
Literature Review: The Effect of Puskesmas Accreditation Status on Patient Satisfaction with Service Quality as an Intervening Variable

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ABSTRACT

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Puskesmas (community health centers) serve as the frontline in delivering basic health services in Indonesia, emphasizing promotive and preventive efforts. To ensure continuous service improvement, the Ministry of Health issued Regulation No. 46 of 2015 concerning the accreditation of first-level health facilities. Accreditation is designed to enhance quality, performance, and risk management by evaluating health centers across three service domains: administrative management (Admen), public health efforts (UKM), and individual health efforts (UKP). Although several studies affirm accreditation's role in improving service quality, gaps remain in understanding its impact on public satisfaction and how communities perceive quality beyond formal accreditation status. This study aims to assess the effectiveness of Puskesmas accreditation in enhancing service quality and community satisfaction by examining its implementation within the framework of existing regulatory standards. Using a literature review approach, data were sourced from national and international journals accessed through databases such as ProQuest, ScienceDirect, Scopus, and Google Scholar using keywords like "accreditation policy," "health center accreditation," and "patient satisfaction." The findings reveal that while accreditation serves as a quality assurance mechanism, it does not always correlate directly with patient satisfaction. Factors such as healthcare staff responsiveness, service facilities, and affordability have a more substantial influence on patient experience. The study implies that quality improvement initiatives should prioritize patient-centered service delivery alongside accreditation compliance. The results offer valuable insights for policymakers and healthcare administrators in optimizing health service outcomes.

INTRODUCTION

Puskesmas are the vanguard in the implementation of basic health efforts by prioritizing promotive and preventive efforts to achieve the highest degree of public health in their work areas. The policy carried out by the Ministry of Health of the Republic of Indonesia in an effort to improve the quality of services in first-level health facilities (FKTP), especially health centers, is to issue the Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia Number 46 of 2015 concerning the Accreditation of Health Centers, Primary Clinics, Independent Practice Places for Doctors, and Independent Practice Places for Dentists. This aims to ensure that quality improvement, performance improvement, and the implementation of risk management are carried out continuously in the health center. Therefore, it is necessary to conduct an assessment by an external party using the standards set through the accreditation mechanism. Puskesmas must be accredited periodically at least once every three years

(Amrullah et al., 2020; Haryana Darajatun et al., 2023; Nurjannah Pratiwi Trisna et al., 2019; Pasumah et al., 2021; Riyadi, 2017).

Puskesmas as the spearhead of basic health services are obliged to provide health services in accordance with the guidelines of the Ministry of Health and applicable laws and regulations by taking into account the needs and expectations of the community (Minister of Health of the Republic of Indonesia, 2015). As one of the health service institutions, the health center is also not exempt from the assessment of both the assessment body and the community who directly experience the services from the health center. This assessment is believed to be able to reflect the quality of service in order to achieve patient satisfaction (Reganata & Wirajaya, 2020). In carrying out its duties, health centers have the function to provide basic health services in a comprehensive, sustainable, and quality manner (Ministry of Health RI, (2014). Puskesmas are required to improve the quality or quality of providing health services to the community in order to be able to meet their needs, desires, and expectations as well as provide satisfaction to the community (BPJS Health Facility, 2012).

The quality of the health center is one of the community's considerations in conducting health checks. Puskesmas are required to always evaluate and improve quality in an ongoing manner. The expected quality improvement is a continuous improvement in performance, so it is necessary to carry out an assessment by external parties using the set standards, namely through the accreditation mechanism (Minister of Health of the Republic of Indonesia, 2015).

Accreditation as one of the quality parameters has been implemented in various developing countries and is used as a regulator to ensure the quality of services and efficient use of resources. Indonesia as one of the developing countries implements an accreditation system in health centers with the main goal of fostering quality improvement, performance through continuous improvement of the management system, quality management system and service and program implementation system, as well as the implementation of risk management, and not just an assessment to obtain an accreditation certificate (Directorate General of Health Development, 2013).

Accreditation of First Level Health Facilities (FKTP) is a recognition given by an independent institution that organizes accreditation determined by the Minister of Health after meeting accreditation standards (Directorate of Quality and Accreditation of Health Services, 2017). Puskesmas accreditation assesses 3 service groups in puskesmas, namely the management administration group (admen), the public health effort group (UKM), and the individual health effort group (UKP) (Ministry of Health of the Republic of Indonesia, 2015) The structure of the puskesmas accreditation standards consists of 9 chapters, 42 standards, 168 criteria and 776 assessment elements. In this case, Permenkes RI Number 46 of 2015 states that the determination of the accreditation status of health centers consists of: unaccredited, basic accredited, intermediate accredited, main accredited, or plenary accredited (Nurjannah Pratiwi Trisna et al., 2019)

Improving the quality and performance of services must be pursued on an ongoing basis, therefore feedback from the community and health service users at the health center must be actively identified as material for the completion of health center services. Assessment by external parties needs to be carried out using the specified standards, namely through an

accreditation mechanism to ensure quality improvement, performance improvement is carried out continuously. In the Regulation of the Ministry of Health Number 46 of 2015, it is stated that health centers are required to be accredited periodically at least once every three years. Accreditation is also one of the credential requirements as a first-level health service in collaboration with BPJS.

Previous research has shown that accreditation in primary healthcare settings plays a pivotal role in enhancing the quality and performance of health services. For instance, Trisna and Raharjo (2019) emphasized the mandatory accreditation of Puskesmas every three years to ensure consistent quality improvement and effective risk management. Similarly, Reganata and Wirajaya (2020) highlighted that public assessment of service quality directly correlates with patient satisfaction levels. Other studies, such as those by Jovanović (2005) and Greenfield and Braithwaite (2008), reinforced the role of accreditation in strengthening healthcare systems in developing countries. However, there remains a research gap in understanding how accreditation specifically influences community perceptions of service quality and satisfaction across the three core service groups—administrative management (Admen), public health efforts (UKM), and individual health efforts (UKP)—within Indonesian Puskesmas. The novelty of this study lies in its focused analysis of how accreditation standards, as outlined in Permenkes No. 46/2015, are implemented and perceived in practice, offering a comprehensive link between accreditation mechanisms and the continuous improvement cycle within public health centers.

The objective of this research is to examine the effectiveness of the Puskesmas accreditation process in improving health service quality and public satisfaction, particularly in the areas of administration, public health, and individual services.

The significance of this research lies in its contribution to public health policy and healthcare management. Theoretically, it expands the literature on health service accreditation in developing countries. Practically, it offers actionable insights for policymakers, health administrators, and accreditation bodies to enhance the implementation of accreditation as a tool for consistent service quality improvement, ultimately aiming to increase public trust and satisfaction with primary healthcare institutions.

METHOD RESEARCH

The research method used is literature review using journals from national and international sources through accredited databases such as Proquest, Science Direct, Scopus and Google Scholar with the keywords "accreditation policy, accreditation of health centers, satisfaction, patients".

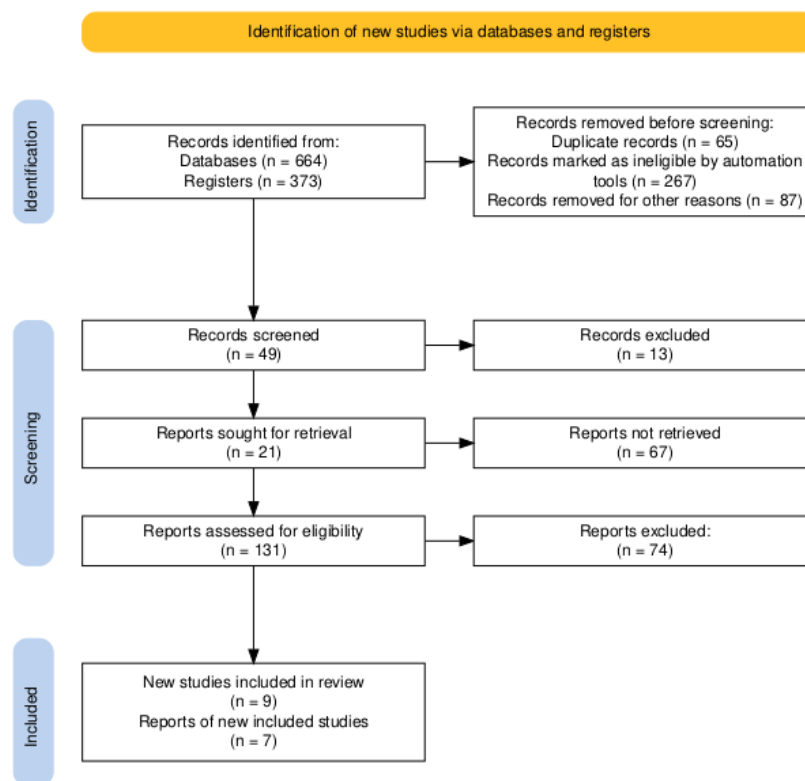
In the process of finding references, collecting various information through reliable sources, namely laws and regulations, books, theses, journals, articles, and internet sites related to research titles. The following are the steps of literature study in the research conducted, namely;

- 1) the researcher first understands the meaning of the study or the scope of the topic being reviewed
- 2) the researcher identifies relevant references through Google scholar

- 3) the researcher sorts and groups based on research needs
- 4) the researcher compiles the articles that have been found and then writes the review
- 5) the researcher concludes and implements the results of the review (Prasetyo 2017)

RESULT AND DISCUSSION

Based on the keywords entered, a total of 664 articles were obtained. The first step taken was to eliminate the selection of full text and topic suitability so that 664 articles were obtained. Based on the 664 articles obtained, a feasibility examination was carried out based on inclusion criteria. So that finally the number of articles used in this literature study was 7 articles.



Gambar 1. Diagram Alur Prisma

Table 1. Research Article

Researchers	Research Title	Research Methods	Result
(Reganata & Wirajaya, 2020)	Accreditation of Puskesmas as Intervening the Influence of Service Quality on Patient Satisfaction	cluster random sampling	The quality of service has a positive and significant effect on patient satisfaction and the accreditation of the health center is able to mediate the relationship between service quality and patient satisfaction of the Denpasar City Health Center.

Researchers	Research Title	Research Methods	Result
(Tulenan et al., 2023)	The Relationship Between Accreditation Status and Patient Satisfaction in the Working Area of the Kakas and West Kakas Health Centers, Minahasa Regency	Quantitative research using an analytical survey research design with a cross sectional study approach	There is a relationship between accreditation status and patient satisfaction in the work area of the Kakas Health Center and the West Kakas Health Center, Minahasa Regency
(Anfal, 2020)	The Effect of Service Quality and Hospital Image on the Satisfaction Level of Inpatients at Sundari Medan General Hospital in 2018	Descriptive analysis with Cross sectional research.	Service quality is the most dominant factor affecting the level of patient satisfaction. Doctors need to respond to the existence of a hospital ethics committee (kers) to actively supervise the services provided to patients, always respond quickly and respond to patient complaints.
(Hidayatullah, 2023)	The Effect of Service Quality on Outpatient Satisfaction at the Kepanjenkidul Blitar Health Center	The method used in this study is quantitative	Based on the results of the study, it can be concluded that Tangibel, Emphaty, Responsiveness, Reability, and Assurance simultaneously have a positive and significant effect on patient satisfaction.
(Monim et al., 2022)	The Influence of Service Quality, Company Image and Facilities on Patient Satisfaction at Prof. Dr. R. D. Kandou Manado Hospital	Quantitative methods	The quality of service partially has a positive and significant effect on patient satisfaction, the company's image has a positive and significant effect on patient satisfaction, and facilities have a positive and significant effect on patient satisfaction. And
(Ryan darajatun, 2023)	The effect of the accreditation status of the health center on the patient satisfaction index at the health center	The method used in the study is descriptive verifiable	There was no significant influence between the accreditation of the health center and the level of patient satisfaction in the health centers of Banjar City, Ciamis Regency, and Pangandaran Regency.
(Nurjannah et al., 2019)	Accreditation Status of Health Centers with Patient Satisfaction Levels	Analytical observational research with a cross sectional design	There is a relationship between the accreditation status of the non-accredited, basic accredited and intermediate accredited health centers on the level of patient satisfaction.

Patient satisfaction is a feeling that arises when health workers provide health services that exceed the patient's expectations. It is impossible to separate the measurement of patient satisfaction from the quality of medical care. Consumers' impressions of service quality are represented by five dimensions: physical evidence, assurance, responsiveness, consistency, and empathy. Everyone's satisfaction with the same health services varies (Tawalujan et al., 2019; TW Tawalujan et al., 2019; Yewen et al., 2019).

The phenomenon of accreditation status as a consideration in choosing a health center can be seen in various studies. Some studies show that accreditation scores and patient satisfaction are not directly proportional. A study conducted by Heuer in 2004 failed to show the relationship between accreditation scores, which represent technical quality, and patient satisfaction ratings represented by service quality (Reganata & Wirajaya, 2020)

Quoted from Anfal (2020) Hospital accreditation has standards in accordance with the number of services provided, namely 5 services, 12 services or 16 services, where the existing standards only focus on providers such as emergencies and medical records. The latest developments for hospital accreditation standards in Indonesia are refined by referring to the International Principles for Healthcare Standards (A Framework of requirement for standards. 3rd edition December 2007 International Society for Quality in Health Care/ISQua) and the Joint Commission International Accreditation Standards for Hospital 3rd edition, 2008. This accreditation standard has been implemented in 2012 where this accreditation standard focuses on patients consisting of four groups, namely the patient-focused service standards group, the hospital management standards group, the patient safety target group, and the MDG's program target group (Ministry of Health of the Republic of Indonesia, 2011).

Research conducted by Ryan darajatun (2023) Of the 63 Puskesmas in Banjar City, Ciamis Regency, and Pangandaran Regency, only five Puskesmas have plenary accreditation, but around 58% are still in intermediate and basic status. Of the 9 elements of satisfaction that have the highest influence, the value of satisfaction with the cost/tariff of the Puskesmas and satisfaction with the handling of complaints (Ciamis). There was no significant influence between the accreditation of the health center on the level of patient satisfaction in the health centers of Banjar City, Ciamis Regency, and Pangandaran Regency.

According to Monim et al. (2022), it can be seen from the choice of consumer answers, most of whom strongly agree that the facilities owned by this hospital are very helpful and make it easier for patients to undergo treatment. Among them, the medical equipment available in this hospital is the most up-to-date and complete medical equipment, and has adequate beds, directions found in the aligned part of the hospital that helps visitors and patients in finding a room. In fact, parking lots are provided for visitors to hospitals and places of worship in the form of churches, mosques, temples and temples for the patient's family who want to carry out their respective worship.

CONCLUSION

In accordance with the above discussion, it can be concluded that patient satisfaction is influenced by the quality of service perceived, such as facilities, costs, and officer response, not solely by accreditation status. Research shows that the accreditation of health centers or

hospitals is not always directly proportional to patient satisfaction. Therefore, improving the quality of services should focus on the direct experience of patients, not just the achievement of accreditation standards.

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