

The Effectiveness of Accreditation in Establishing Quality Culture Changes in Community Health Centre: A Case Study in Bali Province

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ABSTRAK

Penelitian ini bertujuan untuk mengevaluasi efektivitas akreditasi dalam menumbuhkan budaya mutu yang berkelanjutan di Puskesmas. Penelitian berfokus pada sembilan puskesmas di Bali yang telah mencapai predikat akreditasi Paripurna dan Utama. Meskipun telah mencapai akreditasi yang tinggi, namun tantangan terhadap kualitas pelayanan masih tetap ada, terbukti dengan meningkatnya keluhan dari peserta BPJS, ulasan Google, maupun media sosial. Penelitian ini menggunakan metode kualitatif dengan pendekatan studi kasus, mengumpulkan data melalui wawancara dan kuesioner. Temuan menunjukkan bahwa meskipun telah memperoleh akreditasi yang tinggi, namun di sembilan Puskesmas masih belum mampu mewujudkan perubahan budaya mutu yang optimal. Quality planning, Quality control, dan Quality improvement baru terjadi pada ceremonial penandatanganan spanduk komitmen bersama dan masih menghadapi kesulitan besar pada perubahan pola pikir yang menjadi esensi dalam upaya peningkatan budaya mutu. Perubahan yang dicapai dari proses akreditasi sejauh ini lebih banyak pada perbaikan sarana prasarana fisik. Membangun budaya mutu membutuhkan proses panjang yang melibatkan partisipasi aktif dan kesadaran semua komponen dengan mengikuti tahapan demi tahapan yang ada secara sistematis.

ABSTRACT

This study aims to evaluate the effectiveness of accreditation in establishing a continuous quality culture in community health centers (*Puskesmas*). The research focused on nine community health centers in Bali that have achieved full accreditation and primary accreditation levels. While attaining high accreditation, concerns regarding service quality carried on, as evidenced by increased complaints from Indonesia's National Health Insurance Agency (*BPJS*) participants and Google reviews and social media. This study employed a qualitative methodology with a case study approach, collecting data through interviews and questionnaires. The findings show that even though nine *Puskesmas* have achieved high accreditation, they still haven't been able to create an optimal quality culture. Quality planning, quality control, and quality improvement have mostly been limited to ceremonial activities, like signing a collective commitment banner, and still face major challenges in changing mindsets, which is essential for improving the quality culture. So far, the changes achieved through the accreditation process have mostly focused on improving physical infrastructure and facilities. Building a culture of quality requires a long-term process involving active participation and awareness from all stakeholders, following systematic stages step by step.

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INTRODUCTION

In today's era of transparency and accessible information, delivering high-quality services has become a critical priority for healthcare providers. The effectiveness of healthcare services depends not only on patient satisfaction and technical proficiency but also on cultivating patient loyalty (Barqawi et al., 2023). Primary healthcare facilities (FKTP), including community health centers, clinics, general practitioners, and hospitals, are mandated to improve the quality of their services to align with public expectations. This is particularly important as patients have

the freedom to choose and switch between level one healthcare facilities within the same designated zone. The performance of these facilities significantly impacts public trust and directly influences capitation allocations under the National Health Insurance (JKN) system. (Riana Sari et al., 2021). As the most numerous primary healthcare facilities, community health center is the spearhead in providing basic health services certainly reflects the health performance of a region (Khalidun et al., 2020).

In the health sector, the government and the community need to work together to improve access and quality of regional health services (Rikza, 2022). One possible initiative is to improve the quality of local health workers. In addition, the state must also take preventive measures and provide sufficient support to the regions in terms of health infrastructure development, such as the construction of hospitals and health centers. In conclusion, regional autonomy gives regions greater authority in regulating and developing their territories (Littik, 2023).

In the implementation of regional autonomy, which contributes freedom to local governments to develop their health services, it is necessary to standardize services to ensure that the quality of health services is by the standards that have been set (Tejanagara et al., 2022). One approach to improving the quality of Community health centers is through an accreditation process, where independent institutions assess the level of compliance with applicable standards (Tahir et al., 2022).

To support the implementation of these standards, the Ministry of Health of the Republic of Indonesia issued Regulation of the Minister of Health No. 34 of 2022, mandating the accreditation of Community health centers (Novitasari et al., 2022). Furthermore, Regulation of the Minister of Health No. 99 of 2015 requires that First-Level Health Facilities (*FKTP*) obtain accreditation certification in collaboration with Indonesia's National Health Insurance Agency (*BPJS*). These regulations purpose to standardize and improve the quality of healthcare services nationwide, ensuring that accredited health centers meet established performance benchmarks (Ministry of Health, 2015).

The Accreditation program encompasses all quality management systems by referring to standardized criteria used to assess an organization's capacity to conform to both customer expectations and regulatory requirements (Heidyanti, 2023). The quality improvement process aims to measure the degree of excellence in healthcare services by comparing them against established standards or principles. This process involves systematic and continuous efforts to enhance service delivery. The ultimate objective is to ensure the provision of optimal healthcare services, aligned with current scientific and technological standards, while maximizing the efficiency of available, albeit limited, human resources to generate the greatest possible impact (Sekawanie et al., 2023).

In Indonesia, there are 10,374 community health centers, of which 9,151 (approximately 88.21%) have achieved accreditation, nearing the Ministry of Health's performance target of 90%. This indicates that the quality of health center services has been well standardized. Only four provinces have achieved a 100% accreditation level for all community health centers in their regions, namely Bengkulu, Bangka Belitung, the Special Region of Yogyakarta, and Bali. For example, in Bali Province, 120 Community health centers have achieved full accreditation, reaching 100% coverage (Kementrian Kesehatan, 2023)

This achievement shows significant efforts to improve the quality of health services at the primary level through accreditation, although some regions still need to pursue national accreditation targets. However, does the high achievement truly foster a quality culture within community health centers, which remains a critical issue in the healthcare sector? This

undoubtedly requires more in-depth study, especially considering that a significant portion of the public still holds negative perceptions of community health center services in Indonesia.

The quality of healthcare is greatly influenced by the availability of healthcare services. High-quality healthcare services are those that can satisfy every user or consumer by adhering to professional standards and ethical codes of conduct (Ahmad et al., 2022).

Table 1.
Bali Provincial Community Health Centers Accreditation Achievements per 2023

No	Regency	Primary Accreditation Predicate (<i>Utama</i>)	Full Accreditation Predicate (<i>Paripurna</i>)
1	Denpasar	-	11
2	Badung	-	13
3	Bangli	4	8
4	Buleleng	4	16
5	Gianyar	1	12
6	Jembrana	-	10
7	Karangasem	-	12
8	Klungkung	-	9
9	Tabanan	2	18
Total		11	109

Source: Processed by Researchers from Research Findings

Based on Table 1, the Province of Bali has achieved an extraordinary milestone, with 90.83% of its primary healthcare centers accredited at the highest level, full predicate / *Paripurna*. Remarkably, none of the centers received a lower accreditation status, such as *Madya* or *Dasar*. The accreditation process, which commenced in 2015 and was followed by re-accreditation in 2023, demonstrates that exemplary service practices have been implemented consistently and sustainably. The government must be careful when accelerating the achievement of accreditation. Prioritizing high achievement while neglecting the necessary stages in the process will lead to suboptimal outcomes. Accelerating the process through shortcuts will never yield sustainable success (Kotter, 1995)

However, the results of the Healthcare Service Index released by *Ceoworld* magazine indicate that Indonesia remains significantly behind other countries in the Asian region, let alone globally.

Table 2.
World Healthcare Service Index 2023

Rank	Country	Healthcare service index	Infrastructure & Medical Professionals	Availability of Medicines & Costs	Government Readiness
1	Taiwan	78.72	87.16	83.59	82.30
2	Korea Selatan	77.70	79.05	78.39	78.99
3	Australia	74.11	90.75	82.59	92.06
4	Kanada	71.32	86.18	78.99	88.23
5	Swedia	70.73	78.77	74.88	74.18
14	Singapura	57.96	76.39	67.47	71.33
39	Indonesia	42.99	64.37	54.02	55.79

Rank	Country	Healthcare service index	Infrastructure & Medical Professionals	Availability of Medicines & Costs	Government Readiness
83	Thailand	33.01	67.36	50.73	63.20
87	Filipina	32.55	73.74	53.81	57.45
88	Malaysia	32.52	73.36	53.59	58.14
89	Vietnam	32.42	71.39	52.53	53.70
98	Myanmar	26.30	68.20	50.39	50.36
106	Bolivia	22.30	64.20	49.60	47.96
107	Paraguay	21.90	64.00	49.25	47.73
108	Nepal	21.40	63.90	49.17	47.03
109	Honduras	19.60	63.40	49.15	46.58
110	El Salvador	18.60	62.60	48.96	46.22

Source : (Ceoworld Magazine, 2024)

Table 2 illustrates the index evaluates 110 countries based on various factors influencing overall healthcare quality, including medical infrastructure, healthcare workforce competence, healthcare costs, availability of quality medicines, and government readiness to support health services (Ceoworld Magazine, 2024). Although Indonesia's ranking remains unchanged from 2023, maintaining its position at 39th, the country's healthcare system still requires significant improvements. Many individuals within the population perceive that accessing healthcare services is not yet entirely convenient or equitable (Sayidah, 2024).

Moreover, the Ombudsman of the Republic of Indonesia has received numerous complaints regarding the restriction of services for patients enrolled in the national health insurance program (*BPJS*) at various health centers. Public complaints related to health facility services have shown an upward trend, reaching 216 complaints in 2023, and an increase from 166 complaints in the previous year. Issues concerning the quality of healthcare services in health centers are frequent in Indonesia. Bali Province ranks tenth all over other provinces in terms of the highest number of reported cases of alleged maladministration. The common challenges reported include unresponsive healthcare staff, lack of courtesy in patient interactions, and inadequate facilities and infrastructure, all contributing to public dissatisfaction with the services provided at these health centers (Ombudsman RI, 2023).

These public complaints are inconsistent with the high accreditation status achieved. Furthermore, Bali is one of only four provinces where all health centers have attained 100% accreditation. This raises the need for a deeper exploration of whether accreditation reflects a temporary improvement in quality at the time of assessment or if it signifies a sustained culture of quality improvement that is consistently applied in daily operations and embedded in the organization's practices.

This study aims to explore deeper into how community health centers with high accreditation status influence changes in staff behavior when providing services, as well as how the existing quality culture in health centers is developed, maintained, and integrated into their daily practices.

Literature Review

Previous studies aim to evaluate the quality of health services at Pasir Panjang Health Center after achieving "Utama" accreditation. A quantitative cross-sectional survey was conducted with 34 respondents selected through purposive sampling. Results that the health center is advised to implement a sustainable quality management system to maintain and improve service quality, particularly in timeliness (Fernandez Lusía et al., 2021)

Other study aims to examine the relationship between healthcare service quality and patient satisfaction at Wanakaya Public Health Center, Haurgeulis District, Indramayu Regency. A quantitative, cross-sectional design was used with 138 outpatient respondents selected through quota sampling. Results indicate that all dimensions of service quality, such as tangibles, reliability, responsiveness, assurance, and empathy significantly influence patient satisfaction (Alhayat, 2023).

Another study aims to examine the relationship between service quality and facilities at a health center and inpatient loyalty. A quantitative cross-sectional study was conducted with 95 hospitalized patients selected through simple random sampling. These findings indicate a significant relationship between service quality, facilities, and inpatient loyalty (Mulyani & Akbar, 2023).

Similarly, research on the influence of organizational culture on the performance of health centers in achieving service quality revealed a positive regression coefficient, suggesting that improvements in organizational culture can enhance service performance. Using descriptive methods and path analysis techniques, this study involved 60 patients as respondents. These findings highlight the importance of fostering a positive organizational culture to enhance service quality and improve patient satisfaction (Mardiana et al., 2023).

While previous studies have focused on accreditation and service quality improvement in community health centers, particularly in relation to customer satisfaction and predominantly employing quantitative methods, this study takes a different approach by examining how accreditation influences the quality culture within community health centers from the perspective of service providers.

RESEARCH METHODS

This study uses a qualitative design with a case study approach, focusing on an in-depth analysis aiming to explore and assess the extent to which changes in quality culture have been implemented in Bali Province Health Centers. As Indonesia's largest tourism hub, Bali attracts significant attention with events in the region shaping public perceptions of the nation's healthcare system. Community health centers play a crucial role as a supporting ecosystem that must be improved to align with the government's efforts to establish Bali as a center for medical tourism.

The study was conducted in community health centers across Bali Province, using a sample of nine community health centers representing each district/city: Denpasar, Badung, Gianyar, Tabanan, Karangasem, Klungkung, Buleleng, Jembrana, and Bangli. The selected community health centers include seven with the highest level of accreditation and two with the second-highest level observed during June-July 2024. The specific community health centers involved are: Denpasar Utara III Community Health Center (Denpasar City), Mengwi I Community Health Center (Badung Regency), Baturiti II Community Health Center (Tabanan Regency), Jembrana II Community Health Center (Jembrana Regency), Gianyar I community health center (Gianyar

Regency), Tembuku I community health center (Bangli Regency), Sukasada II community health center (Buleleng Regency), Dawan I community health center (Klungkung Regency), and Rendang community health center (Karangasem Regency).

A total of 27 informants were interviewed, selected based on their authority and direct involvement in the process of quality improvement at the health centers. This selection ensures that the informants can provide relevant and comprehensive insights into forming a quality culture. The informants include the Head of the community health center as the key informant, given their deep understanding of the community health center's management, as well as the Head of Quality and several quality managers, such as members of the Internal Audit Team and the Risk Management Team.

Primary data was collected through questionnaires administered via Google Forms, as well as direct, semi-structured interviews with informants to gain deeper insights. The validity of the data was ensured through source triangulation and technique triangulation. This involved conducting 30-minute interviews with each informant to verify the accuracy of the information gathered from the Google Forms. Additionally, the researcher upheld strict confidentiality of the information provided and ensured that the participation of all informants was entirely voluntary.

In-depth interviews are a key element of this qualitative research, emphasizing the importance of selecting the right informants to ensure the validity and reliability of the data. With rich information obtained from carefully chosen informants, researchers can explore the processes and contexts underlying the observed phenomena. The data collected is then presented in the form of reports and descriptions to explain the study's findings (Rita Fiantika et al., 2022).

The clarity of text analysis and the depth of interview comprehension are key elements in ensuring the reliability of qualitative research. This study applies the Miles and Huberman model for data analysis, as outlined in (Abdussamad, 2021), which serves as a widely recognized framework for qualitative data analysis. The model includes four main stages: data collection, data reduction, data display, and conclusion drawing.

In the data collection phase, methods such as interviews and document analysis are employed. Data reduction involves selecting and filtering relevant information to focus on key points. The data display includes narrative text to make the information easier to interpret. Finally, the process of concluding involves deriving meaning from the data presented, which might require additional interpretation if the conclusions remain tentative or incomplete (Abdussamad, 2021). By employing the theory of quality culture (*Trilogy Juran*), this study contributes new insights into the effectiveness of accreditation, enhancing our understanding of the depth of quality culture established through accreditation.

RESULTS AND DISCUSSIONS

Accreditation as an Effort to Improve Quality Culture

The development of healthcare quality improvement in Indonesia began around 1990 with the implementation of Total Quality Management, which involved the establishment of Quality Control Circles in various hospitals and subsequently in community health centers. Many health institutions, including hospitals, community health centers, and district/city health offices, have sought to enhance quality management standards by adopting ISO 9000 certification. This effort has been further driven by the implementation of hospital accreditation since 1995 and the introduction of accreditation for primary healthcare facilities in 2015 (Ministry of Health, 2023).

Accreditation is an external assessment process conducted by the Ministry of Health through the Accreditation Organizing Institution (*LPA*). The primary goal of this activity is to evaluate the extent to which a quality culture has been established and has become a fundamental assumption underpinning every service activity in community health centers (Kementrian Kesehatan Republik Indonesia, 2022)

Quality culture relates to an organization's emphasis on quality across all operational aspects. This includes a commitment to creating, maintaining, and enhancing the quality of products, services, and processes (Mardiana et al., 2023). According to John P. Kotter in his book *Leading Change*, the majority of change initiatives fail, with only 30% achieving success. Based on the causes of these failures, Kotter developed a solution framework known as the Eight Principles for Driving Change. These principles serve as a structured approach to successfully implementing and sustaining organizational transformation (Kotter, 1995). Schein's three levels of organizational culture theory identify three distinct components: Artefacts, Espoused Beliefs and Values, and Basic Underlying Assumptions. The model begins with Artefacts, which are the visible and tangible elements within an organization. The second level focuses on Espoused Beliefs and Values, referring to the organization's stated principles and goals. Lastly, the third level examines Basic Underlying Assumptions, which are the deeply embedded, unconscious beliefs that shape and influence organizational behavior which can also be referred as Quality Culture (Schein, 2017). Joseph M. Juran's theory emphasizes the importance of Quality Planning, Quality Control, and Quality Improvement. These principles can serve as a foundation for evaluating quality culture within organizations by considering how quality planning, control, and improvement are integrated into daily activities, thereby gradually shaping a sustainable culture (Juran & Godfrey, 1999).

Quality Planning

Quality Planning refers to the process of designing quality initiatives that encompass the planning of personnel, systems, and processes to meet or exceed customer expectations. Several key factors strengthen this effort, including Commitment, Leadership, and the Availability of Human Resources.

The concept of commitment in this era goes beyond simply retaining employees within an organization for an extended period. Today, commitment involves the willingness of members to contribute their best efforts to the organization, even going beyond their designated responsibilities (Angraini et al., 2021). The integrity of a commitment cannot be separated from the level of organizational integrity. An organization's performance can only be sustainably maintained at the highest quality when integrity underpins the shared commitment. Commitment in an organization does not only exist at a certain level but must be completely intact at all levels (Jensen, 2014).

Observations at nine community health centers revealed a tendency to blame each other between several levels of management regarding commitment and responsibility, which ideally should be present at all levels. Leaders tend to blame the staff for their limited capabilities, while staff, in turn, criticize leaders for a lack of commitment to implementing quality programs and for failing to set a good example for their staff. Kusworo explained that many leaders overlook the fact that resistance to change often begins with themselves (Kusworo, 2019). A study indicated that the presence of effective quality leadership has a direct impact on improving the quality of healthcare services (Asif et al., 2019). To realize significant changes, a transformational

change in work and organizational culture is needed. This transformation must start by changing the leader's mindset, especially when the outdated thought patterns are no longer relevant to current conditions (Tumengkol, 2016). The better the implementation of quality leadership within a healthcare organization, the higher the quality of services provided to patients will be (Nabella et al., 2022).

Table 3.
Quality Planning

Informants	Interview Results	Observation Results	Meaning
Informants 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27	The commitment signing ceremony to improve quality is routinely conducted at the beginning of each year, involving both staff and cross-sector stakeholders.	A commitment signing on a banner is in place; however, when asked about its content and purpose, informants did not fully understand it, and it is not regularly reinforced during meetings or coordination sessions.	There is already a commitment to improving the quality of health center services, both with internal staff and external cross-sector partners. However, strong leadership is needed to monitor and exemplify this commitment.
Informants 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27	There is a process of measuring, identifying, and analyzing the problems of community health centers, as well as achievements that do not meet the targets.	The analysis of the most frequently unmet targets highlights the insufficient availability of human resources as the primary contributing factor.	The limited human resources at health centers, result in staff being assigned tasks that do not match their competencies and being overloaded with work. This situation also creates disparities in workload distribution among staff.

Source: Processed by Researchers from Research Findings

Based on data in Table 3, it was found that all nine community health centers had signed commitments to improve quality both with all internal staff and cross-sectoral partners. The implementation of both internal and external commitments is an integral part of the accreditation assessment elements that must be fulfilled to enhance service quality. The signing of these commitments serves as a tangible symbol of the collective pledge to continuously improve the quality of services provided by the health centers (Aziz et al., 2021).

However, commitment should not be just a verbal statement or just a signature on a banner. According to *Schein's theory*, the act of signing this commitment is still at the artifact level, which represents the most superficial layer of organizational culture. To achieve a deeper cultural transformation, commitment must go beyond signatures and be continuously reinforced and reiterated at every opportunity. Consistent and repeated reminders are crucial to ensure that the values of quality improvement and service are ingrained in every individual and become part of daily culture (Schein, 2017).

Another critical factor influencing the success of quality planning is quality leadership. In the nine community health centers studied, quality-oriented leadership has not been implemented

optimally. During interviews regarding staff perceptions of leadership commitment to improving the quality culture, all interviewed staff expressed that the leadership's commitment to establishing a quality culture was perceived as lacking. This is illustrated by the following statement from one of the informants:

"Commitment from the top leadership is really important because we tend to follow what they do. The leader still doesn't enforce discipline with the team since they're doing the same things and struggle with it themselves—for example, using work hours for personal matters like dropping off or picking up kids, or fulfilling local customs in Bali."

But a violation remains a violation. In nine community health centers, punishments for staff who commit violations often do not align with legal regulations. Employee transfers are frequently used as a form of punishment, even though transferring someone merely relocates the problem to another area, making other units bear the consequences. Informal solutions tend to be prioritized, but a leader should demonstrate decisiveness in decision-making, ensuring transparency and accountability, which is by the principles of bureaucratic reform (Wibiastika & Darma, 2024).

A study by (Asif et al., 2019) demonstrated that effective quality leadership has a direct impact on enhancing the quality of healthcare services. Quality leadership must be grounded in a clear vision and mission, which serve as the foundation for setting the direction and goals of the organization. An effective leader consistently communicates this vision to the entire team, ensuring that each member understands and is inspired to work towards the same objectives. Beyond mere rhetoric, what a leader says must align with their actions, reflecting the organization's core values (Nabella et al., 2022). This alignment between words and actions fosters trust and integrity, both of which are essential in building a strong organizational culture focused on achieving results (Jensen, 2014).

Human resources can become an obstacle in public service delivery if staff numbers are insufficient (Dzakula et al., 2022). Staff often limit their efforts just to fulfilling their core duties and responsibilities due to the perceived absence of a clear and structured reward system from the office (Setiawan, 2018). Interviews with nine community health centers revealed an awareness of staffing limitations, as most employees were handling multiple tasks due to the heavy workload from both internal and external activities. Doctors and paramedics, who should primarily focus on examining patients, are often compelled to divide their time between learning and implementing management, programs, as well as handling financial matters at the health center. This finding supports earlier research showing that overlapping responsibilities can reduce service quality. The main issue in community health centers is the unclear separation between management tasks and service roles (Cullati et al., 2019)

The data from the Indonesian Medical Council, that Indonesia is still facing a shortage of doctors, with an average of only 0.7 doctors per 1.000 residents. This means that each doctor is responsible for serving approximately 1.517 people. However, the distribution is uneven, with the majority concentrated on Java Island, including West Java (26,165), Jakarta (21,412), East Java (19,605), and Central Java (15,665). Outside Java, North Sumatra has the highest number of doctors (11,931). Some provinces have fewer than 1.000 doctors, highlighting the urgent need to distribute medical professionals more evenly across the country (Putra et al., 2024).

The solution to this issue is the need for a thorough analysis of staffing requirements at each community health center, including workforce planning and workload analysis. The Human Resources department and the Health Office must carry out these analyses systematically and

with careful planning, ensuring that each decision is based on real data and actual needs in the field (Alfajri et al., 2024)

Quality Control

Quality Control in Juran's Trilogy refers to efforts to maintain quality by comparing goals or performance with actual outcomes. Several key factors strengthen the continuity of quality control that is Customer Feedback and Monitoring from Internal and External.

Public feedback and complaints are crucial in maintaining the quality of services at health centers, as they reflect the government's commitment to ensuring public health, as mandated by Law Number 17 of 2023 on Health. Feedback and complaints from the public guide health centers in adjusting their services are purposed to meet the needs and serve as a control mechanism to ensure that services meet established standards (Wong et al., 2020).

Table 4.
Quality Control

Informants	Interview Results	Observation Results	Meaning
1,2,3,4,5,6,7,8,9,10,11,2,14,15,16,17,18,19,20,21,22,23,24,25,26,27	An analysis of community needs and expectations, as well as customer complaints received via social media and suggestion boxes, has been conducted and addressed according to established procedures	All customer complaints submitted through social media and suggestion boxes have been well addressed; however, customer complaints on Google Reviews have not been adequately responded to or resolved. Additionally, the average Google Review rating remains below 4.	The system in place to manage community needs and expectations, as well as to address customer feedback through social media and suggestion boxes, has been implemented effectively. However, this does not align with the ratings and reviews on Google, where feedback remains less favorable.
1,2,3,4,5,6,7,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27	Internal audits have been scheduled, but their implementation has not followed the established timeline. The primary reason cited is the difficulty in coordinating time due to heavy workloads.	The implementation of internal audits frequently does not adhere to the schedule, and the issues raised tend to lack urgency issues.	Internal audits have not yet become a routine priority, primarily due to the numerous demands of program achievement and performance indicators that must be addressed.

Source: Processed by Researchers from Research Findings

Based on the interviews revealed in Table 4, all nine Community health centers have established systems to address complaints and feedback from the community. These include mechanisms such as Focus Group Discussions (FGD), questionnaires, suggestion boxes, and social media platforms. All feedback has been managed effectively by the procedures implemented at each Community health center. The following are forms of feedback from the community.

Table 5.
Satisfaction Index and Google Rate 2023

No	Community Health Centers	Reaccreditation Predicate	Customer Satisfaction Index 2023	Google Rate
1	Community health center in Badung Regency	Full	96.25	3.3
2	Community health center in Klungkung Regency	Full	95.14	4.9
3	Community health center in Jembrana Regency	Full	90.50	4.5
4	Community health center in Denpasar City	Full	89.16	2.5
5	Community health center in Tabanan Regency	Primary	89.15	2.3
6	Community health center in Bangli Regency	Full	87.46	3.3
7	Community health center in Buleleng Regency	Primary	86.81	5.0
8	Community Health Center in Gianyar Regency	Full	85.10	3.8
9	Community health center in Karangasem Regency	Full	81.95	2.5

Source: Processed by Researchers from Research Findings

Table 5 above shows the Satisfaction Index and Google Rate. The result of nine Community Health Centers's Satisfaction Index in 2023, December was very high. However, the assessment on Google Reviews shows different and contradictory results. Google Review's rating of nine health centers shows a value below 4, except for one health center that received a rating of 5, but it is quite doubtful because it is only supported by four assessors.

Quality Control is essential in all stages of manufacturing or business processes. It identifies issues and implements corrective actions to improve outcomes. In non-manufacturing, tools like surveys, audits, inspections, and customer reviews ensure safety and compliance (Zacharias, 2022).

Customer satisfaction or dissatisfaction can now be promptly conveyed through platforms such as Google Reviews, bypassing the need for traditional survey methods. Conversely, internal surveys are often criticized for their lack of independence. This shift from Word of Mouth (WOM) to electronic Word of Mouth (eWOM) reflects a transition from traditional interpersonal communication to digital communication in cyberspace. (Teguh wijaya et al., 2023). Reviews describe a product's features, while ratings quantify customer opinions, often using a star system. Both are user-generated content published online, with ratings often aggregated for public trust and feedback (Lackermair et al., 2013).

In the current digital era, significant and widespread disruptions across various sectors are inevitable. Human interactions have also undergone substantial changes, where metrics such as likes, shares, comments, and followers are increasingly regarded as valuable assets. This shift, often referred to as the post-Facebook era, highlights a business model centered on intangible assets, such as organizational or corporate goodwill. Consequently, reviews, ratings, and evaluations on online platforms, including Gojek, Tokopedia, Shopee, and Google, have become

essential tools for internal stakeholders to conduct performance evaluations and strategic assessments (Kasali, 2018)

In addition, negative comments on various social media platforms are an issue that cannot be overlooked. One notable case involved a complaint at one of the Community health centers, where the resolution focused more on addressing the immediate problem. Particularly when the case went viral on social media and even drew the attention of a member of the legislature, the healthcare center tended to bypass the standard complaint-handling procedures to expedite the resolution process.

To fix the differences between internal and external evaluations, Community health centers must improve transparency by informing the public of the steps taken to address complaints, using Google review data for more comprehensive evaluations, and conducting inclusive satisfaction surveys that are handled by third parties. Additionally, Community health centers should encourage more honest online reviews, train staff in customer service, and respond proactively to reviews to demonstrate a commitment to service improvement. These steps would help align internal and external perceptions and ultimately improve public satisfaction (Ferreira et al., 2023).

In all nine health centers, it was found that the audits were largely carried out as a formality to meet legal requirements, which tends to place an additional burden on the existing staff. Moreover, the essence of the audit findings often remained superficial. This is illustrated by the statement below from one of the informants:

"I'm not demanding that everything gets done perfectly; as long as the reports are there, that's what matters. Same with the audits—what's important is having the documents. The staff already have too much work, and they have limited capacity. So yeah, as long as the documents are there, that's enough."

Referring to Juran's concept of thinking, internal audits should serve as a crucial tool in implementing the principles of continuous quality improvement (CQI) principles, as they help build a culture of continuous improvement across the organization (Juran & Godfrey, 1999). In all Community health centers, the quality of the audits also tends to be superficial, lacking firmness in identifying and reviewing staff non-compliance. For example, staff discipline issues are rarely mentioned in internal audits. There is also hesitation to name the individuals involved directly so that the issue related to staff discipline tends to be ignored. It's important to prevent minor violations from becoming normalized or justified, as these small issues can gradually build up and result in serious violations (Wibiastika & Darma, 2024).

Monitoring should not only be the responsibility of internal Community health center staff but should also include external parties, such as The Health Department and Accreditation Organizing Institution. They should not only conduct assessments based on scheduled accreditation timelines but should also carry them out regularly at set intervals. These groups should actively participate in evaluating the ongoing quality improvement culture at Community health center. Relying only on self-assessment can lead to an overly positive perception of performance, as people often view their work more favorably than others might (Revida et al., 2019).

Quality Improvement

Public services often use strong rhetoric to highlight their achievements and innovations, which can lead to winning awards and recognition. However, this does not always reflect the public's

experience of the services. While these awards may show that certain standards are being met, they don't always capture how comfortable or satisfied people feel when using the services. This reveals a gap between the image of success presented by public institutions and the real quality of service experienced by the community (Priyanto, 2024).

Based on *Kanban and Kaizen* theory, it can be stated that Kanban primarily focuses on completing tasks by following a cyclical process—'to do,' 'in progress,' and 'done.' It emphasizes limiting the amount of work in progress and measuring task completion, often through checklist fulfillment or progress percentage. Even when we consider a task complete, often the input, process, output, and overall quality have not been fully assessed or really “done”. However, *Kaizen* underscores that an organization's success is not solely determined by the ability to finish tasks on schedule but by its ongoing pursuit of improving efficiency and service quality (Abuzied, 2022). Continuous quality improvement across all levels and areas of work activity involves the practice of gradual, incremental actions aimed at self-improvement. Over time, these actions become habitual and ultimately lead to long-term success (McLoughlin & Miura, 2018).

Out of the nine Community health centers studied, all of them still focus on fulfilling the targets (*Kanban*). All nine community health centers have initiated innovation programs based on analysis of unmet targets or low performance, but they have not been monitored properly.

Table 6.
Innovation in nine Community Health Centers

No	Community Health Centers	Innovation
1	Community health center in Badung Regency	Integrated Health Technology-Based Service System (SEPATU BATIK): A service innovation leveraging digitalization for faster and more accurate healthcare delivery.
2	Community health center in Klungkung Regency	FOR-GI: A service innovation leveraging digitalization for faster and more accurate healthcare delivery
3	Community health center in Jembrana Regency	BAAS (Stunting Foster Parent Program): A program involving foster parents to address stunting issues.
4	Community health center in Denpasar City	TOBAT: An initiative for individuals with mental health conditions (ODGJ), focusing on identification, treatment, support, social reintegration, and community acceptance.
5	Community health center in	GEMESH (Hypertension Management Movement): A campaign aimed at addressing hypertension.

No	Community Health Centers	Innovation
	Tabanan Regency	
6	Community health center in Bangli Regency	Monthly immunization activities held at the main health center
7	Community health center in Buleleng Regency	Maternal and Child Health (KIA) innovations, such as prenatal classes with yoga.
8	Community Health Center in Gianyar Regency	SIJEDAR (Sputum Collection System): A tuberculosis (TB) program innovation designed to improve TB screening coverage.
9	Community health center in Karangasem Regency	GEMAR SEWA: A mental health program initiative.

Source: Processed by Researchers from Research Findings

Table 6 above presents that all community health centers have tried to enhance their performance achievements, prioritizing various innovations. The innovations focused on addressing areas of low performance in each community health center, as well as insights gathered from community feedback analysis. It was found that all health centers have developed highly promising innovations that should significantly enhance service delivery and improve customer satisfaction

Despite implementing various innovations, the greatest challenge for all the community health centers lies in ensuring that the quality of these innovations is evaluated seriously. Often, enthusiasm is high, only at the beginning of program implementation, but sustaining the innovation is difficult, particularly when even routine programs are not consistently optimized. When asked about the implementation of innovation programs required during the accreditation process of community health centers and their sustainability, all informants stated that these innovations were merely formalities documented on paper. This is reflected in the statement of one informant as follows:

"...There are innovations, but they aren't consistent. Accreditation does teach us good practices, but it's tough to keep up with them, especially since we're already busy providing services both inside the center and out in the field. Adding more innovations just feels like piling on more work. Maintaining is difficult."

Table 7.
Quality Improvement

Informants	Interview Results	Observation Results	Meaning
Informants 1,2,3,4,5,6,7,8,12,13,14,15,16,17,18,19,20,21,22,23,24,25	Community health centers have implemented innovations based on the prioritized issues specific to each center. While there has been an increase in several achievement indicators, the results remain not optimal	All nine community health centers have implemented innovations. However, they are facing challenges in consistently executing these innovations.	Innovations aimed at improving quality have been implemented; however, monitoring these innovations and enhancing their outcomes is challenging due to a lack of consistency.
Informants 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27	Education and training have been conducted; however, several activities remain unimplemented due to funding constraints.	Only a few of the education and training programs required for accreditation have been implemented. However, several crucial trainings, such as Trauma Life Support, have not yet been fully executed.	The education and training programs required for accreditation have been implemented; however, the sustainability of these programs is hindered by the fact that some training and educational initiatives have not yet been prioritized for execution.

Source: Processed by Researchers from Research Findings

Based on Table 7 and the data above, innovations to enhance service quality have been pursued. However, efforts to monitor and improve targets and outcomes still face significant challenges, particularly regarding the limited human resources and a lack of commitment from both leadership and staff. Education and training for staff, which are crucial for the sustainability of these programs, have not been prioritized. Therefore, greater attention is needed to ensure that the quality of human resources is consistently and sustainably maintained.

The inconsistency in implementing these innovations is an indicator that a true quality culture has not yet been established. A quality culture is inseparable from the principle of integrity, which remains weak in ensuring the sustainability of innovation implementation. This aligns with Jensen's statement that "*without integrity, nothing will work well*" (Jensen, 2014).

Community health centers are expected not just to repeat the same procedures but also to recognize that patients have the right to choose the health services they prefer (Wulandari et al., 2019). Therefore, community health centers must be able to maximize available resources, even with limitations, to achieve higher targets (Tahir et al., 2022). A study by Shortell found that organizations committed to continuous learning and improvement demonstrates better service output and patient satisfaction (Shortell et al., 1998).

All nine community health centers studied have made efforts to improve human resources (HR) quality by using checklists to assess educational and training needs. However, not all staff have

equal access to education and training opportunities. Budget constraints in both *BLUD* (Public Service Agency) and *non-BLUD* have often resulted in education and training not being prioritized.

This research aligns with the findings of Nurhidayah (2018), which suggested the need for a dedicated division responsible for knowledge management. Community health center staff are expected to continuously expand and manage their knowledge, whether acquired from peers, within or outside the health center, through formal education, seminars, training, and research. By doing so, they can generate creative and innovative ideas to enhance their performance in delivering quality healthcare services (Nurhidayah, 2018).

CONCLUSIONS

This research attempted to analyse the effectiveness of accreditation in establishing quality cultural change in Bali community health centre that have 100 percent of accreditation achievement. The research found that limitation in quality cultural changes, Changes in quality culture only occur in the checklist documentation that is required in the accreditation process. There has not been a change in mindset to improve the quality culture.

The lack of integrity in the implementation of accreditation resulted in incomplete and suboptimal efforts, often seen as merely fulfilling formal obligations. Without a shift in employee mindsets, these programs are perceived as additional burdens, leading to increased workload without significant improvements in the organization's performance.

At the Juran quality planning phase, the commitment to improve quality is still just a formality in signing the commitment banner. And it has still not been realized in real terms in the field. Meanwhile, at the quality control phase, health centers tend to be quickly satisfied with the results of customer satisfaction surveys that are entirely high and tend to ignore actual reviews from customers on social media platforms. And for quality improvement, all health centers still tend to force innovation to meet the accreditation checklist requirements. However, after the innovations are launched, the implementation and monitoring are not carried out regularly, leading to a lack of sustainability in the innovations introduced.

Building a quality culture is a complex and time-consuming process, particularly in organizations with "strong" cultures where deeply rooted values prevail. It is important to note that there will be no continuous change without a change in the mindset of employees. In relation to Schein's theory of three stages of cultural change, this indicates that the implementation of accreditation has not yet reached the level of basic assumptions, which represent the essence of cultural change. The changes achieved thus far are limited to the level of artifacts and espoused beliefs, reflected only in tangible facilities and infrastructure as well as the formal legal commitments agreed upon collectively.

RECOMMENDATION

Each community health center operates within unique circumstances, with its strengths and weaknesses. To establish a quality culture, a health center must first understand its starting point rather than focusing solely on achieving the highest possible rating as the end goal. Due to the healthcare sector's current challenges with integrity, there is a risk of achievement records being manipulated or exaggerated. Building a quality culture should follow each stage systematically, without skipping any steps. This requires a lengthy process involving the active participation and awareness of all components within the health center.

Change must begin from the top of the leadership, where the seriousness of the leader's commitment to carry out the stages of quality culture is the most important key to success. This is crucial to ensure that the change is genuinely realized.

Improving the reliability of the quality of customer satisfaction surveys is essential to ensure that they accurately provide an overview of the actual conditions. Involving a credible and independent third party would greatly contribute to enhancing the quality of the surveys conducted. Social media platforms that can provide feedback must also closely monitored and followed up regularly.

Every innovation implemented must be regularly evaluated to ensure its sustainability in the field. The Accreditation Organizing Institution (LPA) and the Health Department should extend their role instead of conducting scheduled assessments three times a year. Periodic evaluations integrated into routine operations would allow for timely identification and resolution of quality issues, fostering a system of sustained improvement and becoming a culture.

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