

## The Implementation of the Plead Accreditation Policy on Public Satisfaction at the Medan Selayang Community Health Center

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### ARTICLE INFO

*Keywords:* Paripurna Accreditation, Policy Implementation, Edwards III, Community Satisfaction, Medan Selayang Health Center.

*Received:* 7, October

*Revised:* 28, November

*Accepted:* 29, December

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### ABSTRACT

This study aims to analyze the influence of the implementation of Paripurna accreditation policies on community satisfaction at Puskesmas Medan Selayang, using four main dimensions based on George C. Edward III's theory: communication, resources, disposition, and bureaucratic structure. This research employs a quantitative approach with the Structural Equation Modeling Partial Least Square (SEM-PLS) method. The sample consists of community members who accessed services at Puskesmas Medan Selayang and was selected using a purposive sampling technique. Data were analyzed using SmartPLS software to examine the relationships among variables simultaneously. The results show that communication, resources, disposition, and bureaucratic structure all have a positive and significant effect on community satisfaction. Overall, the implementation of the Paripurna accreditation policy has a positive and significant influence on community satisfaction, indicating that the success of accreditation is not only determined by the fulfillment of standard documents but also by the effectiveness of its implementation in practice. These findings emphasize that improving community satisfaction at Puskesmas Medan Selayang is more strongly influenced by the quality of internal communication, resource readiness, the commitment of health personnel, and a well-organized bureaucratic structure. Therefore, efforts to improve the quality of health services require strengthening accreditation implementation continuously to achieve public services that are safe, effective, and responsive to community needs.

## **INTRODUCTION**

Health development is a crucial component of national development, aiming to increase awareness, willingness, and ability to live healthily for all. This effort aims to achieve optimal public health as a foundation for improving the quality of Indonesia's human resources (Kartini, 2017). In implementing this health development, Community Health Centers (Puskesmas) are at the forefront, providing basic health services that encompass promotive, preventive, curative, and rehabilitative aspects.

However, in practice, many Puskesmas in Indonesia still face challenges in providing optimal services, such as limited resources, high workloads, and variations in service quality across regions. These challenges can impact the quality of services received by the public and ultimately affect public satisfaction with Puskesmas. To address this, the government has implemented an accreditation policy as a step to improve the quality of health services.

According to Minister of Health Regulation No. 43 of 2019, Puskesmas' vision is to create a healthy society, able to access quality health services, and achieve the highest possible level of health. To achieve these goals, Community Health Centers (Puskesmas) provide various public health services, such as health promotion, environmental health, family health, nutrition, and disease prevention and control. Puskesmas are required to provide safe, effective, comfortable services that are tailored to the community's needs.

Puskesmas accreditation, as stipulated in Minister of Health Regulation No. HK.01.07/MENKES/165/2023, aims to ensure that each Puskesmas meets nationally established service quality standards. Accreditation emphasizes not only administrative completeness but also the implementation of a structured, consistent, and quality-oriented service system. Puskesmas that meet all standards will receive the Paripurna (Parish) designation, the highest level of accreditation.

Numerous studies have shown that accreditation contributes to community satisfaction. Utami & Lubis (2021) found that accreditation improves service reliability, the completeness of facilities and infrastructure, and the regularity of service procedures, all of which contribute to increased community satisfaction. Research conducted by Sambo & Amelia (2024) confirms that accreditation also serves as a means of continuous quality improvement through system improvements, increased healthcare worker competency, and ongoing internal evaluation. Similar findings were also reported by Dawanson & Arifin (2021) and Faridah & Arifin (2021), who found significant improvements in communication, service accuracy, facility comfort, and patient satisfaction after accreditation was implemented.

Medan Selayang Community Health Center (Puskesmas) is one of the Community Health Centers (Puskesmas) that has achieved Full Accreditation, indicating compliance with quality standards in managerial and service aspects. However, this administrative achievement does not fully reflect the effectiveness of its implementation in daily services. Medan Selayang Community Health Center (Puskesmas) is one of the Community Health Centers (Puskesmas) that has achieved Full Accreditation, indicating compliance with quality standards in

managerial and service aspects. However, achieving good accreditation does not necessarily reflect how its implementation works in daily practice. Like other healthcare facilities, Medan Selayang Community Health Center faces service dynamics, such as high visitor loads, varying community needs, and demands for consistent standard implementation. This situation indicates the need for a more in-depth study to determine the extent to which the implementation of accreditation standards has been optimal from the perspective of service users. Therefore, research is needed specifically at the Medan Selayang Community Health Center to assess the effectiveness of the implementation of the Paripurna accreditation program and to identify factors that contribute to the discrepancy between standards and practice.

According to George C. Edward III's policy implementation theory, the success of a policy is largely determined by four main factors: communication, resources, disposition, and bureaucratic structure. In the context of a Community Health Center, these four factors can impact the quality of accreditation standard implementation. For example, ineffective communication can hinder healthcare workers' understanding of operational standards. Limited resources, such as a lack of healthcare workers or supporting facilities, can make it difficult to implement quality standards optimally. The disposition or attitude of policy implementers also determines the level of commitment to implementing service standards. Meanwhile, a bureaucratic structure that is too long or inflexible can slow down the process of providing services to the public.

These issues can directly impact public satisfaction, a key indicator of successful healthcare services. Therefore, an in-depth analysis is needed to determine how the implementation of the accreditation policy, as reviewed through the four Edward III variables, influences public perceptions and satisfaction levels at the Medan Selayang Community Health Center.

Based on these conditions, an analysis is needed to determine the extent to which the implementation of the Paripurna accreditation, reviewed through communication, resources, disposition, and bureaucratic structure, influences public satisfaction. This study uses the Structural Equation Modeling (SEM) method to examine the influence of these four dimensions on public satisfaction as the dependent variable. This analysis is crucial to ensure that the success of accreditation is reflected not only in the assessment documents but also in the public's direct experience of healthcare services at the Medan Selayang Community Health Center. The research title is "The Effect of the Implementation of the Paripurna Accreditation Policy on Public Satisfaction at the Medan Selayang Community Health Center." The results are expected to provide a comprehensive overview of the effectiveness of Paripurna accreditation in improving service quality and serve as a basis for the Medan Selayang Community Health Center in developing strategies for continuous service quality improvement.

## **LITERATURE REVIEW**

Mulyadi (2015) stated that policy implementation is essentially a multi-organizational transformation process, involving various parties and levels of society. This indicates that policy success depends heavily on inter-institutional coordination and support from the actors involved. Meanwhile, Mazmanian and Sabatier (in Leo Agustino, 2016) define implementation as the implementation of formal government decisions, which can be laws, executive decrees, or judicial decisions. This definition emphasizes that implementation is a crucial stage in the policy cycle, connecting policy formulation with its impact on the ground. According to Misnaniarti & Destari (2018), accreditation is not merely an administrative obligation, but rather a strategic step in supporting the implementation of the National Health Insurance (JKN). Accreditation ensures that community health centers (Puskesmas) are able to provide integrated promotive, preventive, curative, and rehabilitative services. This strengthens their role as the spearhead of quality-oriented primary health care.

The benefits of accreditation can be seen in improving the quality of internal management. The accreditation process requires good governance, a well-organized documentation system, and the involvement of all staff in implementing standards. Utami & Lubis (2021) found that accreditation can improve the effectiveness of community health centers, both in the administrative, managerial, and technical aspects of health services. Thus, accreditation focuses not only on medical services but also on strengthening organizational systems. Accredited community health centers are better prepared to address the dynamics of community needs and changes in health regulations.

In addition to improving organizational quality, accreditation also brings direct benefits to patients. Trisna & Raharjo (2019) demonstrated that accreditation status influences patient satisfaction levels. Patients feel more cared for, with faster, friendlier service, and adhering to procedures. This demonstrates the crucial role accreditation plays in building public trust. Accreditation also fosters a more professional service culture, improving the patient experience when accessing services.

From a health policy perspective, accreditation strengthens the success of the National Health Insurance (JKN) program. Misnaniarti & Destari (2018) emphasized that accreditation is an instrument to ensure that services funded by BPJS Kesehatan meet standards. Therefore, accreditation benefits not only the public as service users but also the government as the administrator of the national health system. Accredited community health centers (Puskesmas) are expected to reduce disparities in service quality between regions, ensuring equitable access to quality healthcare.

Research by Ensha (2018) and Oktalisya & Ardansyah (2023) shows that accreditation encourages the optimization of organizational resources, including improvements to facilities and infrastructure, resulting in more efficient and effective services. These facility improvements have been shown to reduce public complaints, particularly regarding waiting times, comfort in service rooms, and ease of access to services.

Furthermore, in the context of policy implementation, according to George C. Edwards III, resources are a determining factor in the success of policy implementation. Edwards emphasized that policies cannot succeed without adequate resource allocation, including personnel, facilities, and funds. In his "Implementation as a Process" model, Edwards emphasized that organizational inputs, including human resources, facilities, and information technology, are prerequisites for achieving desired outputs. In other words, the availability of adequate resources is the foundation for the effective implementation of the Plenary Accreditation policy.

Research findings support the importance of disposition in increasing public satisfaction. Sambo & Amelia (2024) showed that the attitudes and behaviors of healthcare workers are strong predictors of patient satisfaction because they create more positive service interactions. Phonna et al. (2021) found that the professional attitudes of healthcare workers were positively correlated with patient satisfaction levels, particularly regarding trust and comfort. Research by Ayudia, Nadeak, & Suyaman (2021) confirmed that empathy, attention, and the willingness of healthcare workers to understand patient needs are important factors shaping positive public perceptions of healthcare services.

Within the Edwards III implementation theory framework, disposition is included in the implementing organization. Edwards emphasized that implementers with a positive disposition are better able to overcome obstacles, adapt procedures, and maintain consistent policy implementation. This means that the success of the implementation of Plenary Accreditation is determined not only by formal documents and standards, but also by the motivation, professionalism, and commitment of healthcare workers in carrying out established procedures.

Based on this description, it can be concluded that a good policy implementer disposition, characterized by commitment, professionalism, and empathy, directly contributes to increased public satisfaction. The better the disposition of healthcare workers in implementing Plenary Accreditation standards, the higher the level of public satisfaction with Community Health Center services. Thus, the disposition aspect becomes one of the important pillars in ensuring that accreditation policies are not only achieved formally, but also have a real impact on the experience and perception of the community.

Research findings support the importance of bureaucratic structure in increasing public satisfaction. Research by Dawanson & Arifin (2021) shows that improving service flows and restructuring standard operating procedures (SOPs) after accreditation implementation can improve service delivery at Community Health Centers (Puskesmas), thus positively impacting public satisfaction. Streamlined and transparent service procedures have been shown to accelerate public access to healthcare services and improve their perception of service quality.

Healthcare governance also demonstrates that a well-organized bureaucracy supports consistent service delivery and creates a more enjoyable experience for patients. A well-organized service structure provides procedural certainty and reduces administrative hurdles that are frequently complained

about by the public. It can be concluded that a good bureaucratic structure, characterized by clear standard operating procedures, simple service flows, and organized work mechanisms, will support the successful implementation of full accreditation and directly contribute to increased public satisfaction. Therefore, the better the bureaucratic structure in implementing accreditation, the higher the level of public satisfaction with services at the Puskesmas.

Previous research has shown that accreditation has a significant impact on improving service quality. Utami and Lubis (2021) emphasized improvements in service reliability and procedural regularity, which directly contribute to increased public satisfaction. Similar findings were also found by Faridah and Arifin (2021) and Dawanson and Arifin (2021), who noted significant improvements in communication quality, service accuracy, and facility comfort after accreditation. The findings of Ayudia et al. (2021), which showed high satisfaction indices at primary accredited community health centers, further reinforce the evidence that accreditation improves the overall user experience.

In addition to improving the technical quality of services, accreditation also has a positive impact on internal governance. Sambo and Amelia (2024) emphasized that accreditation serves as a means of continuous quality improvement through system improvements, enhancing healthcare worker competency, and routine evaluations that reinforce the direction of service development.

## **METHODOLOGY**

This study employed a quantitative method with an associative approach. The aim was to determine and analyze the relationship between the variable "Successful Implementation of the Plenary Accreditation Policy" (X) and the level of public satisfaction (Y) at the Medan Selayang Community Health Center. According to Sugiyono (2018), a quantitative method is a research approach that uses numerical data to be tested with statistical analysis to draw conclusions. The associative approach is used to determine whether there is a relationship or influence between two or more variables. The analytical technique used in this study was Structural Equation Modeling (SEM) based on Partial Least Squares (PLS), as this method is suitable for relatively small samples and non-normally distributed data. SEM-PLS facilitates the analysis of relationships between variables by considering both direct and indirect influences among the variables studied (Hair et al., 2017).

This research was conducted at the Medan Selayang Community Health Center, Medan City, North Sumatra Province. This location was selected based on the consideration that the Medan Selayang Community Health Center (Puskesmas) is one of the health centers that has implemented an accreditation policy as an effort to improve service quality and public satisfaction. The study period lasted one month, September 2025. This month was chosen because the increase in the health center's accreditation status became effective in September 2025, making this period the most relevant to capture initial changes in service patterns and patient responses after the policy was implemented. Furthermore, conducting the study in the same month provided the opportunity to obtain

more accurate and up-to-date data, directly reflecting the post-accreditation situation. The research phases included preparation, questionnaire distribution, data collection, and data analysis.

The study population was obtained from patient visit data at the Medan Selayang Community Health Center in 2025, specifically after the increase in accreditation status took effect in September 2025. During this period, 3,188 patient visits were recorded, and this figure served as the basis for determining the population. Using the Slovin formula, the required sample size was determined to be 100 respondents. The selection of visitors was not limited by disease type, so all patients visiting during the period had an equal opportunity to be included in the study sample. The calculation using the Slovin formula resulted in a sample size that was then rounded to 100 respondents. This rounding was done to simplify the data collection process and ensure the sample size remained representative of the population of 3,188 visits. Furthermore, the number 100 was also intended as a precautionary measure in case of incomplete questionnaires, invalid data, or respondents who did not meet the research criteria, ensuring that the effective sample size remained sufficient to produce accurate and accountable findings,

The selection of 100 visitors as a sample was not limited by disease type, so all patients visiting during the study period had an equal opportunity to be selected. Therefore, the sample selection technique used was accidental sampling or convenience sampling, which involves selecting patients present at the community health center at the time of data collection and willing to participate as respondents. This technique was chosen because it is in accordance with the characteristics of health service research in public facilities, where researchers base the sample on the availability of respondents and the operational conditions of the health center during the research period (Sugiyono, 2018).

## **RESULT AND DISCUSSION**

### ***The Influence of Communication on Public Satisfaction at the Medan Selayang Community Health Center***

The results of this study indicate that communication has a positive and significant impact on public satisfaction at the Medan Selayang Community Health Center. A t-statistic of 3.643 and a p-value of  $0.000 < 0.05$ , with a positive coefficient of 0.375, indicate that the more effective communication between policy implementers and the public, the higher the level of satisfaction with services. Edwards III (2018) emphasized that communication is a fundamental dimension in public policy implementation because it ensures clarity of messages, consistency of implementation, and understanding between implementing actors. In the context of healthcare, communication serves as a bridge between providers and recipients, with the quality of interactions being a crucial factor in shaping public perceptions of service quality.

The Medan Selayang Community Health Center has implemented several effective communication strategies in its accreditation process. One such strategy is therapeutic communication training for medical and paramedical personnel. Healthcare workers are trained to convey information clearly, empathetically, and to respect patients as partners in the healing process. In addition,

Community Health Centers (Puskesmas) provide various information media such as educational banners, leaflets, and digital queuing systems that facilitate the public's access to service information quickly and accurately.

Research by Utami & Lubis (2021) shows that good communication between staff and patients significantly contributes to increased public satisfaction at accredited Community Health Centers. This is due to a feeling of being valued and cared for throughout the service process. Similarly, Sondakh et al. (2020) found that clear information regarding service procedures, waiting times, and complaint mechanisms were key indicators of user satisfaction.

Field observations at the Medan Selayang Community Health Center showed that effective communication is reflected in increased public trust in healthcare professionals. For example, patients feel more comfortable when given detailed explanations about their health conditions and upcoming medical procedures. Humanistic communication also minimizes misunderstandings and increases user loyalty. Thus, communication serves not only as a means of conveying information but also as an instrument for building harmonious social relationships between service providers and recipients. To maintain this success, the Medan Selayang Community Health Center needs to continue strengthening its two-way communication system with the community through satisfaction surveys, dialogue forums, and interactive social media.

### ***The Influence of Resources on Public Satisfaction at the Medan Selayang Community Health Center***

The resource variable was shown to have a positive and significant effect on public satisfaction, with a t-statistic of 3.317, a p-value of 0.001, and a positive coefficient of 0.189. These results indicate that the availability and quality of adequate human resources, facilities, and infrastructure are key determinants of the successful implementation of plenary accreditation at the Medan Selayang Community Health Center.

According to Henry Simamora (2016), the quality of human resources is core to the performance of public organizations because it determines how effectively policies can be implemented. In the context of a Community Health Center, competent and professional healthcare workers will be better able to provide fast, accurate, and humane services. Based on interviews, the Medan Selayang Community Health Center regularly holds competency improvement training for medical and non-medical personnel, including training on patient safety, quality management, and excellent service.

In terms of facilities and infrastructure, accreditation has driven significant improvements. The patient waiting room is now more comfortable and clean, with facilities for the disabled available, and a digitally integrated service information system. This innovation improves service efficiency and reduces public complaints about waiting times. Research by Ensha (2018) and Oktalisya & Ardansyah (2023) also supports this finding, stating that accreditation plays a role in encouraging the optimization of organizational resources and employee productivity.

Furthermore, the adequacy of medicines, medical equipment, and other logistical support also influences public perceptions of service quality. When

basic service needs are met without interruption, public satisfaction increases. Therefore, increasing resources is not only an administrative aspect of accreditation, but also a strategic investment in strengthening the competitiveness of public services. Therefore, sustainable accreditation must be accompanied by consistent human resource development policies and infrastructure maintenance.

### *The Influence of Disposition on Public Satisfaction Levels at the Medan Selayang Community Health Center*

The results show that the disposition variable, or the attitude of policy implementers, has a positive and significant influence on public satisfaction levels at the Medan Selayang Community Health Center, with a t-statistic of 2.292, a p-value of 0.022, and a positive coefficient of 0.220. This means that the better the disposition or attitude of policy implementers in carrying out their duties, the higher the level of public satisfaction with the services received. Disposition describes the psychological and behavioral aspects of policy implementers, including commitment, motivation, integrity, and responsibility in carrying out public policy mandates.

Van Meter and Van Horn (1975) stated that disposition is a crucial variable in the policy implementation model. A positive disposition enables effective policy implementation because implementers understand, accept, and are committed to the policy's objectives. In the context of healthcare, a positive disposition is reflected in friendliness, empathy, helpfulness, and professionalism of healthcare workers. These attitudes provide a more comfortable service experience for the public, contributing to increased public satisfaction. Conversely, a negative disposition can hinder the success of policy implementation, as implementers tend to work solely to fulfill administrative obligations without demonstrating a commitment to improving public satisfaction. In the context of healthcare, the disposition of medical personnel includes empathy for patients, discipline in their work, and honesty in carrying out medical and administrative procedures.

At the Medan Selayang Community Health Center, observations indicate that after the implementation of full accreditation, there has been a significant change in work culture. Healthcare workers demonstrated improved discipline, punctuality in providing services, and improved communication skills with the public. The friendly and responsive attitude of staff created a more humane and reassuring service atmosphere for patients. This improvement is inseparable from the ongoing training provided to staff, particularly in areas of excellent service, professional ethics, and patient safety.

Research conducted by Phonna et al. (2021) showed that the professional attitudes of healthcare workers have a positive correlation with patient satisfaction levels, particularly in aspects of trust and comfort. Similar results were found by Ayudia, Nadeak, & Suyaman (2021), who confirmed that staff empathy and attention are important factors in shaping positive public perceptions of healthcare quality. Thus, a positive disposition not only improves Furthermore, leadership within the Community Health Center (Puskesmas) plays a crucial role in shaping employee disposition. The Head of the Puskesmas

plays a crucial role in instilling the values of integrity, cooperation, and responsibility through a participatory approach. A communicative and exemplary leadership style fosters a collective work spirit in maintaining full accreditation status. This positive disposition energizes all employees, encouraging them to perform optimally in meeting community expectations. Overall, disposition plays a key role in the success of accreditation implementation. When policy implementers have a positive disposition or attitude, the service process will be more harmonious, responsive, and oriented toward community needs. Therefore, efforts to increase motivation, provide performance rewards, and strengthen a collaborative work culture are necessary to maintain a positive disposition among healthcare workers. Consequently, public satisfaction at the Medan Selayang Community Health Center can increase along with a stronger commitment from implementers to provide professional, ethical services that meet the expectations of healthcare users.

### *The Influence of Bureaucratic Structure on Public Satisfaction Levels at the Medan Selayang Community Health Center*

Bureaucratic structure is a crucial component in the public policy implementation process. Based on the research results, the bureaucratic structure variable was proven to have a positive and significant effect on public satisfaction at the Medan Selayang Community Health Center, with a t-statistic of 2.927, a p-value of 0.004, and a positive coefficient of 0.257. This means that the better and more efficient the bureaucratic structure at the Community Health Center, the higher the level of public satisfaction with the health services provided. A well-organized bureaucratic structure ensures a clear division of tasks, smooth coordination between units, and an effective oversight system.

According to Mulyadi (2015), an effective bureaucracy is a crucial prerequisite for the realization of good governance principles because it ensures accountability, transparency, and procedural certainty. In the context of implementing plenary accreditation, the bureaucratic structure serves as a framework that regulates working relationships between divisions within the Community Health Center, from administration and medical services to quality management. With a clear division of tasks and an organized chain of command, the implementation of accreditation standards can be consistent in accordance with the provisions stipulated by the Ministry of Health.

The Medan Selayang Community Health Center has undergone internal organizational restructuring after obtaining accreditation status. Each work unit now has a clearly defined job description, functions, and responsibilities documented in standard operating procedures (SOPs). For example, the registration department is fully responsible for the digital queue system, the pharmacy department ensures timely medication availability, and the quality management unit is responsible for conducting internal audits and periodic reporting. The performance reporting system is also implemented transparently through monthly coordination meetings, allowing any issues to be identified and resolved more quickly.

Research by Reganata & Wirajaya (2020) supports these findings, stating that an effective organizational structure significantly contributes to the success

of accreditation at various community health centers (Puskesmas) in Medan City. An overly bureaucratic and cumbersome organizational structure can hinder the smooth flow of services, while a more flexible and adaptive structure can accelerate decision-making and improve workflow. These improved workflows ultimately impact the community's experience when receiving healthcare services, thereby increasing community satisfaction. At the Medan Selayang Community Health Center, the implementation of an efficient structure has reduced overlapping work and strengthened coordination across service units.

Furthermore, the presence of a quality team and internal audit are crucial elements in ensuring that service standards are maintained. Monitoring is conducted routinely through daily, weekly, and quarterly evaluations, involving representatives from all work units. A public feedback mechanism is also integrated into the evaluation system through satisfaction surveys and a digital suggestion box. This reflects a bureaucracy that is adaptive and responsive to community needs.

Overall, the efficient bureaucratic structure at the Medan Selayang Community Health Center not only meets the administrative requirements of accreditation but also creates a foundation for faster, more organized, and more professional healthcare services. A clear workflow and strong coordination between units make the service process easier for the public to understand and access. This allows the public to experience a more comfortable, orderly, and appropriate service.

### ***The Impact of Successful Implementation of the Full Accreditation Policy on Public Satisfaction at the Medan Selayang Community Health Center***

The successful implementation of the full accreditation policy at the Medan Selayang Community Health Center reflects the institution's ability to implement the health service standards established by the Ministry of Health. Full accreditation is not merely a formal recognition of compliance with standards, but also serves as a benchmark for the quality of service governance, focusing on quality, patient safety, and public satisfaction. Based on a review of various previous studies, the successful implementation of the accreditation policy has been shown to contribute significantly to increasing public satisfaction, particularly in the health sector. At the Medan Selayang Community Health Center, this success is evident in the improved quality of facilities and infrastructure, the professionalism of healthcare workers, and a more transparent and accountable service management system. The implementation of accreditation standards is comprehensive, encompassing aspects of administration and organizational governance, as well as medical and non-medical services.

The Medan Selayang Community Health Center has demonstrated progress in compliance with standard operating procedures (SOPs), improving human resource competency, and conducting regular internal quality evaluations. The implementation of accreditation also encourages a more disciplined and systematic work culture, where each officer has clear responsibilities and roles in the service process. This results in increased work efficiency and speed in responding to community needs.

The research results showed that the successful implementation of the plenary accreditation policy had a positive and significant impact on community satisfaction at the Medan Selayang Community Health Center. Statistical tests showed a t-statistic of  $39.177 > 1.96$  and a p-value of  $0.000 < 0.05$ , with a positive coefficient of 0.863. These findings indicate that the better the implementation of plenary accreditation, the higher the level of community satisfaction with the services provided. This confirms that accreditation is not merely administrative recognition, but a managerial instrument capable of improving the quality of community satisfaction.

According to Grindle (1980), the successful implementation of public policy depends on the complex interactions between implementers, resources, and the institutional context that influence the effectiveness of policy outcomes. In this context, plenary accreditation serves as a concrete form of government policy translation to improve the quality of primary healthcare services. The accreditation standards implemented by the Ministry of Health through Ministerial Regulation No. 46 of 2015, updated with Ministerial Regulation No. 34 of 2022, require every Community Health Center (Puskesmas) to continuously meet the dimensions of quality, patient safety, and public satisfaction.

Interviews and observations at the Medan Selayang Community Health Center indicate that the implementation of full accreditation has driven significant changes in service governance, ranging from the implementation of standard operating procedures (SOPs), improving the competency of healthcare workers, to strengthening internal evaluation mechanisms. Every service activity is now carried out with the principles of transparency, accountability, and is oriented towards user satisfaction. For example, the previously manual queuing system has been replaced with a digital system, significantly reducing patient waiting times.

Furthermore, internal quality audits are conducted periodically to ensure that each service unit meets established quality indicators. This step has resulted in increased public trust in primary healthcare services in the area. The increase in the number of patient visits is also an empirical indicator of increased public satisfaction following the implementation of accreditation.

These findings align with research by Wulandari et al. (2019) and Trisna & Raharjo (2019) showed that accreditation directly contributes to increased public satisfaction through improved service systems and enhanced professionalism of healthcare workers. Therefore, the successful implementation of the comprehensive accreditation policy at the Medan Selayang Community Health Center (Puskesmas) can be considered a demonstration of the effectiveness of public policy in the health sector.

Consequently, the success of accreditation implementation must be maintained through a continuous monitoring system. Without a long-term commitment, this success has the potential to decline along with the dynamics of community needs. Therefore, the Puskesmas needs to continuously strengthen its quality culture and implement service innovations to consistently maintain public satisfaction.

## CONCLUSION

Communication has a positive and significant effect on public satisfaction at the Medan Selayang Community Health Center. A coefficient of 0.375 indicates that the more effective the communication process between healthcare workers and the public, the higher the level of user satisfaction. Clear, empathetic, and two-way communication has been shown to increase comfort, trust, and positive perceptions of the quality of healthcare services. Resources have a positive and significant effect on public satisfaction, with a coefficient of 0.189. This means that the quality of healthcare workers, the availability of facilities, and the adequacy of medical equipment play a crucial role in improving service quality and patient experience. Optimizing resources is a key factor in the success of plenary accreditation. Disposition has a positive and significant effect on public satisfaction, as indicated by a coefficient of 0.220. The higher the commitment, motivation, integrity, and professional behavior of healthcare workers, the better the quality of service perceived by the public. Empathetic, friendly, disciplined, and responsible attitudes have been shown to be strong factors in building public satisfaction. Bureaucratic structure has a positive and significant effect on public satisfaction, with a coefficient of 0.257. A clear, efficient, and adaptive organizational structure can accelerate service processes, improve coordination between units, and minimize administrative obstacles. A well-organized bureaucracy is a crucial pillar in maintaining consistent service quality in accordance with accreditation standards. The implementation of the plenary accreditation policy variable demonstrated the greatest influence on public satisfaction, with a coefficient of 0.863 and a very high level of significance. This demonstrates that plenary accreditation is not merely a means of meeting administrative standards, but also a strategic instrument for improving governance, healthcare professionalism, and overall service quality.

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