

## Nurse's Viewpoint of Gatekeeper Function on Managing Indonesian National Health Insurance: A Qualitative Study

**Della Kharisma Putri<sup>1</sup>, Nurfika Asmaningrum<sup>2\*</sup>, Alfid Tri Afandi<sup>3</sup>**

<sup>1,2,3</sup>Faculty of Nursing, Universitas Jember, Indonesia; [nurfika\\_asmaningrum@unej.ac.id](mailto:nurfika_asmaningrum@unej.ac.id) (Corresponding Author)

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**ABSTRACT**

WHO initiated a policy related to the health for all principles and realized it in the application of gatekeeper theory for increasing the quality of public health center services which include the aspects of First Contact, Continuity, Comprehensiveness, and Coordination services. The purpose of this research was to explore nurses' perceptions of gatekeepers' role in NHI services at Public Health Center. This research is using descriptive qualitative design and purposive sampling with thematic analysis is used as sampling technique. Characteristics of the participants include 80% female with qualification 80% are vocational nurses and 60% nurses on duty at community public health center. Results of this research found three major themes including the involvement of administrative services, service providers, and service strategy implementers. The three themes are a manifestation of the integration of implementation of the four main gatekeeper functions by nursing staff of Public Health Center. Services run by nurses are considered less than optimal in first contact and continuous aspect, in term of nursing care documentation and the absence of HIV/AIDS treatment services. This research is expected to be a guide for updating information related to the role of nurses in public health center as gatekeeper.

Keywords: NHI, gatekeeper, nurses, public health center, qualitative

### INTRODUCTION

One of the problems in health services is the risk of a health crisis caused by financing factors, so the government initiated the establishment of the Health Social Security Administration (BPJS) to allocate all types of health financing within the wider community that implemented with National health Insurance (NHI) programs (Amir, 2018). The Increase of problems towards public perception, has prompted World Health Organization (WHO) to support the idea related to health for all principle in "The 2008 Annual Report" statement for implementation of primary health care reform for developing countries as an effort to improve community welfare through improving the quality of First Level Health Facilities (FKTP) services. Then to itemize the FKTP service procedures, John Hopkins University Primary Care Centre developed a theory, that is the Gatekeeper concept as an indicator of the health service's quality in FKTP (Wang et al, 2019). In Indonesian, application of FKTP services as gatekeepers began in the era of the NHI with service aspects focused on the concept of managed care (Wibisana, 2019).

Gatekeeper, in the health sector, is a term used to describe health facilities as the first gate that ensure the management of patient care including liaison with FKTL in the tiered referral flow, hospitalization and need for follow-up (Barone, 2020). There are four functions that must be implemented, namely the function of the first contact (First Contact), the continuous service function (Continuity), the plenary service function (Comprehensive), and service coordination function (Coordination). Therefore, all health workers in FKTP are also responsible for carrying out these functions according to their competence (Rahma et al, 2015).

Public health center (PHC) as FKTP in Indonesia aims to fulfil the needs, desires, expectations and perceptions of community in health services by providing integrated and comprehensive services to the community in their working areas (Yulian, 2017). In response, the government made regulations so that all PHC in Indonesia must partner with BPJS and must be able to fulfil the needs of comprehensive health services that are broad and plenary in order to produce the best quality service (Crystal et al, 2020). In this case, nurses as the majority of health workers in the PHC are referred as important elements that influence the management of PHC health services including the implementation of the functions contained in the gatekeeper concept (Bappenas, 2017).

The design of this study is based on the sustainability of the previous studies' result related to the description of the achievement of the PHC as gatekeepers carried out at the Juwana Health Center, Pati Regency. The results of this study indicate that the PHC has not been able to fulfil 3 of the 4 main functions of the gatekeeper concept that have been determined, that are the first contact function, the plenary service function and the service coordination function (Rahma, 2015).

This research is very important to be implemented for explore the quality of PHC services in terms of implementing the gatekeeper concept because the risk of the less optimal role of PHC in meeting primary health needs, can affect the level of community welfare. In addition, the possibility of a high referral rate in patients with non-specialist diseases can lead to a waste of funding due to the high cost of curative care (Rahma, 2015). Thus, this study will be a benchmark for the ability of nurses to improve the quality of health care services as gatekeepers in primary health services in Indonesia.

## METHOD

This research was conducted at UPT Puskesmas Ngoro and was carried out on May 12 – June 14, 2021. This research uses qualitative with a descriptive qualitative design that exploratory and providing clear and detailed clarifications on a social phenomenon related to the variables being studied (Mulyadi, 2012). The participant selection technique used purposive sampling with the selection of participants based on recommendations from the Head of Administration. The number of initial samples was 13 people who could be involved in the study with the criteria: 5 nurses being nurses who served at the main health centre and 8 other nurses as village nurses at pustu/ponkesdes services. Number of samples' determination is using the saturation principle that the researcher stops collecting data from participants when the data is saturated. The criteria of saturated data are shown when the researcher has not found additional data according to the specified category (Saunders et al, 2018). In this case, saturated data was found in the 9th participant and the researcher added one more participant to ensure that no data were found that could bring up new themes so that the number of participants used as research data was 10 nurses.

This study uses an individual in-depth interview technique according to predetermined criteria where the question and answer process between the interviewer and the informant is carried out face to face using an interview guide (Wahyuni, 2014). The instrument in the interview in this research is the SOP interview. Data analysis technique used is conventional analysis thematic method by processing the raw data, changing or translating the data so that the the data's interpretation is obtained in accordance with the research concept. The interpretation of data analysis is written in description form. The strategy used is by coding all the datas. Researchers apply an approach in coding by writing words manually on the transcription data (Junaed, 2016).

## RESULT

Analysis data from interviews conducted by researchers with 10 nurses got 3014 codes. These are grouped into 3 major themes, namely administrative services, types of services and service strategies. The correlation between themes and the main functions of the gatekeeper concept can be seen in the image below (Figure 1).

### Theme 1: Administrative Role

#### Registration

The Nhl patient registration process done by online through P-care and manually in the register book. The provision of Nhl services are also influenced by the active period of the patient's Nhl card which will be identified in this process. After registration, patient will get a status in the form of a medical record sheet to document services in the examination room. Registration at the main health center are carried out by counter officers while at village health cottage services (Ponkesdes), all registration activities are carried out by village nurses and the implementation of services run directly without a queue number. The following are representative quotes from participants:

*"when the patient registers at the counter, the officer will ask, 'do you have a BPJS card?'. If patients have the card, they are required to use BPJS services. If they don't have one, they can use a residence card"* (P02: main PHC nurse)

*"I serve registration to examination while on duty at the Pustu service"* (P06: pustu nurse)

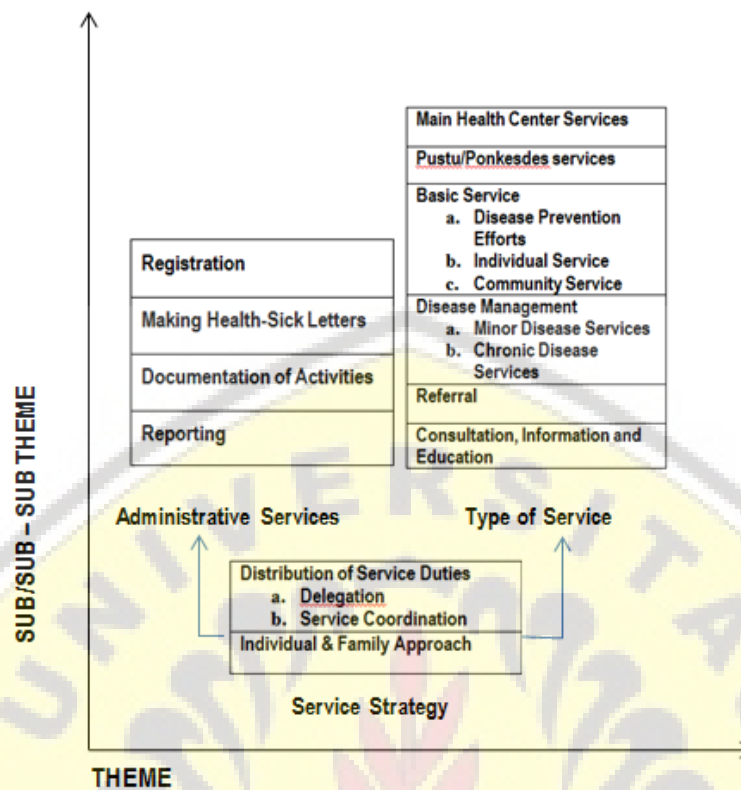


Figure 1. Correlation between themes and the main function of gatekeeper concept

### Making Health-Sick Letters

All correspondence policies are the authority of the main health center which cannot be implemented in other operational places such as pustu or ponkesdes. One of the correspondence activities related to patients is making health certificates and licensing letters for sick patients. The following is a representative statement from participants:

*“We serve the issuance of health certificates and permits for patients. This mailing needs only served at the main health center”* (P03: main PHC nurse)

### Documentation of Activities

Nurses have an obligation to document every service that provided to patients both in the building and during home visits. Participants consider that documentation must be done for reporting purposes. Some of the participants' statements are shown as follows:

*“we take photos during activities (such as posyandu activities and home visits). We write the patient's condition data on the form. We record vital signs such as the results of measuring the patient's blood pressure and temperature”* (P01: main PHC nurse)

### Reporting

Participants agreed that all service documentation is required for reporting purposes. Things that need to be reported include documentation of patient examinations, referrals, number of disease cases, outbreak cases and home visit services. Reporting can be done online or manually. The following is a representative statement from participants:

*“I entered patient data to report. the data such as the number of recovered patients, the number of patients who died and patients who are still being treated”.* (P03: main PHC nurse)

## Theme 2: Type of Service

### Main Health Center Services

This theme discusses about PHC service facilities, general poly services, the status of PHC services as non-inpatient PHC and the provisions of the service schedule that apply at the PHC as a special feature of health services running at the main puskesmas. Here are some representative quotes:

*“The main health center provides services in general poly, maternity poly, dental poly, eye poly and elderly poly which is open every Thursday, so not every day”.* (P01: main PHC nurse)

### Pustu/Ponkesdes services

The most basic service provider of PHC started from pustu/ponkesdes located in every village. The health workers on duty in each of these work areas are village nurses and village midwives. The tasks of the pustu/ponkesdes service are to reach out and be responsible for the community health conditions in their respective working areas. The following is a representative statement from participants:

*“PHC is the first place of health services, especially for BPJS patients. All referral needs must be start from the PHC services are available at the main health center and ponkesdes. Ponkesdes is a PHC service that reaches every village”* (P10: ponkesdes nurse)

### Basic Service

#### Disease Prevention Efforts

Nurses have role as the initiator and implementer of a work program that is promotive and preventive in the puskesmas. In this case the nurse plays a role in the management of disease screening and counseling activities. The following are some statements from participants regarding the disease prevention efforts carried out:

*“there are many preventive services that we do. Usually we provide counseling at the elderly posyandu, toddler posyandu and posbindu...”* (P10: ponkesdes nurse)

#### Individual Service

Nurses are in charge of basic individual services to each patient which are shown by taking anamnesis, physical examination and medication. In addition, nurses also play a role in observing and monitoring patients related to a disease by home visits and routine controls. The following is a representative statement from participants:

*“Our main task is to carry out checks such as checking blood sugar, uric acid and basic treatment. that's all”* (P07: ponkesdes nurse)

#### Community Service

nurses play a role in every community service activity such as posyandu, posbindu, prolanis and mobile health centers. Services in these activities are in the form of blood pressure checks, blood sugar checks, basic medication and counseling. Here are some representative quotes:

*“we work on the posyandu service, outside the building. The services include Posyandu for toddlers, Posyandu for the elderly and Posbindu”* (P10: ponkesdes nurse)

### Disease Management

#### Minor Disease Services

The conditions most often encountered by nurses are patients with mild complaints such as fever, cough and runny nose. The management of services provided in these conditions is outpatient treatment. Here are some representative quotes:

*“we usually treat patients with mild disease. we serve it ourselves.”* (P04: perawat ponkesdes)

### Chronic Disease Services

Nurses play a role in the management of chronic disease services. Types of chronic diseases that often receive services at health centers such as Diabetes Mellitus, Hypertension, TB, Leprosy, HIV/AIDS and ODGJ. In this case, the PHC has limitations in service so that some conditions require nurses to make referrals by doctors' instructions. Some representative statements are mentioned below:

*"The services we do in the community are usually gymnastics, counseling and routine blood sugar checks. so we can't be angry"* (P02: main PHC nurse)

### Referral

Referrals are carried out from the lowest service, namely pustu/ponkesdes by village nurses in each region, to the main health center. After receiving service at the main health center, if the patient needs further treatment, nurse will make a referral according to the instructions from general poly doctor. The doctor will refer to a type-C hospital and gradually to the highest level of service. Referral of Nhl patients takes place online and manually in the form of blanks. The following is a representative statement from participants:

*"if chronic disease requires referral, then we will make it at the main health center"*. (P03: perawat main PHC nurse)

### Consultation, Information and Education

Nurses act as educator for each patient while carrying out services. Nurses provide counseling, education, and information related to various things that patients need to support their health conditions. The following is a representative statement from participants:

*"After the patient is registered, we conduct an examination while providing consultation on the related disease like hypertension, diabetes, cough, fever. after consultation then we give medicine. just like that, then it's done"*. (P04: ponkesdes nurse)

## Theme 3: Service Strategy

### Distribution of Service Duties

#### Delegation

Delegation is an order or delegation of authority from doctors as medical personnel to nurses to carry out things outside their main duties. The form of delegation, for example, is the implementation of medical actions by nurses, the formulation of medical diagnoses at the Ponkesdes and making referrals. The following is a representative statement from participants:

*"...doctor will say to us if she/he recommends referral, "just refer to the main health center", then we refer the patient. If the doctor recommends medicine, we will give medicine according to the advice"* (P04: ponkesdes nurse)

#### Service Coordination

Coordination of services carried out by nurses usually involves other health workers as well as stakeholders and the community. Nurses need coordination with various professions such as doctors, pharmacists, laboratory officers and midwives as well as coordinating with village officials, cadres, and even police officers to drive a health program in the community. The following is a representative statement from participants:

*"we coordinate with all existing services such as pharmacists, laboratories, midwives and others."* (P01: main PHC nurse)

*"When we will host the health services in our village, we coordinate with village officials such as the village head. In addition, we also coordinate with village cadres, especially in the preparation of monthly reports"* (P07: ponkesdes nurse)

### Individual & Family Approach

The service strategy most used by nurses while carrying out services is an effort to approach patients and families by fostering a relationship of mutual trust (BHSP). The following is a representative statement from participants:

*"We always involve the patient's family to really care to the health condition and maintain the patient's treatment process so that it doesn't get interrupted"* (P03: main PHC nurse)

## DISCUSSION

PHC has a big role in ensuring the health of the community in working area. So, the performance of nurses as the health workers majority need to be observed in providing health community services. The purpose of this study was to explore the role of nurses in realizing Nhl services at PHC as gatekeepers. The results of this study indicate that nurses have an important role in the effort to realize PHC services as gatekeepers to meet public health needs that are integrated in administrative role, types of services and supported by service strategies. These three aspects are the big themes that are lifted from the data of research findings as follows:

### Theme 1: Administrative Role

#### Registration

The nurses who register directly are the pustu and ponkesdes nurses, while the primary health center nurses are only involved in confirming certain conditions at the counter. This is supported by previous research which states that registration is the main unit that must be passed before patients receive services at a health facility. (Shofiana et al, 2019). The quality of service at the Nhl patient registration unit is considered good if the registration process and requirements not make any difficulty for patients (Anggriani, 2016).

The results showed that the nurses of the PHC were considered to have carried out their roles and were able to support the fulfilment of the first contact fuction at the PHC as gatekeepers in terms of nurses' efforts in building service trust with patients as indicated by the implementation of advocacy role in administrative services at the PHC counter and the role of village nurses in registration to comply applicable service procedures.

#### Making Health - Sick Letters

Nurses have the authority to serve patients who need a certificate of health or illness for certain purposes with a doctor approval. In previous studies, it was also stated that the quality of PHC services was observed from 5 dimensions, including; level of reliability, responsiveness, assurance (insurance), as well as physical evidence or documentation (tangible) (Harun, 2019). In this case, making health and sick letters for certain purposes is a guarantee for the safety and security of patients which is a manifestation of implementing the first contact function. In addition, making a health and sick letter is also a manifestation of service coordination due to the involvement of doctors as decision makers.

#### Documentation of Activities

Documentation can form as progress notes of the patient's condition as well as photos of activities in several services such as home visits, posyandu, posbindu etc. Previous research explained that the main aspect of documenting patient progress records was carried out in four systematic steps commonly referred to as SOAP (Subjective, Objective, Assessment and Planning) (Gosanty & Ernawaty, 2017). In addition, there is an international reference for classifying a health problem called the Statistical Classification of Diseases and Related Health Problem Tenth Revisions (ICD-X) (Pramono and Nuryati, 2013).

Finding data on implementation of service documentation is one form of the first contact function. Documentation carried out by nurses is legal evidence related to the implementation of various services that have been carried out and becomes patient care's track record, so that it can be a guarantee of patient and nurse safety for the sake of data validation for certain needs.

#### Reporting

Reporting in the form of the number of cases (LB1) is carried out online using the P-Care and E-Pus applications gradually from the Pustu/Ponkesdes, the main puskesmas, and then the Mojokerto district health office.

This is in accordance with previous research which states that one of the reports made by the PHC is the Monthly Report of Morbidity called LB1. The report is carried out regularly every month, quarterly and annually (Ayu et al, 2020).

The statement in the study can support that the nurses of the PHC have supported the success of the PHC in implementing the first contact function in terms of the availability and utilization of infrastructure in the form of the P-care and E-Pus applications.

## **Theme 2: Type of Service**

### **Main Health Centre Services and Pustu/Ponkesdes Services**

PHC services divided into 2 types of work areas namely main health center and pustu/ponkesdes. The primary health care nurse has main duties and responsibilities in general poly, eye poly and tuberculosis (TB) services. Nurses carry out the role of care givers with various delegations from doctors for several medical actions and referrals. In addition, nurses also play a role in early detection of infectious diseases through diagnostic tests. The availability and feasibility of service rooms are important aspects of assessing the quality of PHC because they can support optimal service implementation (Rukmini et al, 2012).

The extension of the service coverage of the main health center is carried out in pustu/ponkesdes services to fulfil the needs of public health services in each village. The role of village nurses in pustu/ponkesdes aims to expand the reach of primary health care services in each village in their working area. Previous research has stated that the main function of the ponkesdes is to provide health services, both medical and nursing in its working area, before the patient is referred to the main health center (Sholeh et al, 2020). In this case, the service of village nurses at the Pustu/Ponkesdes is largely a reflection of the nurse's role in realizing the function of sustainable and plenary services.

In this case, nurses play a role in realizing the four main functions of the gatekeeper concept on an ongoing basis from several aspects. The full range of services related to disease prevention efforts at the main health center requires a wider management so that the primary health centre nurse must coordinate with village nurses to reach their services.

### **Basic Service**

#### **Disease Prevention Efforts**

The basic services provided by nurses at the PHC are disease prevention efforts, individual services, community services, Nurses play a role in disease prevention and monitoring efforts through disease prevention, counselling activities, and also screening certain cases such as DHF and TB. This is supported by previous research which states that counselling is a health promotion effort that can increase public knowledge and awareness regarding health problem (Nababan & Sihite, 2018). The success of this prevention effort can be used as a benchmark for PHC as a gatekeeper in the aspect of the plenary service function.

#### **Individual Services**

Nurses play a role in individual services by conducting simple assessments of patient complaints in early stages of service. This is supported by previous research which states that nurses play a role in anamnesis of patient conditions such as asking patient's complaints and checking vital signs, such as blood pressure, temperature and pulse which are documented in the patient's medical record sheet (Supardi, 2018). This service is an effort of nurses in carrying out the function of plenary service and coordination.

#### **Community Services**

Nurses also play a role in community approaches when carrying out several activities outside the building such as posyandu, posbindu, and mobile health centres commonly called 'Gepuk Mas'. The implementation of community services is also the realization of the Minister of Health Regulation No. 75 of 2014 article 1, which states that PHC play a role in Community Health Efforts, hereinafter abbreviated as UKM, where each activity aims to maintain and improve health as well as prevent and overcome health problems with the target of families, groups, and communities. The role of nurses in community services is a manifestation of implementing the plenary service function in the aspect of disease prevention and the sustainable services function.

### **Disease Management**

Management of disease at the PHC is divided based on severity of the disease obtained from participant data, such as services for mild and chronic diseases. Mild disease services by nurses indicate that there is public trust in using PHC as the first destination when sick. This is manifestation of implementation the first contact and supported by previous research which stated that the implementation of the first contact service function was shown when the community placed PHC as the first place for basic services (Murwanti et al, 2018).

The role of nurses in implementing the function of plenary services in chronic diseases focuses on hypertension and diabetes mellitus. Management of chronic disease begins with general examination and diagnostic tests in the form of monitoring blood pressure, simple laboratory examination of blood sugar levels and prolans activities. In addition, there is a continuous service management for TB, HIV/AIDS and ODGJ patients in the form of general examinations and routine controls accompanied by continuous monitoring that can be carried out by the village nurse of the patient. This is supported by previous research which states that chronic disease service standards are shown through the implementation of blood pressure and blood sugar observations and routine controls in health facilities (Perdana et al, 2019).

### **Referral**

Nurses are involved in referring patients to certain conditions that require patients to get further treatment or hospitalization. The nurse coordinates with doctor regarding referral of the patient in certain conditions that require patient to receive further treatment or hospitalization. Nurses are authorized to make Nhl referral letters online to hospitals based on the needs of the intended service with several BPJS health provisions related to tiered referrals. This is supported by previous research which states that PHC as gatekeepers play a role in screening referrals by implementing a tiered referral flow so that every Nhl participant patient who requires treatment to FKTL is required to bring a referral letter from the PHC (Ratnasari, 2017).

These findings indicate that nurses have carried out their role in implementation of continuous service functions by continuing to sort out patients who need referral. This also shows that nurses are still trying to carry out the function of the first contact service in terms of their approach with patients regarding the selection of the best services to support their health improvement.

### **Consultation, Information and Education**

Nurses always provide education regarding the continuity of patient care during treatment and outpatient treatment at home. This is supported by previous research which states that nurses are required to have the ability to analyze community assessments, good communication skills, skills to recognize and adapt the community culture in interacting with patients (Tafwidhah et al, 2012). This is an effort to realize the function of the first contact of PHC as a gatekeeper which is supported by the statement (Rahma, 2015) that the function of the first contact in PHC services can be viewed from the access to consultation services at the PHC for the community.

The data found in this study indicate that nurses have contributed to the first contact of care, which is indicated by their ability and activeness in delivering consultation to patients. In this case, the ability of nurses to communicate is considered to be able to affect patient satisfaction while receiving services. The communication that nurses make while interacting with patients is called therapeutic communication because it has the aim of improving the patient's health condition.

### **Theme 3: Service Strategy**

Two strategies that nurses use in PHC services are distribution of service duties and individual and family approach. Nurse performs the distribution of service duties in the form of delegation and coordination. In previous research, it was stated that PHC nurses must be able to coordinate and collaborate in the form of implementing programs with other professions in PHC and all parties who partner with the PHC (Wahyudi, 2020). Coordination in the work order of the PHC is carried out by distributing service duty to produce optimally holistic services. This shows that nurses carry out the function of service coordination.

Achievement of treatment goals can be seen from nurses behaviour in patient services. Nurses are required to be friendly by applying smiles, greetings, greetings, courteous and manners (5S) when interacting with patients during the service. The patient and family approach are a service strategy carried out by nurses to achieve the function of the first service contact as a supporter of continuity the implementation of full service function and continuous service. This



is supported by previous research which states that communication skills are needed by nurses in dealing with multicultural patients (Achmad et al, 2019).

Nurses at UPT PHC are considered to have implemented services according to applicable procedures in terms of the implementation of health programs as an effort to approach patients and families. The application of this therapeutic attitude can increase the trust and comfort of patients while receiving services so as to support the success of treatment.

## CONCLUSION

The conclusion from the results and discussion of this research related to the Overview of the Implementation of the Gatekeeper Concept by Nurses in Nhl services at the PHC found three major themes, that is administrative services, types of services, and service strategies. In administrative services theme, was found that the first contact was carried out by nurses. In the type of service theme, was found that nurses carry out the function of continuous service and plenary service. In the service strategy theme, was found that implementation the function of first contact, continuous service and plenary service. All themes fulfill the implementation of the coordination function that supports the success of the UPT Puskesmas Ngoro service as a gatekeeper in public health services.

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