

# Development of Health Human Resources To Improve The Quality of Services To The Public

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## Abstract.

*Human Resources (HR) to improve service quality at RELOF Clinic Bekasi require systematic and continuous efforts to enhance competence and career progression. This study was conducted with the aim of analyzing the characteristics of HR, mapping the competencies of management and operational staff, evaluating the recruitment and career development system, and assessing the quality of service provided to the community at RELOF Clinic in Bekasi City. This study is an analytical descriptive research using a quantitative and qualitative mixed method approach. The research population consists of RELOF Clinic patients who visited between April and June 2026. The research sample consisted of 107 patients, representing the population, selected using the Slovin formula. The **sampling** technique used was random sampling. The research instrument was a questionnaire, which was tested for validity and reliability using 30 trial samples. Qualitative data were collected through in-depth interviews, observation, document studies, and Focus Group Discussions (FGD). Quantitative data analysis was done univariately. Qualitative data were analyzed using content analysis. The results showed that the human resources at RELOF Clinic are dominated by female workers at 92% (23 people), with education ranging from Health Vocational High School graduates to medical professionals. In terms of service quality, RELOF Clinic has strong advantages in the dimensions of Assurance, Reliability, Responsiveness, and Empathy. However, a fundamental weakness was found in the Physical Evidence (Tangibles) dimension due to limited disability-friendly facilities, gaps in nurses' educational qualifications, and recruitment and career development systems that are not yet supported by standardized Key Performance Indicators (KPI) documents. The conclusion of this study is that although the clinical competence and legal compliance of medical personnel have ensured patient safety, the overall optimization of service quality is still hindered by limited physical infrastructure and conventional HR management.*

**Keywords:** Service Quality, HR Development Management and Clinical Competence.

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## I. INTRODUCTION

Clinics play an important role in the health care system. In practice, clinic management faces complex challenges, including increasing numbers of patients, limited resources, the need for operational efficiency, and demands to provide high-quality services (Dhian Tyas Utami<sup>1</sup>, Feronica Melinda Muskitta<sup>2</sup>, Fanny Fardiyani<sup>3</sup>, Purwadhi<sup>4</sup>, Yani Restiani Widjaja<sup>5</sup>, Jurnal Masharif al-Syariah: Jurnal Ekonomi dan Perbankan Syariah, Volume 9, No. 5, 2024).

Health efforts are activities to maintain and improve optimal health for the community. Health efforts are carried out with a health improvement approach (promotive), disease prevention (preventive), disease healing (curative), and recovery (rehabilitative), which are implemented in a comprehensive, integrated and sustainable manner supported by human resources (Indonesia R. Regulation of the Minister of Health of the Republic of Indonesia No. 129 concerning Minimum Hospital Service Standards. Jakarta: SK/II/2008 concerning Minimum Hospital Service Standards; 2008).

The mandate of Law Number 36 of 2009 concerning health in Article 21 stipulates that the government regulates the planning, procurement, utilization and empowerment (guidance and quality control) of health workers in the context of organizing health services (Law Number 36 of 2009 concerning Health. Jakarta: Ministry of Health of the Republic of Indonesia; 2009)

Human resources (HR) are a fundamental component of an organization, playing a key role in achieving strategic goals. Health HR is closely linked to each function of a health organization and also interacts with each other. Achieving an organization's vision and mission requires HR skills and abilities capable of diagnosing problems and intervening to resolve each issue, which is the organization's primary task and function (Nadia Dwi Rijki Rustawan<sup>1</sup> ✉, Arif Hidayat<sup>2</sup>, Partimah<sup>3</sup>, YUME : Journal of Management, 7(3), 2024).

Organizations that are not supported by appropriate human resources in terms of quantity, quality, strategy, and good operations, it is certain that the organization will have difficulty maintaining and developing its existence in the future. Organizations over time must have had a number of goals to be achieved within a certain period of time. Organizational goals generally adhere to the principle/pattern of short-term goals (one year), medium-term (five years), and long-term (ten years) or more. In order to realize these goals, strategic plans and operational plans have usually been prepared as a guide to achieving these goals (Sunarta S. Human Resource Planning: The Key to Organizational Success. J Manaj Pendidik UNY. :113468).

According to Notoatmojo, human resource development is a process that includes planning, development, and management of the workforce to achieve optimal results (Nadia Dwi Rijki Rustawan1 ✉, Arif Hidayat2, Partimah3, YUME : Journal of Management, 7(3), 2024).

Human resource development is part of the human resource management system (Werner JM, DeSimone RL. Human Resource Management. USA: South Western, Cengage Learning; 2011).

Relof Clinic was founded in 2009 and is located in Jatibening, Bekasi City. The clinic's human resources include 29 people, including five general practitioners, three dentists, one pharmacist, one technical assistant, two compounders, three nurses, three nursing assistants, two midwives, one analyst, two assistant analysts, four administrators, and two clinic managers (RELOF Jatibening Clinic Profile; 2022).

Considering the importance of research on the implementation of human resource development for health workers at the RELOF Clinic because it has an impact on patient visits, the clinic's performance (image) in the community that needs to be fostered in the era of clinic business competition. Human resources at the Relof Clinic often experience turnover and there are several general clinics around the RELOF Clinic, there is one nearby clinic, namely the JVT Clinic, which is included in business competition with the RELOF Clinic. This is the background for researchers to conduct research on: "How is the Implementation of Human Resource Development for Health Workers at the RELOF Clinic in 2025?".

## II. LITERATURE REVIEW

A clinic is a health service facility that organizes and provides basic and/or specialist medical services, organized by more than one type of health worker and led by a medical worker (Regulation of the Minister of Health of the Republic of Indonesia No. 9, 2014). A clinic is a health service facility that organizes health services including primary health services and/or advanced health services in a comprehensive manner (Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2025).

A clinic is a public health service institution with its own characteristics, which are influenced by the development of health science, technological advances and the socio-economic life of the community which is still able to improve quality and affordable health services for the community in order to realize a high level of health (Wala Erpurini1\*, Fitri Diana Saleh2, Analysis of Patient Service Quality at the Kasih Bunda Yanti Rajamandala Primary General Clinic, Journal of Management Science Volume 2, June 2021).

According to the Indonesian Minister of Health Regulation No. 9 of 2014, clinics have obligations which include:

1. Providing safe, quality services, prioritizing patient interests, in accordance with professional standards, service standards and operational procedure standards;
2. Providing emergency services to patients according to ability without asking for advance payment/prioritizing the interests of patients;
3. Obtaining consent for medical procedures;
4. Maintaining medical records;
5. Implementing a referral system;
6. Refusing patient wishes that do not comply with professional standards, ethics and statutory regulations;
7. Respecting patient rights;
8. Implement quality control and cost control;
9. Have internal regulations and standard operating procedures;
10. Implementing government programs in the health sector

(Ministry of Health of the Republic of Indonesia Regulation No. 9, 2014).

#### Policy About Health Clinic

The operation of health clinics in Indonesia is regulated by Minister of Health Regulation No. 17 of 2024 (an amendment to Minister of Health Regulation No. 14/2021) and Government Regulation No. 5 of 2021, which require risk-based business permits through the Online Single Submission (OSS) system. Clinics are required to meet standards for facilities, infrastructure, equipment, human resources, and quality (including medical waste). Clinics are divided into Pratama (basic medical) and Utama (specialist) clinics, with the requirement to have a medical person in charge (Regulation of the Minister of Health of the Republic of Indonesia Number 17 of 2024).

The latest health clinic policy is regulated in the Minister of Health Regulation No. 11 of 2025 concerning business activity standards and product/service standards in the implementation of risk-based business licensing in the health sub-sector. In Article 5 (1) the health sub-sector in the form of health service business activities as referred to in Article 4 paragraph (1) includes private clinics which include primary clinics, main clinics, and supporting primary clinics. In business licensing in the health service sector (Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2025).

The health clinic policy in the Minister of Health Regulation No. 11 of 2025 also explains the main standards for government clinics and private clinics, including medical personnel, health workers, and support staff. Medical personnel are any person who devotes themselves to the health sector and has a professional attitude, knowledge and skills through education, medical or dental professions that require authority to carry out health efforts. Health workers are any person who devotes themselves to the health sector and has a professional attitude, knowledge and skills through higher education that for certain types requires authority to carry out health efforts. Supporting or Supporting Health Personnel are any person who is not a medical or health worker who works to support or support the implementation of health efforts in health service facilities or other health institutions (Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2025).

#### Health Clinic Human Resources

##### a. Definition of Human Resources for Health

Human resources have an important role in achieving goals and providing high-quality services to companies and society as a whole (F. Wulandari, 2020). Health Human Resources (SDMK) are those who actively work in the health sector, whether they have formal health education or not, which for certain types requires authority in carrying out health efforts (Anggi Putri Aria Gita S.KM., MKM, Health Human Resources Management, Widina Media Utama Publisher, October, 2024).

All individuals actively and professionally involved in the health sector, whether they have received formal health education or not, are considered health human resources (HR) for certain types of work that require initiative (Agustina & Salmah, 2021). Health HR is important because it plans, directs, and implements health development (Zhafira et al., 2022).

##### b. Development of Human Resources for Health

The process of improving the knowledge, abilities, and skills of every member of society is known as human resource development. To ensure continuous growth and improvement at the individual, organizational, and national levels, human resource development is essentially a combination of health, employment, and education and training (Muhammad Kristiawan et al., 2017).

Agencies must engage in human resource development in health care to ensure that their knowledge, skills, and talents align with the needs of the jobs they perform. It should be noted that this implies that employees can benefit from the use of technology as a positive innovation. Education and training of health workers is one strategy for human resource development in the health sector (Rohima, 2022; Misnaniarti et al., 2017).

Human resource management is how individuals are hired, managed, and developed within an organization. Boxall defines human resource management as all activities related to the management of employees within a company. Boxall (2007) defines human resource management as the knowledge, skills,

networks, and energy of each individual that underpin their physical health, mental health, intellectual ability, personality, and motivation (Armstrong, 2020).

### III. RESEARCH METHODS

This research is a descriptive analytical research, case study, using qualitative and quantitative approaches (mixed method). The research variables that were assessed qualitatively were the variables of human resource development policies at the Relof Clinic, education and training, managerial competencies, and clinical competencies. Furthermore, factual variables consisting of: age, gender, education, scientific background were inventoried using documents or in the form of secondary data that were already available at the research locus (Relof Clinic in Bekasi). Meanwhile, the variable of the quality of health services to the community was measured using a research instrument in the form of a questionnaire constructed by the researcher and previously tested for validity and reliability.

#### Data Sources and Types

The research subjects were 29 human resources at the Relof Clinic, consisting of managerial and clinical staff. The research objects were the recruitment model, human resource development model, including training, and other human resource development policies at the Relof Clinic in Bekasi for 2025-2026. Factual variables served as the characteristics of the research subjects. The data collected in this study consisted of quantitative and qualitative data. The data were primary and secondary. Primary data were collected directly using a research instrument (questionnaire). Secondary data were collected and readily available at the research location using appropriate guidelines.

#### Data collection technique

The techniques used in this research are as follows:

1. Questionnaire: Used to collect quantitative data regarding perceptions of service quality. The instrument is a structured questionnaire with a Likert scale of 1-5.
2. In-depth interviews: Used to collect qualitative data regarding HR governance, recruitment systems, and operational constraints.
3. Direct observation: Researchers conducted direct, non-participant observation in the RELOF Bekasi Clinic area.
4. Documentation study: Conducted by collecting, reviewing, and copying the clinic's internal organizational documents.

#### Research Instruments

In a qualitative approach, the research instrument is the researcher themselves, using in-depth interview guides and document study guidelines. Quantitative data is collected using a questionnaire with a Likert scale. The following is a summary of the research instrument for the healthcare quality variable:

#### Validity and Reliability of Instruments

##### 1. Validity test

The instrument to be used by the researcher before the study will be tested for validity and reliability using 30 trial samples. The validity of the instrument items will be tested by comparing the calculated  $r$  score with the table  $r$  score. The significance level for the 30 trial samples is 0.361. Meanwhile, reliability using Cronbach's Alpha.

The results of the research on the quality of health services at the Relof Clinic, using a quantitative research method taken using a questionnaire with a Likert scale, were described univariately, but did not use statistics and no statistical tests were carried out.

According to Sugiyono (2019), validity is the degree of accuracy between the data that actually occurs in the research object and the data that the researcher can collect. An instrument is considered valid if it can accurately reveal data from the variables being studied.

Validity test using Pearson Product Moment correlation. A statement is declared valid if:

$$r_{hitung} > r_{tabel} \quad (p < 0.05)$$

Validity testing was conducted using SPSS software. The data used were the results of the research questionnaire distribution. The research was conducted by distributing a trial questionnaire before the study to 30 respondents. The first stage of validity testing on a questionnaire is determining the correlation coefficient ( $r$ ), both  $r$  table and  $r$  count. The correlation value is calculated using product moment correlation. This study used a significance level of 0.05 or 5%, the instrument is declared valid if it has a correlation coefficient  $r$  count > correlation coefficient  $r$  table. The value of  $r$  table for a sample of 30 is known to be 0.361. If the correlation between the factor score and the total score is positive and has a value above 0.361, then it can be said to have a strong construct or is declared valid. The results of the instrument test with the validity test are presented in the following table:

## 2. Reliability Test

According to Sugiyono (2019), reliability is the degree of consistency or constancy of data over a specific time interval. A reliable instrument will produce consistent data even when measurements are repeated.

## Data analysis

Qualitative data was subjected to content analysis using transcripts from in-depth interviews and document studies. Data validation was performed using source and method triangulation. Quantitative data was described univariately, but without statistics. No statistical tests were conducted because the data were based on the number of respondents.

## IV. RESEARCH RESULT

The general policy for Relof Clinic Services in all service units is as follows:

- a. Relof Clinic services in all service units must always be oriented towards service quality, patient safety, and occupational safety and health (K3) for patients, families and the community as well as employees in accordance with the Vision, Mission and Objectives of Relof Clinic.
- b. Primary clinic services in all service units must always focus on patients.
- c. Service units must be centered.
- d. Each service unit must carry out quality improvement efforts through Plan-Do-Check-Action (PDCA) activities.
- e. Each service unit must implement universal precautions through infection prevention and control activities that reach every service in the Clinic and involve various individuals.
- f. The clinic provides services in advance without charging a down payment.
- g. Each service unit leader must be able to provide direction, control, manage and lead their respective service units to achieve the service unit's vision and mission as well as the Clinic's vision and mission.
- h. In carrying out their duties, every hospital officer is obliged to comply with Occupational Safety and Health (K3) provisions by making efforts to reduce and control hazards, risks, prevent accidents and injuries, and maintain environmental conditions and safety, including the use of personal protective equipment (PPE).
- i. Equipment is always maintained and calibrated regularly according to applicable regulations and is always in a ready-to-use condition.
- j. Provision of personnel must refer to the Clinic's staffing pattern.
- k. Each service unit must strive to obtain, process and use information in an integrated manner that is communicated correctly to improve patient health and the performance of the Clinic both as a whole and individually.
- l. Coordination and evaluation of services in each service unit must be carried out through routine meetings at least once a month.
- m. All service units are required to make daily, monthly, semester and annual reports to the Clinic management.
- n. The clinic implements a patient safety program through 7 (seven) patient safety standards, and 7 (seven) steps towards patient safety at the clinic.
- o. If the services required by the patient are not available at the clinic, the patient must be referred to a hospital that can provide the services after obtaining the patient's/family's approval.

- p. The clinic respects and fulfills the rights of the patients it serves.
- q. All clinic employees are obliged to maintain and protect the medical confidentiality of the patients they serve.
- r. The clinic collects, validates and analyzes both internal and external data for the development of clinical services.

#### Special Policies

Relof Clinic implements a special policy to protect patients, visitors and staff against infection transmission in the clinic.

- a. Infection Prevention and Control (PPI), In order for the implementation of PPI to be well coordinated, the Head of the Clinic appoints a person in charge of PPI who is directly responsible to the Head of the Clinic. The person in charge of the Clinic has clear duties, functions and authorities in accordance with the Managerial Guidelines for Infection Prevention and Control in Clinics and other health facilities issued by the Ministry of Health of the Republic of Indonesia in 2017. The implementation of PPI is managed and integrated between structural and functional units in all units and is the responsibility of all staff and employees.
- b. Standard Precautions include: use of personal protective equipment, disinfection and sterilization of linen management, waste and sharps management, environmental control, safe injection practices, hygiene, respiratory/cough etiquette. Standard precautions are applied comprehensively in all areas of the Clinic by assessing the risks faced in each situation and service activity according to the Relof Clinic PPI Guidelines.
- c. Hand hygiene is performed by all clinical and non-clinical staff throughout the Relof Clinic environment. General hand hygiene recommendations are immediately upon arrival at work and before:
  - a) Direct contact with patients
  - b) Wear gloves before clinical examinations and invasive procedures.
  - c) Providing/preparing medicines
  - d) Leaving the primary clinic between certain procedures on the same patient where hands are contaminated to avoid cross-contamination.

#### D, Clinic Relof Facilities

The facilities at Relof Clinic consist of: Parking Lot, Waiting Room, Registration Room, Emergency Room, Examination Room, Medicine Room, Procedure Room, Lactation Room, Bathroom/WC, Administration Room, Meeting/Gathering Room, PLN Electric Lighting, and IPAL Clean Water.

#### Data Analysis Results

##### 1. Characteristics of Relof Clinic HR

In this study, the characteristics of respondents were differentiated according to gender, age, education, position and length of service.

##### A. Gender

Based on the results of the study, the characteristics of respondents based on gender in this study can be seen in Table 5.3 below.

**Table 1 Characteristics by Gender**

| Category     | Number of people) | %           |
|--------------|-------------------|-------------|
| Man          | 2                 | 8%          |
| Woman        | 23                | 92%         |
| <b>Total</b> | <b>25</b>         | <b>100%</b> |

From Table 1 above, it can be seen that the respondents in this study were male, namely 2 people (8%), while the number of women was greater, 23 people (92%). From this data, it can be concluded that the majority of respondents in this study were female.

##### B. Age

The characteristics of respondents based on age in this study can be seen in Table 5.4 below.

**Table 2 Characteristics by Age**

| Category          | Number of people) | %           |
|-------------------|-------------------|-------------|
| < 20 years        | 5                 | 20%         |
| 20 - 29 years old | 16                | 64%         |
| 30 - 39 years old | 3                 | 12%         |
| 50 - 59 years     | 1                 | 4%          |
| <b>Total</b>      | <b>25</b>         | <b>100%</b> |

From Table 2 above, it can be seen that in terms of age, the majority of respondents were aged 20 - 29 years, as many as 16 people (64%), this shows that on average respondents were in their productive age.

#### C. Education

The educational characteristics of respondents from the research results can be seen in Table 3 below.

**Table 3 Respondent Characteristics According to Education**

| Category                      | Number of people) | %           |
|-------------------------------|-------------------|-------------|
| High School/Vocational School | 14                | 56%         |
| D3                            | 5                 | 20%         |
| S1                            | 5                 | 20%         |
| S2                            | 1                 | 4%          |
| <b>Total</b>                  | <b>25</b>         | <b>100%</b> |

From Table 3 above, it can be seen that the respondents' education level is dominated by high school/vocational school graduates, amounting to 14 people (56%) because the respondents are nurses or nursing assistants who generally have a minimum education of high school/vocational school.

#### Position

Based on the research results, the characteristics of respondents' positions can be seen in Table 4 below.

**Table 4 Job Characteristics**

| Category                        | Number of people) | %           |
|---------------------------------|-------------------|-------------|
| Doctor                          | 3                 | 12%         |
| Clinic Manager                  | 1                 | 4%          |
| Nurse                           | 12                | 48%         |
| Administrative Staff            | 5                 | 20%         |
| Operational/Technical Personnel | 4                 | 16%         |
| <b>Total</b>                    | <b>25</b>         | <b>100%</b> |

It can be seen in Table 4 above that based on position, the majority of respondents work as nurses, as many as 12 people (48%), because most respondents are indeed nurses.

#### D. Length of work

Based on the research results, the characteristics of respondents' length of service can be seen in Table 5 below.

**Table 5 Characteristics of Respondents' Length of Service**

| Category         | Number of people) | %           |
|------------------|-------------------|-------------|
| Less than 1 year | 9                 | 36%         |
| 13 years old     | 8                 | 32%         |
| 4 - 6 years      | 5                 | 20%         |
| 7 - 9 years      | 2                 | 8%          |
| Over 10 years    | 1                 | 4%          |
| <b>Total</b>     | <b>25</b>         | <b>100%</b> |

Based on Table 4 above, it can be seen that the majority of respondents' length of service was less than 1 year, as many as 9 people (36%), because most respondents wanted to seek new experiences working in a clinic.

#### E. Mileage

Based on the research results, the characteristics of patient travel distances can be seen in Table 5 below.

**Table 5 Characteristics of Respondents' Travel Distance**

| Category        | Number of people) | %           |
|-----------------|-------------------|-------------|
| Less than 1 km  | 1                 | 4%          |
| 1 - 5 km        | 13                | 52%         |
| 6 - 10 km       | 5                 | 20%         |
| 11 - 20 km      | 3                 | 12%         |
| More than 20 km | 3                 | 12%         |
| <b>Total</b>    | <b>25</b>         | <b>100%</b> |

Based on Table 5 above, it can be seen that the majority of respondents' distance from their homes to the clinic is 1 - 5 km, as many as 13 people (52%), because most respondents choose work that is close to their homes.

## 2. Characteristics of Relof Clinic Patients

In this study, respondent characteristics were differentiated according to gender, age, education, and distance traveled.

### A. Gender

Based on the research results, the characteristics of the respondents' gender can be seen in Table 5.9 below.

Table 6 Respondents' Gender Characteristics

| Category     | Number of people) | %           |
|--------------|-------------------|-------------|
| Woman        | 70                | 65.4%       |
| Man          | 37                | 34.6%       |
| <b>Total</b> | <b>107</b>        | <b>100%</b> |

Based on Table 6 above, it can be seen that the majority of respondents were female, as many as 70 people (65.4%), because there were more female patients than male.

### B. Age

Based on the research results, the age characteristics of respondents can be seen in Table 7 below.

Table 7 Respondents' Age Characteristics

| Category           | Number of people) | %           |
|--------------------|-------------------|-------------|
| Less than 20 years | 9                 | 8.4%        |
| 20 - 29 years old  | 28                | 26.2%       |
| 30 - 39 years old  | 12                | 11.2%       |
| 40 - 49 years      | 22                | 20.6%       |
| 50 - 59 years      | 15                | 14%         |
| 60 years and above | 21                | 19.6%       |
| <b>Total</b>       | <b>107</b>        | <b>100%</b> |

Based on Table 7 above, it can be seen that the majority of respondents were aged 20 - 29 years, namely 28 people (26.2%).

#### Map of Strengths and Weaknesses of Relof Clinic Human Resources

Based on interviews with Relof Clinic management, the following is a map of the strengths and weaknesses of Relof Clinic's human resources:

| HR aspects                   | Superiority                                                                                       | Weakness                                                                                                                |
|------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Competence of Health Workers | Medical personnel and health workers have active STRs and undergo regular training.               | There is still a need for further training in certain competencies.                                                     |
| Discipline and Attendance    | The employee attendance rate is quite good and they adhere to working hours.                      | Sudden absences can disrupt service schedules if there is no substitute available.                                      |
| Patient Services             | Friendly, communicative, and patient satisfaction oriented.                                       | The quality of communication is not evenly distributed among all officers, especially when service conditions are busy. |
| Teamwork                     | Coordination between professions is running quite well in patient care.                           | Cross-unit communication is sometimes not optimal, resulting in delays in delivering information.                       |
| Adaptation to Change         | Human resources are sufficiently capable of following changes in service policies and procedures. | Some employees need more time to adapt to new systems or technologies.                                                  |
| Human Resources Development  | The clinic provides opportunities for training and in-house training.                             | The training budget and schedule are still limited so it has not reached all employees.                                 |
| Employee Turnover            | Most of the core staff have good loyalty.                                                         | Employee turnover across multiple positions results in the need for repeated orientation and adaptation.                |
| Utilization of Technology    | Most of the human resources are able to use the clinical service application.                     | The ability to use digital systems is not yet evenly distributed, so assistance is needed.                              |
| Compliance with SOPs         | HR understands and implements clinical service SOPs.                                              | Compliance with documentation still needs to be improved through regular audits and supervision.                        |

#### Relof Clinic HR Recruitment and Career Development System

Based on interviews with Relof Clinic management, the following is the HR recruitment and career development system for Relof Clinic:

##### A. Clinical HR Recruitment System

The aim is to ensure that the clinic obtains competent, professional and appropriate service personnel. The HR recruitment flow is as follows:

- a. Needs analysis,
- b. HR,
- c. Job announcement,
- d. Administrative selection,
- e. Competency test & interview,
- f. Examination of documents, STR, diplomas, certificates, work experience,
- g. Acceptance decision,
- h. Orientation & probationary period (Training).

##### B. System Clinical HR Career Development

The goal is to improve employee competence, motivation, and retention to improve the quality of clinical services. Development Programs include:

- a. Training (In-house training, seminars, workshops, clinical training),
- b. Performance Assessment (Evaluation of discipline, competence, and patient service),

- c. Career Ladder (Staff rise to the position of Coordinator, Coordinator rises to the position of Unit Head, Unit Head rises to the position of Managerial),
  - d. Awards (Rewards for good performance and discipline).
3. Description of the Quality of Relof Clinic Services Based on Patient Assessments

The quality of Relof Clinic services was measured using a questionnaire and distributed to patient. The data collection technique used was through the distribution of questionnaires to patients at the Relof Clinic. The questionnaire was designed based on five indicators broken down into 50 statements. Each research dimension was measured using a Likert scale, with a value range from 1 (strongly disagree) to 5 (strongly agree), to analyze patient perceptions of employee service performance at the Relof Clinic. Perception scores given by patients ranged from a minimum of 1 to a maximum of 5.

Based on these results, a descriptive analysis was conducted on each dimension to obtain a general overview of respondents' perceptions of this research topic. To see the quality of Relof Bekasi Clinic services, there are 5 dimensions described in 50 questions, the Tangible Dimension (F1) is described in 10 questions, the Reliability Dimension (F2) is described in 10 questions, the Responsiveness Dimension (F3) is described in 10 questions, the Assurance Dimension (F4) is described in 10 questions, and the Empathy Dimension (F5) is described in 10 questions. Description of Relof Clinic Service Quality that Will Be Improved in the Future.

### **Discussion Of Research Results**

#### **Overview of Service Quality at Relof Clinic Bekasi**

Based on the results of a study conducted on 107 patients at the Relof Clinic in Bekasi, the clinic's overall quality of care is considered good. This is demonstrated by the average score for all service quality dimensions, which is above 3.80 on a five-point Likert scale. These results indicate that the majority of respondents gave a positive assessment of the care they received at the Relof Clinic.

The results of this study align with the theory of service quality proposed by Parasuraman, Zeithaml, and Berry (1988), which states that service quality is the gap between customer expectations and the service received. The smaller the gap, the higher the level of service quality perceived by customers. In this study, high scores across all dimensions indicate that the services provided by Relof Clinic have been able to meet the majority of patient expectations.

Respondent characteristics also provide a supportive picture of the research findings. The majority of respondents were female (65.4%), of productive age (20–29 years old) (26.2%), had a bachelor's degree (49.5%), and lived within a 1–5 km radius of the clinic (53.3%). These characteristics indicate that respondents were able to provide a fairly objective assessment of the quality of care received. Furthermore, the proximity of the clinic to the patient's residence was also a factor that could improve the accessibility of healthcare services.

#### **A. Tangible Dimensions (Physical Evidence)**

The analysis results showed that the Tangible dimension achieved an average score of 3.89, which is considered high. This finding indicates that patients assess the physical conditions of Relof Clinic as providing comfort during the healthcare process.

Tangible aspects include building condition, room cleanliness, completeness of medical facilities, neatness of staff, and comfort of waiting rooms. The highest average score was found in item P5 (4.04), while the lowest was found in item P7 (3.73). Although both are still in the good category, these results indicate that several physical aspects still need further improvement.

These findings indicate that the Relof Clinic's facilities support the healthcare process, as evidenced by the availability of examination rooms, procedure rooms, a medication room, a lactation room, an administration room, a meeting room, and a wastewater treatment plant (WWTP). The availability of these facilities is one indicator that the clinic meets the basic needs of primary healthcare services.

However, the presence of respondents who provided neutral responses indicates that some physical facilities do not fully meet all patients' expectations. Therefore, improvements in waiting room comfort,

modernization of medical equipment, additional parking facilities, and improvements to the aesthetics of the clinic environment are still needed to enhance patient perceptions of the tangible dimension.

Strengths (Item P5 - Average: 4.04): Patients gave the highest rating to the physical quality aspect which is directly related to comfort. This is in line with the profile of Relof Clinic which has complete supporting facilities such as procedure rooms, lactation rooms, drug rooms, and even a Wastewater Treatment Plant (WWTP). Weaknesses (Item P7 - Average: 3.73): Although still in the good category, this item was the lowest in the physical evidence dimension. The percentage of respondents who chose the Neutral position (36.4%) indicates that some physical elements have not been fully consistently felt by all patients.

Referring to Relof Clinic's general policy, SPO 011/SK/RCJ/II/2023, which prioritizes patient safety and occupational health and safety, management is required to undertake periodic renovations. Recommendations focus on expanding the parking area, rearranging the waiting room to prevent overcrowding, and modernizing the visuals of the registration area.

#### B. Reliability Dimension

The Reliability dimension achieved an average score of 4.02, one of the highest in the study. These results indicate that patients have a high level of trust in the ability of healthcare providers to provide services appropriately, accurately, consistently, and in accordance with procedures.

The highest score was found in item P12 with an average score of 4.10, while the lowest score was found in item P14 at 3.89. Although a small number of respondents still gave neutral or disagree ratings, overall, the reliability dimension has demonstrated excellent performance.

These findings indicate that the healthcare workers at Relof Clinic are deemed capable of providing services in accordance with standard operating procedures, providing clear information to patients, and carrying out medical procedures professionally. This is supported by the clinic's quality policy, which requires each service unit to implement the Plan-Do-Check-Action (PDCA) cycle and conduct regular service evaluations.

The results of this study reinforce the theory that reliability is at the heart of healthcare quality. Patients will be more satisfied if services are provided in a timely manner, with minimal errors, and in accordance with their medical needs.

This high level of reliability is inseparable from the implementation of the clinic's quality policy, which mandates the Plan-Do-Check-Action (PDCA) method in every unit. To reduce dissatisfaction with item P14, the clinic must ensure optimal staffing, operating 12 hours a day, given that Relof Clinic is a private, 12-hour clinic with high staff turnover.

#### C. Responsiveness Dimension

The Responsiveness dimension received an average score of 3.93. These results indicate that patients rated Relof Clinic staff as sufficiently prompt in providing services and responsive to their needs.

The highest average score was found in item P29 at 4.03, while the lowest score was found in item P26 at 3.76. A significant number of respondents still gave neutral answers to several items, indicating that service speed can still be improved.

In healthcare, responsiveness is closely related to patient waiting times, the speed with which staff respond to complaints, and the ability to provide prompt solutions. While research results indicate positive outcomes, increasing patient numbers can lead to longer service times if not matched by an adequate number of healthcare workers.

Therefore, Relof Clinic needs to continue to improve service efficiency by managing patient flow, utilizing service information systems, and improving coordination between staff so that patient waiting times can be minimized.

Wait times are a classic challenge for clinics. With a total staff of 29 (including 5 general practitioners and 4 dentists), the workload during peak hours can hinder staff responsiveness. Management needs to optimize the patient registration process and utilize regular monthly coordination meetings to evaluate internal bureaucratic bottlenecks to ensure faster service delivery.

#### D. Assurance Dimension

The Assurance dimension obtained an average value of 4.03, which indicates that patients have a high level of trust in the competence of health workers at the Relof Clinic.

This dimension reflects the staff's ability to provide a sense of security, demonstrate professional competence, be polite, and foster patient trust. The highest score was found in item P32 at 4.08, while the lowest score was found in item P40 at 3.95.

The high rating on the assurance dimension indicates that Relof Clinic's health workers are considered to have good communication skills, are friendly, maintain patient confidentiality, and are able to provide services according to professional standards.

This is further supported by clinic policies that emphasize patient safety, infection control, medical data protection, and continuous competency improvement for all healthcare workers. Thus, assurance is a key strength of Relof Clinic's services.

This high level of trust is directly linked to the legality of the clinic's staff, with all doctors (general practitioners and dentists), nurses, midwives, and pharmacists possessing official permits (SIP/STR/SIPP/SIPA). Furthermore, the clinic's commitment to implementing infection prevention and control (IPC) policies and protecting medical confidentiality contributes significantly to a high sense of patient safety. This strength must be maintained through ongoing patient safety training.

#### E. Dimension of Empathy

The Empathy dimension achieved an average score of 4.03, the same as the Assurance dimension. These results indicate that patients felt they received individualized attention from healthcare professionals throughout the care process.

The empathy dimension reflects the ability of officers to understand patient needs, provide personal attention, listen to patient complaints, and show concern for the patient's condition.

The highest score was found in item P42, at 4.08, while the lowest score was found in item P48, at 3.89. Although some respondents still gave neutral responses, patients generally felt that healthcare workers were able to build good interpersonal relationships.

In healthcare, empathy is crucial because patients require not only medical care but also psychological support during treatment. Therefore, healthcare workers' interpersonal communication skills are a key factor influencing patient satisfaction.

Humanistic interpersonal relationships are key to patient recovery. With the clinic's motto of "Friend and Trustworthy Family," the comprehensive and holistic approach of family medicine appears to have begun to be internalized by the staff. However, considering that most nurses have been on the job relatively recently—less than a year (36%)—management needs to provide refresher training on therapeutic communication so that empathy is more evenly distributed and not merely a formality.

#### 2. Implications of Research Results

The research results show that all dimensions of service quality received positive ratings from patients. However, several indicators still had relatively lower average scores, particularly for the tangible and responsiveness dimensions. This situation indicates that continuous improvement in service quality is still needed.

The practical implication of this research is that the management of Relof Clinic needs to maintain the aspects of reliability, assurance, and empathy that have received high ratings, while improving the tangible aspects by improving physical facilities and the responsiveness aspect by increasing the speed of service and optimizing the patient service system.

Furthermore, the results of this study also provide theoretical implications that the SERVQUAL model remains relevant as an instrument for measuring service quality in primary healthcare facilities in Indonesia. These five dimensions have been shown to comprehensively describe patient perceptions of service quality.

#### 6.2 Research Limitations

This study has several limitations that need to be considered in interpreting the findings. The main limitation lies in the quantitative data analysis, which is presented only in a univariate descriptive manner without

involving inferential statistical tests due to the number of respondents. Therefore, this study is unable to test the relationship or causal influence between variables in more depth. Furthermore, the scope of this study is still limited to the SERVQUAL service quality dimension and HR managerial governance, without exploring other important variables such as trust level, patient loyalty, or cost-effectiveness analysis, which are crucial for the sustainability of private primary healthcare facilities. Another limitation is found in the relatively short data collection period, namely from February to June 2026, so it is not able to capture the dynamics of patient visits across seasons or broader annual fluctuations. Furthermore, in the context of a 12-hour private clinic with high staff turnover, this study is not fully able to comprehensively capture how the workload during peak hours affects the psychological aspects and work culture of staff consistently. Finally, the operational data mining related to specific technical constraints that trigger internal bureaucratic obstacles has not been fully revealed, thus requiring a combined approach (mixed methods) with more in-depth interviews in the future.

## V. CONCLUSIONS AND SUGGESTIONS

### Conclusion

Based on the results of data analysis and discussion regarding the perception of service quality at the Relof Bekasi Clinic, the following conclusions can be drawn:

1. The RELOF Clinic is a private clinic established in 2009 and located in the Jatibening Permai Housing Complex, Bekasi City. The clinic provides 12-hour healthcare services, encompassing promotive, preventive, and curative efforts, as well as complementary services for maternal and child health. The physical facilities supporting its operations meet basic service standards, including an emergency room, examination room, lactation room, and pharmacy.
2. Characteristics of Human Resources (HR) Management and Operations at the RELOF Clinic are dominated by female workers, which is 92% (23 people). The average employee is in the productive age (20-29 years) with the education level dominated by high school / vocational school graduates as many as 14 people (56%) because the majority of nurses or nursing assistants who generally have a minimum education of high school / vocational school and the majority of employees work less than 1 year for the reason of seeking new experience working in the clinic and most of the distance from the employee's house to the clinic is less than 10 km, because most choose work that is close to their home.
3. The map of the strengths and weaknesses of Relof Bekasi Clinic's human resources is as follows:
  - a. The main advantages lie in the dimensions of Assurance and Reliability. From the legality and clinical competence aspects, all core medical staff consisting of 5 general practitioners and 4 dentists have STR and SIP. In addition, in the Responsiveness dimension, RELOF Clinic's human resources demonstrate strong adherence to patient-oriented service quality policies. From a demographic perspective, the majority of human resources are female (92%), indirectly supporting the Empathy dimension through a more patient and responsive therapeutic communication approach in listening to patient complaints.
  - b. There are fundamental weaknesses that require management attention. In the Tangibles dimension, field staff still face the constraint of limited physical infrastructure in the clinic environment, which is not yet fully accessible to patients with limited mobility. Another crucial weakness is in the Reliability dimension due to the gap in technical educational qualifications. Most daily operational technical positions are dominated by graduates of Health Vocational Schools, whose education levels have not reached the diploma (D3) or bachelor's (S1) level in nursing/pharmacy, potentially limiting staff's critical thinking skills in independently applying the latest evidence-based clinical standards. Finally, managerial weaknesses in capacity development are evident in the absence of a standard and comprehensive written target-based performance appraisal system (Key Performance Indicators) for each profession. Recruitment and career development patterns are also still internal and not supported by regular independent training budget allocations from management.
4. Based on the results of internal document reviews and managerial policy reviews, the following are the conditions of the recruitment and career development system at the RELOF Clinic:
  - a. The recruitment system at the RELOF Clinic is considered to be operating effectively, prioritizing compliance with formal legal standards for medical personnel. Management disciplinedly implements strict

selection procedures for the possession of mandatory documents. However, from a procedural perspective, the RELOF Clinic recruitment system still faces substantial challenges due to its conventional nature and heavy reliance on internal networks (word-of-mouth). The recruitment process, which has not yet optimally utilized digital platforms, limits the influx of new talent with higher educational qualifications. This is reflected in the composition of the daily operational staff, which is still dominated by graduates of Health Vocational Schools. The lack of a standardized clinical simulation-based competency test instrument in the initial selection stage results in inaccurate talent mapping during recruitment, requiring the clinic to take longer to adapt when new staff begin operating in the field.

b. In terms of career development, the RELOF Clinic demonstrates a positive commitment through the introduction of digital technology innovations into daily operations and routine clinical coaching to ensure staff compliance with Standard Operating Procedures (SOPs). In general, the career development system at the RELOF Clinic in 2026 was deemed not yet fully formalized and structured. The clinic's streamlined organizational structure limits vertical promotion paths for non-medical healthcare workers. The most obvious structural weakness is the lack of written, standardized, and transparent Key Performance Indicators (KPIs) for all professions outside of core medical staff. Furthermore, competency development programs are hampered by limited budget allocations for training, which are independently allocated by management.

5. Based on the results of the analysis using the SERVQUAL (Service Quality) service quality dimension, the following is a description of the quality of services to the community that have been carried out by the RELOF Bekasi Clinic in the past year:

a. Tangibles Dimension The clinic has provided clean examination rooms, an emergency room, a pharmacy, and a functional lactation room to support patient comfort.

b. Reliability Dimension. Staff demonstrated high consistency in implementing Standard Operating Procedures (SOPs) for healthcare services, particularly in the implementation of Infection Prevention and Control (IPC) protocols. The reliability of medical personnel (general practitioners and dentists) in diagnosing and providing therapy was assessed as objective and with minimal administrative procedural errors.

c. Responsiveness Dimension. The clinic implements a priority service system that prioritizes medical treatment without requiring a down payment, which is very helpful for patients in emergencies. Administrative staff and nurses are responsive in managing registration queues and responding directly to patient complaints in the waiting room.

d. Empathy Dimension. With a 92% female workforce, the clinic has successfully cultivated a friendly, attentive, and patient service atmosphere in listening to patient concerns. Staff provide equal attention to each patient regardless of socioeconomic background.

e. Assurance Dimension: Service quality is fully supported by legal assurance, with all doctors and supporting healthcare workers holding active and valid STR and SIP (Serving Permit). Staff are able to build a strong sense of security and trust in patients through informative communication regarding upcoming medical procedures.

6. The following are suggestions for improving the quality of service that can be implemented by the RELOF Bekasi Clinic in the coming years, which are mapped based on the SERVQUAL quality dimensions and quality management cycle:

a. Tangible Dimension Management can undertake physical renovations by providing a ramp at the main entrance and installing handrails along the corridors and restrooms to facilitate mobility for elderly and disabled patients. They can also optimize interior layout, update the air conditioning system in the waiting room, and reorganize the registration counter flow to ensure more orderly and comfortable patient circulation.

b. Reliability Dimension. Integrating clinical management information systems to accelerate patient medical data retrieval, minimize the risk of manual input errors, and shorten waiting times for medication preparation in pharmacies. Furthermore, raising service qualification standards by requiring all nurses (especially vocational high school graduates) to undergo certified clinical training and encouraging them to continue their education to the Diploma (D3) level in Nursing.

- c. Responsiveness Dimension. Implement a regular quality monitoring system to measure staff response times in the emergency room and registration desk. Conduct coordination evaluations at least once a month to discuss patient complaints and immediately implement corrective solutions in the field.
- d. Empathy Dimension. Conducting regular therapeutic communication and excellent service training for all frontline staff and female operational staff (92%) to provide more sensitive, friendly, and solution-oriented attention to patients' emotional needs.
- e. Assurance Dimension Prepares all quality documents and compliance with standard facility standards to face the accreditation process for first-level health facilities (FKTP) to ensure patient safety and improve supervision of officer discipline in carrying out Infection Prevention and Control (PPI) procedures in all service lines, from sterilization of medical equipment to compliance with the use of complete PPE.

## 7.2 Suggestion

Based on the conclusions above, the researcher formulated several practical and academic suggestions that can be considered:

- 1. For Management
  - a. Accelerating Responsiveness: Management needs to reevaluate the registration process and staff workload distribution, especially during peak hours at 24-hour clinics. Implementing a digital queuing system or e-medical record is recommended to reduce patient wait times in the registration and pharmacy areas.
  - b. Optimizing Tangible Evidence: Rearranging the interior of the waiting room to make it more ergonomic, expanding/tidying up the parking capacity, and ensuring that important facilities such as the lactation room and public toilets are always clean and comfortable.
  - c. Human Resources Management and New Staff Onboarding: Considering the high percentage of nurses with less than 1 year of service, management is required to intensify orientation programs and regular in-house training, particularly regarding therapeutic communication training and in-depth understanding of Patient Safety SOPs and Clinic PPI Policies.
  - d. PDCA Cycle Consistency: Maximizing the monthly routine meeting forum required by SPO 011/SK/RCJ/II/2023 to follow up on patient input in real-time, so that the commitment to quality improvement continues to run continuously.
- 2. For Employees and Clinical Staff
  - a. Improved Therapeutic Communication: Front-line staff (nurses and administration) are expected to maintain empathy and friendliness, and be more proactive in providing estimated waiting time information to patients so that patients feel at ease while queuing.
  - b. Universal Compliance: Continue to maintain discipline in implementing standard IPC precautions (hand hygiene and use of PPE) to maintain personal and patient safety during medical procedures.
- 3. For Further Research
  - a. Further research is recommended to use a combination method (Mix Methods) through a qualitative approach (in-depth interviews) to explore psychological factors, work culture, or specific technical constraints that cause fluctuations in patient waiting times.
  - b. Adding other variables that have not been studied in this study, such as patient loyalty variables, trust levels, or cost-effectiveness analysis at 12-hour private first-level health facilities (FKTP).

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