9, 12, 13, and 14 fell into the “Less Safe” category (<15), representing nearly 20% of respondents (estimated from the table). Meanwhile, the majority of scores fell between 16 and 25, particularly score 25 (52.5%), meaning approximately 89% of respondents categorized safety at the Clinic as Safe. This suggests that although most patients felt safe during their visit, a portion of respondents experienced discomfort or felt that safety risks were not fully managed at the Clinic.

The analysis of service effectiveness shows that the Kota Tengah Community Health Center delivered fully effective services, with all respondents (100%) scoring ≥ 15 . Medy’s Primary Clinic also demonstrated high effectiveness, with 87.7% of respondents rating services as effective, although 13.0% perceived the services as less effective. These findings indicate that both facilities were able to meet the needs of BPJS patients, but the Health Center exhibited stronger consistency in maintaining service effectiveness, as evidenced by the absence of any respondents rating services as less effective. Overall, both facilities are considered effective, but the Health Center demonstrates superior stability in service quality.

Findings further indicate that patient-centeredness at the Kota Tengah Community Health Center was rated as excellent, with all respondents (100%) agreeing that healthcare workers understood and respected patient needs optimally. At Medy’s Primary Clinic, however, only 38.8% of respondents rated patient-centeredness as good, while 61.7% considered it lacking. This disparity suggests that the Health Center is more consistent and superior in providing attention, empathy, and communication aligned with patient needs compared with the Clinic, where service quality varies among healthcare workers. This variation may influence patient satisfaction, as patient-centeredness is a key component of healthcare quality.

Regarding timeliness, both the Health Center and the Clinic provided timely services to BPJS patients, although the Health Center demonstrated perfect timeliness. All respondents (100%) reported timely services at the Health Center, whereas a small proportion of Clinic patients (7.4%) experienced delays. Nevertheless, most patients at the Clinic (92.6%) still rated service delivery as timely. These findings indicate that both facilities manage service time effectively, but the Health Center shows higher consistency in punctuality compared with Medy’s Primary Clinic.

In terms of efficiency, both facilities demonstrated very high efficiency in service delivery. At the Health Center, all respondents (100%) rated services as efficient, reflecting consistent and optimal performance by healthcare workers. At the Clinic, 87.7% of respondents also rated services as efficient, although 13.0% perceived inefficiency due to lower service scores. Overall, both facilities performed well in efficiency, but the Health Center demonstrated a more optimal level compared with the Clinic. In general, both the Health Center and the Clinic provided fair and equitable services to BPJS users. At the Health Center, 91.6% of respondents rated services as fair, indicating non-discriminatory treatment aligned with BPJS standards. The Clinic also showed a high level of fairness (88.9%), although slightly lower than the Health Center due to 11.7% of respondents perceiving the service as less fair. This highlights that while both facilities perform well, the Health Center maintains greater consistency in ensuring equitable service delivery.

Results also showed that most respondents at both facilities fell into the “Less Good” category for overall service quality. At the Health Center, only 32.9% achieved scores in the Good category (≥ 30), while 67.3% were in the Less Good category indicating that two out of three respondents did not reach the Good rating. At the Clinic, the proportion in the Good category was even lower, at only 26.9%, while 73.1% fell into the Less Good category. Thus, overall service quality ratings were low in both facilities, with the Health Center performing slightly better due to a higher percentage of respondents rating services as Good. Findings regarding healthcare worker workload indicate that most respondents (75.3%) rated workload at the Clinic as high, while all respondents (100%) rated workload at the Health Center as low. This means healthcare workers at Medy’s Primary Clinic experienced heavier and more demanding workloads, likely due to high patient volumes, rapid service demands, and administrative burdens. The Clinic likely has fewer healthcare workers compared with the Health Center, contributing to the greater workload pressure. Very few respondents rated the Clinic’s workload as low, indicating that healthcare tasks there are indeed intensive and demanding.

Finally, the results show differences in patient satisfaction perceptions between the Health Center and the Clinic. At the Health Center, 62.3% of patients reported being very satisfied or satisfied. At the Clinic, this proportion was much higher, at 81.5%, indicating that more BPJS patients expressed strong satisfaction with services there. For the “less satisfied” category, the proportion at the Health Center was 37.0%, slightly lower than the Clinic at 54.6%. This indicates that while many Health Center patients rated services positively, the level of strong satisfaction was not as high as at the Clinic. The most notable difference is in the “dissatisfied” category: only 18.5% of Clinic patients were less satisfied, compared with 37% at the Health Center. This suggests that the Health Center had more patients who perceived service quality as less satisfactory.

Table 3.
Average Difference in BPJS Patient Satisfaction between Kota Tengah Health Center and Medy's Pratama Clinic

Variabel	Place	n	Mean	Std. Deviation	t	Sig. (2-tailed)
Patient Satisfaction	Community Health Center	162	210.87	33.58	9.021	0.000
	Clinic	162	180.12	27.48		

The results of the independent sample t-test showed that there was a significant difference between the satisfaction level of BPJS patients at the Central City Health Center and Mediy's Pratama Clinic ($t = 9,021$; $p = 0,000$). The average score of patient satisfaction at the Puskesmas (Mean = 210.87) was significantly higher than that of the Clinic (Mean = 180.12) with a difference of 30.75 points. The 95% confidence interval (24.05 – 37.46) did not cross zero, which confirms that the difference is statistically real. Thus, it can be concluded that patients who use BPJS at the Health Center experience higher service satisfaction than at Medy's Pratama Clinic.

Table 4.
Multivariate Analysis of the most influential variables

Service Location	Most Influential Variables	r	R Square
Community Health Center	Patient Centeredness	0.891	0.794
Clinic	Workload	0.611	0.374
Clinic	Patient Centeredness	0.599	0.359

The results of the analysis showed that the variables that had the most influence on patient satisfaction of BPJS users differed between Puskesmas and Clinics. In the Health Center, the factor that has the strongest influence is patient centeredness with a very high correlation coefficient ($r = 0.891$) and a determination contribution of 79.4%, which shows that the better the service centeredness on the patient, the higher the satisfaction felt. Meanwhile, in the clinic, the most influential variable was the workload of health workers ($r = 0.611$; $R^2 = 37.4\%$), followed by patient centeredness ($r = 0.599$; $R^2 = 35.9\%$). These findings indicate that in clinical services, patient satisfaction is more sensitive to workload conditions and quality of patient focus on services, compared to other aspects of service quality.

DISCUSSION

Differences in Patient Safety and Patient Satisfaction

The findings indicate that patient safety has a significantly different effect on BPJS patient satisfaction at the Kota Tengah Health Center and Medy's Primary Clinic. At the Health Center, the relationship between patient safety and satisfaction was significant ($r = -0.531$; $p = 0.000$) with a contribution of 28.2%, whereas at the Clinic, the relationship was also significant but weaker ($r = -0.444$; $R^2 = 19.7\%$). Notably, both facilities demonstrated a negative relationship, meaning that higher safety scores were associated with lower satisfaction. This may reflect the high expectations BPJS patients have regarding safety; when standards are perceived as suboptimal, satisfaction declines accordingly. These findings align with studies by Aisah Ayu Pertiwi (2016) and Dinda Ayu Anggraeni (2021), which confirmed that patient safety is a major determinant of BPJS patient satisfaction. Similar differences between health facility types were also reported in the study by Nimas Ayu Rina (2016). Collectively, these results suggest that suboptimal implementation of patient safety protocols remains a key factor differentiating satisfaction levels between the two facilities.

Differences in Effectiveness and Patient Satisfaction

The study revealed differences in how service effectiveness influences BPJS patient satisfaction. At the Health Center, effectiveness showed a positive and significant relationship with satisfaction ($r = 0.431$; $p = 0.000$), whereas at the Clinic, the relationship was weak and negative ($r = -0.273$). This suggests that effective service delivery enhances satisfaction at the Health Center but does not yield the same benefit at the Clinic. These findings are consistent with studies by Anggraeni (2021) and Pertiwi (2016), both of which emphasized the importance of effectiveness as a component of service quality influencing BPJS patient satisfaction. The negative association found at the Clinic may indicate that current service procedures do not fully align with patient expectations, reducing the impact of effectiveness on satisfaction.

Differences in Patient-Centeredness and Patient Satisfaction

The influence of patient-centeredness on satisfaction showed a striking contrast between the two facilities. At the Health Center, patient-centeredness had an extremely strong correlation with satisfaction ($r = 0.891$; $R^2 = 79.4\%$), indicating that nearly all variations in satisfaction were explained by how well services addressed patient needs, preferences, and comfort. At the Clinic, the relationship remained strong ($r = 0.599$) but its contribution was significantly lower ($R^2 = 35.9\%$). This difference may be attributed to the structured public service standards implemented at the Health Center, including effective communication, patient education, and family involvement. At Medy's Clinic, although several innovations exist, variations in workload, staffing, and workflow likely reduce the consistency of patient-centered service delivery. These findings align with research

by Pertiwi (2016), Rina (2016), and Halim (2024), all of which emphasized patient-centered care as a critical determinant of BPJS patient satisfaction. The results reinforce that patient-centeredness is a priority domain and is implemented more effectively at the Health Center than at the Clinic.

Differences in Timeliness and Patient Satisfaction

Timeliness also demonstrated markedly different effects between the two facilities. At the Health Center, timeliness showed a moderate to strong positive relationship with satisfaction ($r = 0.533$; $R^2 = 28.4\%$). Faster service, efficient queue systems, and predictable waiting times contributed significantly to higher satisfaction. Conversely, at the Clinic, the relationship was negative ($r = -0.249$; $R^2 = 6.2\%$), indicating that delays or inconsistent service schedules reduced satisfaction, although the effect was relatively small. These differences may be explained by the standardized operational procedures and fixed service schedules at the Health Center, compared to the more variable patient flow, constrained service hours, and limited space at the Clinic. This pattern reflects findings from Anggraeni (2021) and Halim (2024), which collectively highlight timeliness as an essential component of service quality influencing BPJS patient satisfaction.

Differences in Equity and Patient Satisfaction

Equity demonstrated a strong and significant relationship with satisfaction at the Health Center ($r = 0.607$; $R^2 = 36.8\%$), indicating that fair treatment, nondiscriminatory services, and equal access strongly contributed to patient satisfaction. In contrast, the Clinic showed a weak and negative association ($r = -0.246$; $R^2 = 6.0\%$). This suggests that perceived inequities—differences in priority, waiting time, or treatment reduce satisfaction among BPJS patients at the Clinic. These findings reflect the standardized public service obligations at the Health Center, which ensure equitable treatment, compared to the more variable service conditions at the Clinic. The results align with studies by Halim (2024), which highlighted equity and nondiscrimination as major determinants of satisfaction among BPJS users.

Differences in Overall Service Quality and Patient Satisfaction

Overall, the Health Center showed a consistent positive relationship between service quality dimensions—patient safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity and patient satisfaction. This illustrates strong adherence to BPJS service standards. Meanwhile, the Clinic displayed mixed effects, with some dimensions showing negative relationships. These inconsistencies may stem from differences in workload, commercial service models, or facility readiness. These findings are consistent with research by Anggraeni (2021) and Halim (2024), reinforcing that BPJS patient satisfaction is strongly driven by the consistency and completeness of service quality.

Differences in Workload and Patient Satisfaction

Workload had a strong positive effect on satisfaction at both facilities, but with different interpretations. At the Health Center, the relationship was slightly stronger ($r = 0.636$; $R^2 = 40.4\%$), suggesting that despite high workload, structured task distribution and adequate staffing help maintain service quality and responsiveness. At the Clinic, workload also had a strong influence ($r = 0.611$; $R^2 = 37.4\%$), likely indicating fast-paced, efficient workflows characteristic of smaller private facilities. However, the lower contribution suggests that while workload is influential, it is not as central to satisfaction as in the Health Center. These findings are consistent with Henri Priantoro (2015), who noted that well-managed workload can enhance service outcomes, while poorly managed workload may reduce service quality. The results highlight that workload management is more robust at the Health Center and requires improvement at the Clinic.

CONCLUSION

Based on the findings of this study, it can be concluded that all examined variables Patient Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, Equity, Service Quality, and Workload

show significant differences in their influence on BPJS patient satisfaction at the Kota Tengah Community Health Center and Medy's Primary Clinic in Gorontalo City. Among these variables, Patient-Centeredness at both facilities and Workload at the Clinic emerged as the strongest predictors of BPJS patient satisfaction. The results indicate that patient satisfaction is primarily shaped by the quality of services provided and the workload faced by health workers. Therefore, both the Health Center and the Clinic are advised to maintain and strengthen service quality while ensuring manageable workloads to prevent any decline in patient satisfaction and uphold the integrity of care delivery.

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