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ARTICLE

Do Public Service Values Transform Primary Healthcare Quality?

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ABSTRACT
This study examines the quality of national health insurance services at the South Sumedang Health Centre through the lens of public service values. In Indonesia, primary healthcare centres are mandated to deliver equitable and accountable services, yet they often operate under limited resources and infrastructure. This research aims to evaluate how public service principles, namely equity, transparency, and accountability, are reflected in the implementation of healthcare services at the local level. A qualitative descriptive approach was used, involving interviews, observations, and document analysis. The evaluation framework adopts five dimensions of service quality: tangible, reliability, responsiveness, assurance, and empathy. Findings reveal that while the assurance and empathy dimensions are relatively strong, particularly in staff behaviour and attentiveness, the health centre faces considerable challenges in infrastructure, staff availability, and administrative responsiveness. Tangible aspects, such as overcrowded waiting rooms and the lack of digital registration systems, hinder service efficiency. In terms of reliability and responsiveness, service delays and insufficient personnel affect patient satisfaction. The study concludes that although the South Sumedang Health Centre demonstrates commendable efforts to ensure compassionate care, systemic improvements are necessary. Recommendations include infrastructure upgrades, digital system integration, and enhanced staff capacity through targeted training. This research offers practical insights for health administrators and policymakers to improve service delivery in resource-constrained settings. It reinforces the importance of aligning healthcare services with core public service values.

A. INTRODUCTION

Public services are commonly positioned as a cornerstone of government responsibility for addressing societal needs and upholding citizens' rights, particularly through normative commitments to equity and welfare (Sinniah et al., 2021). However, the realisation of these commitments is neither automatic nor uncontested, as public service values are enacted within institutional arrangements shaped by resource constraints, governance structures, and administrative capacities. Within this context, healthcare is a critical domain in which legal mandates, such as Indonesia's Law No. 25/2009 on Public Services, formally guarantee citizens' access to public services, yet organisational and systemic limitations mediate their implementation. Puskesmas/ Community Health Centres, as frontline public service

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organisations, operate at the intersection of normative policy expectations and everyday service realities, where public service values must be negotiated within the constraints of institutional design and operational capacity (Wulandari et al., 2023). Consequently, the role of Puskesmas extends beyond service provision to reflect how public service ideals are translated, adapted, or constrained in practice within local governance contexts.

In this context, the South Sumedang Health Centre is a crucial example of how Puskesmas contribute to Indonesia's healthcare landscape. Integrated with the *BPJS Kesehatan* (National Health Care Security) system, it plays a key role in advancing universal health coverage (Salsabila & Trimurni, 2024). The BPJS program, as part of the National Health Insurance/ JKN framework, is designed to provide inclusive and nondiscriminatory healthcare services to all Indonesians (Murty et al., 2024). However, challenges such as operational inefficiencies, limited resources, and gaps in empathy and responsiveness remain barriers to achieving these goals. These issues underscore the complexities inherent in translating policy ambitions into actionable and satisfactory healthcare outcomes at the community level (Rejeb et al., 2024).

Despite the significance of *Puskesmas* within the public health system, previous research has primarily focused on evaluating technical and administrative aspects of service quality without fully considering the broader public service obligations. This gap becomes particularly evident in dimensions such as equity, transparency, and accountability, which are central to public service excellence (W & Ine, 2024). For instance, studies like those highlight that empathy, a critical dimension of service quality, remains underdeveloped in many healthcare settings, hindering efforts to improve user satisfaction (Novira et al., 2020). Additionally, infrastructure limitations, inconsistent staff performance, and inadequate responsiveness to patient needs further compound these issues (Farmaciawaty, 2024).

Service quality, as conceptualized by Zeithaml et al. (1996) encompasses five key dimensions: tangible elements, reliability, responsiveness, assurance, and empathy. At the South Sumedang Health Centre, while there have been notable efforts to enhance certain aspects, challenges persist across these dimensions. For instance, tangible shortcomings such as overcrowded waiting areas and insufficient medical facilities adversely affect the patient experience (Subiyakto & Kot, 2020). Meanwhile, issues of reliability, characterised by delays in service delivery and a lack of consistency in fulfilling patient expectations, reflect broader systemic inefficiencies (Althubaiti, 2016). Conversely, dimensions like assurance and empathy have shown relative strengths, evidenced by initiatives like the Customer Feedback and Complaint Management Team, which was established in 2023 to address community concerns and streamline service delivery (Lyons et al., 2000).

The fundamental problem addressed in this research is how the South Sumedang Health Centre, as a representative public health institution, balances its dual obligations to provide effective healthcare services and to fulfil its role as a public service provider. Specifically, this study seeks to explore whether its integration with *BPJS Kesehatan* has aligned healthcare delivery with public service principles such as equity, transparency, and accountability (Soraya et al., 2023).

This achievement demonstrates that South Sumedang Health Centre has successfully met the established public service standards, particularly in accountability, transparency, and responsiveness to community needs (Van Huynh et al., 2022). This award not only reflects the health centre's commitment to maintaining service quality but also indicates the increased efficiency and effectiveness of the implemented service system. This success can serve as a model for other health centres to improve service quality by applying the same standards, and strengthen the position of South Sumedang Health Centre as an institution capable of providing high-quality health services and oriented towards community satisfaction. This research can deepen the understanding of the factors that contributed to this achievement and identify

effective strategies to replicate similar successes in other health facilities in Indonesia (Ayu et al., 2023).

(Source: Instagram @health center_sumsel, 2023)

Figure 1. Charter for The Highest Quality 'Green Zone' Award for Compliance Assessment of Public Service Delivery at The South Sumedang Sub-District Community Health Centre

In addressing these challenges, this study critically examines the assumption that the integration of public service values into the operational framework of healthcare institutions will automatically translate into improved service quality and user satisfaction (Nunes, 2024). While formal performance recognitions such as compliance-based awards may indicate achievement at the output or procedural level, they do not necessarily capture the extent to which public service values are internalised and experienced by service users in their everyday interactions with healthcare institutions. By focusing on the South Sumedang Health Centre, this research seeks to analyse how public service principles are operationalised in practice and how they interact with institutional constraints in shaping healthcare delivery outcomes (Steenkamer et al., 2020).

The research aims to contribute to both theoretical and practical discourses on healthcare improvement, offering actionable insights for policymakers and practitioners in Indonesia's public health sector. This study also aspires to serve as a reference for replicating best practices across similar healthcare institutions nationwide, ultimately advancing the goal of universal health coverage (Banerjee et al., 2021).

The main questions raised in this article are: 'What is the quality of JKN at South Sumedang Health Centre when analyzed from a public service perspective?'. This article presents a more in-depth analysis of the quality of JKN at South Sumedang Health Centre, with a focus on the public service perspective. The main objective of this study is to identify factors that influence service quality and to provide recommendations to improve it at this health centre (Chang et al., 2013). With a comprehensive approach, this article is expected to make a meaningful contribution to the development of public policy in the health sector, as well as

become a reference for efforts to improve the quality of health services in Indonesia, especially at the primary care level, such as Health Care (Faedlulloh & Yulianto, 2023).

B. LITERATURE REVIEW

Health services at health centers are a crucial topic in efforts to improve the quality of health services in Indonesia. Health Center South Sumedang, like other health centers, plays an important role in providing primary health services to the community. Therefore, it is important to evaluate and analyse the quality of services provided to ensure patient satisfaction and service effectiveness. This literature review will examine various studies that have been conducted related to the quality of national health care security, health services in several health centres in Indonesia (Martino, 2024).

The level of satisfaction among participants in national health care security with health services is 71.8%. This satisfaction is measured across several dimensions, including reliability, responsiveness, assurance, and empathy. Although overall in the dissatisfied category, there are national health care security standards that state that this satisfaction still does not meet ideal expectations (Siregar et al., 2018). The implementation of institutional health services has been well established and designed in accordance with the KIS program's service standards. However, towards the achievement of the outcome, the service performance has not been fully optimal due to the lack of health awareness in the community, lack of information, poverty, and so on, due to interactions with users that have not been systematised (Jannah et al., 2023).

This study uses the Force Field Analysis approach to identify and overcome barriers to service. The results show that there is a need for improvement in facilities and availability of medicines, increasing the capacity of health workers, developing a service system that involves related elements or agencies, and increasing the socialisation of services to the community in optimising health centre services to have a quality impact on the community (Yulian & Yeni, 2017). The study found that patient waiting time, car parking, and speedy registration procedures are the main factors that need improvement to achieve higher patient satisfaction. These results suggest that operational aspects and physical convenience strongly influence perceptions of service quality (Valentina & Listyowati, 2023).

Recent scholarship has critically examined the assumption that public service innovations, particularly co-creation, automatically generate public value outcomes. A systematic literature review of 88 studies on public service co-creation demonstrates that while co-creation is frequently associated with improvements in service quality and democratic governance, its effects on citizen–government relations are far less consistent. Moreover, the realisation of public values through co-creation appears to vary across policy domains and is highly contingent upon institutional conditions and facilitation capacity. The study highlights that professional facilitation and sensitivity to user vulnerability are crucial determinants of whether co-creation produces meaningful outcomes, rather than merely procedural or symbolic outputs. These findings reinforce the argument that public values should not be treated as inherent results of participatory or compliance-based mechanisms, but as outcomes that depend on governance design, institutional capacity, and alignment with user needs (Acar et al., 2025).

Although the quality of JKN at various health centres is generally considered good, there are still some aspects that need improvement. Factors such as waiting time, facilities, availability of medicines, and socialisation of services are important elements that can improve overall patient satisfaction. South Sumedang Health Centre can learn from these studies to identify and overcome barriers and optimise the quality of health services for the community.

This study focuses on improving the quality of healthcare services at the South Sumedang Community Health Centre (CHC), a primary healthcare facility located in an area with limited access. The research highlights the importance of enhancing service quality by applying five

dimensions: Tangible (physical evidence), Reliability (dependability), Responsiveness (responsiveness), Assurance (guarantee), and Empathy (compassion). These dimensions provide a comprehensive framework for evaluating and improving healthcare service quality, encompassing both infrastructure and interpersonal interactions between healthcare workers and patients (Rauf et al., 2024). Unlike previous studies that often concentrated on isolated aspects of service quality, this research adopts a broader approach. For instance, it assesses not only the physical condition of the facility, such as cleanliness and availability of medical equipment, but also explores how healthcare workers respond to patient needs, provide assurance, and demonstrate empathy for the community's health challenges (Naidu, 2009). By employing this method, the study identifies unique strengths and weaknesses at South Sumedang CHC, which then serve as the basis for formulating practical and strategic recommendations to enhance service quality.

What sets this study apart from previous research is its emphasis on the local context, offering a fresh perspective on the challenges faced by healthcare facilities in resource-constrained areas. Most prior studies have primarily focused on urban healthcare services with better infrastructure and broader access to health technologies (Alhassan et al., 2026). In contrast, this research examines the issues faced by healthcare facilities in regions such as South Sumedang, where geographical, economic, and social factors significantly influence service quality. This contextual focus ensures that the recommendations are not only theoretical but also relevant to the specific needs of the local population. Beyond providing an assessment of the current service conditions, this study proposes a model that can be applied to other CHCs facing similar challenges (Kusuma & Akbar, 2021). Consequently, its findings are not only locally significant but also have the potential for broader national impact. The recommendations contribute to the government's efforts to enhance the quality of equitable healthcare services, ensuring equal access across all social levels and reducing disparities in service quality between regions.

C. METHOD

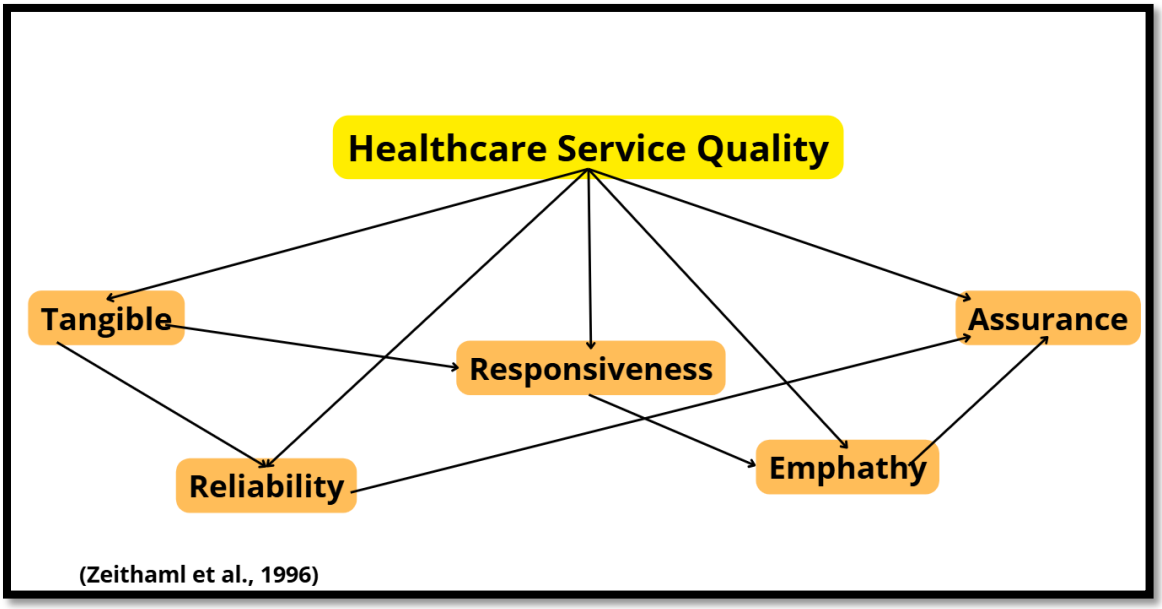
This study employs a qualitative, descriptive approach to examine the quality of healthcare services provided at the South Sumedang Health Centre. This approach was selected for its ability to explore social phenomena in depth and in natural settings, where the researcher serves as the primary instrument (Wekke, 2020). The study focuses on a comprehensive understanding of the dimensions of service quality within the National Health Insurance framework. South Sumedang Health Centre was purposefully chosen as the research locus due to its strategic role as a primary healthcare provider in Sumedang Regency, serving communities with varying levels of access to health facilities (Sulaeman, 2021). Although the centre has received recognition from the Ombudsman of the Republic of Indonesia for meeting public service standards, it still faces resource and infrastructure constraints that are often absent in urban areas. This study aims to identify these challenges and provide solutions grounded in public service principles such as equity, transparency, and accountability. Data were collected through in-depth interviews with the Head of Administration and Service Coordinator, direct observations of service activities and facilities, and documentation, including annual reports and operational procedures. These data were analysed using a qualitative descriptive method, with a focus on data reduction to extract relevant patterns and themes. Triangulation across data sources was used to enhance validity. This comprehensive approach allowed the formulation of strategic recommendations tailored to the local context, with broader relevance to similar health centres operating under resource constraints and striving to improve service quality.

Table 1. Operational Parameters for Research: Critical Analysis of National Healthcare Security at South Sumedang Health Centre

Dimension	Indicator	Description
Tangible	Availability and cleanliness of physical facilities (waiting room, examination room, restrooms).	Assessing the condition and hygiene of facilities to support healthcare services.
	Completeness of medical equipment at the Health Centre.	Evaluating whether the necessary tools and equipment are available and functional.
	Appearance of healthcare workers and administrative staff (cleanliness, professionalism).	Ensuring a professional, presentable demeanour among staff.
	Accessibility and clarity of service information (information boards, brochures).	Ensuring patients can easily find and understand service procedures.
Reliability	Timeliness of service delivery (minimising waiting times).	Evaluating the efficiency of service delivery.
	Assurance of promised services (prescriptions, examination results).	Assessing whether promised services are consistently fulfilled.
	Consistency of healthcare workers in performing duties according to standard operating procedures.	Ensuring reliability in service provision.
	Reliability of patient record-keeping and documentation systems.	Evaluating the accuracy and reliability of data management.
Responsiveness	The speed of staff in responding to patient complaints or inquiries.	Measuring the promptness in addressing patient concerns.
	Friendliness and attentiveness of healthcare workers during patient interactions.	Ensuring patients feel valued through polite and responsive communication.
	Staff preparedness to handle emergencies or patients with specific conditions.	Assessing the ability to respond effectively to urgent situations.
	Availability of clear and quick information about service procedures.	Evaluating the efficiency of information dissemination.
Assurance	Competence of healthcare workers (certification, training).	Ensuring staff qualifications meet professional standards.
	Courtesy and respect from healthcare workers and administrative staff.	Measuring the level of professionalism in patient interactions.
	Compliance of services with established medical protocols.	Evaluating adherence to healthcare regulations and standards.
	Privacy and confidentiality of patient data.	Ensuring secure handling of personal and medical information.

Empathy	Attitude of healthcare workers toward patient conditions.	Measuring the level of emotional support and understanding provided to patients.
	Ability to understand the specific needs of patients (e.g., children, elderly, patients with special needs).	Ensuring inclusivity in addressing diverse patient needs.
	Willingness of staff to provide detailed and clear explanations about procedures or patient health conditions.	Evaluating the clarity and thoroughness of information provided to patients.
	Flexibility in accommodating patients with specific challenges (e.g., language or economic constraints).	Ensuring accessibility for patients facing unique barriers.

Source: Data processed by researchers, 2024



(Source: Data processed by researchers, 2024)
Figure 2. Conceptual Framework

This conceptual framework positions healthcare service quality as a multidimensional construct comprising five interrelated SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy (Zeithaml et al., 1996). The framework emphasises that these dimensions do not operate independently but interact dynamically in shaping service experiences. Structural constraints in tangible resources may affect reliability and responsiveness, while assurance and empathy often emerge as adaptive practices in response to institutional and operational limitations. By illustrating these interconnections, the framework underscores that service quality is produced through relational and contextual processes rather than through isolated or linear performance indicators.

This study adopts a conceptual framework comprising five service quality dimensions: Tangible, Reliability, Responsiveness, Assurance, and Empathy to assess healthcare at the South Sumedang Health Centre. These interconnected dimensions evaluate infrastructure, service consistency, staff attentiveness, professionalism, and patient-centred care. Together,

they form a holistic approach that ensures efficient, accountable, and compassionate healthcare delivery, while promoting equity and continuous improvement in public service performance.

D. RESULT AND DISCUSSION

In the context of community health services, public services are those that consider the interests of individuals and groups. The South Sumedang Health Centre has established a Customer Feedback and Complaints Management Team to improve service quality, particularly in national healthcare security. This study evaluates the impact of this initiative by analysing service quality based on five dimensions: tangible, reliability, responsiveness, assurance, and empathy, to assess community satisfaction and the effectiveness of healthcare delivery in accordance with public service principles (Zeithaml et al., 1996). The explanation of the findings and discussion of the research are as follows:

Tangible

Tangible is related to the physical aspects that are seen directly, namely, related to the quality of service facilities, including facilities and infrastructure (Fachri, 2024). It is important and influential in increasing public satisfaction, especially among service users. Based on the findings of researchers at the research locus, facilities, and infrastructure, referring to building and room facilities, it can be seen that the quality is inadequate. The researchers observed that the patient waiting room was less spacious, the number of chairs was limited, and the patient queue was not moving, so registration was still conventional rather than electronic.

> *"The service likes to take a long time, it's still manual, and the patient queue waiting number is not working". - HS (Community visitors as patients).*

Public health centres (*Puskesmas*) play a vital role in reflecting the quality and image of health service organisations to the community. As institutions responsible for public health, *Puskesmas* face various challenges in providing adequate facilities. One of the main obstacles is the limited budget, which hinders comprehensive additions and repairs to facilities. As a result, the capacity of patient waiting rooms cannot be significantly increased, and automated queue-numbering tools remain unavailable. This certainly affects the comfort of waiting patients and the efficiency of the services provided. Nevertheless, the *Puskesmas* administration does not remain passive. Through creativity and efficient approaches, they have taken innovative steps to address these constraints. One such initiative is utilising unused chairs to increase the seating capacity in patient waiting areas. Additionally, the *Puskesmas* has launched a WhatsApp-based call centre service. Through this service, the community can first contact the *Puskesmas* to ensure the availability of examination or consultation quotas with doctors before coming directly. These measures demonstrate how resource constraints do not hinder the continuous improvement of service quality to the community.

However, these challenges highlight the importance of responsive management of facilities and infrastructure tailored to the organisation's specific needs. Facilities and infrastructure must be designed and managed based on the specific needs of the organisation, including quantity, timing, location, price, and accountable sources (Atkin & Brooks, 2010). In the context of *Puskesmas*, efforts to adjust facilities should include strategic planning to ensure that available resources are optimally utilised. Not all organisations need to provide uniform facilities, but they must be able to address their users' primary needs. Therefore, *Puskesmas* can adopt a priority-based approach, focusing facility development on aspects with the greatest impact on patient comfort and satisfaction. Innovative steps like WhatsApp services are not merely temporary solutions but also reflections of adaptation to technological advances and changing community needs (Brem et al., 2019). For a public service organisation,

especially *Puskesmas*, to be deemed satisfactory, supporting facilities must be designed to meet visitor expectations. Thus, adequate services not only reflect the organisation's professionalism but also build public trust in the institution.

Reliability

The reliability of public services is one of the main pillars in providing satisfaction to the community as recipients or users of the services (users) (Taylor et al., 2022). This reliability includes timeliness in providing services, staff consistency in performing tasks, and the reliability of the documentation system to support effective operations (Baharuddin et al., 2022). However, the research results indicate that the reliability of services at the South Sumedang Health Center remains far from optimal. Based on observational data, patients often face long waiting times to receive medical examinations or to collect medications. This condition not only affects service efficiency but also reduces public satisfaction, especially among JKN users who rely on quick and reliable access to services.

> *"The limitation of medical personnel and administrative staff is indeed our main challenge in providing fast and reliable service. Every day, the number of patients coming in is high, while the available human resources remain limited. "We continue to strive to improve service quality by conducting regular staff training, but we also need support from the local government to add more personnel so that services can be more optimal." – Head of Administration at South Sumedang Health Centre.*

The limited number of medical personnel and administrative staff is the primary factor affecting service quality. With a high patient volume each day, the shortage of human resources (HR) makes it difficult for the institution to maintain a smooth flow of services. These limitations not only cause delays in patient handling but also lead to inconsistencies in staff performance in delivering services in accordance with standard operating procedures. (SOP). Some patients reported feeling undervalued because they have to wait long times, even for simple procedures such as picking up medication or brief consultations. This creates a negative perception of the quality of services provided by the Health Center (Sakir & Habibullah, 2019).

Besides the workforce factor, the reliability of the documentation system must also be a primary concern. Poorly managed documentation can lead to administrative errors, such as inaccuracies in patient data or delays in the medical decision-making process. The reliability of the documentation system is crucial for supporting interdepartmental coordination and ensuring that services are provided to patients in a timely manner.

To improve service reliability, focused strategic steps are necessary. One of them is adding medical personnel and administrative staff to meet operational needs. In addition, enhancing human resource capacity through regular training can help staff work more efficiently and consistently in accordance with SOPs. This training can also include time management, effective communication with patients, and the management of an integrated digital documentation system. With this effort, the South Sumedang Health Centre can improve the reliability of its services, minimise waiting times, and meet patient expectations, especially those who rely on public health services. This will not only increase public satisfaction but also strengthen trust in the region's healthcare system.

Responsiveness

Responsiveness measures the willingness and ability of health workers to provide services that are fast, precise, and responsive to patient needs (Saleh et al., 2024). Based on existing data, the implementation of an automatic registration machine (KiosK) has made it easier for patients to complete the registration process independently and quickly. This indicates an initial effort to improve service responsiveness at the administrative stage. However, the speed and

efficiency of service do not carry over to subsequent stages, such as medical examination and drug collection. Patients still have to wait a long time to be called to the examination room by doctors or other medical personnel, and then wait a long time to obtain medicine at the pharmacy.

> *"We have tried to improve the speed of service, especially in the registration section with the Kiosk machine. But in the later stages, such as a doctor's examination and drug collection, there are still obstacles. Long queues often occur due to the large number of patients, while our medical personnel and staff are limited." - South Sumedang Health Center Service Coordinator.*

This inconsistency indicates that while technology has helped speed up some aspects of the service, the limited medical and administrative staff is a major barrier to realising an overall responsive service. The high number of patients each day, particularly from BPJS service users, exacerbates the situation as staff have not been able to address patients' needs with the expected speed and accuracy. Observations also indicate that the responsiveness of medical and administrative staff does not fully reflect ideal professionalism, as there are still frequent delays in providing follow-up services. Thus, responsiveness shows a gap between initial efforts to improve service speed and their consistent implementation across all stages of health services.

Assurance

The assurance dimension refers to the ability of health workers to provide guarantees to patients in the form of cost certainty, certainty of administrative processes, and security during service (García-Alfranca et al., 2018). Based on the results of observations and interviews, this health centre shows a good effort in ensuring patients, especially for users of National Health Care Security or BPJS services. This is evident in the staff's friendly attitude, which creates an atmosphere of service that respects and cares for patients. In addition, additional facilities such as priority seats for emergency patients give the impression that this institution strives to ensure comfort and safety for all patients, including those who need more immediate attention.

However, although these efforts have shown positive results, the Assurance dimension has not been fully optimised. One of the identified challenges is handling patient complaints, which still requires more attention. Observations show that while patients feel respected in direct interactions, there is uncertainty regarding how their complaints are handled. Patients need clarity and certainty that any complaints will be addressed quickly and appropriately, so they feel their voices are valued and cared for. This uncertainty can reduce patients' level of trust in the overall quality of service.

> *"We always try to provide the best service guarantee, especially for BPJS patients. We also provide facilities such as priority seats for emergency patients. But we realise there are still shortcomings, especially in following up patient complaints that need faster attention." - Head of Administration of South Sumedang Health Centre.*

Thus, the Assurance dimension at the South Sumedang Health Center includes several important elements that support patient trust, such as certainty in the administrative process, friendliness of officers, and facilities that promote comfort. However, weaknesses in the resolution of patient complaints indicate that this institution still needs to strengthen service assurance to ensure that every aspect of patient needs is consistently and confidently met. This is key in creating a service that is not only friendly but also reliable and provides an overall sense of security.

Emphaty

The empathy dimension assesses the extent to which health workers show concern and attention to patients' needs and feelings (Decety, 2020). Based on observations and interviews, this dimension appears to have been well implemented by health workers. Interactions between staff and patients generally take place in a friendly, polite, and respectful atmosphere, without discrimination based on the patient's gender, age, or socioeconomic status. This reflects that staff understand the importance of providing equal service and respecting patients' diverse needs.

Further observations showed that health workers were not only responsive to patients' general needs but also paid special attention to individuals who needed more assistance, such as elderly patients or those with critical health conditions. This attitude demonstrates a real commitment from staff to put patients' interests first and ensure that everyone feels valued and supported while receiving services. Officers also frequently assist and direct patients to the necessary departments, creating a more convenient and organised service experience.

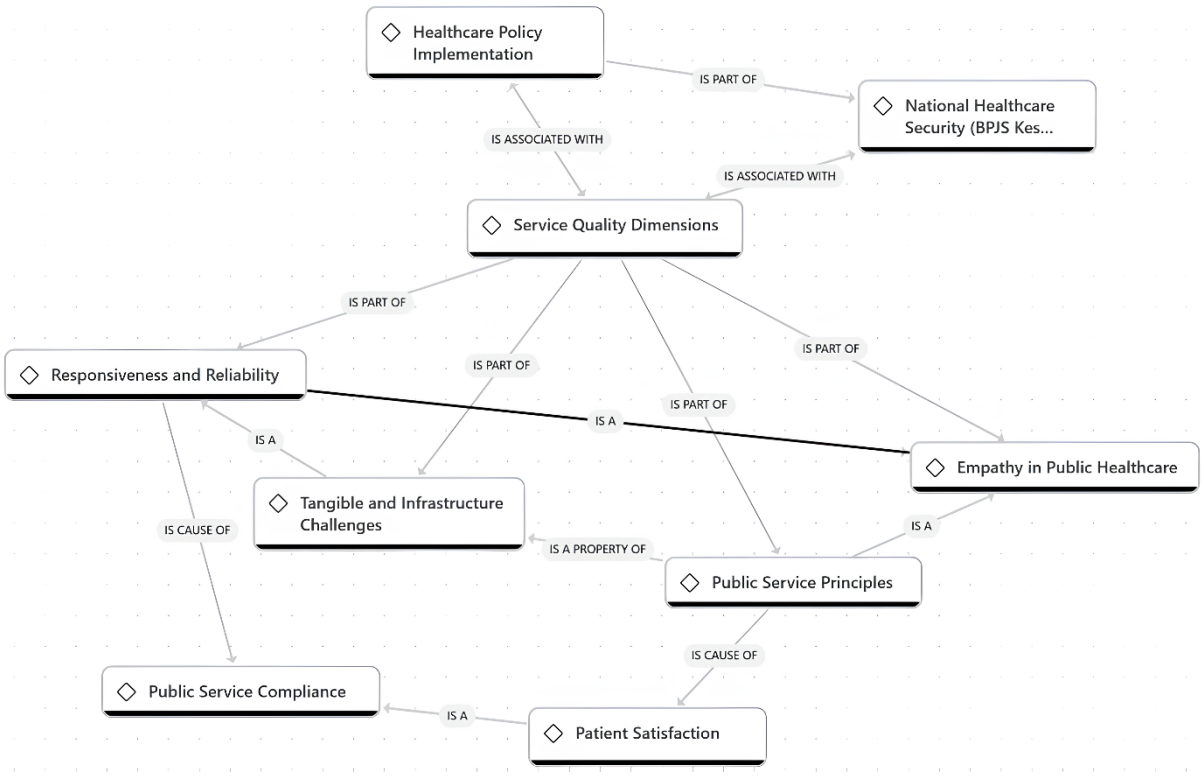
> *"Empathy in service is our priority. Officers are always reminded to be friendly, polite, and to help all patients without discrimination. We also try to give more attention to patients in need, such as the elderly or emergency patients." - Head of Administration of South Sumedang Health Centre.*

> *"We make sure every patient feels valued and supported. Our officers are not only friendly but also ready to help and direct patients according to their needs. However, maintaining service consistency in the midst of a large number of patients remains a challenge that we must continue to overcome." - South Sumedang Health Center Service Coordinator.*

However, even when this aspect of empathy is well implemented, maintaining service consistency remains a concern in environments with high patient numbers and limited resources. Reliance on staff's interpersonal qualities to foster empathy can contribute to the sustainability of humanised services, especially under increased work pressure. This observation confirms that empathy is not just an attitude but an integral part of healthcare quality that must be maintained under various operational conditions.

Evaluating Service Quality Dimensions in National Healthcare Security: Insights from South Sumedang Health Centre

The present study demonstrates that, although dimensions such as empathy and assurance largely meet patient expectations, substantive deficits persist in tangible resources, reliability, and staff responsiveness at the South Sumedang Health Centre (Faeni, 2023). These deficits most prominently limited physical infrastructure, and insufficient medical personnel constrained the facility's capacity to deliver consistent, reliable primary care (Filip et al., 2022). Addressing these constraints, therefore, requires targeted investment in infrastructure and human resources, accompanied by ongoing professional development to strengthen staff reliability and responsiveness (Goniewicz et al., 2023).



(Source: Data processing by researchers using Atlas.ti software, 2024)

Figure 3. Critical review of BPJS Health services at Puskesmas Sumedang Selatan based on the researcher's observations

From a public service theoretical perspective, the service quality of BPJS-framed care in this setting does not yet fully embody core public service principles, such as equity, transparency, and accountability. While the centre's empathic practices and efforts to reassure patients are important strengths, they remain largely dependent on individual staff behaviour rather than on systemic mechanisms. This mismatch suggests that human-centred practices are being shouldered at the operational level without commensurate policy and organisational support.

The analysis further reveals an implementation gap between national healthcare policy and local service realities. Infrastructure shortfalls create a persistent disjunction between policy intentions, often focused on financial mechanisms and access, and the material capacity needed for responsive, reliable service delivery (Owusu et al., 2019). Consequently, responsiveness frequently becomes a trade-off between service quantity and quality, eroding public trust when resource limitations force compromises in care delivery.

Moreover, reliance on patient satisfaction as a primary quality indicator is problematic. Satisfaction measures may reflect interpersonal aspects of care (e.g., friendliness) but may fail to capture clinical effectiveness or outcome quality; patients can report high satisfaction despite receiving suboptimal care. Therefore, quality assessment should integrate outcome-based indicators alongside patient-reported experience measures to provide a more complete evaluation of service effectiveness.

To improve alignment among policy, implementation, and outcomes, policy instruments must be adaptive to local contexts and incorporate community participation in evaluation processes. Recommended actions include: (1) strategic investment in physical infrastructure and workforce capacity; (2) institutionalising regular training and quality assurance systems to sustain staff responsiveness; and (3) adopting mixed evaluation frameworks that combine process, experience, and outcome indicators. Such measures would help shift empathic

practices from ad hoc individual efforts to embedded, system-level capacities that produce measurable improvements in community health and public trust.

E. CONCLUSION

This study critically assesses the quality of National Health Care Security services at the South Sumedang Health Centre and finds uneven performance across the dimensions of service quality. While assurance and empathy show encouraging progress, persistent weaknesses in tangible infrastructure, reliability, and responsiveness limit the centre's ability to meet public expectations. These findings suggest that strengthening primary healthcare requires not only interpersonal competence but also systemic alignment among infrastructure, human resources, and service management.

Tangible aspects remain a major constraint. Inadequate physical facilities, limited waiting areas, and only partially modernised administrative systems reduce efficiency and negatively affect patient experience. Workforce shortages further undermine service reliability, leading to longer wait times and delays. Although digital innovations such as automated registration kiosks signal progress, they have not yet produced end-to-end efficiency gains. Bottlenecks in medical consultations and medication dispensing indicate that responsiveness challenges stem less from technology adoption and resource coordination than from fragmented workflows and limited resource coordination.

Despite these structural issues, the health centre demonstrates strengths in assurance and empathy. Prioritisation of emergency cases, courteous communication, and equitable treatment enhance patient trust and reflect strong public service values. However, these strengths rely heavily on individual professionalism rather than institutionalised service design, raising concerns about sustainability and consistency.

The study is limited by its focus on a single district-level health centre and its qualitative descriptive approach, which restricts generalizability and causal inference. Findings should therefore be interpreted as context-specific and exploratory.

Future research should integrate Human-Centred Design (HCD) to reposition patients as active co-creators of service solutions. Participatory methods, longitudinal analysis, and comparative studies are needed to evaluate how user-centred redesigns can improve reliability, responsiveness, and public trust in resource-constrained primary healthcare settings.

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REFERENCES

Acar, L., Steen, T., & Verschuere, B. (2025). Public Values? A Systematic Literature Review Into The Ooutcomes of Public Service Co-Creation. *Public Management Review*, *27*(5), 1357–1389. https://doi.org/10.1080/14719037.2023.2288248

Alhassan, A., Epstein, E. G., DeGuzman, P. B., & LeBaron, V. (2026). Access to Healthcare in Rural Settings: An Evolutionary Concept Analysis. *Nursing Outlook*, *74*(1), 102657. https://doi.org/10.1016/j.outlook.2025.102657

Althubaiti, A. (2016). Information Bias in Health Research: Definition, Pitfalls, and Adjustment Methods. *Journal of Multidisciplinary Healthcare*, *9*, 211–217. https://doi.org/10.2147/JMDH.S104807

Atkin, B., & Brooks, A. (2010). *Total Facilities Management*. New Jersey: Wiley-Blackwell.

Ayu, R. D., Rivai Zainal, V., & Hakim, A. (2023). Development of Organizational Culture in Public Services: Case Study of Government Agencies in Indonesia. *Community Development Journal*, *4*(5), 9987–9993.

Baharuddin, T., Qodir, Z., & Loilatu, M. J. (2022). Government Website Performance During the COVID-19 Pandemic: Comparative Study of Yogyakarta and South Sulawesi, Indonesia. *Journal of Governance and Public Policy*, *9*(2), 109–123. https://doi.org/10.18196/jgpp.v9i2.11474

Banerjee, A., Finkelstein, A., Hanna, R., Olken, B. A., Ornaghi, A., & Sumarto, S. (2021). The Challenges of Universal Health Insurance in Developing Countries: Experimental Evidence from Indonesia's National Health Insurance. *American Economic Review*, *111*(9), 3035–3063. https://doi.org/10.1257/aer.20200523

Brem, A., Bilgram, V., & Marchuk, A. (2019). How Crowdfunding Platforms Change The Nature of User Innovation – from Problem Solving to Entrepreneurship. *Technological Forecasting and Social Change*, *144*, 348–360. https://doi.org/10.1016/J.TECHFORE.2017.11.020

Chang, C. S., Chen, S. Y., & Lan, Y. T. (2013). Service Quality, Trust, and Patient Satisfaction in Interpersonal-Based Medical Service Encounters. *BMC Health Services Research*, *13*(1). https://doi.org/10.1186/1472-6963-13-22

Decety, J. (2020). Empathy in Medicine: What It Is, and How Much We Really Need It—ScienceDirect. *The American Journal of Medicine*, *133*(5), 561–566. https://doi.org/10.1016/j.amjmed.2019.12.012

Fachri, M. (2024). The Effect of Tangibles, Reliability, Responsiveness, Assurance, and Empathy Aspects on Hospitalization Services in Hospitals on Patient Satisfaction. *International Journal of Psychology and Health Science*, *2*(2), 39–51. https://doi.org/10.38035/ijphs.v2i2.522

Faedlulloh, D., & Yulianto, Y. (2023). Model for Post-Pandemic Bureaucracy in Indonesia: Is Post-Bureaucracy Relevant? *Jurnal Borneo Administrator*, *19*(3), Article 3. https://doi.org/10.24258/jba.v19i3.1228

Faeni, D. P. (2023). SERVQUAL Measures: Indonesian Government Healthcare (BPJS) from A Human Resource Perspective. *Journal of Infrastructure, Policy and Development*, *8*(2), Article 2. https://doi.org/10.24294/jipd.v8i2.2271

Farmaciawaty, D. A. (2024). *Impacts of Public Health Infrastructure and Hospital Efficiency on Health Outcomes in Indonesia and the USA*.

Filip, R., Puscaselu, R. G., Norocel, N., Dimian, M., & Savage, W. K. (2022). Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems. *Journal of Personalized Medicine*, *12*(8), 1295. https://doi.org/10.3390/jpm12081295

García-Alfranca, F., Puig, A., Galup, C., Aguado, H., Cerdá, I., Guilabert, M., Pérez-Jover, V., Carrillo, I., & Mira, J. J. (2018). Patient Satisfaction with Pre-Hospital Emergency Services. A Qualitative Study Comparing Professionals' and Patients' Views. *International Journal of Environmental Research and Public Health*, *15*(2), Article 2. https://doi.org/10.3390/ijerph15020233

Goniewicz, M., Khorram-Manesh, A., Timler, D., Al-Wathinani, A. M., & Goniewicz, K. (2023). Hospital Disaster Preparedness: A Comprehensive Evaluation Using the Hospital Safety Index. *Sustainability*, *15*(17), Article 17. https://doi.org/10.3390/su151713197

Jannah, M. M., Zaki, A., & Rohman, F. (2023). Analisis Desain Kelembagaan dalam Program Kartu Indonesia Sehat (KIS) Bagi Penerima Bantuan Iuran (PBI) Subsidi Pemerintah Daerah di Kota Malang. *Journal of Social and Policy Issues*, *3*(4), 207–213. https://doi.org/10.58835/JSPI.V3I4.214

Kusuma, A. R., & Akbar, P. (2021). Policy Response and Collaboration in Handling COVID-19 East Kutai Regency With An Adaptive Governance Approach in Disasters. *Jurnal Borneo Administrator*, *17*(2), Article 2. https://doi.org/10.24258/jba.v17i2.866

Lyons, B. J. V, Furth, R., & Bjerregaard, D. (2000). Integrating Reproductive Health Into NGO Programs Package: A Quality Assurance Tool for Community Based Programs. In *Initiatives*. Initiatives Inc.

Martino, M. (2024). Policy Content Analysis of Population Administration Online Service Policies during the Pandemic in Yogyakarta: A Logical Framework Review. *Jurnal Borneo Administrator*, *20*(3), Article 3. https://doi.org/10.24258/jba.v20i3.1463

Murty, T., Widyanti, Y. E., Sri, A., & Dewi, K. (2024). *Optimal Design of Social Insurance Frameworks in National Health Insurance*. *4*(3), 243–259.

Naidu, A. (2009). Factors Affecting Patient Satisfaction and Healthcare Quality. *International Journal of Health Care Quality Assurance*, *22*(4), 366–381. https://doi.org/10.1108/09526860910964834

Novira, A., Priatna, R., & Pradesa, H. A. (2020). Pengaruh Dimensi Kualitas Layanan terhadap Kepuasan Pengguna Layanan Kesehatan Puskesmas di Kabupaten Sumedang Tahun 2019. *JEMAP: Jurnal Ekonomi, Manajemen, Akuntansi, dan Perpajakan*, *3*(2), 288–302.

Nunes, A. (2024). Vertical Integration in Healthcare and Patient Satisfaction: An Exploratory Analysis of Portuguese Reforms. *Sustainability (Switzerland)*, *16*(3). https://doi.org/10.3390/su16031078

Owusu, N. O., Mensah, A. T., & Oppong, N. Y. (2019). Multi-level and Multi-Actor Governance of National Health Insurance Scheme in Ghana: An Exploration of The Perceived Challenges in The Bosumtwi District. *Journal of Governance and Public Policy*, *6*(1), 43–62. https://doi.org/10.18196/jgpp.61107

Rauf, A., Muhammad, N., Mahmood, H., Yen, Y. Y., & Sabir, I. (2024). A Conceptual Framework of Service Quality on Patients' Behavioral Assessment: Insight from Pakistan. *Journal of Infrastructure, Policy and Development*, *8*(8). https://doi.org/10.24294/jipd.v8i8.6428

Rejeb, A., Rejeb, K., Appolloni, A., Zailani, S., & Iranmanesh, M. (2024). Navigating The Landscape of Public–Private Partnership Research: A Novel Review Using Latent Dirichlet Allocation. *International Journal of Public Sector Management*. https://doi.org/10.1108/IJPSM-09-2023-0263

Sakir, S., & Habibullah, A. (2019). Quality of Healthcare Services in the Tengger Tribe Community of Ranu Pane Village. *Journal of Governance and Public Policy*, *6*(1), 1–14. https://doi.org/10.18196/jgpp.61104

Saleh, H. H., Abbas, Z. A., Latif, N., & Khalil, Z. T. (2024). Agile Management in Healthcare: Improving Patient Outcomes through Flexibility and Responsiveness. *Journal of Ecohumanism*, *3*(5), 633–649. https://www.ceeol.com/search/article-detail?id=1273715

Salsabila, G., & Trimurni, F. (2024). The Universal Health Coverage Program of Medan Blessing Health Insurance (UHC JKMB) to Improve Public Health Services in Medan City from a Regional Autonomy Perspective. *Administratio: Jurnal Ilmiah Administrasi Publik Dan Pembangunan*, *15*(2), 51–69. https://doi.org/10.23960/administratio.v15i2.430

Sinniah, S., Mohammed, N., & Dan, K. (2021). Public Administration Reform: An Impetus For Good Governance And Political Security in Nigeria. *Malaysian Management Journal*, *25*(July), 213–234.

Siregar, N. R., Boy, E., Fujiati, I. I., & Isnayanti, D. (2018). Tingkat Kepuasan Peserta Badan Penyelenggara Jaminan Sosial terhadap Pelayanan Kesehatan di Puskesmas Medan Area Selatan Tahun 2017. *Anatomica Medical Journal | AMJ*, *1*(2), 78–91. https://doi.org/10.30596/ANATOMICA

Soraya, S., Syamanta, T., Harahap, H. S. R. B., Coovadia, C., & Greg, M. (2023). Impact of the National Health Insurance Program (JKN) on Access to Public Health Services: A Comprehensive Analysis. *Jurnal Ilmu Pendidikan Dan Humaniora*, *12*(3), 133–151. https://doi.org/10.35335/jiph.v12i3.7

Steenkamer, B., Drewes, H., Putters, K., van Oers, H., & Baan, C. (2020). Reorganizing and Integrating Public Health, Health Care, Social Care and Wider Public Services: Theory-Based Framework for Collaborative Adaptive Health Networks to Achieve The Triple Aim. *Journal of Health Services Research and Policy*, *25*(3), 187–201. https://doi.org/10.1177/1355819620907359

Subiyakto, B., & Kot, S. (2020). The Government Reform on Healthcare Facilities from The Standpoint of Service Quality Performance. *International Journal of Economics and Finance Studies*, *12*(1), 16–31. https://doi.org/10.34109/ijefs.202012102

Sulaeman, E. S. (2021). *Manajemen Kesehatan: Teori dan Praktik di Puskesmas*. Digital Library UNS.

Taylor, J., Brewer, G. A., & Ripoll, G. (2022). Towards A Measure of Institutional Public Service Motivation: Theoretical Underpinnings and Propositions for Future Research. *Asia Pacific Journal of Public Administration*, *44*(3), 195–213. https://doi.org/10.1080/23276665.2022.2085125

Valentina, N. P. D., & Listyowati, R. (2023). Analisis Kepuasan Pasien Peserta JKN tentang Mutu Pelayanan Kesehatan Menggunakan Metode Servqual dan Importance Performance Analysis Di Puskesmas Sukawati II | Jurnal Harian Regional. *Jurnal Harian Regional*, *10*(2), 323–339.

Van Huynh, D., Duong, L. H., Truong, T. T. K., & Nguyen, N. T. (2022). Destination Responses to COVID-19 Waves: Is "Green Zone" Initiative a Holy Grail for Tourism Recovery? *Sustainability (Switzerland)*, *14*(6), 1–18. https://doi.org/10.3390/su14063421

W, M. L. F., & Ine, G. (2024). Assessing Accountability in BPJS Services at Ciamis District Hospital, West Java: A Critical Analysis. *Jurnal Ilmu Administrasi Negara (AsIAN)*, *12*(01), 43–49.

Wekke, I. S. (2020). Metode Penelitian Sosial. In *Bandung* (Issue September). Penerbit Gawe Buku (group Penerbit CV. Adi Karya Mandiri).

Wulandari, R. D., Laksono, A. D., Rohmah, N., Latifah, L., & Ashar, H. (2023). Determine The Target To Increase Primary Healthcare Utilization In Indonesia's Disadvantaged Areas. *Indonesian Journal of Health Administration*, *11*(2), 299–310.

Yulian, R., & Yeni. (2017). Optimalisasi Pelayanan (Service) Puskesmas Dalam Peningkatan Raya Provinsi Kalimantan Barat. *Jurnal Fakultas Ekonomi Dan Bisnis*, *13*(2), 850–867.

Zeithaml, V. A., Berry, L. L., & Parasuraman, A. (1996). The Behavioral consequences of stroke. *Journal of Marketing*, *60*(2), 1–14.