

Analysis of Healthcare Service Quality at Community Health Centers (Puskesmas): A Literature Review

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Abstract:

Community Health Centers (Puskesmas) play a crucial role as primary healthcare facilities. The quality of service provided directly impacts patient satisfaction and the level of public health. This study aims to analyze service quality dimensions at Community Health Centers and identify obstacles and solutions based on valid scientific literature. The research method employed is a literature review adopting the PRISMA protocol, examining 15 relevant national journal articles published between 2022 and 2026. The review results indicate that service quality dimensions – specifically tangibles, reliability, and responsiveness – consistently influence patient satisfaction. Major obstacles frequently identified include limited physical infrastructure and inefficient service waiting times. Implementing digitalization and enhancing the capacity of healthcare workers are recommended as key strategic solutions to boost the quality of public services in primary healthcare facilities.

Keywords: *Service Quality, Patient Satisfaction, Community Health Center (Puskesmas), SERVQUAL.*

Abstrak:

Pusat Kesehatan Masyarakat (Puskesmas) memiliki peran krusial sebagai fasilitas pelayanan kesehatan tingkat pertama. Kualitas pelayanan yang diberikan berdampak langsung terhadap kepuasan pasien dan derajat kesehatan masyarakat. Penelitian ini bertujuan untuk menganalisis dimensi kualitas pelayanan di Puskesmas serta mengidentifikasi faktor penghambat dan solusinya berdasarkan literatur ilmiah yang valid. Metode penelitian yang digunakan adalah *Literature Review* dengan mengadopsi protokol PRISMA, menelaah 15 artikel jurnal nasional yang relevan dalam rentang waktu 2022–2026. Hasil tinjauan menunjukkan bahwa dimensi kualitas pelayanan (khususnya *tangibles*, *reliability*, dan *responsiveness*) secara konsisten memengaruhi kepuasan pasien. Kendala utama yang sering ditemukan adalah keterbatasan sarana prasarana fisik dan inefisiensi waktu tunggu pelayanan. Implementasi digitalisasi dan peningkatan kapasitas tenaga kesehatan direkomendasikan sebagai solusi strategis utama untuk mendongkrak mutu pelayanan publik di fasilitas kesehatan dasar.

Kata Kunci: Kualitas Pelayanan, Kepuasan Pasien, Puskesmas, SERVQUAL.

INTRODUCTION

The Community Health Center (Puskesmas) serves as the spearhead of health development in Indonesia, delivering primary-level public health efforts (UKM) and individual health efforts (UKP) (Kemenkes RI, 2024). In the current era of National Health Insurance (JKN), public expectations regarding the quality of health services at this fundamental level are moving increasingly higher (Alayda et al., 2024). As the primary gateway (gatekeeper) for medical services, Community Health Centers (Puskesmas) are expected to manage very large patient volumes effectively and efficiently. They are required to possess robust strategic management governance to align limited resources with the high volume of patient visits covered by social health insurance (Anggelina & Juliana, 2026).

However, strengthening the quality and utilization of Community Health Centers in Indonesia is still faced with structural challenges and real inequalities in the field. National secondary data shows a fluctuating trend in interest and utilization of these public health facilities. Based on reports from the Central Statistics Agency (BPS) through the National Socio-Economic Survey (Susenas), the percentage of the population who choose to seek treatment at the Community Health Center when experiencing health complaints is experiencing real dynamics. The accumulated dissatisfaction at the basic level triggers a shift in referrals, where some community groups—especially in urban areas—begin to shift their choice of treatment to private clinics or directly to hospital outpatient facilities that are considered more responsive (Sudiari, 2022). In the context of healthcare services, patient perceptions are subjective, as they are influenced by past medical experiences, educational background, information from one's surroundings, and emotional state while enduring pain (Nabila & Ayuningtyas, 2024). Patients' perceptions of poor service quality act as a negative psychological filter, leading them to view the entire clinical process at the community health center as unprofessional.

In the modern era, excellent service is not only limited to the implementation of friendly behavior by officers (such as smiles, greetings), but has shifted to the integration of information technology (Faisal, 2025). A key factor driving the decline in public satisfaction is the disparity in the standardization of physical facilities (tangibles) and the availability of infrastructure. The Indonesia Health Profile report reveals that not all Community Health Centers (Puskesmas) across the country meet infrastructure adequacy standards uniformly. In concrete terms, compliance with standards regarding clean water access, 24-hour electricity, and the availability of ready-to-use essential medical equipment remains below national targets in several regions—particularly outside Java and in rural areas. Even in densely populated urban areas, infrastructure-related issues manifest as limited waiting room capacity, poor air circulation, and registration areas that are inadequate to handle surges in daily patient volume (Murtini & Puspaningtyas, 2023). This substandard physical condition psychologically diminishes comfort and creates a negative initial impression on patients.

These operational challenges are compounded by issues regarding the healthcare workforce. Data from the Ministry of Health concerning the staffing of the nine standard categories of health professionals at Community Health

Centers (Puskesmas) – ranging from doctors, nurses, and midwives to pharmacy and public health personnel – reveals significant disparities. While there is often a surplus of nurses and midwives, these centers frequently face a shortage of trained administrative and medical records staff. Consequently, clinical health workers are forced to shoulder a dual workload, multitasking between patient care and the manual completion of bureaucratic paperwork. This heavy administrative burden leads to burnout, directly diminishing the friendliness, empathy, and responsiveness of frontline staff as they attend to long queues of patients (Gautama & Wardani, 2025). Dissatisfaction at Community Health Centers (Puskesmas) is most often triggered by incomplete medication supplies and convoluted administrative processes (Lantu dkk., 2026), as well as the existence of unequal treatment felt by certain segments of collateral users. Complaints from patients or their families are one quality indicator related to patient satisfaction (J. Saputra & Pohan, 2024). The accumulation of this dissatisfaction has sparked public resistance to using Community Health Centers (Puskesmas) in the future.

Service quality and patient satisfaction are two things that are linearly related to each other (Parasuraman et al., 1988). Quality service will create satisfaction, which ultimately will boost public confidence in optimizing state-owned health facilities (Nurinsan et al., 2023). Healthcare quality is the degree of excellence in healthcare services – delivered in accordance with professional standards and available resources – that is capable of generating satisfaction for every patient (Azwar, 2021). Therefore, a comprehensive evaluation is required to map the current level of service performance at the Community Health Center (Puskesmas).

Using a literature review methodology, this study aims to map, integrate, and evaluate findings from various prior empirical studies regarding the quality of services at Community Health Centers (Puskesmas) in Indonesia. By synthesizing a range of valid data, the study seeks to provide a comprehensive overview of crucial service dimensions, identify the root causes of operational management issues, and formulate actionable strategic recommendations for health policymakers.

RESEARCH METHOD

This study employs a literature review design with a narrative-systematic approach. (Snyder, 2019). This design was selected to collect, evaluate, and synthesize findings from previous empirical studies focusing on service quality and patient satisfaction at Community Health Centers (Puskesmas). Through this approach, data from diverse geographical and temporal contexts are objectively integrated to identify common themes as well as unresolved research gaps.

The process of searching for, selecting, and screening articles in this study adopts the international standard protocol: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020. (Page et al., 2021). The literature collection process was carried out through four systematic phases:

1. Identification: A secondary literature search was conducted using two primary electronic databases: Google Scholar and Portal Garuda (Garba Rujukan Digital). The publication timeframe was limited to the period

from 2022 to 2026 to ensure data currency. The search string employed Boolean operators as follows: ("Kualitas Pelayanan" OR "Mutu Pelayanan") AND "Puskesmas" AND "Kepuasan Pasien".

2. Screening: At this stage, duplicate articles are automatically eliminated using the reference manager Zotero. Subsequently, an initial screening is conducted based on the relevance of the article titles and abstracts.
3. Eligibility: Articles that passed the abstract screening were downloaded as full-text documents (PDFs). Researchers reviewed the entire text to ensure the articles genuinely addressed SERVQUAL dimensions, facilities and infrastructure, or digitalization within the context of Indonesian Community Health Centers (Puskesmas).
4. Inclusion: Following the eligibility assessment, 15 final scientific journal articles were identified as meeting the criteria for analysis and extraction into the data synthesis matrix.

To avoid subjectivity in literature selection, the researchers established strict eligibility criteria using inclusion and exclusion parameters (Kitchenham, 2004):

- Inclusion Criteria:
 1. The article reports original empirical research; it is not an opinion piece or a review article.
 2. It is published in a peer-reviewed national scientific journal with an ISSN.
 3. The study subjects are patients (outpatients, inpatients, or BPJS beneficiaries) at Community Health Centers (Puskesmas) in Indonesia.
 4. Full-text access is available free of charge (open access).
- Exclusion Criteria:
 1. Articles published prior to 2022.
 2. Articles examining service quality in settings other than healthcare facilities.
 3. Articles with unclear methodology or incomplete results data.

Data from the 15 included scientific articles were extracted using a structured coding sheet. The data components collected included: author names, publication year, research approach/method, focus of research variables, and key findings or research results.

Data synthesis and analysis were conducted using the interactive model of qualitative data analysis developed by Miles et al. (2014). This analysis phase comprises three simultaneous activity streams:

1. Data Reduction: The process of selecting, focusing, simplifying, and transforming raw data derived from the findings of 15 journal articles into points corresponding to the SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, empathy).

2. Data Display: Organizing the reduced data into a synthesis matrix. This step facilitates the visual identification of comparisons between findings, common problem patterns (such as queuing issues), and differences in characteristics across the articles.
3. Conclusion Drawing/Verification: Reviewing the data display matrix to verify the validity of the identified patterns. Conclusions are drawn by synthesizing statistical test results or qualitative findings from the reference articles and comparing them with healthcare service management theories to generate valid strategic recommendations.

FINDINGS AND DISCUSSION

Findings

Based on the PRISMA selection protocol applied, 15 final scientific journal articles were obtained that met all inclusion criteria. All of these articles are original research articles that examine Community Health Centers (Puskesmas) in various regions of Indonesia.

Methodologically, the majority of selected literature (9 articles) uses a quantitative analytical approach with a cross-sectional design to test the significance of relationships between variables, while the other 6 articles use a descriptive qualitative approach and literature study to explore the implementation of the quality management system in depth. The publication timeframe for the article moves from 2022 to mid-2026, which ensures the relevance of the findings to the dynamics of post-pandemic health services as well as the current transition period for digitalization of health facilities.

Data from 15 selected scientific publications were reduced and compiled into the extraction matrix below to systematically map the distribution of variable foci and the essence of empirical findings.

Table 1. Synthesis Matrix of Extraction Results from 15 Key Studies

No	Author & Year	Metode	Variable Focus	Key Findings / Research Results
1	Saputra A., dkk. (2024)	Quantitative	Service Quality & Satisfaction	Quality is excellent (reliability 87%, responsiveness 88%, empathy 84%, assurance/tangibles 77%).
2	Murtini & Anggraeni (2023)	Quantitative	Service Quality	The service is good, but there are complaints regarding security in the Puskesmas area.
3	Kusumawati dkk. (2023)	Quantitative	Patient Satisfaction Factors	Only the reliability factor is significantly associated with satisfaction.
4	Yunitasari dkk. (2025)	Qualitative	Quality, Facilities, and Satisfaction	Service quality and facilities have a significant impact (46.7%) on satisfaction.
5	Herani & Ismi (2023)	Quantitative	BPJS Patients vs. Non-BPJS	BPJS patient satisfaction is high regarding the dimensions of

			Patients	tangibles (location) and reliability (communication).
6	Minarti dkk. (2024)	Quantitative	Quality vs. Satisfaction	The five SERVQUAL dimensions have a positive and significant effect on satisfaction.
7	Anzar dkk. (2023)	Quantitative	Nursing Services	All SERVQUAL dimensions have a very strong influence on satisfaction.
8	Istiqamah & Dian (2025)	Qualitative	SIMPUS	SIMPUS improves efficiency, but requires the strengthening of human resources and infrastructure.
9	Napa dkk. (2025)	Quantitative	Service Quality	Reliability, responsiveness, and tangibles are not significant; non-technical factors are more dominant.
10	Faisal (2025)	Qualitative	Health Information Systems & Service Efficiency	The SIK significantly accelerates service times, yet obstacles regarding data redundancy remain.
11	Sudiari (2022)	Qualitative	Accessibility	24-hour service and proximity are the primary reasons patients choose primary healthcare facilities (FKTP).
12	Anggelina & Ahmad (2026)	Qualitative	Management Implementation	Human resource competence is the primary determinant, even when management aligns with formal guidelines.
13	Putri dkk. (2022)	Quantitative	Perception of Quality	A strong influence was found regarding reliability, responsiveness, assurance, and empathy.
14	Kamilah & Muhammad (2026)	Qualitative	Archive Digitization	Digitalization significantly cuts waiting times; human resource support is required.
15	Sari dkk. (2025)	Qualitative	Optimization of the Community Health Center Information System (SIMPUS)	SIMPUS is crucial for service efficiency and data-based decision making.

Source: Authors' own work

DISCUSSION

Multidimensional Analysis of Community Health Center Service Quality

Based on a synthesis of 15 studies, service quality at Community Health Centers (Puskesmas) is a dynamic and contextual variable. Theoretically, the SERVQUAL dimensions—comprising Reliability, Responsiveness, Assurance, Empathy, and Tangibles—serve as the primary instruments used to measure

satisfaction (A. Saputra et al., 2024; Yunitasari et al., 2025; Minarti et al., 2024). However, data analysis showed differences in significance between studies.

Research findings of Kusumawati et al., (2023) serta Napa et al., (2025) indicates that these five dimensions do not always have a statistically significant effect. This provides a strong argument that patient satisfaction at Community Health Centers (Puskesmas) is heavily influenced by local perceptions. As an example, Sudiari (2022) found that for BPJS patients, physical accessibility (distance and 24-hour operating hours) is often considered more crucial than other technical quality attributes.

Digitalization as a Pillar of Service Quality Transformation

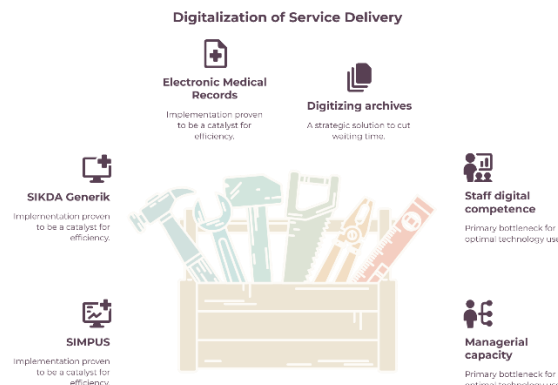


Figure 1: Digitalization of Service Delivery

One of the most notable findings in the 2025–2026 literature is the shift in focus from improving conventional services toward the digitalization of service delivery. The implementation of SIMPUS, SIKDA Generik, and Electronic Medical Records (EMR) has consistently proven to be a catalyst for efficiency (Faisal, 2025; Sari et al., 2025).

Kamilah & Rachman (2026) emphasized that digitizing archives is not just a technological update, but rather a strategic solution to cut waiting time which has been the main complaint in many Community Health Centers. However, the literature also provides a critical note: sophisticated technology will not be optimal without human resource readiness. Istiqamah & Rachman (2025) and Angelina & Juliana (2026) There is a consensus that staff digital competence and managerial capacity are the primary bottlenecks. Without continuous training and data-driven organizational governance, investments in IT infrastructure risk redundancy or failure.

The Gap Between Regulation and Implementation

Although formally the management of the Community Health Center has been guided by Minister of Health Regulation No. 44 of 2016, Angelina & Juliana (2026) revealed that field implementation still faces coordination challenges and planning that is not yet fully data-driven. Furthermore, non-technical aspects – such as environmental safety (Murtini & Puspaningtyas, 2023) ...emerges as a new variable influencing patient satisfaction – one that has rarely been accommodated in standard SERVQUAL questionnaires. This indicates that future service quality evaluations must be more inclusive, encompassing aspects

such as safety, environmental comfort, and information system integration.

Based on a review of the literature, it can be concluded that strategies to improve the quality of Community Health Centers (Puskesmas) in the modern era must integrate three approaches:

1. Standard Approach (SERVQUAL): Strengthen the friendliness and reliability of officers (soft-skills factors).
2. Systems Approach (Digitalization): Reducing bureaucracy and waiting time through an integrated information system (hard-skills factor).
3. Managerial Approach: Increasing HR competency and evidence-based planning (evidence-based management).

The insignificance of certain SERVQUAL dimensions in recent studies [Napa et al., \(2025\)](#) This indicates that patients at community health centers (Puskesmas) are becoming more demanding, prioritizing ease of (digital) access and speed of service over mere friendliness from staff. The extraordinary and rapid development of information and communication technology has fundamentally altered patterns of public activity ([Resika & Gusriani, 2026](#)).

CONCLUSION

Based on an analysis of 15 studies regarding service quality at Community Health Centers (Puskesmas), several key conclusions can be drawn:

1. Multidimensionality of Quality: Service quality at Community Health Centers can no longer be measured by a single metric. While SERVQUAL dimensions (reliability, responsiveness, assurance, empathy, and tangibles) generally have a positive impact on satisfaction, their significance is context-dependent. Factors such as accessibility (distance and operating hours) and environmental safety have emerged as determinants just as critical as technical medical services.
2. Digitalization as a Driver of Efficiency: A paradigm shift regarding quality is evident for the 2025–2026 period, wherein service efficiency achieved through digitalization (such as SIMPUS, Electronic Medical Records/RME, and digitized archiving) is the primary key to reducing patient waiting times. Service speed has become a fundamental public expectation that goes beyond mere staff friendliness.
3. The Crucial Role of Human Resources: Successful implementation of health center management and technology optimization relies heavily on human resource (HR) competence. Advanced information technology will not yield added value unless accompanied by continuous training and data-driven management practices.

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