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Analysis of the Impact of Health Services and Facilities on The Decline in Patient Visits at Sangkunur Community Health Center

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ABSTRACT

The use of Puskesmas as a center for basic health services in the community is still minimal. The results of the North Sumatra Provincial Susenas in 2021 where the population who treated the road was recorded at 17.47% in utilizing the Auxiliary Puskesmas / Puskesmas. The study aims to analyze the effect of health worker services, facilities, and infrastructure on the decrease in community patient visits (non-PBI) of the Sangkunur Health Center. The type of research used is analytical quantitative research with the Explanatory Research type, with a sample of all patients aged ≥ 17 years, who went to the Sangkunur Health Center, with a Non-PBI category of 243 people. The Statistical Test used is the chi-square test and linear logistic regression. The results showed that there was an influence of health services on the decrease in patient visits to the Sangkunur Health Center with a p-value = 0.000. The conclusion is that the poor service of health workers resulted in respondents decreasing visits at the Sangkunur Health Center.

Keywords:
Demand, Health Worker Services, Facilities, Infrastructure

1. INTRODUCTION

Community health centers (Puskesmas) are tasked with implementing health policies to achieve health development goals within their service areas to support the realization of healthy subdistricts. In addition to carrying out these tasks, Puskesmas serve as providers of primary-level Public Health Services (UKM) and primary-level Individual Health Services (UKP), as well as platforms for the education of health workers [1].

Public health efforts are activities aimed at maintaining and improving health and preventing and addressing the emergence of health problems, targeting families, groups, and communities.[2] Individual health services are activities and/or a series of health care services aimed at improving health, preventing and treating diseases, reducing suffering caused by illness and restoring an individual's health. The availability of resources, both in terms of quality and quantity, significantly influences the utilization of health services [3].

Community health centers (Puskesmas), as the frontline units of public health, play a crucial role in realizing a healthy society toward "Healthy Indonesia" that is, a society living in a healthy environment and practicing healthy behaviors, with the ability to access high-quality health services equitably and uniformly, and achieving the highest possible level of health in order to realize "Healthy Indonesia 2020–2025" [4]

Currently, community health centers have been established in nearly every corner of the country, along with auxiliary centers and mobile health clinics. As of 2020, there were 10,205 community health centers in Indonesia. These centers consisted of 4,119 inpatient community health centers and 6,086 non-inpatient centers, or those not equipped with inpatient facilities [5].

In North Sumatra Province, as of 2020, there were 601 health-care facilities in the form of community health centers. To determine the population's access to community health centers, one of the indicators used is the ratio of community health centers per 100,000 residents (RCHC). [6]As of 2020, the ratio of Puskesmas per 100,000 residents was 5.49. All of these Puskesmas are supported by 52 auxiliary health centers. It is hoped that the availability of these auxiliary health centers will further improve health services for the community [7].

In everyday community life, Community Health Centers (Puskesmas) are not yet being utilized to their full potential in Indonesia. This situation is evident from the data for North Sumatra Province from the 2020 National Social Survey (Susenas), which shows that 19.22% of outpatients used Community Health Centers (Puskesmas) or auxiliary Puskesmas, and only 6.62% utilized inpatient care at Puskesmas. These figures declined in 2021 to 17.47% for the use of Puskesmas or auxiliary Puskesmas, and only 4.12% utilized inpatient care at Puskesmas[8].

In South Tapanuli Regency, the situation is not much different. The utilization of Community Health Centers as primary health care centers in the community remains very low. The 2024 Regional Health Survey results indicate that Community Health Centers are only the third choice for household members seeking treatment for health complaints. According to this survey, the community's primary choice is health workers' or midwives' practices, and the second choice is doctors' practices [9].

This situation is concerning, given that the various efforts undertaken by the South Tapanuli Regency Health Office to improve primary health care services seem to have been in vain, considering the low rate of community utilization of the Puskesmas. The efforts made over the past five years, ―including both physical infrastructure development and non-physical initiatives, have not yet succeeded in increasing the public's trust in the health services provided by Puskesmas [10].

Previous research [11] showed that perceptions of specialist care influence the utilization of community health center services in Parapat, Indonesia. This is consistent with the view of Buchari, as cited by Mane M [12], who stated that several factors influence the use of health services, namely, factors related to the health care system, such as the comprehensiveness of programs, availability of specialist services, regularity of services, and relationship between doctors, other health workers, and patients. Similarly, Dever's view, as cited by Mane and Juahaepa, states that the utilization of health services is influenced by factors related to the interaction between consumers and health workers.

Furthermore, Hasibuan [13]found that the more comprehensive the facilities, the higher the level of utilization of community health center services. This aligns with the view of Lapau (1997) as cited,[14] who states that health services at community health centers are influenced by the relevant health care system, as reflected in the public's perception of the organizational structure and the comprehensiveness of health programs, which include the availability of health care personnel and facilities.

Based on a previous survey, the researchers were interested in conducting a study at the Sangkunur Community Health Center on the impact of healthcare personnel, facilities, and infrastructure on the decline in patient visits by the general public (non-PBI) at the Sangkunur Community Health Center. This study is necessary because the Sangkunur Community Health Center serves as the primary health-care center in Angkola Sangkunut Subdistrict, which consists of 10 villages with a total population of 18,896 people and 9. 173 households. In 2021, the number of JKN program participants included 9,640 PBI enrollees and 618 non-PBI enrollees, ―primarily middle-to-upper-class families who largely utilize the services of the Sangkunur Community Health Center. Meanwhile, those who use the center's services are predominantly lower-middle-class civil servants (BPJS users, including JKN KIS). The number of visits in 2020 was 806, with 689 PBI visits and 117 non-PBI visits; this decreased in 2021 to 609 PBI visits and 99 non-PBI visits out of a total of 708 visits [15].

This study aimed to analyze the impact of healthcare personnel services, facilities, and infrastructure on the decline in visits by community patients (non-PBI) at the Sangkunur Community Health Center.

2. METHOD

Types and Research Design

This was a quantitative study using a cross-sectional approach. The study was conducted in the service area of the Sangkunur Community Health Center in South Tapanuli Regency. This location was chosen because of the low number of visits by non-PBI residents to the Sangkunur Community Health Center, while the number of residents with a high economic status (non-PBI) is quite large in the center's service area.

Location and time of Research

The research was conducted at the Sangkunur Health Center, South Tapanuli Regency. The study was conducted in January 2026.

Population and Research Sample

The population in this study consisted of all patients aged 17 years and older who visited the Sangkunur Community Health Center, totaling 618 individuals in the non-PBI category, with a sample size of 243 individuals. Accidental sampling was used in this study. The research instrument used was a questionnaire containing closed-ended questions to be completed by the respondents.

Research Diagrams

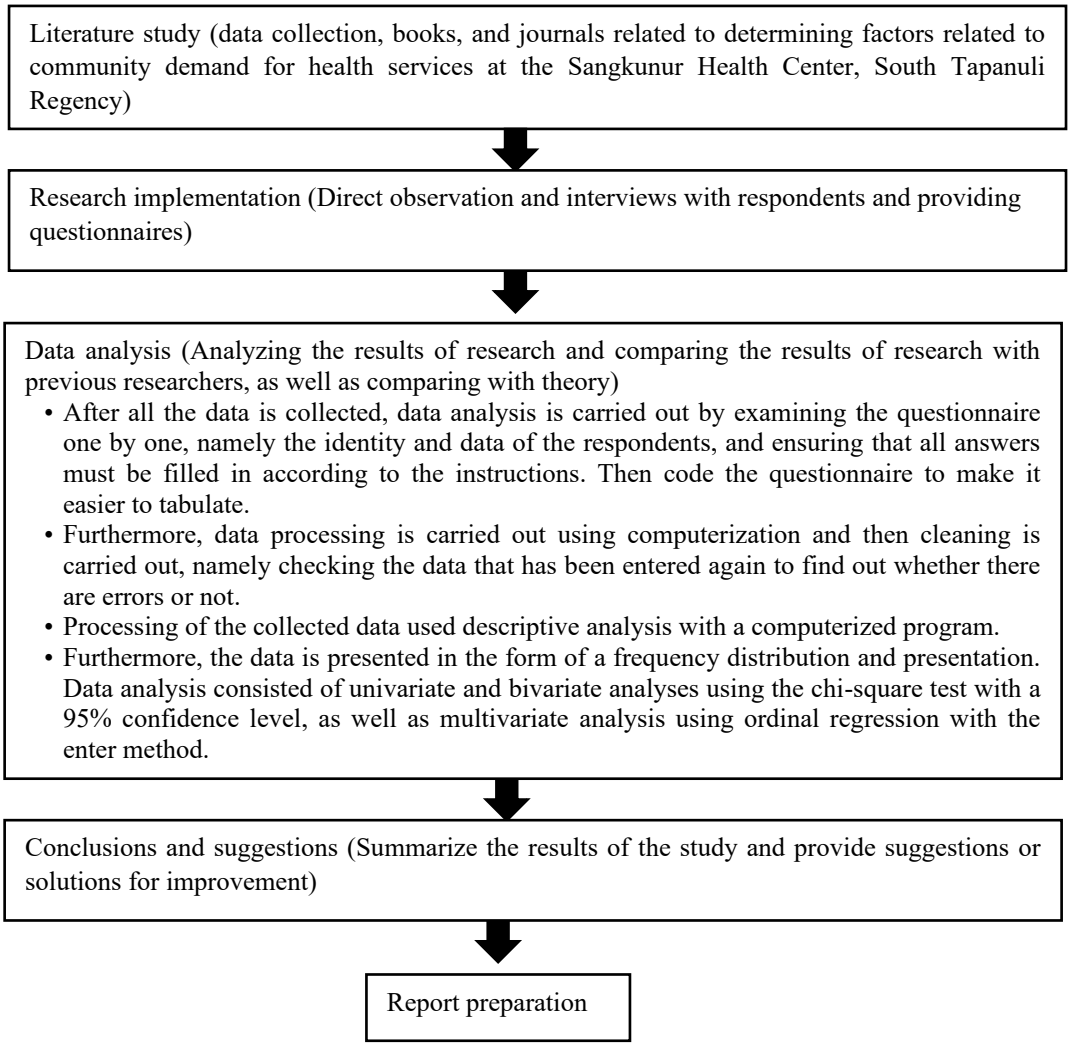

Figure 1. Research Flow Chart

3. RESULTS AND DISCUSSION

3.1 Health Care Provider Services and the Decline in Patient Visits at the Sangkunur Community Health Center, South Tapanuli Regency

The study findings revealed that 52.3% of respondents rated the health care provider services as "poor," while 47.7% rated them as "good." Based on the categorization of respondents' assessments of healthcare services at the Sangkunur Community Health Center, the "poor" category was defined as follows: respondents' evaluations or feedback regarding the healthcare services they received resulted in a poor rating because only some of their desired needs were met (scores ranging from 40% to 74% of the maximum possible score).

The results of the multivariate analysis indicate that healthcare services have a significant effect on the decline in patient visits to the Sangkunur Community Health Center, with a high level of significance of 0.001 ($<\alpha$ 0.05). The analysis results show that healthcare services are the independent variable with the greatest influence on the decline in patient visits to the Sangkunur Community Health Center. Poor healthcare services resulted in respondents visiting the Sangkunur Community Health Center 5,800 times less frequently than respondents who received good healthcare services.

Based on interviews with respondents, it was found that the staff's service fell far short of standards, lacked professionalism, and came across as perfunctory. Compared to private doctors' practices or private hospitals, the service is still far behind; it is not yet capable of serving the middle- and upper-class population because it would likely receive many complaints. However, administrative services are still subpar. The wait time to obtain a referral is approximately 2 h, when it should be 15 min. This is due to staff arriving late and unclear and undocumented information. The doctors' service has not met expectations because they do not make an effort to engage patients to ensure a comfortable treatment experience and are often late. Patients seeking treatment often do not see a doctor. The service is considered subpar because patients are unable to consult a doctor. Examinations are often conducted by nurses, including writing

prescriptions for medications to be picked up at the pharmacy. Discipline also needs to be improvednamong doctors and paramedical staff.

In terms of public trust in community health centers, all respondents rated it as low. Based on the information obtained from respondents and informants regarding perceptions of healthcare services, it is understandable why the utilization rate of the Sangkunur Community Health Center remains low. According to[16], the utilization of healthcare services is influenced by (1) the accessibility of service locations, (2) the types and quality of available services, and (3). Accessibility of information: The low quality of services and lack of information are the causes of the low utilization of existing health services.[17]

In line with Hastono [18], perceptions of health care personnel services were rated as "poor," while those regarding facilities and infrastructure were rated as "good," and those regarding fees were rated as "poor." Healthcare services have an effect on public demand (non-ASKES) at the Rantauprapat City Community Health Center, with a significance level of 0.000 (< α 0.05).

This study aligns with Radito's [19] analysis of the influence of service quality and health facilities on patient satisfaction at community health centers. The results indicate that service quality and health facilities significantly influence patient satisfaction. However, the regression results show that service quality and health facilities account for only 39.1% of the patient satisfaction. The remaining 60.9% were influenced by other factors.

In contrast to the study by Abas [20], health workers' performance in providing services was good; although facilities were not yet complete, they met health standards, a which both influenced and did not influence the community's willingness to visit the health center—and health workers conducted home visits to community members.

The researcher assumes that what the community health center needs is a serious and sincere commitment to implementing these policies that have not yet been fully implemented, by monitoring employee discipline and conducting supervision to improve the center's performance and the sense of dedication among its staff. Poor healthcare services can lead to a decrease in patient visits to the Sangkunur Community Health Center compared to respondents who received good healthcare services.

3.2 Facilities and Infrastructure in Relation to the Decline in Patient Visits at the Sangkunur Community Health Center, South Tapanuli Regency

The research findings revealed that 64.2% of the respondents rated the facilities and infrastructure as "poor," while 35.8% rated them as "good." Based on the respondents' evaluations of the health facilities and infrastructure at the Sangkunur Community Health Center, the "poor" category was defined as follows: respondents' assessments or feedback regarding the health facilities and infrastructure they received resulted in a negative evaluation because most of their desired needs were unmet. The score was ≤75% of the maximum possible score.

Based on interviews with respondents, the location of the Community Health Center was described as appropriate and strategic, being—centrally located and easily accessible. However, the size of the building and parking lot is inadequate and requires expansion. The parking lot is cramped, and the facilities—including room amenities, equipment, furniture, air conditioning, TVs, cleanliness, and physical appearance—are insufficient. The waiting area for picking up health cards was too cramped. There was no waiting area for patients seeking treatment. The equipment needs to be updated and supplemented. Medications are insufficient to treat these patients. The use of generic drugs is acceptable, provided they are appropriate for the condition; they should not give the impression of being cheap, and not all conditions require the same medications.

Community health centers, as health care facilities, are currently equipped to provide basic medical services in accordance with their intended functions. This situation creates limitations for patients suffering from conditions that cannot be treated at community health centers, requiring them to be referred to hospitals or facilities with more comprehensive services. The facilities and infrastructure available at community health centers are limited, in line with the purpose for which they were established. The Sangkunur Community Health Center possesses adequate facilities and infrastructure, exceeding the average of existing community health centers. However, with advancements in technology and information, public demand has evolved.

The research findings, particularly those of the respondents, clearly illustrate this phenomenon. Respondents—who were regular visitors to the community health center—rated the center's facilities and infrastructure as "poor" (43.6%) because their needs for such facilities and infrastructure to support healthcare services were not adequately met. Meanwhile, 60.5% of the informants—who had previously visited the community health center—rated the facilities and infrastructure as "poor" (52.3%).

The multivariate analysis results indicate that facilities and infrastructure do not influence the decline in patient visits to the Sangkunur Community Health Center, with a significance level of 0.687 (> α 0.05).

This study, in line with Hasibuan [13], shows that public perception of healthcare services was rated as "poor," while facilities and infrastructure were rated as "good," and fees were rated as "poor." Poor the Facilities and infrastructure had no effect on public demand (non-ASKES) at the Rantauprapat City Community Health Center, with a significance level of 0.276 (> α 0.05).

This study is consistent with the findings of Riza Fahmi and Arifah Devi Fitriani [21] regarding an analysis of factors influencing JKN patient visits at the outpatient clinic of the Dr. Fauziah Bireuen Regional General Hospital, where the hospital's location is already accessible to JKN participants. However, on average, healthcare workers have not yet provided optimal service, the availability of facilities and infrastructure was also not yet optimal, and the tiered referral system in place still made it difficult for JKN patients to navigate the system. It is hoped that special attention

will be given to the indicators related to service aspects that are still not optimally provided by doctors and nurses when serving patients so that the quality of service can be further improved.

The increasing public demand, driven by advances in technology and information, signals to policymakers the need to improve the existing primary care system to meet public demands. Community health centers (puskesmas) were established as service facilities to address or meet the needs of the community, not for the benefit of policymakers.[22]

Community Health Centers (Puskesmas), as government health-care facilities, are functional health organizations expected to serve as hubs for public health development and foster community participation, in addition to providing comprehensive and integrated services to the community within their service areas through core activities[23]. Comprehensive health-care encompasses promotive, preventive, curative, and rehabilitative services and is intended for all age groups and genders. "Integrated" refers to an effort to unify various independent administrative structures and functions in such a way that they form a single, cohesive unit.

As a primary-level health-care center, the Puskesmas is responsible for providing comprehensive, integrated, and continuous primary health-care services, encompassing individual and community health services. Individual Health Services provide services of a private nature (private goods) with the primary goal of curing diseases and restoring an individual's health without neglecting health maintenance and disease prevention. These individual services consist of outpatient care at specific community health centers, supplemented by inpatient care[24].

Public health services are public goods whose primary purpose is to maintain and improve health and prevent disease without neglecting illness treatment and health restoration. These public health services include health promotion, disease control, environmental health, nutrition improvement, family health promotion, family planning, mental health, and various other public health programs[25].

The expected role of Community Health Centers (Puskesmas) [15] described above can be effectively "grounded" if the services provided at these centers—as the frontline of care—are aligned with community demand. This alignment is crucial at every level, ―from planners and policymakers to frontline staff, ―and must be implemented immediately. Delays in adapting to community demand—or, where possible, in shaping community demand—will further widen the gap between supply and demand in health-care services. Consequently, the number of "loyal community health center patients" will continue to decline over time, and community health centers will shift their function to serving as health centers for the poor or for those receiving social assistance—specifically, recipients of health insurance premium subsidies (PBI)—rather than BPJS Health participants who pay their premiums independently without government assistance (non-PBI).

The following are the community's expectations regarding health-care services, according to the respondents:

a. Improved quality to provide comprehensive, excellent health-care services, with direct examinations by well-qualified doctors, not nurses.
b. Service hours are in accordance with government regulations. Doctors should arrive on time, and a doctor should be on duty every day. From 8:00 a.m. to 12:00 p.m., doctors and staff should be present at the community health center.
c. Service standards equivalent to those of a private doctor's practice; staff should be friendly, approachable, efficient, and provide clear information while maintaining a professional appearance.
d. Specialists, particularly those from the four major specialties (Internal Medicine, Pediatrics, Surgery, and Obstetrics), regularly visit the hospital.
e. Equipment, medications, and other facilities must be fully stocked and upgraded.
f. Cleanliness is maintained in a comfortable waiting area. Ideally, it should have air conditioning, a TV, and an atmosphere conducive to patient care.
g. Fees should be adjusted to reflect the improved quality of care but should remain lower than private-sector rates. Cross-subsidization should be pursued in such cases.
h. Improvements should be communicated to the community to enhance public perceptions and trust.
i. Other supporting factors include adequate parking and public transportation routes near the community health center.

Researchers assume that primary health care in the community involves utilizing community health centers (puskesmas); however, when using puskesmas for health checkups, adequate and optimal facilities and infrastructure must be provided. People should not only use community health centers for health checkups to obtain a Health Certificate from the center, but also to seek treatment when they are sick, and utilize the centers not merely to obtain a referral (Askes) to a general hospital when further treatment is needed.

4. CONCLUSION

The characteristics of the respondents including age, gender, education, occupation, and income show that the largest age group was those aged 17–39, totaling 177 people (72.8%); by gender, the majority were women, totaling 147 people (60.5%). In terms of educational level, the largest group had completed higher education, totaling 87 (35.8%). In terms of occupation, the largest group consisted of self-employed individuals, totaling 80 people (32.9%), and in terms of income, the largest group had a high income (>2,903,042/month), totaling 127 people (52.3%). Healthcare services had a significant effect on the decline in patient visits to the Sangkunur Community Health Center, with a significance level of 0.001 (< α 0.05). Facilities and infrastructure had no significant effect on the decline in patient visits to the Sangkunur Community Health Center, with a significance level of 0.687 (> α 0.05).

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