



Infrastructure and Paramedic Competence in Enhancing Community Satisfaction: Implications for Public Health Service at Rumah Tiga Community Health Center, Ambon

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ABSTRACT

Purpose: This study aims to examine whether facilities and infrastructure, as well as the competence of health workers, influence community satisfaction at Puskesmas Rumah Tiga in Ambon City

Methodology: The study uses a quantitative explanatory approach. Data were collected through questionnaires distributed to 50 patients who received services at Puskesmas Rumah Tiga during the research period. Respondents were selected using accidental sampling, based on their availability at the time of data collection. The questionnaire measured three variables: facilities and infrastructure, health workers' competence, and community satisfaction. All items were assessed using a five-point Likert scale. The data were analyzed using multiple linear regression with SPSS to determine both partial and simultaneous effects of the independent variables on community satisfaction.

Findings: These findings make an important contribution to social science by demonstrating how the quality of physical resources and the competence of health workers shape community perceptions of public services. From a social and policy perspective, the results underscore the need for simultaneous investment in infrastructure and human resource development to enhance health service performance, strengthen public governance, and promote inclusive social development through responsive and citizen-oriented service delivery.

Originality and social implications: This study provides empirical evidence from a primary healthcare center in Ambon City, Maluku Province. Research examining similar variables has mostly been conducted in western Indonesia, particularly in Java and Sumatra. Studies focusing on eastern Indonesian urban contexts remain relatively limited. The findings highlight the importance of improving both service facilities and staff competence to enhance community satisfaction. For local health administrators and policymakers, the results suggest that efforts to strengthen infrastructure should be accompanied by continuous improvement of professional competence among health workers.

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1. INTRODUCTION

Health services are one of the most important forms of public services because they relate directly to citizens' basic rights [1]. In Indonesia, primary health care is delivered through Community Health Centers (Puskesmas), which function as frontline institutions in providing accessible and affordable health services [2].

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As public service organizations, Puskesmas are expected to deliver services that are efficient, responsive, and equitable [3]. In the broader context of public administration, the quality of health services reflects the state's commitment to social justice, equal access, and the protection of citizens' welfare [4]. Ensuring fair access to health services is therefore not merely a technical responsibility, but also a matter of governance accountability and public trust [5].

However, various studies and field observations indicate that service quality in several Puskesmas still faces challenges [6]. Problems such as limited facilities, inadequate infrastructure, long waiting times, and inconsistent service procedures are frequently reported [7]. In some regions, especially outside major urban centers, limitations in medical equipment and supporting facilities affect service delivery [8]. These conditions may influence how citizens evaluate the performance of public health institutions [9]. More importantly, disparities in infrastructure and human resources across regions may create unequal service experiences, potentially reinforcing perceptions of injustice and weakening confidence in public institutions [10].

Citizen satisfaction has become an important indicator in assessing public service performance [11]. Satisfaction reflects the extent to which services meet community expectations in terms of accessibility, reliability, fairness, and quality of interaction [12]. In primary health care, satisfaction does not only relate to medical treatment outcomes but also to service processes, waiting room conditions, availability of equipment, clarity of information, and the behavior of health personnel [13]. Therefore, measuring citizen satisfaction provides empirical evidence about the effectiveness of public health service delivery [14]. Beyond operational performance, satisfaction also serves as an indirect indicator of institutional responsiveness, service equity, and public trust in government-managed health facilities [15].

Two important factors that potentially influence citizen satisfaction are facilities and infrastructure, and the competence of health workers [16]. Facilities and infrastructure represent the physical and structural readiness of an institution [17]. Adequate buildings, medical equipment, waiting areas, sanitation, and information systems contribute to service comfort and efficiency [18]. Poor physical conditions may lead to negative perceptions of service quality and may signal institutional limitations in fulfilling public service obligations [19]. In addition, the competence of paramedics plays a crucial role [20]. Competence includes technical skills, professional knowledge, communication ability, empathy, and responsiveness [21]. Even when facilities are limited, professional and responsive personnel may improve patient perceptions and satisfaction [22].

Previous empirical studies in Indonesia have examined the relationship between facilities, personnel competence, and community satisfaction [23]. A study conducted at a public health center in Indragiri Hulu found that service facilities significantly influenced community satisfaction [24]. However, the study focused mainly on service quality dimensions and did not integrate a broader public administration perspective or discuss regional governance context. Similarly, research in Deli Serdang demonstrated that health worker competence had a positive effect on patient satisfaction [25]. Nevertheless, the study emphasized managerial and operational performance indicators rather than positioning satisfaction as an indicator of public service performance and institutional capacity. Another study conducted at Puskesmas Mojo in Kediri showed that infrastructure quality and responsiveness of medical staff significantly affected service satisfaction [26]. However, the research was limited to a Java-based urban setting with relatively stable administrative capacity and did not address regional disparities in resource distribution.

Research in Samarinda also confirmed the influence of facilities and service quality on patient satisfaction [27]. Yet, the study did not explore how contextual differences across regions—particularly in eastern Indonesia—may shape institutional capacity and service delivery conditions. As a result, the existing literature tends to emphasize technical service determinants while paying limited attention to broader issues such as regional inequality, governance capacity, and equitable access in public health administration. Although these studies provide important empirical evidence regarding determinants of satisfaction, most were conducted in western and central Indonesian regions such as Sumatra, Java, and Kalimantan. Empirical investigations focusing on eastern Indonesian urban contexts, including Maluku, remain limited [28]. Differences in administrative capacity, infrastructure availability, fiscal support, and human resource distribution across regions may produce different service dynamics and satisfaction outcomes [29]. Moreover, few studies examine facilities and paramedic competence simultaneously while explicitly positioning citizen satisfaction as an indicator of public service performance within a public administration framework. This indicates a gap in the literature, particularly in connecting structural service factors with issues of public trust, governance accountability, and regional equity [30].

Based on these limitations, there is a need for empirical research that (1) examines both structural factors (facilities and infrastructure) and human resource competence simultaneously; (2) positions citizen satisfaction explicitly as an indicator of public service performance, institutional capacity, and equitable access; and (3) provides empirical evidence from an eastern Indonesian urban setting where contextual governance characteristics may differ from western regions. This study analyzes the influence of facilities and infrastructure as well as paramedics' competence on citizen satisfaction at Puskesmas Rumah Tiga in Ambon City [31]. Using a quantitative approach, this research examines both partial and simultaneous effects of these variables. The study

contributes empirical evidence from eastern Indonesia and strengthens the understanding of primary health care performance within a public service framework. The novelty of this research lies in its integration of structural and human resource dimensions within a governance-oriented perspective, its explicit positioning of citizen satisfaction as an indicator of public service accountability and trust, and its empirical focus on an eastern Indonesian urban context that has been underrepresented in previous studies [32].

2. RESEARCH METHOD

2.1. Type of Research and Research Design

This study employed a quantitative explanatory research design [33] to analyze the influence of facilities and infrastructure (X1) and health workers' competence (X2) on community satisfaction (Y) at Puskesmas Rumah Tiga, Ambon City. The quantitative approach is utilized to test specific hypotheses by examining the relationships between variables, measured typically with instruments so that numbered data can be analyzed using statistical procedures [34]. An explanatory research design is intended to examine and test causal relationships between independent and dependent variables through statistical analysis, providing a basis for confirming or rejecting theoretical frameworks. This study applied a cross-sectional approach, in which data were collected at a single point in time using structured questionnaires [35] distributed to respondents. The research was conducted at Puskesmas Rumah Tiga, located in Ambon City, Maluku Province, representing an urban primary health care context in Eastern Indonesia.

2.2. Population and Sample

The population of this study consisted of community members who received health services at Puskesmas Rumah Tiga during the research period [36]. From this population, respondents were selected using an accidental sampling technique [37], a non-probability sampling method where individuals are chosen based on their immediate availability and willingness to participate at the time of data collection. Through this approach, a total of 50 respondents were obtained as the final sample. This sample size is considered sufficient for initial explanatory analysis in specific service units [38] to identify primary determinants of satisfaction.

2.3. Data Collection Instruments and Techniques

Data in this study were collected using a structured questionnaire developed based on the research variables. The instrument was designed to measure three main variables: Facilities and Infrastructure (X1), Health Workers' Competence (X2), and Community Satisfaction (Y) [39]. The indicators for competence were derived from professional standards including technical skills, knowledge, and attitude, while facilities were measured based on physical readiness and supporting infrastructure. All questionnaire items were measured using a five-point Likert scale to capture respondents' perceptions and levels of agreement. The scale ranged from: 1: Strongly Disagree, 2: Disagree, 3: Neutral, 4: Agree, 5: Strongly Agree. The use of this scale allows for the transformation of qualitative perceptions into quantitative data suitable for regression analysis to determine the magnitude of influence between the studied variables [40].

Table 1. Research Instrument Specification

Variable	Indicators	Number of Items	Scale
Facilities and Infrastructure	Basic Medical Equipment, Medical Procedure Support Equipment, Building and Room Facilities, Physical Environment Comfort	12	Likert Scale (1–5)
Health Workers' Competence	Motivation, Characteristics, Self-image, Knowledge, Skills	12	Likert Scale (1–5)
Community Satisfaction	Tangibles, Reliability, Responsiveness, Assurance, Empathy	15	Likert Scale (1–5)

2.4. Validity and Reliability Testing

Validity testing in this study was carried out using the Pearson Product-Moment correlation technique [41]. An item was considered valid if the calculated correlation coefficient was greater than the table value at a significance level of 0.05. Reliability testing was conducted using Cronbach's Alpha to measure the internal consistency [42] of the instrument. A variable was considered reliable if the Cronbach's Alpha value exceeded 0.60, which indicates that the instrument is consistent and stable for measuring the research variables. Based on the results of the validity and reliability tests, all questionnaire items met the required criteria and were therefore deemed appropriate for further statistical analysis [43].

2.5. Data Analysis Techniques

Data analysis was conducted using multiple linear regression analysis [44] to examine the influence of facilities and infrastructure and health workers' competence on community satisfaction at Puskesmas Rumah Tiga, Ambon City. Prior to regression analysis, classical assumption tests—including normality, heteroscedasticity, multicollinearity, and autocorrelation—were performed [45] to ensure that the regression model met the criteria for accurate and unbiased estimation. The hypothesis testing in this study was conducted using several statistical procedures to examine the relationships between variables comprehensively. The t-test was employed to assess the partial effect of each independent variable, namely facilities and infrastructure as well as health workers' competence, on the dependent variable of community satisfaction. In addition, the F-test was utilized to evaluate the simultaneous influence of all independent variables on community satisfaction, thereby determining whether the regression model as a whole was statistically significant. Furthermore, the coefficient of determination (R^2) was calculated to measure the extent to which the independent variables [46] collectively explain the variance in community satisfaction. Through these analytical techniques, the study provides statistical evidence regarding the strength, direction, and significance of the relationships among facilities and infrastructure, health workers' competence, and community satisfaction in health service delivery.

3. RESULTS AND DISCUSSION

Multiple linear regression analysis is used to examine the effect of more than one independent variable on a dependent variable. In this study, Facilities and Infrastructure (X_1) and Paramedics' Competence (X_2) were analyzed to determine their effect on Community Satisfaction (Y) at Puskesmas Rumah Tiga, Ambon City. This analysis aims to identify the magnitude of each independent variable's contribution to Community Satisfaction as well as the relationships among variables within the regression model. The multiple linear regression model in this study is formulated as follows: $y = a + b_1x_1 + b_2x_2 + ey = a + b_1x_1 + b_2x_2 + e$

Tabel 2. Result of Multiple Linear Regression Analysis

Variable	Coefficient (B)	Std. Error	t-value	Sig.
Constant	-3.231	2.659	-1.215	0.230
Facilities and Infrastructure	0.425	0.123	3.445	0.001
Health Workers' Competence	0.900	0.115	7.816	0.000

Source: SPSS Output Version 20.0

Based on Table 2, the multiple linear regression equation is $\hat{Y} = -3.231 + 0.425X_1 + 0.900X_2$. The constant is not statistically significant ($0.230 > 0.05$) and does not substantially affect the model's interpretation. Facilities and Infrastructure (X_1) have a positive and significant effect on Community Satisfaction ($\beta = 0.425$; $p = 0.001$), meaning that improvements in facilities are associated with increased satisfaction. Health Workers' Competence (X_2) shows a stronger positive and highly significant effect ($\beta = 0.900$; $p < 0.001$), indicating that professional competence, communication skills, and responsiveness contribute more substantially to community satisfaction. Socially, these findings suggest that while adequate facilities are important, the human dimension of service delivery plays a more decisive role in shaping satisfaction. Competent and fair treatment strengthens public trust, promotes perceptions of service fairness, and encourages greater community participation in supporting and sustaining public health services at Puskesmas Rumah Tiga.

The partial test (t-test) further supports these results by showing the individual impact of each independent variable on the dependent variable. The outcomes of the t-test are presented in Table 3.

Tabel 3. T-Test Result

Relationship	t-value	Sig.	Conclusion
Facilities and Infrastructure → Community Satisfaction	3.445	0.001	Positive and Significant
Health Workers' Competence → Community Satisfaction	7.816	<0.001	Positive and Significant

Source: SPSS Output Version 20.0

The t-test results indicate that both independent variables have a significant effect on Community Satisfaction. Facilities and Infrastructure show a t-value of 3.445 with a significance level of 0.001, confirming a positive and statistically significant influence on satisfaction, which suggests that improvements in the availability and quality of facilities contribute meaningfully to higher levels of community satisfaction. Health Workers' Competence demonstrates a higher t-value of 7.816 with a significance level of < 0.001 , indicating a stronger and highly significant positive effect, meaning that increased competence among health workers is associated with a substantial rise in community satisfaction. Overall, these findings reveal that both Facilities and Infrastructure and Health Workers' Competence play important roles in shaping Community Satisfaction, with Health Workers'

Competence exerting a relatively stronger influence. From a social perspective, these results imply that beyond physical improvements, the professionalism, responsiveness, and fairness demonstrated by health workers are central to building public trust in health institutions; when services are delivered competently and equitably, communities are more likely to perceive fairness in service provision, feel respected and valued, and consequently develop greater willingness to participate in and support public health programs, thereby strengthening the sustainability and legitimacy of health services at Puskesmas Rumah Tiga.

The simultaneous test (F-test) was used to evaluate the joint influence of Bureaucratic Behavior and Facilities–Infrastructure on Community Satisfaction. The results of the F-test are provided in Table 4

Tabel 3. F-Test Result

Relationship	F-value	Sig.	Conclusio
Facilities and Infrastructure and Health Workers' Competence → Community Satisfaction	294.132	<0.001	Positive and Significant

Source:SPSS Output Version 20.0

The F-test results show an F-value of 294.132 with a significance level of < 0.001 , indicating that the regression model is statistically significant and that Facilities and Infrastructure and Health Workers' Competence simultaneously influence Community Satisfaction. The very low significance value confirms that the combined effect of both independent variables on Community Satisfaction is not due to chance. In other words, improvements in facilities and infrastructure together with increased competence of health workers significantly contribute to higher levels of community satisfaction, demonstrating that the regression model is appropriate and capable of explaining the joint influence of the independent variables. From a social perspective, these findings suggest that effective health service delivery requires not only adequate physical resources but also professional and fair human interaction, as the combination of both strengthens public trust in health institutions, enhances perceptions of service fairness through equal access and respectful treatment, and encourages greater community participation in utilizing and supporting public health programs, thereby reinforcing the legitimacy and sustainability of health services at Puskesmas Rumah Tiga.

The coefficient of determination (R^2) was then used to measure how well the independent variables explain variations in Community Satisfaction. Table 5 presents the results of this test.

Table 4. Coefficient of Determination

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.900a	.810	.804	1.342

Source:SPSS Output Version 20.0

The coefficient of determination results show that $R = 0.900$, indicating a strong relationship between Facilities and Infrastructure and Health Workers' Competence with Community Satisfaction, suggesting that changes in the independent variables are closely associated with variations in satisfaction levels. The R Square value of 0.810 means that 81% of the variation in Community Satisfaction can be explained by the variables included in the regression model, while the remaining 19% is influenced by other factors not examined in this study. The Adjusted R Square value of 0.804 confirms that the model remains stable after accounting for the sample size and number of predictors, and the standard error of the estimate of 1.342 indicates a relatively small prediction error. Overall, these results demonstrate that the regression model has substantial explanatory power in describing Community Satisfaction at Puskesmas Rumah Tiga.

The regression analysis further shows that both Facilities and Infrastructure and Health Workers' Competence significantly affect Community Satisfaction. Based on the t-test results, Facilities and Infrastructure have a positive and significant influence ($t = 3.445$; Sig. = 0.001), meaning that improvements in medical equipment, service rooms, cleanliness, and supporting facilities are associated with higher levels of patient satisfaction. Health Workers' Competence demonstrates a stronger effect ($t = 7.816$; Sig. < 0.001), indicating that professionalism, responsiveness, communication skills, and the attitude of health personnel contribute more substantially to satisfaction than physical aspects alone. The F-test result ($F = 294.132$; Sig. < 0.001) confirms that both variables simultaneously influence Community Satisfaction, showing that facilities and competence together form a crucial combination in explaining satisfaction levels.

From a social perspective, these findings imply that quality health services are built not only on adequate infrastructure but also on trustworthy and fair human interactions. When facilities are accessible and services are delivered professionally and without discrimination, communities develop stronger public trust in health institutions and perceive greater service fairness. This trust and sense of fairness can encourage more active community participation in utilizing health services, engaging in preventive programs, and supporting public

health initiatives, thereby strengthening the legitimacy and sustainability of healthcare services at Puskesmas Rumah Tiga.

These findings also align with the Donabedian framework, which conceptualizes healthcare quality through structure, process, and outcome components. In this study, Facilities and Infrastructure represent the structural dimension, Health Workers' Competence reflects the process dimension, and Community Satisfaction [47] constitutes the outcome. The more dominant influence of competence indicates that the process aspect—particularly communication, empathy, and professional conduct—plays a decisive role in shaping patient perceptions at the primary healthcare level [48]. This reinforces the view that service delivery is not only a technical matter but also a social interaction that shapes citizens' evaluations of public institutions. In terms of service access and social justice, adequate facilities contribute to equal opportunities for communities to obtain proper healthcare, thereby reducing disparities in service provision. When infrastructure is sufficient and accessible, barriers to healthcare utilization decrease, promoting more inclusive service access. At the same time, competent and fair treatment enhances perceptions of justice, as patients feel respected regardless of their social or economic background. Improved satisfaction and trust in healthcare services may also positively affect community quality of life, since reliable and responsive health services support physical well-being, psychological security, and social stability [49].

The results are consistent with previous research on patient satisfaction in public health centers, which generally finds that both infrastructure adequacy and staff competence significantly influence satisfaction levels. Many studies report that while physical facilities improve comfort and perceptions of preparedness, the behavior, communication skills, and professionalism of service providers often become the decisive factors in overall evaluations. The present findings confirm this pattern, demonstrating that Health Workers' Competence has a stronger statistical effect than Facilities and Infrastructure. Moreover, this study contributes empirical evidence from an urban health center in eastern Indonesia, adding contextual insight to the literature on healthcare service quality in regional and developing settings.

From a practical perspective, the findings imply that improving community satisfaction requires a balanced strategy. Physical improvements alone are insufficient without strengthening human resource capacity. Continuous professional training, development of communication skills, reinforcement of ethical standards, and consistent supervision of service quality are essential to enhance both technical performance and interpersonal aspects of care. Nevertheless, this study has limitations, such as a sample size of 50 respondents and a focus on a single health center, which may restrict generalizability. Future research should consider other factors such as waiting time and service procedures to provide a more comprehensive view of public service accountability [50].

4. CONCLUSION

This study aimed to examine and analyze the influence of Facilities and Infrastructure and Health Workers' Competence on Community Satisfaction at Puskesmas Rumah Tiga, Ambon City. The findings confirm that both variables have positive and statistically significant effects on Community Satisfaction, both partially and simultaneously, meaning that improvements in structural readiness and professional competence directly contribute to higher satisfaction levels. Health Workers' Competence was found to exert a stronger influence than Facilities and Infrastructure, indicating that in primary healthcare services, the quality of interpersonal interaction—reflected in professionalism, responsiveness, and effective communication—plays a more decisive role in shaping community perceptions than physical aspects alone. Nevertheless, adequate facilities remain an essential supporting component to ensure comfort, accessibility, and effectiveness of service delivery. The regression model demonstrates substantial explanatory power, suggesting that the combination of infrastructure quality and human resource competence accounts for a significant proportion of variations in Community Satisfaction. Although this study was conducted in a single health center with a limited number of respondents, it provides empirical evidence from an urban healthcare setting in eastern Indonesia and contributes to the broader discourse on primary healthcare performance. Future research is recommended to include larger and more diverse samples across multiple health centers to enhance generalizability. Additionally, subsequent studies should consider incorporating other relevant variables—such as waiting time, administrative efficiency, service procedures, and patient expectations—to develop a more comprehensive model of community satisfaction in public healthcare services.

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