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The Influence Of Puskesmas Management On The Quality Of Service Of The Lubuk Batang Sub-District Health Center In Oku District

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Abstract

Puskesmas is the spearhead of public health services and has a function as the first contact for people in obtaining health services. Until now, the quality of services at puskesmas is still often complained about by the community. Services at puskesmas are also still understood as technical problems of treatment where the services only involve doctors, nurses and other health workers. This research will be conducted at the Lubuk Batang Health Center, OKU Regency. Determination of the location is carried out intentionally (Purposive) with the consideration that it does not have 9 types of complete health workers. the number of existing populations that are used as samples / respondents based on criteria is 50 Respondents of all ASN employees of health workers at Puskesmas Lubuk Batang OKU Regency. The results showed that from several dependent variables HR problems at Puskesmas Lubuk Batang that can affect the quality of service are: The lack of integration of the planning system and procedures for the distribution of health workers; lack of capacity of the HR planning unit at all levels in the distribution of health workers; lack of good communication so that there are differences in understanding, information and knowledge about the distribution of health workers between the planning unit and health service providers; lack of support from the local government; and planning that is not integrated at various administrative levels in the local government of OKU Regency.

Keywords: Health workers, health center management, service quality

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INTRODUCTION

Community health centers are the spearhead of public health services and function as the first point of contact for people in obtaining health services. Until now, the quality of services at community health centers is still often complained about by the community. Services at community health centers are also still understood as technical problems of treatment where the services only involve doctors, nurses and other health workers. Meanwhile, in terms of policy and human resource management, there has not been much public discussion to be discussed as a joint reflection in more depth.1 As a government organization, community health centers implement management in every process of activity application and service quality is one of the things implemented at community health centers.

In carrying out its functions in accordance with the Regulation of the Minister of Health No. 75 of 2014 concerning Community Health Centers, each Community Health Center has the authority to: (a) Implement planning based on analysis of community health problems and analysis of the required service needs; (b). Implement advocacy and socialization of health policies; (c) Implement communication, information, education, and community empowerment in the health sector; (d) Mobilizing the community to identify and resolve health problems at every level of community development in collaboration with other related sectors; (e) Implementing technical guidance for community-based health service networks and efforts; (f) Implementing competency improvement for Community Health Center human resources; (g) Monitoring the implementation of development to be health-oriented; (h) Implementing recording, reporting, and evaluation of access, quality, and coverage of health services; and Providing recommendations related to public health problems, including support for early warning systems and disease control responses. In accordance with its authority, Community Health Centers are required to provide health services and evaluation of the quality and access to health services. Health services provided by Community Health Center employees can run optimally if supported by good management. Increasingly tight competition and increasingly selective and knowledgeable customers require Community Health Centers as one of the providers of health services to always improve the quality of their health services

In South Sumatra in order to improve the quality of health services, the determination of government Hospital classes through the Decree of the Minister of Health No. 033 / Birhup / 1972 stipulates the criteria for each class of Hospital A, B, C, D. These criteria then developed into standards concerning services, personnel, facilities

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and infrastructure for each class of Hospital. The Healthy Indonesia Program is one of the 5th Nawa Cita program agendas, namely improving the quality of life of the Indonesian people, which is then stated in the 2015-2019 RPJMN and the Decree of the Minister of Health of the Republic of Indonesia Number HK.02.02 / Menkes / 52/2015 concerning the Strategic Plan of the Ministry of Health 2015 - 2019. To support the achievement of the strategic plan, the Ministry of Health has established the Healthy Indonesia Program through Three Pillars, namely: National Health Insurance, Increasing Access and Quality of Health Services and Strengthening the Healthy Paradigm. In an effort to improve the quality of health services at Primary Health Facilities (FKTP), the Ministry of Health targets each sub-district to have at least 1 (one) accredited health center in 2019 in accordance with the target of the 2015-2019 RPJMN. Furthermore, the Indonesian Ministry of Health has also issued a decree of the Minister of Health of the Republic of Indonesia concerning the Primary Health Facilities Accreditation Commission NumbeHK.02.02/Menkes/59/2015 which was later updated to HK.02.02/Menkes/432/2016 with the task of conducting surveys and determining the accreditation status of primary health facilities. This annual report is intended to provide objective information on what and how the performance achievements of the FKTP Accreditation Commission have been until 2018 in order to support the government program.

Health Law Number 17 of 2023. This law regulates health by setting limits on the terms used in its regulation. This law contains general provisions, rights and obligations, responsibilities of the central government and regional governments, health care, health efforts, health service facilities, health human resources, health supplies, pharmaceutical and medical device resilience, health technology, health information systems, extraordinary events and outbreaks, health funding, coordination and synchronization of health system strengthening, community participation, guidance and supervision, investigations, criminal provisions, transitional provisions and closing provisions.

The quality of health services is the level of perfection of health services organized in accordance with the code of ethics and service standards that have been set, so as to create satisfaction for each patient (Ministry of Health in Muninjaya, 2014). The quality of service is an important factor that can shape patient trust in the Health Center so that their loyalty as consumers of health services is created. The demand for quality is getting higher day by day. This quality is not only found in products or goods but also in services produced or offered by an industry/organization. The quality of service refers to the level of perfection of health services in meeting the needs of each patient. So, the quality of

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health services is what indicates the level of perfection health services in creating a sense of satisfaction in each patient (Ertanto, 2012).

OKU Regency with a total of 18 health centers, where in each health center there are 9 types of health workers, based on the table above only 2 health centers (11.1%) have 9 types of complete health workers, namely UPTD Lubuk Rukam Health Center and UPTD Karya Mukti Health Center, the rest are incomplete including Lubuk Batang health center. Lubuk Batang is a health center located in Lubuk Batang District. Health services at Lubuk Batang health centers include Compulsory Health efforts in accordance with national policies, where the determination of the type of service is compiled by the district/city health office, Health development efforts include adding health efforts or implementing new approaches (innovations) of health efforts in implementing health program development implemented at health centers. Implementation of health center management in organizing activities, including the process of preparing plans, implementing mini workshops and implementing performance assessments, resource management including equipment, medicine, and financial management.

The quality of health center services, including the assessment of service input based on established standards, assessment of service processes by assessing the level of compliance with established service standards, assessment of service output based on health efforts carried out. Where each program/activity has its own quality indicator I, for example the number of drop outs of treatment in the TB control program, assessment of service outcomes, among others, through measuring the level of satisfaction of users of health center services, the low quality of service in health centers is often a complaint from the community. Public dissatisfaction with the quality of service in health centers is generally related to treatment services. Several previous studies have shown that there are several complaints from patients, including patients often waiting for officers, officers are not friendly enough, accuracy and the lack of speed of officers in providing services. On the other hand, treatment service officers complain that there are still some medical devices that are lacking and some drugs are not available. The head of the health center admits that there are still complaints from the community related to the quality of treatment in health centers that are conveyed directly or published through the mass media. This is likely the cause of the fairly high referral rate and the decrease in the number of visits as currently observed. Lubuk Batang Health Center Performance Assessment in 2023, using threshold values for the Service Coverage group level, the level of achievement of results is 82% (sufficient)

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Based on the background above, the researcher is interested in conducting research with the title "The Influence of Health Center Management on the Quality of Health Center Services in Lubuk Batang District in Ogan Komering Ulu Regency"

LITERATURE REVIEW

Manajement Theory

Health Center Management is a series of activities that work systematically to produce effective and efficient health center outputs. A series of systematic activities carried out by the Health Center will form management functions. Each health center is free to determine the management model they want to apply, but the most important thing is to have the following results: 1. Increasing the number of health-oriented development driving functions, which is indicated by the high value of IPTS (healthy order potential index) 2. Increasing community empowerment functions as indicated by the development of UKBM (community-based health efforts). And the increasing activity of BPP (health center sponsorship agency) and BPKM (community health care agency) can be used as an indicator of increasing local community participation. 3. Increasing family empowerment as indicated by IPKS (healthy family potential index) 4. Increasing health services as indicated by the high coverage of programs (both basic health programs and development health programs). 5. As well as the quality of health services as indicated by the high compliance of health workers and increasing satisfaction patients. 6. Health Center Management Instruments To support the implementation of its functions and the implementation of its efforts, the Health Center is equipped with management instruments consisting of: Health Center-level Planning, Health Center Mini Workshop, Health Center Performance Assessment. Including Resource management including equipment, medicine, finance and personnel and supported by management of the recording and reporting system called the Health Center Management Information System (SIMPUS) and efforts to improve the quality of service (including through the implementation of quality assurance).

Concept of Health Center

Puskesmas (Community Health Center) is a functional health organization which is a center for developing public health which also fosters community participation in addition to providing comprehensive and integrated services to the community in its working area in the form of community main activities in its working area in order to

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improve healthy living skills. Third, the Puskesmas functions to provide comprehensive and integrated health services to the community in its working area.

Health services provided by health centers include medical treatment, prevention efforts, health promotion, and health recovery (Ilyas, 2011). According to Trihono (2005) there are 3 (three) functions of health centers, namely: a center for driving health-oriented development, which means that health centers always strive to drive and monitor the implementation of cross-sector development including by the community and the business world in their work area, so that they have insight and support health development. In addition, health centers actively monitor and report the health impacts of the implementation of each development program in their work area. Specifically for 31 health developments, the efforts made by health centers are to prioritize health maintenance and disease prevention without ignoring disease healing and health recovery.

Concept of Service Quality

According to the Minister of Health Regulation Number 75 of 2014 concerning Health Centers Article 6, there are 3 (three) functions of health centers, namely: first, the implementation of first-level Public Health Efforts (UKM) in their working areas. In this case, health centers are authorized to: implement planning based on analysis of public health problems and analysis of the required service needs; implement advocacy and socialization of health policies; implement communication, information, education, and community empowerment in the health sector; mobilize the community to identify and resolve health problems at every level of community development in collaboration with other related sectors; implement technical guidance for community-based health service networks and efforts; implement competency improvement of health center human resources; monitor the implementation of development to be health-oriented; implement recording, reporting, and evaluation of access, quality, and coverage of Health Services; and provide recommendations related to public health problems, including support for early warning systems and disease control responses. Second. Implementation of Individual Health Efforts (UKP) at the first level in their working areas. Health centers are authorized to organize basic health services in a comprehensive, sustainable and quality manner; organizing Health Services that prioritize promotive and preventive efforts; organizing Health Services that are oriented towards individuals, families, groups and communities; organizing Health Services that prioritize the safety and security of patients, officers and visitors; organizing Health Services with the

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principle of coordination and cooperation between and among professions; implementing medical records; implementing recording, reporting and evaluation of the quality and access to Health Services; implementing competency improvement of Health Workers; coordinating and implementing development of first-level health service facilities in their working areas; and implementing referral screening in accordance with medical indications and the Referral System. Third, the health center functions as a means of educating health workers.

There are various previous studies that are relevant to research related to the topic of quality of health center services which are presented in the following table:

Table 1. Previous Research

No	Title and Author	Research Variables	Research methods	Results and Implications (Limitations) of the Research
1	*The Relationship Between Quality of Health Services and Satisfaction of BPJS Outpatients at the Biru Health Center, Bone Regency (Devy Oktavianti, 2022)*	*ccess to Services and Timeliness*	*Bivariate Analysis*	The results of the Bivariate Analysis show that the variables of access to services p= 0.013 (p0.05) and timeliness p= 0.170 (p>0.05)
2	The Relationship between the Implementation of Health Center Management and Work Commitment with the Quality of Medical Treatment Services at the Health Center of Karangasem Regency, Bali (Artini1, I.W. Suarjana, I.P. Ganda Wijaya, 2019)	Implementation of Health Center Management and Work Commitment	Logistic regression analysis	The results of the study showed that the quality of medical treatment services, management implementation and work commitment were still lacking. Multivariate analysis showed that the quality of medical treatment services was related to the work commitment of officers with adjusted OR=11.3 (95%CI: 1.75-73.06), but was not related to the implementation of health center management with adjusted OR=0.9 (95%CI: 0.18-5.24).

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3	The Influence of Community Health Center Management on Access to Health Services to Achieve Quality Health Services (Yusni Ainurrahmah, 2020)	Health center management and access to health services	Path Analysis	Health is known that medical examinations have not been fully carried out in a timely manner, the security of patient and family belongings has not been fully guaranteed and the facilities owned by the Health Center are not yet complete.
4	Management of health services for BPJS participants at Ahmad Yani Regional General Hospital, Metro City (Datas Jaya Melinting, 2017)	Quality of service, planning, supervision, implementation	Descriptive Analysis	Based on the results of this study, the planning function carried out by Ahmad Yani Hospital is in accordance with the applicable SOP. The function of implementing procedures carried out by employees of Ahmad Yani Hospital is also in accordance with the applicable SOP, the supervisory function focuses on service culture. The service culture of employees of Ahmad Yani Hospital has not all implemented 6S (greetings, smiles, greetings, politeness, courtesy, patience). The obstacles faced by Ahmad Yani Hospital are the lack of human resources.

RESEARCH METHOD

This study aims to test the research hypothesis that has been explained in the previous chapter. To test the hypothesis is done with the aim of examining the variance of variables based on the formulation of the research problem, in this study the type of regression will be used. Priyatno (2016), the multiple linear regression analysis model is used to determine the value of the dependent variable (Y) if the independent variables are at least two or more. Multiple regression analysis is used to determine the influence

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between two or more independent variables with one dependent variable which is displayed in the form of a regression equation Priyatno (2016), .the formulation used is:

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5.....b_nX_n+€$$

Where:
Y = Quality of Health Center Services
X1 = Health Center Level Planning
X2 = Organizational Organization
X3 = Implementation
X4 = Supervision
X5 = Control and Assessment
a= constant
€= disturbance variable

Hypothesis Testing

After the regression coefficients are obtained, the next step is to test the coefficients. There are two stages that must be carried out in testing, namely:

T test

The t-test is known as a partial test, namely to test how each independent variable individually influences the dependent variable. To test the hypothesis is the t value, then it can be seen from the probability value. The criteria for accepting/rejecting the hypothesis are as follows (Juliandi, A., Irfan, & Manurung, 2014):

- Reject H0 if the probability value ≤ a significant level of 0.05 (Sig. ≤α0.05)
- Accept H0 if the probability value> significant level of 0.05 (Sig. >α0.05)

F test

The F test is used to determine the effect of independent variables on dependent variables together and as a whole. To analyze whether the hypothesis is accepted or rejected, the F value can be seen, namely the probability value. The criteria for accepting/rejecting the hypothesis are as follows:

- Reject H0 if the calculated probability value ≤ the probability set at 0.05 (Sig. ≤α0.05)
- Accept H0 if the calculated probability value> the probability set at 0.05 (Sig. >α0.05)

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Coefficient of Determination

Priyatno (2016) R2 (R Square) analysis or coefficient of determination is used to determine how much percentage of the influence of independent variables together contributes to the dependent variable. From the output of the model summary table, the R2 (R Square) value can be known. The coefficient of determination is essentially used to measure the ability of variable X to explain variable Y. With the following equation:

KD = r^2 x 100%

Description:

KD = Determination Coefficient Value

r2 = Correlation Coefficient Value

1) *The Output Model Summary that will be used is the adjusted R Square, this also shows the contribution of the influence of the independent variable on the dependent variable. R Square is usually used to measure the contribution of influence if the regression uses more than two independent variables (Priyatno, 2016).*

2) Operational Definition of Variables and Their Measurement

3) Variabel Dependen

The dependent variable of the study is a variable that is bound and also influenced by other variables (Ariningtika, 2013). The dependent variable used in this study is Service Quality.

Quality of Service

To measure the quality or quality of service in primary health care providers seen from input, process and output. Input with human resources, drugs, infrastructure, SOP and SPM that influence. Efforts to improve access and quality of health services towards universal health coverage with an emphasis on strengthening basic health care and increasing promotive and preventive efforts supported by innovation and utilization of technology. Seven dimensions of health service quality, namely efficient, effective, timely, safe, fair, patient-oriented and integrated. To achieve the above targets, indicators are needed. These indicators must describe 10 dimensions of quality, high problem risk, high cost, high volume and problem prone, simple, measurable, open, affordable, accountable, gradual.

The indicator by the Indonesian Ministry of Health is realized in the form of a National Quality Indicator (INM) for primary health facilities (FKTP). This INM has been tested at the Tegalrejo Health Center which is planned to be implemented as a policy.

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There are 6 National Quality Indicators set by the Ministry of Health, namely:

1. Hand Hygiene Compliance (score 1-5)
2. Compliance with the Use of Personal Protective Equipment (PPE) (score 1-5)
3. Compliance with Patient Identification (score 1-5)
4. Success of Treatment of TB Patients for all drug sensitive (SO) cases (score 1-5)
5. Pregnant Women who receive ANC services according to standards (score 1-5)
6. Patient Satisfaction (score 1-5)

Variabel Independen

According to Pambudi (2015), independent variables (predictor/antecendent/free variables) are variables that influence or cause changes or the emergence of dependent (bound) variables.

Planning (X1)

Planning Planning is the basic and first function in management. Planning is a mental process for making decisions and forecasting. Planning must be oriented to the future and ensure the possibility of expected results in planning, one of the important things that is the center of attention is the human resource (HR) arrangement plan and other relevant resources. Good planning will increase the achievement of goals and effective financing.

Organizing Plan (X2)

Organizing Organizing is the grouping of a number of activities to achieve the desired goals

Implementation (X3)

Implementation is the Implementation of Health Programs, Mobilization Through Mini Workshops

Supervision (X4)

Supervision is supervision through mini workshops, pure assessment of mini workshops, assessment of the performance of health center employees.

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Control and assessment (X5)

Control and Assessment (X5) is and control (wasdal) and assessment through mini workshops, pure assessment of mini workshops, assessment of the performance of health center employees

Table 2. Variable Measurement Scale

Variabels	Indicator	Formula	Scale
Planning	Index	$P = \frac{Amount\ disclosed}{Total\ Disclosure\ Items}$	Ratio
Organizing the plan	Index	$PR = \frac{Amount\ disclosed}{Total\ Disclosure\ Items}$	Ratio
Implementation	Index	$PL = \frac{Amount\ disclosed}{Total\ Disclosure\ Items}$	Ratio
Supervision	Index	$PG = \frac{Amount\ disclosed}{Total\ Disclosure\ Items}$	Ratio
Control and Assessment	Index	$PDP = \frac{Amount\ disclosed}{Total\ Disclosure\ Items}$	Ratio

Source: Processed data, 2024

Result

The data results obtained in this study came from 4 variables, namely, planning, organizing plans, implementation, supervision and control and assessment. The total

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sample in this study was 50 ASN at the Lubuk Batang Health Center. The data processing tool used in this study was SPSS 21 software.

Validity and Reliability Test

Validity test is done with the help of SPSS 21 program with the Correccted item total correlation method. Knowing whether or not a variable is valid can be done by comparing if:

a. If r count> r table, then the item or variable is valid.
b. If r count < r table, then the item or variable is invalid.

Based on the results of the calculations that have been done by taking a significance level of 0.05 from a 95% confidence interval, it is known that r table (α = 0.05; n = 50-2 = 48), then the r table is 0.321.

Table 3. Results of Validity Test Analysis

Statement Items	r count	r table	Information
Planning (X1)			
Statement 1	0,425	0,361	Valid
Statement 2	0,346	0,361	Valid
Statement 3	0,515	0,361	Valid
Statement 4	0,474	0,361	Valid
Statement 5	0,661	0,361	Valid
Statement 6	0,509	0,361	Valid
Statement 7	0,522	0,361	Valid
Statement 8	0,721	0,361	Valid
Statement 9	0,661	0,361	Valid
Organizing the plan (X2)			
Statement 1	0,874	0,361	Valid
Statement 2	0,778	0,361	Valid
Statement 3	0,922	0,361	Valid
Statement 4	0,830	0,361	Valid
Statement 5	0,559	0,361	Valid
Statement 6	0,601	0,361	Valid
Statement 7	0,661	0,361	Valid
Statement 8	0,558	0,361	Valid
Statement 9	0,554	0,361	Valid
Statement 10	0,941	0,361	Valid
Implementation (X3)			

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Statement 1	0,756	0,361	Valid
Statment 2	0,347	0,361	Valid
Statment 3	0,475	0,361	Valid
Statment 4	0,958	0,361	Valid
Statment 5	0,748	0,361	Valid
Statment 6	0,272	0,361	Valid
Statment 7	0,345	0,361	Valid
Statment 8	0,645	0,361	Valid
Supervision (X4)			
Statment 1	0,857	0,361	Valid
Statment 2	0,567	0,361	Valid
Statment 3	0,524	0,361	Valid
Statment 4	0,456	0,361	Valid
Statment 5	0,354	0,361	Valid
Statment 6	0,574	0,361	Valid
Control and Assessment (X5)			
Statment 1	0,214	0,361	Valid
Statment 2	0,576	0,361	Valid
Statment 3	0,746	0,361	Valid
Statment 4	0,283	0,361	Valid
Statment 5	0,465	0,361	Valid
Statment 6	0,857	0,361	Valid
Statment 7	0,387	0,361	Valid
Statment 8	0,364	0,361	Valid
Service Quality (Y)			
Statment 1	0,655	0,361	Valid
Statment 2	0,409	0,361	Valid
Statment 3	0,532	0,361	Valid
Statment 4	0,478	0,361	Valid
Statment 5	0,659	0,361	Valid
Statment 6	0,524	0,361	Valid
Statment 7	0,642	0,361	Valid
Statment 8	0,488	0,361	Valid

Source: From primary data, 2024 (processed)

From the results of the validity test, it is known that the r-table of significant α = 0.361; 50-2 = 48 obtained r-table is 0.361 It is known that the value of the correlation coefficient r-count of each statment of the independent variable is greater than that of the

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r-table so it can be concluded that each statment used is valid. According to Priyatno (2016, 154), the reliability test is used to test the consistency of the measuring instrument, whether the results remain consistent or not if the measurement is repeated. Questionnaire instruments that are not reliable are inconsistent for measurement so that the measurement results cannot be trusted. The items that are included in the reliability test are all valid items, so invalid items are not included in the analysis and also the total score is not included. Reliability tests were also carried out on each variable. The reliability test used in this study uses the Cronbach Alpha method. According to Sekaran (quoted in Priyatno, 2016:158), reliability less than 0.6 is not good, while 0.7 is acceptable and above 0.8 is good.

Table 4. Reliability Test Results

Variable	*Cronbach Alpha*	Information
Planning (X1)	0,817	Good
Organizing the plan (X2)	0,854	Good
Implementation (X3)	0,812	Good
Supervision (X4)	0,843	Good
Control and Assessment (X5)	0,864	Good
Service Quality (Y)	0,890	Good

Source: From primary data, 2024 (processed)

Based on the results of the reliability test seen in Table 5.6, it can be seen that the Cronbach's Alpha value for the Planning variable (X1) is 0.817, the Plan organization variable (X2) is 0.854, the implementation variable (X3) is 0.812, the supervision variable (X4) is 0.843 and the service quality variable (Y) is 0.890 Thus it can be concluded that the reliability value of the Statment item in the tested questionnaire shows the value of each variable, namely planning, organizing plans, implementation, supervision, control and assessment as well as service quality, have a value above 0.8. This means that all Statment items of all variables can be said to be reliable or suitable for use as a research tool.

Classical Assumption Test

In this study, there are several classical assumption tests that are carried out. The tests carried out are normality test, heteroscedasticity test, multicollinearity test and autocorrelation test.

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Table 5. Normality Test

		Unstandardized Residual
N		412
Normal Parameters[a,,b]	Mean	.0000000
	Std. Deviation	1.08796378
Most Extreme Differences	Absolute	.081
	Positive	.081
	Negative	-.078
Kolmogorov-Smirnov Z		1.134
Asymp. Sig. (2-tailed)		.094

a. Test distribution is Normal.
b. Calculated from data.

From the results of the table above, it is shown that the results of the Kolmogrov-Smirnov test are 0.094, which means that the value is greater than 0.05. Asymp Value. Sig. (2-tailed) > 0.05, meaning that the data is normally distributed. It can be concluded that the data used in this study are normal and can be processed.

Table 6. Multicollinearity Test

Model		Collinearity Statistics	
		Tolerance	VIF
1	(Constant)		
	MP	.955	1.069
	P	.982	1.018
	PR	.912	1.023
	PL	.945	1.056
	PG	.957	1.075
	PDP	.980	1.045

a. Dependent Variable: MP

From the results of the table above, the MP tolerance value is 0.955 and the VIF is 1.069 while, the P tolerance value is 0.982 and the VIF is 1.018 and the last PDP tolerance value is 0.98 with a VIF of 1.045. Thus, it can be concluded that because all tolerance values are greater than 0.10 and VIF values are less than 10, then, the data used in this study do not have symptoms of multicollinearity.

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Table 7. Heteroscedasticity test

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std.Eror	Beta		
1	(Constanta)	12.289	3.812	-145	3.673	.001
	P	-114	.161	.143	-699	.025
	PR	.980	.235	.564	.236	.424
	PL	.356	.125	.353	.376	.490
	PG	.245	.178	.124	.897	.280
	PDP	-143	.234	.376	.098	.598

Source : Primary Data, 2024 (Processed)

Based on Table 7, the results of the heteroscedasticity test are known where the significance value of the planning variable is 0.025<0.05, the significance value of the plan organization variable is 0.424>0.05, the significance value of the implementation variable is 0.490 > 0.05, the significance value of the supervision variable is 0.280 > 0.05 and the control and assessment variable is 0.598 > 0.05. Thus, there is 1 variable with a significance value of less than 0.05, and four variables with a variable significance value greater than 0.05 which means that the model in this study does not have heteroscedasticity.

Hypothesis Test

In this test, there are several tests carried out, namely, the coefficient of determination, the F test and the t test. The following are the results of the tests conducted in this study:

Table 8. Coefficient of Determination

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.820[a]	.571	.418	.0824400

The value of Adjusted R Square = 0.418 from the table above, shows that 41.8% of the MP variance can be explained by the variables P, PR, PL, PG and PDP, while the rest are influenced or explained by other variables that are not included in this research model, which is 18%.

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Table 9. F Test

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.230	8	.121	14.201	.000[a]
	Residual	1.871	215	.009		
	Total	2.711	313			

a. Predictors: (Constant), P,PR,PL,PG dan PDP

b. Dependent Variable: MP

Sumber: Data diolah, 2024

Sourced from the chart above, the F test is 14,201 (significance f=0.000). So, sig f<0,05. Showing together that the independent variable (X) has an effect on the bound variable (Y).

Table 10. t test

Coefficients[a]

Model		t	Sig.
1	(Constant)	1.752	.091
	P	3.415	.125
	PR	2.230	.034
	PL	1.242	.002
	PG	3.576	.004
	PDP	2.454	.015

a. Dependent Variable: MP

Source: Data processed, 2024

From the test results above, the following is a presentation of the results of each variable test:

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1) P

The resulting significance level for probability is 0.125> 0.05. Affirmed that H1 was rejected. This means that the P variable has no significant influence on MP.

2) PR

The resulting significance level for the probability is 0.03< 0.05. Confirms that H1 is accepted. This means that the PR variable has a significant influence on MP. 3) PL The resulting significance level for the probability is 0.02 > 0.05. Confirm that H1 is accepted. This means that the PL variable has a significant influence on MP.

3) PG

The resulting significance level for probability is 0.004 < 0.05. Confirms that H1 is accepted. This means that the PG variable has a significant influence on MP.

4) PDP

The resulting significance level for probability is 0.015> 0.05. Confirm that H1 is accepted. This means that the PDP variable has a significant influence on t

DISCUSSION

Planning affects the Quality of Health Center Services

The test results showed that there was a negative influence between planning and service quality. This result is in contrast to the research of Erawati., et., al (2020) Planning is a systematic process that includes setting goals, strategies, and tactics to achieve desired results. Steiner (2021) in (Muhamad, 2022) defines planning as a step to set detailed goals and policies, and includes performance reviews and feedback. (Suandy, 2018) added that planning also involves presenting a clear strategy to achieve organizational goals. (Fahmi, 2017) emphasized that planning is an important basis for next steps and can protect organizations from uncertainty. (Silalahi, 2017) states that planning is a fundamental function of management, involving the selection of the best way to achieve goals. (Meldona & Siswanto, 2012) outlines the stages of planning such as forecasting, goal setting, programming, scheduling, budgeting, procedure development, and policy setting. (Handoko, 2018) added planning indicators such as vision, mission, strategy, and necessary resources.

Planning Affects the Quality of Health Center Services

The test results show that there is a positive influence between the organization of the plan on the quality of service, while organizing is a crucial process in management that involves the distribution and coordination of tasks and work to achieve organizational

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goals effectively and efficiently (Fariz, 2022). According to (Handoko, 2015), management includes planning, organizing, arranging personnel, directing, and supervising, with organization as the main step to ensure that all processes run according to plan. (Terry, 2016) defines organizing as the process of distributing and coordinating work to achieve goals. (Manullang, 2017) and (Budiono, 2016) added that organizing involves grouping activities and dividing tasks, in order to avoid overlap and ensure an optimal organizational structure. Therefore, organizing is the main process that ensures the distribution of workloads, structuring superior-subordinate relationships, and arranging workspaces to be more optimal and efficient (Fariz, 2022a; Fariz & Winarsih, 2024). Organizing indicators include components of activities, division of tasks, determination of authority, and arrangement of plans.

Implementation affects the Quality of Health Center Services

The test results showed that there was a positive influence between the implementation and the quality of health center services. Where, the implementation in the sense of bringing many changes in the health center. Organizational change is not an easy process because members of the organization are used to the convenience of the hereditary work system. The change process can have a psychological and emotional impact on employees that will affect the organizational change process. Organizational changes can be influenced by many factors, both internal and external. Influential internal elements of the organization include management and organizational culture. Other research results regarding the advantages of implementing accreditation are the existence of documentation, quality standards, strengthening the relationship between health services and stakeholders and reminding staff and patient satisfaction. However, more in-depth reviews of the dimension of satisfaction felt by patients have not been found.

Supervision affects the Quality of Health Center Services

The test results showed that there was a positive influence between supervision and supervision on the quality of health center services. According to Asriati et al (2023), supervision is one of the important factors that affect the quality of services at health centers. With effective supervision, the Health Center can ensure that the services provided are in accordance with the set standards and that the needs of patients are met. Good supervision helps to Guarantee the Quality of Service: Ensures that all medical and administrative procedures are carried out correctly. Detecting and Correcting Errors: Early

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identification of errors or discrepancies so that they can be corrected immediately, Increasing Patient Satisfaction: Patients will be more satisfied if they receive quality and timely services, Meningkatkan Efisiensi Operasional: Assists in a more effective and efficient use of resources, Developing Staff Competencies: Medical and administrative staff can be provided with appropriate training and guidance to improve their skills and knowledge. Thus, supervision that is carried out regularly and comprehensively can have a positive impact on the quality of services at the Health Center.

Control and supervision affect the quality of health center services

The test results showed that there was a positive influence between control and supervision on the quality of health center services. This is in line with the research of Mulyadi, D., & Setiawan, A,. (2022) Control and supervision do have an important role in maintaining the quality of services at the Health Center. Controls include measures taken to ensure that all established procedures and standards are followed. This includes monitoring staff performance, the use of medical tools and materials, and compliance with health protocols. While Supervision is the process of inspecting and evaluating the quality of services provided. With good supervision, the Lubuk Batang Health Center can ensure Compliance: All parties comply with the standard operating procedures (SOPs) that have been set, detect problems early: Identify problems from the beginning to prevent bigger mistakes, increase accountability: Staff are more responsible in carrying out their duties, encourage continuous improvement: Through feedback and evaluation, the Health Center can continue to improve and improve the quality of its services. With the synergy between control and supervision, Puskesmas can provide better, safer, and more efficient health services to the community.

CONCLUSION

Based on the results of the analysis and discussion described earlier, it can be concluded that it is partially known that the variables of Planning (X2), Implementation (X3), Control (X4) and Supervision and Assessment (X5) have a greater effect on the Quality of Service (Y) at the Lubuk Batang Health Center while planning (X1) has a smaller effect on the Quality of Service (Y) at the Lubuk Batang Health Center, Simultaneously it is known that the planning variable (X1), Planning (X2), Implementation (X3), Control (X4) and Supervision and Assessment (X5) affect the Quality of Service (Y) at the Lubuk Batang Health Center (Y), Ogan Komering Ulu Regency. The results of the determination coefficient analysis (R Square) of 0.820 or 82% show that the variables of

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planning (X1), Planning Organization (X2), Implementation (X3), Control (X4) and Supervision and Assessment (X5) are affected or explained by other variables which is not included in this research model.

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