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Habitus And Financial Management Practices At BLUD Community Health Centers: A Phenomenological Study Of Non-Accounting Actors

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Abstract

This study aims to understand financial management practices by non-accounting actors at Community Health Centers (Puskesmas) operating as Regional Public Service Agencies (BLUD) and to explain how experience, capacity, and organizational context shape these practices. The study employs a qualitative approach with a phenomenological design within an interpretive paradigm. Data were collected through in-depth interviews, non-participant observation, and document analysis, and were subsequently analyzed using interpretive thematic analysis within the framework of Pierre Bourdieu's Theory of Practice. The research informants were BLUD Puskesmas financial managers with non-accounting educational backgrounds who were directly involved in BLUD financial management and reporting. The results indicate that financial management practices are shaped through a process of adaptation to the BLUD system, work experience, learning from practice, and interactions with various parties within the organization and local government. The implementation of the BLUD model provides flexibility in budget management but also increases the complexity of administrative and financial reporting. Financial management is carried out through collaborative practices, the use of financial information systems, and adaptive strategies such as consultation, self-directed learning, and work discipline to cope with administrative pressures and limitations in formal accounting competencies. This study demonstrates that BLUD financial management practices are not solely determined by formal rules but also by the subjective experiences and social dynamics of non-accounting actors in performing financial functions at the operational level.

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Keywords: BLUD, financial management, non-accounting actors, community health centers, Theory of Practice, phenomenology

INTRODUCTION

Public sector financial management reform in Indonesia is part of a systematic effort to improve efficiency, effectiveness, and accountability in the delivery of public services. The literature indicates that this reform is driven by the new public management paradigm, which emphasizes competition, decentralization of authority, and flexibility in the management of public organizations (Stein et al., 2022). In this context, the Indonesian government introduced the concepts of Public Service Agencies (BLU) and Regional Public Service Agencies (BLUD) as forms of agencification that grant greater autonomy in financial management (Stein et al., 2022). BLUDs subsequently expanded rapidly and were widely adopted by community-based service units such as community health centers (puskesmas) as they were deemed capable of improving service quality without a profit orientation (Nurkholis et al., 2023; Ricardo et al., 2023; Zulfa & Sunarto, 2023). This reform is also marked by a shift in the budgeting system toward performance-based budgeting focused on outputs and outcomes (Basabih & Widhakuswara, 2024). However, the literature also indicates that the implementation of reforms does not always consistently yield positive impacts; in some cases, a decline in efficiency and output has even been observed (Stein et al., 2022). This indicates a tension between the normative goals of the reform and the reality of implementation on the ground. Thus, it is important to understand how the reform is actually carried out at the operational level. This situation serves as a starting point for exploring the actual practices of financial management in public service organizations.

In the health sector, particularly in primary care facilities such as BLUD community health centers, financial management has become increasingly complex due to the need to manage multiple funding sources simultaneously. The literature indicates that health facilities operate within a system of multiple funding flows, each with distinct characteristics in terms of flexibility, adequacy, and predictability (Haq, 2022). Furthermore, the concept of “decision space” indicates that financial autonomy is linked to the quality of services provided (Haq, 2022). However, in practice, this autonomy is not fully realized due to ongoing dependence on local government policies and bureaucratic constraints (Hernando & Syofyan, 2022; Mekarisce & Sari, 2023). The literature also indicates that the design of management controls in BLUD organizations is often misaligned with organizational strategies, leading to inefficiencies in implementation (Prayudi et

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al., 2023). Furthermore, dynamic regulatory changes add to the complexity of financial management in the health sector (Prayudi et al., 2023). Thus, financial management in BLUD community health centers is influenced not only by formal rules but also by the dynamics of a complex organizational environment. This suggests that a normative approach alone is insufficient to understand the realities of current practices. Therefore, an approach is needed that can explore the real-world experiences and practices of those working in the field.

Furthermore, the literature indicates a significant discrepancy between the formal framework for financial management and actual practices on the ground. Formally, BLUDs are designed to provide flexibility in financial management to improve service quality (Nurkholis et al., 2023; Ricardo et al., 2023; Zulfa & Sunarto, 2023). However, in practice, many BLUD organizations still face various constraints such as limited human resources, bureaucratic systems, and dependence on government subsidies (Alamin et al., 2022). Studies on BLUD community health centers indicate that the change in organizational status has increased the workload of health workers and introduced new challenges in financial management (Amalputra et al., 2023). Additionally, a lack of understanding regarding the concept of BLUD flexibility also poses a barrier to policy implementation (Basri et al., 2021). This situation indicates that the flexibility promised within the formal framework does not always materialize in practice. In fact, in some cases, the implementation of BLUDs has reinforced the very bureaucratic practices that were intended to be avoided. This suggests a gap between policy design and operational reality. Therefore, it is crucial to examine how financial management practices are carried out by actors on the ground.

Furthermore, the literature also highlights that aspects of accountability and transparency in the financial management of BLUDs still face various challenges. Although BLUD organizations have formally fulfilled their reporting obligations in accordance with regulations, transparency toward the public has not yet been fully realized (Yakin, 2024). This indicates a discrepancy between formal accountability and actual transparency. On the other hand, the quality of financial reports is not determined solely by formal systems such as government accounting standards but is more influenced by human resource competence and organizational culture (Salihi, 2021). This finding reinforces that financial management practices cannot be understood solely through a regulatory framework, but also through social and organizational dynamics. Furthermore, limitations in operational regulations and a lack of guidance from local governments further hinder the implementation of financial management (Amalputra et al., 2023). Thus, there is a need to understand how actors on the ground navigate these various demands. This is crucial for uncovering actual practices that are often not visible in formal reports. Therefore, an approach

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focused on subjective experiences becomes highly relevant.

Furthermore, the literature indicates that the role of non-accounting actors in financial management is often overlooked, even though they make significant contributions to day-to-day practices. In various sectors, including education, village government, and nonprofit organizations, financial functions are carried out not only by accounting professionals but also by non-accounting actors such as administrative staff and operational personnel (Marando et al., 2022; Grohs & Rasch, 2021; Rosdiana et al., 2024). In the context of BLUD community health centers, this situation is further complicated because healthcare workers must also perform administrative and financial functions (Amalputra et al., 2023). This gives rise to various challenges such as limited financial literacy, increased workloads, and role ambiguity (Basri et al., 2021). Additionally, the gap between financial staff and operational staff creates tension in financial management practices (Rosdiana et al., 2024). This situation indicates that financial management is a cross-functional practice involving various actors with different backgrounds. However, the literature has rarely explored how non-accounting actors perform these roles. Therefore, this study is important to fill this gap.

From a theoretical perspective, Pierre Bourdieu's Theory of Practice provides a relevant framework for understanding financial management practices as the result of interactions between habitus, capital, and field. The literature indicates that accounting and financial management practices cannot be separated from the social contexts and power relations that shape them (Seneviratne & Martino, 2021; Rana et al., 2021). In the context of healthcare organizations, financial practices are influenced by various interacting logics, such as clinical, administrative, and policy logics (Currie & Seddon, 2021). Furthermore, the distribution of capital—such as knowledge, experience, and social networks—also determines actors' positions within the organization (Hennekam et al., 2022). Habitus, as an internalized disposition, also influences how actors understand and carry out financial practices (Harvey et al., 2020). Thus, the Theory of Practice enables a deeper analysis of financial management practices as a social phenomenon. This approach also allows for the uncovering of aspects that remain unseen within formal frameworks. Therefore, this theory is highly relevant for use in this study.

Based on the above discussion, it can be concluded that there is a significant gap in the literature regarding financial management in BLUD community health centers, particularly in understanding the practices carried out by non-accounting staff. The existing literature is still dominated by normative approaches and has not yet explored the subjective experiences of practitioners in the field. Furthermore, the research focus, which has largely been on the

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managerial level and large organizations such as hospitals, has resulted in practices at the community health center level not being described in depth. This situation highlights the need for research focused on the realities of operational practices. Therefore, the research title "Uncovering Financial Management Practices by Non-Accounting Staff at BLUD Community Health Centers: A Phenomenological Approach Based on the Theory of Practice" has strong justification both empirically and theoretically. This title reflects an effort to explore the subjective experiences of practitioners and to understand practice as a complex social construction. Thus, this study is expected to make a significant contribution to the development of literature and financial management practices in the public sector.

METHODE

This study employs a qualitative design with a phenomenological approach within an interpretive paradigm to gain an in-depth understanding of the subjective experiences of non-accounting staff in financial management practices at BLUD Community Health Centers. This design was chosen because it can capture the meaning of lived experience, which cannot be explained through the normative approach that has long dominated the literature on public sector financial management (Stein et al., 2022; Iznillah et al., 2023). Research subjects were selected through purposive sampling, with the primary criterion being financial managers at BLUD Community Health Centers who hold educational backgrounds in oral therapy and dental care, thereby representing non-accounting actors—as indicated in the literature that financial management is often carried out by actors outside the accounting profession (Amalputra et al., 2023; Basri et al., 2021). This selection of subjects was also based on evidence that limited financial competencies and increasing workloads are real empirical phenomena at BLUD community health centers (Amalputra et al., 2023). The research instrument consists of a semi-structured in-depth interview guide designed to explore the experiences, practices, and meanings constructed by informants in performing financial functions. The interview questions were developed based on the concepts of habitus, capital, and field to reveal how practices are formed through the interaction between individual dispositions, resources, and the organizational context (Seneviratne & Martino, 2021; Rana et al., 2021).

Data collection was conducted through in-depth face-to-face interviews, supplemented by non-participatory observation of financial management activities and analysis of documents such as financial reports and standard operating procedures (SOPs) to enhance data validity (Iznillah et al., 2023). The interview process was recorded, transcribed verbatim, and reconfirmed with the

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informants as part of the member checking technique. The data analysis method employed thematic analysis, involving the stages of open coding, axial coding, and selective coding to identify key themes representing financial management practices. Subsequently, these themes were interpreted using the Theory of Practice framework to explain the relationship between habitus, capital, and field in shaping financial practices at the BLUD health center. This approach allows researchers not only to describe practices but also to explain the underlying social dynamics. With this methodological design, the study is expected to be replicated by other researchers in similar contexts while maintaining the depth of phenomenological analysis and interpretive strength.

RESULTS

Adaptation of Financial Management During the Transition to BLUD

The theme of adapting financial management during the transition to the BLUD model highlights changes in work practices and financial management responsibilities that informants directly experienced after the community health center adopted the BLUD model. Informants explained that the most memorable early experience when they began implementing BLUD financial management was the process of preparing the RBA, where "the first thing we did was prepare the RBA," and during that process, informants admitted to "consulting more frequently with the SKPD, including the accounting division and the technical training division at the health office." This statement indicates that during the early stages of the transition, the informants still required significant adjustment and guidance in understanding the mechanisms of BLUD financial management. Before becoming a BLUD, financial management remained dependent on the SKPD, making it difficult to quickly meet certain operational needs. The informants noted that "when we needed something to improve health center services, it was hard to make the purchase" because they were still bound by SKPD mechanisms. After becoming a BLUD, the informant felt a change, particularly in the flexibility of budget use, because "after becoming a BLUD, we have more flexibility to use the budget for procurement." This situation indicates that the informant perceives the BLUD transition as a change that provides greater leeway for the community health center to meet service and procurement needs more quickly.

Another change felt during the BLUD adaptation process was the increased responsibility for managing financial reports, which had previously been handled by the health department. The informant explained that "before becoming a BLUD, financial reporting was handled by the health department, but after becoming a BLUD, we manage the financial reports ourselves." This change

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required the informant to begin understanding various types of reports and financial administration systems that had not previously been managed directly. During this process, the informant admitted to feeling confused when preparing financial reports because "I was confused by terms like RU, RRA, and Balance Sheet." Adaptation to the new system was also evident in the use of more complex applications and administrative mechanisms under the Public Health Service Agency, such as the process of "data entry in the BLUD application" and budget preparation through "data entry in SPGRI." These data indicate that the transition to BLUD not only provides flexibility in budget management but also brings changes in work patterns, increased administrative responsibilities, and the need to adapt to new financial reporting and management systems.

Competencies and Capabilities of Financial Managers

The theme of financial managers' competencies and capacities indicates that the informant's ability to manage the BLUD's finances was developed through work experience, a learning process, and direct involvement in day-to-day financial administration practices. The informant explained that they have "a background in oral therapy and dental care," so their financial management skills do not stem from an accounting education. Nevertheless, the informant has been involved in financial management since 2020 and previously served as the "BOK treasurer" at another community health center. This experience demonstrates that financial management skills are built through continuous work practices within the health center environment. In addition to work experience, the informant also gained knowledge through training, noting that "we have conducted specialized training in accounting" and also received training from the "Department of Health." This indicates that capacity building in financial management is achieved through a combination of hands-on experience and technical training provided by relevant agencies.

Financial management competencies are also evident in the informant's ability to perform various administrative tasks and use the BLUD financial system. The informant explained that their daily activities include "verifying expense reports, processing financial transfers, entering expenditure data into the BLUD application, and uploading documents to the BLUD application." Additionally, during the budget preparation process, the informant plays a key role in data entry because "I'm usually the one who handles the entries—I've been doing it for a long time." Despite having experience and certain technical skills, the informant acknowledges difficulties in understanding financial reports because "we don't have an accounting background," leading to

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confusion when interpreting “RU, RRA, and the Balance Sheet.” To overcome these difficulties, the informant learns from “personal experience, colleagues, and sometimes by watching YouTube videos.” This learning process has made the informant feel more confident in their abilities because “I’ve gone through a long learning process even without an accounting background.” The data indicates that the capacity of financial managers develops through practical experience, training, workplace interactions, and self-directed learning undertaken while performing BLUD financial management duties.

Regulatory Compliance and Formal Governance

The theme of regulatory compliance and formal governance indicates that financial management practices at community health centers are carried out in accordance with the rules and procedures established by the local government. Informants explained that in understanding and implementing financial management, they “follow the existing regulations in the region.” This statement indicates that formal regulations serve as the primary guide for financial activities at the health centers. Compliance with procedures is also evident in the phased budget preparation process, starting with the drafting of the RBA, followed by “entry into the SPGRI,” and culminating in the issuance of the DPA before expenditures are made in accordance with the established plan. Additionally, in the execution of fund disbursements, there is a clear administrative workflow involving the PPTK, PPK, cashier, and disbursement officer before funds are transferred in accordance with the submitted SPJ. This data indicates that financial management practices are carried out through structured formal procedures and follow predetermined administrative stages.

Compliance with formal governance procedures is also evident in the informant’s refusal to adjust outside the established procedures. The informant stated that for the year 2025, they would “follow formal rules,” and when asked about the possibility of adjusting outside the rules, the informant replied, “never.” Nevertheless, the informant admitted to having “objected” to certain rules, but “not to the point of changing the rules.” This indicates that even though there are views or objections to the existing rules, financial management is still carried out in accordance with existing formal regulations. In the process of preparing financial reports, formal governance is also evident through “preliminary briefings from the accounting department on how to prepare financial reports” and follow-up consultations after the reports are finalized. The informant also emphasized that good financial management must involve “good planning, good implementation in the field, and good reporting.” This data indicates that compliance with regulations and formal

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governance is understood by the informant as a crucial component in ensuring the smooth operation of financial management processes at the BLUD health center.

Collaborative Practices in Financial Management

The theme of collaborative practices in financial management indicates that the implementation of BLUD financial management at community health centers is carried out through working relationships involving many parties, both within and outside the centers. The informant explained that when first implementing BLUD financial management, he "consulted more frequently with the SKPD department, including the accounting division and the technical training division at the health office." These consultations were conducted because the informant felt they still needed guidance in understanding BLUD financial management and reporting. When facing difficulties in the financial administration process, the informant also stated that they "would just go straight to the accounting department if they encountered any difficulties." This indicates that problem-solving in financial management is not done alone, but through communication and coordination with other parties deemed to have a better understanding of accounting and financial administration aspects. Ongoing interaction with the regional accounting department was also evident when the informant stated that there was "constant" communication with the regional accounting department during the financial reporting process.

Collaborative practices were also evident in the process of preparing financial reports, which was carried out jointly by several parties at the community health center. Informants explained that financial reports were prepared "jointly by the revenue treasurer's team, the PPK, and the head of assets and inventory." Once the report is finalized, the team consults with the regional accounting office to ensure the report aligns with applicable procedures. Prior to drafting the report, the informant also mentioned a "preliminary briefing from the accounting office on how to prepare financial reports." Beyond collaboration in reporting, coordination also occurs when there are delays in submitting financial reports through "commitment meetings" to ensure all reports are completed on time. The informant even described the relationship with other parties as "very important," particularly with "other treasurers, the health center director, and the health department." This data indicates that financial management of the BLUD at the health center operates through collective work practices that rely on coordination, consultation, and collaboration among various parties involved in the financial administration and reporting process.

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Challenges and Obstacles in Financial Management.

The theme of challenges and obstacles in financial management indicates that informants face various difficulties in managing BLUD finances, particularly regarding changes in work systems, understanding financial reports, and administrative pressures that must be managed alongside service duties. Informants explained that before becoming a BLUD, the most significant obstacle was the limited flexibility in budget usage because financial management still depended on the district health office (SKPD). Informants stated that "when we need something to improve health center services, it's difficult to make the purchase." After becoming a BLUD, although budget use became more flexible, new challenges emerged because the health center had to manage its own financial reporting. The informant explained that "before becoming a BLUD, financial reporting was handled by the health department, but after becoming a BLUD, we manage the financial reports ourselves." This change required the informant to adapt to various administrative and reporting procedures that were not previously managed directly.

Another challenge cited by the informant relates to the difficulty of understanding financial statements due to a lack of accounting education. The informant admitted that when preparing financial statements, they felt "confused by items like the Income Statement, Statement of Comprehensive Income, and Balance Sheet," and initially struggled to grasp the report format because "we don't have an accounting background." The informant also found it difficult to understand the sources of the figures and to read the balance sheet, particularly the assets section, because "the handover from the health department was not yet complete at the time of preparation." In addition to technical difficulties, administrative obstacles also arose when program implementers submitted SPJs late, so that "when the SPJ is late, we get penalized" and this results in delays in fund disbursement. The informant also acknowledged that financial tasks "quite interfere" with their primary role as a service provider and that they feel "burdened" by them, even though the work must still be done. This situation forces the informant to divide their time between service delivery and administrative work, following a schedule of "service first until 12 PM, then administration, often working overtime." These data indicate that financial management at BLUDs presents challenges that are not merely technical and administrative in nature, but also impact the informant's workload and time management in carrying out daily duties.

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Adaptive Strategies and Problem Solving

The theme of adaptive strategies and problem-solving indicates that informants employ various methods to address challenges in BLUD financial management, whether through consultation, adjusting work patterns, or establishing disciplined work habits. When facing difficulties in the financial management process, informants explained that the most common step taken is to consult with parties considered knowledgeable in accounting and financial administration. Informants stated that "usually we just go straight to the regional office for consultation, sir; we usually just go directly to the accounting department if we encounter any difficulties." Additionally, when fund disbursement delays occur due to late submission of financial reports (SPJ), informants noted that the health center addresses this by "holding a commitment meeting, ensuring all SPJs for the month following the activity's completion are finalized." This indicates that problem-solving is carried out through joint coordination to prevent administrative obstacles from recurring. This adaptive strategy is also evident in the ongoing communication with the regional accounting department, as the informant noted that there is "constant" interaction and consultation during the financial reporting process.

In addition to consultation and coordination, adaptive strategies are also evident in the work habits informants employ when completing financial administrative tasks. Informants explained that "the key is to be consistent and not put things off" and "if there's work to be done, just do it and finish it." This habit was reiterated when the informant stated that every task must be "done and completed as soon as possible; don't put it off." Under certain circumstances, the informant even chooses to finish the work on the same day "even if it means working overtime" to prevent tasks from piling up. Another strategy that aids in task completion is the use of the BLUD application, as the informant noted, "the BLUD application is what helps; it's very helpful for the system." The informant also developed financial management skills through personal experience, assistance from coworkers, and learning from other sources such as YouTube. These findings indicate that adaptive strategies in BLUD financial management are implemented through a combination of consultation, collective work, work discipline, utilization of application systems, and self-directed learning to address various challenges encountered in daily practice.

Digitization and Financial Information Systems

The theme of digitization and financial information systems indicates that the use of digital applications and systems has become an important part of financial management practices at BLUDs in community health centers. The informant explained that in their daily activities as an

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expenditure treasurer, they not only review expense reports and process financial transfers, but also "enter data into the BLUD application regarding expenditures and upload documents to the BLUD application." This indicates that financial administration and reporting processes are already conducted through a digital system integrated with financial document management. The use of information systems is also evident in the budget preparation process, as after drafting the RBA, the data is then "entered into SPGRI, after which the DPA is generated." This process demonstrates that the stages of financial planning and budgeting are no longer conducted entirely manually but utilize specific applications in the BLUD's financial administration process. Additionally, the informant plays a specialized role in the data entry process because "I'm usually the one who does the entry, since I've been the one doing it for a long time," making proficiency in operating the system a critical component of financial management duties.

Informants also view the BLUD application as a tool that aids in the completion of financial administrative tasks. One informant stated that "the BLUD application is helpful; it really helps the system." This statement indicates that the application system is seen as simplifying work processes and supporting the smooth management of financial administration. Nevertheless, using the financial information system still requires the ability to understand complex reports and administrative procedures. The informant acknowledged that initially, they had difficulty understanding the format of financial reports because "I was confused about how to enter the data, where the numbers came from, and how to read the balance sheet." To overcome these difficulties, the informant continued to communicate and consult with the local accounting department because, in their view, such interaction "is ongoing" throughout the financial reporting management process. This data indicates that digitalization in BLUD financial management is not only related to the use of applications but also to the financial managers' ability to adapt to the digital-based administrative and reporting systems used at the community health centers.

DISCUSSION

The research findings indicate that financial management practices at BLUD Community Health Centers are shaped not only by formal regulations but also by the subjective experiences and adaptation processes of non-accounting staff in carrying out their day-to-day financial duties. The informant explained that while they have "a background in oral therapy and dental care," they must perform the duties of an expenditure treasurer, which include, "verifying expense reports, executing financial transfers, entering data into the BLUD application regarding

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expenditures, and uploading documents to the BLUD application." This situation indicates that BLUD financial management practices are carried out by non-accounting actors who acquire financial competencies through practical experience and daily on-the-job learning. From the perspective of Pierre Bourdieu's Theory of Practice, this situation demonstrates the formation of a new habitus in financial administration practices through ongoing work experience. Informants even stated that the ability to understand financial management is acquired "mostly from personal experience, from colleagues, and sometimes by watching on YouTube." This finding aligns with the research by Amalputra et al. (2023), which shows that BLUD financial management is often carried out by health workers who lack formal competencies in finance, making the process of learning through practice a crucial aspect of financial management adaptation. Furthermore, this finding also reinforces the argument by Basri et al. (2021) that the implementation of BLUD autonomy in community health centers (puskesmas) is still hindered by limitations in human resource readiness and understanding of the flexibility in BLUD financial management.

The research findings also indicate that the transition to BLUD status created a new framework that transformed financial management practices and working relationships within community health centers. Informants explained that prior to becoming a BLUD, "financial management was difficult when we needed to purchase items to improve community health center services" because they were still dependent on the local government agency. After becoming a BLUD, informants felt that "there was greater flexibility in using the budget for purchases." This change indicates a transformation in the practice of financial management that grants health centers greater decision-making autonomy. However, this flexibility is accompanied by increased administrative responsibility because "after becoming a BLUD, we manage the financial reports ourselves." This situation suggests that BLUD flexibility does not entirely alleviate administrative pressure but rather shifts the responsibility for managing financial reports to operational staff at the health centers. This finding supports the research by Stein et al. (2022), which explains that BLUD reform introduces financial management flexibility as part of public sector reform; however, its implementation continues to face tensions between the normative goals of the reform and bureaucratic practices on the ground. The findings of this study are also consistent with Hernando & Syofyan (2022) as well as Iznillah et al. (2023), who explain that in practice, BLUD flexibility remains constrained by bureaucratic structures and dependence on local government policies.

From a capital perspective, the research findings indicate that the capabilities of financial

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managers depend not only on formal competencies but also on the social capital and experiential capital possessed by the informants. The informants explained that when facing difficulties, they "simply go straight to the accounting department if they encounter any problems," and relationships with other parties are viewed as "extremely important," particularly with "other treasurers, the head of the community health center, and the health department." This practice demonstrates that social relationships serve as a crucial resource in resolving financial management issues within BLUDs. In addition to social capital, cultural capital is also formed through work experience and training acquired by the informants while performing their financial management duties. The informants stated that they had participated in "specialized training" from the accounting field and the health department and had "gone through a lengthy learning process despite lacking an accounting background." This finding demonstrates that financial management practices are shaped through the accumulation of experience, training, and professional networks possessed by non-accounting actors. This aligns with the findings of Rosdiana et al. (2024), who highlighted a financial literacy gap between program staff and financial staff, underscoring the importance of practical learning and professional relationships in executing an organization's financial functions. This finding also reinforces the research by Dorantes & Peterson (2020), which shows that non-accounting actors often rely on technical assistance and administrative cooperation to overcome limitations in financial competence.

This study also shows that financial management practices in BLUDs are shaped by work habits and the practical logic that develops through daily activities. Informants stated that "the key is consistency and not putting off tasks" and "if there is work, it must be completed that day, even if it means working overtime." These habits indicate the formation of an administrative habitus that emphasizes discipline, the prompt completion of tasks, and adaptation to the pressures of administrative work. Informants also admitted that financial tasks "significantly interfere" with their primary service duties and that they feel "burdened" by these responsibilities. This situation indicates that BLUD financial management results in tangible work consequences for non-accounting healthcare staff, as they must perform two functions simultaneously: healthcare services and financial administration. This finding aligns with the research by Amalputra et al. (2023), which shows that the implementation of BLUDs increases the workload of health workers at community health centers. The findings of this study also support Basri et al. (2021), who explain that the financial management autonomy of BLUDs creates new administrative pressures for health workers in primary care facilities.

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CONCLUSION

This study shows that financial management practices at BLUD Community Health Centers are not only determined by formal regulations and financial administration systems, but are also shaped by subjective experiences, adaptation processes, and the daily work practices of non-accounting personnel who perform financial functions. The research findings show that financial managers with non-accounting backgrounds can build financial management capacity through work experience, training, consultation with the regional accounting department, and self-directed learning from daily practices. The transition to BLUD status provides greater flexibility in budget utilization, yet simultaneously increases administrative responsibilities and the complexity of financial reporting that must be directly managed by the health center. In practice, BLUD financial management operates through a collective work pattern involving coordination with other treasurers, health center leadership, the local accounting department, and various parties involved in financial administration and reporting processes. This study also indicates that financial management practices are shaped by specific work habits, such as work discipline, administrative consistency, ongoing consultation, and the use of the BLUD application as part of an adaptive strategy to address administrative pressures and limitations in formal accounting competencies.

The main contribution of this study lies in its effort to present the reality of financial management practices in BLUDs from the perspective of non-accounting actors, who have thus far received relatively little attention in the literature on public sector and health financial management. This study expands the understanding that financial management practices in public service organizations are not carried out solely by accounting professionals, but also by health workers who must adapt to the demands of financial administration and formal reporting. Furthermore, this study offers a theoretical contribution by applying Pierre Bourdieu's Theory of Practice to explain how habitus, capital, and field interact in shaping financial management practices within the BLUD Community Health Center (Puskesmas) environment. The findings reveal that work experience, social relations, practical learning, as well as the bureaucratic structure and regulations of BLUDs are key elements shaping the logic of financial management practices at the operational level. Thus, this study makes an empirical contribution to the development of public sector accounting research, particularly regarding administrative practices, the experiences of non-accounting actors, and the dynamics of financial management reform implementation in primary health care organizations.

This study has limitations because it was conducted in a single community health center

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context and focused on the experience of a single key actor in BLUD financial management; therefore, the findings cannot yet reflect the full range of financial management practices at BLUD community health centers in other regions. Therefore, future research is recommended to expand the research context by involving more community health centers, different organizational actors, and variations in regional characteristics to gain a more comprehensive understanding of BLUD financial management practices. Future research could also adopt an organizational ethnography approach or a multi-case study to capture the dynamics of work interactions, informal practices, and administrative negotiations occurring in daily financial management activities in greater depth. Additionally, future research could explore the relationship between the digitization of financial systems, the administrative burden on healthcare workers, and the quality of public services to understand the impact of BLUD reforms on operational work practices in primary healthcare facilities. Research development on aspects of emotional experiences, administrative work stress, and power relations in public sector financial management is also important so that public sector accounting studies do not only focus on formal compliance but are also able to understand the social realities that shape financial management practices at the operational level of public service organizations.

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