

THE EFFECT OF JOB SATISFACTION TOWARD HEALTH WORKER'S SERVICE QUALITY OF VILLAGE HEALTH COTTAGE IN SITUBONDO DISTRICT**Kartika Sari Andayani**¹, **Sugiyanta**^{2*}, **Muhammad Iqbal**³¹Post Graduate School, Jember University, Jember, Indonesia²Department of Biomedical Sciences, Faculty of Medicine, Jember University, Jember, Indonesia³Department of International Relations, Faculty of Social and Political Sciences, Jember, Indonesia

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ABSTRACT

Introduction: The quality of health worker services is an important parameter to increase the pace of health development. The decline in the quality of health worker services was caused by a decrease in the job satisfaction of health workers. Based on the report on standardization of the quality of Puskesmas services at the Situbondo District Health Office (2020), the number of Puskesmas that received the title of "fulfilling" in 2020 has decreased from the previous year by 8%. **Aims:** To determine the effect of job satisfaction on the quality of service for health workers. **Methods:** This type of research uses explanatory research. The sample of this study was 268 nurses and midwives at village health cottage in Situbondo Regency. Data collection techniques were compiled on the Google Form platform and distributed in the form of links through social media groups. Data analysis used path analysis through multiple linear regression. **Results:** The results of the path analysis study show that the work motivation and competence of health workers in Pondok Sehat Desa in Situbondo Regency substantially influence job satisfaction. Employee satisfaction at Pondok Sehat Desa greatly influences the quality of health services. **Conclusion:** The government can provide health worker development programs and remuneration restructuring that can stimulate the intrinsic and extrinsic motivational elements for health workers at Village Health Cottage in Situbondo Regency. It is vital to create a health service management roadmap.

Keywords: Health Service Quality, Job Satisfaction, Village Health Cottage, Work Ability, Work Motivation.

INTRODUCTION

The government's effort to uphold everyone's right to health is the provision of health services, done in a way that is coordinated, accessible, integrated, sustainable, comprehensive, appropriate, high-quality, attainable, and reasonably priced. These services include disease prevention, health improvement, treatment, and recovery. In order to improve regional health service delivery and increase accessibility, the government is utilizing Community Health Centers (Puskesmas). Meanwhile, the East Java provincial government is working to transform village maternity shelters (Polindes) into village health clinics (Ponkendes), following Governor Regulation 04 of 2010 concerning Village Health Cottages, to speed up access and enhance the quality of health services to the community.

Village Health Cottage is a form of collaborative innovation between midwives and nurses in dealing with health problems at the village/sub-district level. In order to carry out Village Health Cottage functions properly, it is necessary to have good Village Health Cottage management starting from the management of human, financial, and capital resources, risk management, and safety. patients (Sulistinah, 2021). In improving and maintaining the quality of Village Health Cottage, the East Java Health Service measures the quality of healthcare services by calculating the value of the results of health problem analysis, Village Health Cottage planning, Village Health Cottage services, recording and reporting, commitment, level of intervention with public health centers and across sectors, as well as an increase in the percentage of families at the village level (East Java

Provincial Health Office, 2019). Based on the report on the standardization of service quality of the Village Health Cottage of the Situbondo District Health Office (2020), the number of Village Health Cottages that received the predicate "Meet" in 2020 decreased from the previous year, which was 8%, shifting to the predicate "Sufficiently Fulfilling" and "Less Fulfilling."

Because health employees are less satisfied with their jobs, the quality of healthcare services has declined (Wijaya, 2018). Village Health Cottage health workers are responsible for completing the Healthy Indonesia Program with a target of 225,381

Families or equivalent to 685.9 thousand people have a burden ratio of Village Health Cottage health workers of 1: 2,476 people. Village Health Cottage health workers have additional tasks including implementing the Parent Health Center program, being a Covid-19 vaccination tracing team and assisting in vaccination activities with an average total of 100-250 patients per day (Situbondo District Health Office, 2021). Sepetrina and Irawati (2018) say that compensation for health workers is the motivational background to work so that the results achieved provide job satisfaction for health workers.

Job satisfaction will support the smooth performance of the performance process which then determines the quality of service (Syaharuddin, 2016). Based on the data collected by researchers in the preliminary field study, it was found that as many as 12.13% of the total Village Health Cottage health workers received compensation below Rp. 500,000 and 30.60% of the other Village Health Cottage health workers brought take home pay in the nominal range of Rp. This study aimed to determine how job satisfaction affected the standard of care provided by medical personnel at Village Health Cottages in Situbondo Regency.

METHODS

This type of research is explanatory research, namely a study that explains the causal relationship between the variables of job satisfaction of health workers and the variables of health worker performance on the quality of health worker services, through hypothesis testing. The type of data uses primary data in the form of cross-section data. The focus of the research object is all health workers (nurses and midwives) at the Village Health Cottage in Situbondo Regency. This type of research is quantitative because it aims to find results in the form of numerical data used as an analytical tool for information about what you want to know. The population of this study was all health workers, namely nurses and midwives at the Village Health Cottage in Situbondo Regency, namely 268 people. The sampling technique is a saturated sample technique in which the entire population is determined. The data collection technique used was a questionnaire. The Likert scale is a measurement interval that is used to facilitate the measurement of research instruments, namely intervals 1-4.

This study uses the path analysis method to answer the hypotheses that have been built. Path analysis is one of the estimation methods as the development of multiple linear regression to test the causal relationship between a number of variables and the hierarchy of support for each variable in several relationship paths either directly or indirectly (Hasan, 1992; Sarkowo, 2005). In this method there are three types of variables, namely independent, intermediate, and dependent variables whose relationships are determined by arrows in a path which are symbolized by the letters δ and β . δ indicates the relationship between the independent variable and the dependent variable and the symbol β indicates the relationship between the intermediate variable and the dependent variable. The model used in this study is a recursive

model, namely the relationship that occurs for each variable is unidirectional.

Work Ability

Work ability is an individual's capacity to complete a job. Work ability consists of physical ability and intellectual ability. Intellectual ability is the capacity of health workers as measured by the combination of emotional intelligence (EQ) and intelligence (IQ). While physical ability is the capacity of health workers apart from work skills such as body strength, body coordination strength, body stamina. Dimensions: Physical (Body Strength, Body Coordination Strength, Stamina) and Intelligence (Numerical Ability, Verbal Comprehension, Analytical Ability, Memory, Interaction Ability, Technical Ability, Conceptualization). Likert Scale: 1-4.

Work motivation

Internal work motivation of health workers includes the desire to achieve, grow and develop themselves, gain recognition, and carry out responsibilities.

External motivation includes the interest of health workers in work starting from the compensation given, the supervision carried out, the level of job security, the work environment and interpersonal relations, the policies and culture of the Village Health Cottage. Dimensions: Internal (Achievement, Recognition, Responsibility, Self-Development Growth) and External (Village Health Cottage Policy and Administration, Supervision, Interpersonal Relations, Work Environment, Salary, Security). Likert Scale: 1-4,

Job Satisfaction

For healthcare professionals, job satisfaction can be both a positive and negative emotional state (Handoko, 1992). Porter (1961) states that job satisfaction is related to the suitability between what is

received for his work efforts and what is received at this time.

Dimensions: Compensation (Eligibility of wages, Giving Bonuses, Provision of overtime pay, Provision of health and safety guarantees, Awarding of awards, Promotion of positions). Environment (Availability of work equipment, Work equipment, Availability of SOP, Clarity of SOP Healthy and clean work environment), Monitoring & Coaching Likert Scale: 1-4.

Service Quality of Health Personnel (Y)

The variable quality of service for health workers is proxied by the percentage of achievement targets for patient treatment for each type of health service in 2021 in the MSS/Minimum Service Standards report. The data are collectively available at the Situbondo District Health Office. Dimensions: Maternity health services, Newborn health services, Toddler health services, Health services at primary school age, Health services at productive age.

Health care services for the elderly include health services for patients with hypertension, diabetes mellitus, severe mental problems, people suspected of having tuberculosis, and people at risk of becoming infected with HIV. Likert Scale: Minimum Service Standard (%).

The method used to answer the research objectives is the path analysis method with a combination of multiple linear regression methods and simple linear regression. The variables used in this research are work motivation, work ability, job satisfaction, and service quality.

This research has received ethical approval from the Health Research Ethics Commission (KEPK), Faculty of Dentistry, University of Jember with No: 1566 / UN25.8 / KEPK / DL / 2022.

RESULT

The findings of the path analysis study demonstrate that workability and

motivation substantially impact the job satisfaction of health professionals at the Village Health Cottage in Situbondo Regency with a significance value below 0.05 with a coefficient value of 0.392 and 0.288, respectively. Path 3 research reveals that job happiness substantially impacts the quality of health services provided by healthcare employees at Village Health Cottage in Situbondo Regency as indicated by t count $2.145 > t$ table 1 1.96892 and significance $0.001 < 0.05$.

Characteristics of Respondents

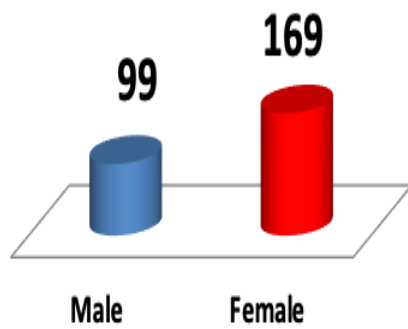


Figure 1. Characteristics of Respondents by Gender
Sources: data processed by researchers, 2022

Figure 1 shows most respondents in this research are female with a spread percentage of 62.81% of the total sample and the remaining 99 respondents are male.

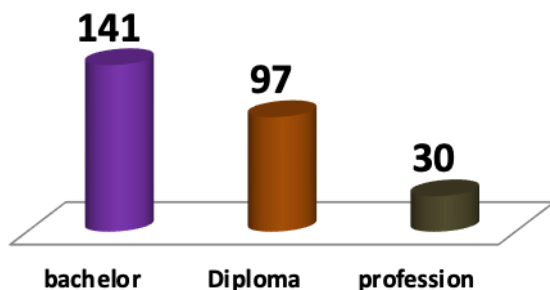


Figure 2. Characteristics of Respondents by Education
Sources: data processed by researchers, 2022

Figure 2 shows that the composition of respondents who work at Village Health Cottage Situbondo Regency is dominated by respondents with equivalent education as many as 141 respondents or equivalent to 52.61%, The proportion of health workers with the second highest diploma educational background is 36.19% of all respondents, with up to 30 having an educational profession.

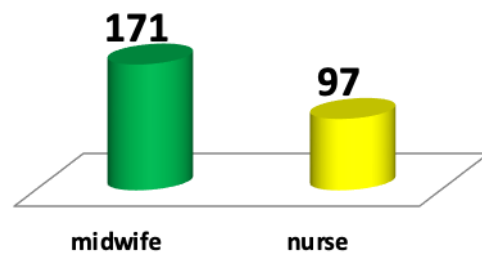


Figure 3. Characteristics of Respondents by Type of Profession
Sources: data processed by researchers, 2022

Figure 3 shows that the respondents who work as midwives as many as 171 people with a percentage of 63.18% and the rest work as nurses as many as 97 people or equal to 36.19% of the total respondents.

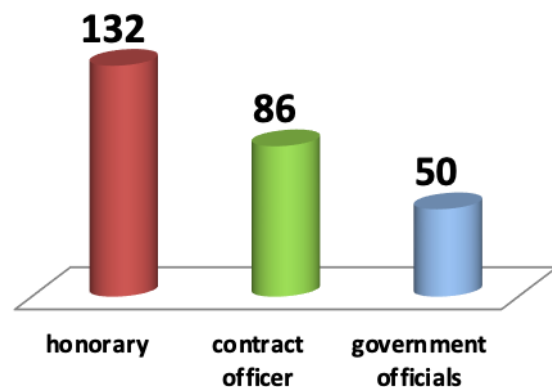


Figure 4. Characteristics of Respondents by Job Status
Sources: data processed by researchers, 2022

Figure 4 shows that health workers in Village Health Cottage with service status occupy the most positions, namely 132 health workers. Eighty-six contract workers, or 32.10% of the total respondents, and health workers with civil servant status, with 50 people, or 18.65% of the total respondents.

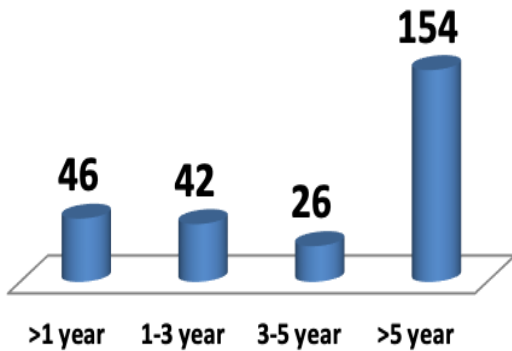


Figure 5. Characteristics of Respondents by Length of Work
Sources: data processed by researchers, 2022

Figure 5 shows, that 57.46% of the total respondents are health workers who work more than 5 years of service, followed by respondents who work for less than 1 year as many as 17.16%, health workers who work for 1-3 years as many as 42 people or 15.78%, and a total of 26 respondents were health workers who worked for 3-5 years.

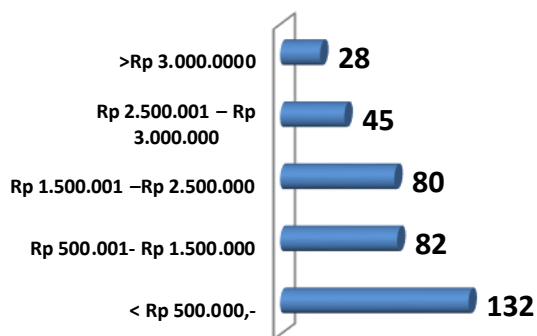


Figure 6. Characteristics of Respondents by Nominal Take Home Pay
Sources: data processed by researchers, 2022

Figure 6 shows that the nominal value of the respondent's take home pay is dominated by health workers who receive a take home pay of < Rp 500,000 as many as 132 people, and in second place are respondents with a take home pay value of Rp 500,001-Rp 1,500,000 as much as 30.59 % of the total respondents. Respondents with a take home pay of Rp. 2,500,001- Rp.3,000,000 as many as 16.79% of the total respondents and respondents with a nominal take home salary of more than Rp. 3,000,000 account for the smallest proportion, accounting for as many as 28 persons or 10.82% of all respondents.

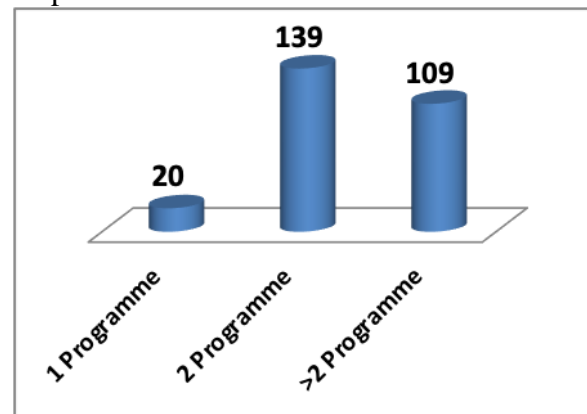


Figure 7. Characteristics of Respondents by Number of Community Health Center Programs Responsible
Sources: data processed by researchers, 2022

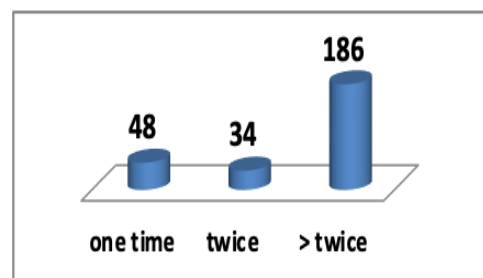


Figure 8. Characteristics of Respondents by Training
Sources: data processed by researchers, 2022

Figure 7 shows that the Village Health Cottage health workers organize two puskesmas programs, with 139 respondents (51.86% of the total respondents), officers with more than two

programs occupy the second highest position with a proportion of 40.67% and respondents with one program. 20 people in charge of the program.

Figure 8 shows, that most of the health workers have attended the health training program more than two times, as many as 186 people, while the health workers who participated in the health training program two times were 34 people. The second largest was respondents who had attended the training program, 48 or 17.19% of the total respondents.

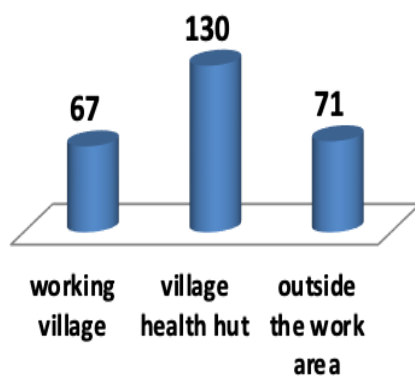


Figure 9. Characteristics of Respondents by Domicile Workplace

Sources: data processed by researchers, 2022

The figure 9 shows, that the majority of health workers work in Village Health Cottage as many as 130 people, and at least 130 health workers work in villages. Their working area is only 25% of the 268 respondents. Outside the Tegolong employment region, health workers reached 26.50% or 1.50% more than a quarter of all responses.

Validity Test

The results of the validity test with each indicator showed that the value of r count (Pearson correlation) > r table. So that the indicators used in these variables can be declared valid. Each item was tested for validity and symbolized by X1.1-X1.10 for questions on work ability variable (X2), X2.1-X2.10 for questions on work motivation variable (X2), X3.1- X3. 18 is a

symbol of each item in the X3 variable question, namely job satisfaction. Validity testing is limited to workability, motivation, and job satisfaction, whose data sources are gathered by questionnaire data collection techniques.

The results of the questionnaire distribution test on 268 samples showed that the validity test with each indicator obtained a value of r count (Pearson correlation) > r table. With (df) = n-3 of 0.3246. So that the question indicators on the variables X1, X2, and X3 used in the study are said to be valid.

Reliability Test

The reliability test is a good instrument to be employed as a data collection tool. Data reliability is an index that indicates how likely it is that when a measuring device is used twice to measure the same thing, the findings are relatively consistent, and the measuring instrument is dependable.

The results of the reliability test show that work ability variable (X1) has Cronbach's alpha 0.934 and is said to be reliable, work motivation variable (X2) has Cronbach's alpha 0.835 and is said to be reliable, and job satisfaction (X3) has Cronbach's alpha 0.955 and is said to be reliable. All variables were determined to be reliable because their Cronbach's alpha values were > 0.6.

Classic Assumption Test Normality Test

The normality test findings show that the significance value (sig) of 0.075 is greater than the value of 0.05 (0.075>0.05), indicating that the data are normally distributed.

Multicollinearity Test

The test results show that the data of each variable in path 1 have multicollinearity with a VIF value < 10.00, namely the work ability variable (X1) with

VIF value of 1.137, work motivation variable (X2) with a VIF 1.205, VIF 1.114 for the job satisfaction variable (X3). The values of VIF on path 3 variables are namely job satisfaction (X3) of $2.230 < 10.00$ and service quality (X4) of $2.445 < 10.00$.

Heteroscedasticity Test

The heteroscedasticity test demonstrates that the results for each independent variable have a significance value greater than 0.05, indicating no heteroscedasticity.

Path Analysis

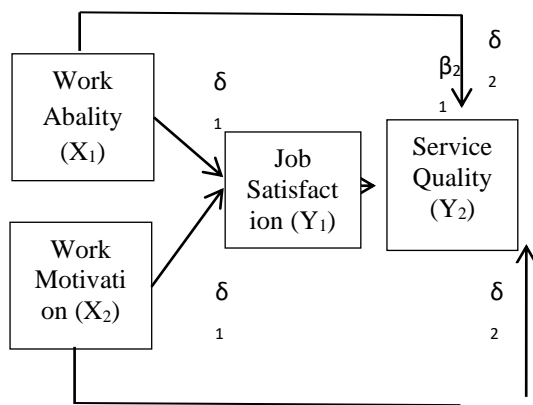


Figure 10. Model of Path Analysis

Path analysis in this study is divided into three paths so that it is divided into two regression models, namely the multiple linear regression model for paths 1 and 2, and a simple linear regression model for path 3.

Pathway 1 and 2 Multiple Regression Analysis

The test findings reveal that if the value of the independent variable does not change, the value of job satisfaction as the dependent variable is 0.392. The coefficient of work motivation as an independent variable X1 is 0.392, indicating that work motivation is positively connected to job satisfaction. An increase in one unit of work motivation

leads to an increase in job satisfaction (X1). It will add 0.392 to the measure of job satisfaction. A regression coefficient value exists for the workability variable (X2) of 0.288 so that when there is an increase in one unit of the workability variable, the job satisfaction value increases by 0.288.

Pathway 3 Simple Regression Analysis

The model has a simple regression constant value of 0.070, which means that as the value of the independent variable increases, so does the value of service quality.

The coefficient of the regression independent variable, namely job satisfaction, is 0.406, indicating that the relationship between job satisfaction and service quality is positive with a value of 0.406, such that when one unit of job satisfaction (X3) is increased, the value of service quality (Y) increases by 0.406.

Hypothesis Test

T-Test Paths 1 and 2

The T-test findings show that the Work Motivation variable, as the X2 variable, has a substantial effect on Job Satisfaction (Y), as indicated by the t count $>$ t table, which is $4.980 > 1.96896$ with a significance value of less than 0.05, which is 0.003.

T-Test Path 3

The Job Satisfaction Variable (X3) has a t count value of $2.145 >$ t table 1.96892 and a significance $0.001 < 0.05$, according to the findings of the t-test path 3. H0 is rejected whereas H1 is approved and suggests that it has a somewhat significant effect on Service Quality (Y).

F-Test Paths 1 and 2

The f-test demonstrates that the effect of the independent variables on each other is represented by the comparison value of F count and F table and their

significance is 5% with N 268. F count is 15,681 > F table of 2.638666 and a significance of 0.016 0.05 in paths 1 and 2 with independent variables Work Ability (X1) and Work Motivation (X2), showing that H1 is accepted and H0 is rejected. So, all independent variables simultaneously affect Job Satisfaction (Y/X3). The F-Test Path 3 is used to show the effect of the variable Job Satisfaction (X3) simultaneously on Service Quality (Y) which can be seen by comparing the values of F count and F table along with their significance of 5% with N 268. The value of F count on path 3 Satisfaction (X3) and Work Motivation (X2) is 15,168 > F table of 3.029725 and a significance of 0.005 < 0.05 indicating that H1 is accepted and H0 is rejected. So, all independent variables simultaneously affect Service Quality (Y).

Coefficient of Determination Coefficient of Determination of Paths 1 and 2

According to the test findings, R square is 0.759. This explains why 75.90% of Job Satisfaction (X3) is controlled by Work Ability (X1) and Work Motivation (X2), while the remaining 24.10% is influenced by variables not included in this research model.

Path Determination Coefficient 3

According to the test results, the value of R square is 0.680. This shows that Job Satisfaction (X3) influences 68% of Service Quality (Y), while other variables not included in this research model influence 32%.

DISCUSSION

The Effect of Work Motivation and Work Ability on Job Satisfaction of Village Health Cottage Health Workers in Situbondo Regency

Service quality is an important component that influences patient satisfaction with healthcare services. In

theory, the quality of health services is determined by the job satisfaction felt by health personnel due to their performance. This study aims to investigate the effect of job satisfaction on the quality of health services provided by Village Health Cottage Health Workers in Situbondo Regency. This study discovered that job satisfaction impacts the quality of healthcare provided by healthcare professionals at the Village Health Cottage in Situbondo Regency. These findings are consistent with the scientific findings of Cahyani and Dian (2013), who reveal that 70% of health workers' job happiness determines good health services. The job happiness of health employees influences the quality of the health service work process moderately, and the function of executive management is critical in establishing a decent work environment (Karna, 2017).

The Influence of Job Satisfaction on the Service Quality of Village Health Cottage Health Workers in Situbondo District.

Service quality is an important factor affecting patient satisfaction with the health services provided. Theoretically, the quality of health services provided depends on the job satisfaction felt by health workers through their performance. This study attempts to answer the research objective of examining the effect of job satisfaction on the quality of health services for the Health Workers of the Village Health Cottage in Situbondo District (Ulumiyah, 2018).

The quality of the data presented and analyzed in this study is quite good as evidenced by the results of the validity and reliability tests of the data where the test results indicate that the question components can be used as a measuring tool for determining the right and appropriate variable values. In addition, data testing was also carried out using the classical assumption test to avoid biased analysis results. The results of the classical

assumption test on the variables of Job Satisfaction and Service Quality show that the data meets the criteria for a simple linear regression test.

This study found that job satisfaction influences the determination of the level of quality of health services for health workers at Village Health Cottage in Situbonbo District. These findings are in line with the scientific findings of Cahyani and Dian (2013) which show that good health services are determined by 70% of the job satisfaction of health workers. Health worker job satisfaction moderately determines the quality of health service work processes and the role of executive management is important to form a good work environment (Karna, 2017)

Policy Implication of village Health Cottage personnel Management in Situbondo Regency

Village Health Cottages must be supported in carrying out their duties with a well-planned and adequate management of health workers. One form of implementing health worker management is fulfilling the rights and obligations of health workers, both midwives and nurses, in accordance with applicable regulations. The quality of health worker services is an important parameter for increasing the pace of health development (Inegbedion et al., 2020).

The fulfillment of health workers' rights, as outlined in the preceding sub-chapter, is a key component in determining job satisfaction, which in turn impacts the quality of health services.

Based on East Java Guburner Regulation Number 4 of 2004 concerning Village Healthy Cottages in East Java, it is stated that health workers at Village Health Cottages have the right to develop and increase their knowledge, compete through education and training according to their area of expertise, and be paid according to the capabilities of the Provincial or District/City APBD.

Self-development in general aims to provide opportunities to develop and express oneself according to needs, taking into account conditions (Amri, 2013).

Regional Regulation of East Java Province Number 7 of 2014 Concerning Health Workers more broadly stated in Chapter IV article 27 that health workers have the right to receive legal protection as long as they carry out their duties according to professional standards; obtain complete and correct information from recipients of health services and their families; accept a fair and reasonable service fee; receive occupational safety and health protection, treatment in accordance with human dignity, morals, decency, and religious values; and have the opportunity to further their career and profession. Soedikno Mertokusumo emphasized that legal protection is a guarantee of the rights and obligations of people to pursue their own interests as well as in interpersonal relationships (Muthuri, 2020).

Based on the Strategic Plan of the Situbondo Regency Office (2021), human resource management has been established as an annual program, namely increasing the capacity of human resources including remuneration in it. Although it has been clearly stated in several regulations, the value of the allocation of special funds for health workers is still low where only 30% of Village Health Cottage health workers are contracted by Situbondo Regency and the rest are classified as service health workers.

Health workers also do not get health insurance and the development program for health workers is only given to programmers.

CONCLUSIONS

The government can establish programs for developing health workers and restructuring remuneration to stimulate intrinsic and extrinsic aspects of work motivation for Village Health Cottage

health workers in Situbondo Regency and to ensure the quality of Village Health Cottage health services in Situbondo Regency. The East Java Provincial Regulation Number 2 of 2016 about Health Efforts and the East Java Governor's Regulation Number 4 of 2004 concerning Village Health Cottages in East Java must be referenced in developing a health service management roadmap for workers at the Village Health Cottage Regency in Situbondo. To ensure the quality of Village Health Cottage health services in Situbondo Regency, the government can establish programs for developing health workers and restructuring remuneration that can stimulate intrinsic and extrinsic components of work motivation for health workers at Village Health Cottage in Situbondo Regency. A health service management plan referencing the East Java Provincial Regulation Number 2 of 2016 concerning Health Efforts and the East Java Governor's Regulation Number 4 of 2004 concerning Village Health Cottages in East Java is required.

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