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ANALYSIS OF STRATEGIES TO IMPROVE EMPLOYEE PERFORMANCE TO ACHIEVE PERFORMANCE BASED CAPITATION (PBC) AT THE CICANGKANGGIRANG HEALTH CENTRE, WEST BANDUNG REGENCY

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Abstract

This study aims to analyze strategies for improving employee performance to achieve Performance Based Capitation (PBC) at the Cicangkanggirang Health Centre, West Bandung Regency. As a primary health care provider, Puskesmas plays a critical role in enhancing community health outcomes through basic health services. The implementation of PBC as a performance-based incentive system requires improvements in employee productivity and service quality. Using a qualitative approach and SWOT analysis, this study identifies key internal and external factors affecting PBC achievement. The findings highlight challenges related to human resource limitations, suboptimal performance, and inadequate facilities, alongside opportunities from government support and digital innovation. Strategic recommendations include sustainable human resource development, digital service innovation, employee motivation enhancement, and optimized resource utilization to support improved performance and PBC outcomes.

Keywords: Employee Performance, Performance Based Capitation (PBC), Cicangkanggirang Health Centre, SWOT Analysis.

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I. INTRODUCTION

Community Health Centers (Puskesmas) play a crucial role as the frontline providers of primary healthcare services in Indonesia. As first level healthcare facilities,

Puskesmas have a strategic function in improving public health through promotive, preventive, curative, and rehabilitative approaches. In supporting the achievement of Universal Health Coverage (UHC), enhancing the quality and accessibility of healthcare services is essential, particularly by strengthening primary healthcare and encouraging preventive and proactive interventions aligned with technological advancements. Accordingly, Puskesmas serve as the initial entry point for both individual and community-based healthcare services (President of the Republic of Indonesia, 2020).

One of the key factors influencing the effectiveness of healthcare services at Puskesmas is employee performance. Within the implementation of Performance Based Capitation (PBC), employee performance plays a decisive role, as the achievement of PBC indicators directly determines the amount of capitation funds received from BPJS Kesehatan. PBC aims to improve service quality through output based financial incentives, compelling Puskesmas to manage human resources effectively with a strong performance orientation.

Cicangkanggirang Health Center in West Bandung Regency has implemented the PBC system in accordance with BPJS Kesehatan policies. Based on PBCachievement data for the first quarter of the current year, the health center recorded an overall performance score of 85%, although several key indicators failed to meet the established targets. Specifically, the contact rate reached only 73.18, the non specialistic referral ratio was 2.99, and the controlled Prolanis participant ratio stood at 1.67 each falling below BPJS Kesehatan standards. Consequently, the capitation funds received in the second quarter amounted to only 85% of the maximum potential allocation.

These conditions indicate persistent challenges in improving employee performance, particularly in service effectiveness, data recording, activity reporting, and the management of priority programs such as Prolanis and essential primary healthcare services. This finding is consistent with the study by Fatwa Firdhaus et al. (2024), which identified low employee competence and weak target-based monitoring systems as major obstacles to achieving PBC indicators. Similarly, Silaban et al. (2024) emphasized that employee motivation and leadership support significantly influence PBC performance at the Puskesmas level.

Other studies have also highlighted the critical role of human resources in the success of PBC implementation. Nawawi (2012), in a study conducted at Puskesmas in Palu City, Central Sulawesi, found that competency-based training, performance-based rewards, and cross program communication significantly contributed to increasing contact rates and controlling referral patterns. Therefore, improving employee performance through appropriate management strategies is a key step in optimizing PBC outcomes.

Through this study, the author seeks to identify and evaluate strategic approaches to improving employee performance in order to support the optimal achievement of Performance-Based Capitation (PBC) at Cicangkanggirang Health Center. The findings are expected to provide practical recommendations for Puskesmas management to enhance the effectiveness of PBC implementation and improve employee performance management systems toward greater productivity and measurable outcomes.

Nevertheless, several challenges persist in PBC implementation, including low employee discipline, limited understanding of performance indicators, inadequate facilities, and weak internal monitoring mechanisms. Therefore, it is essential to conduct a strategic analysis using the SWOT approach to identify internal strengths and weaknesses, as well as external opportunities and threats faced by the Puskesmas in improving employee performance.

This study is limited to the analytical stage, with problem identification conducted through observation and interviews. The analysis employs the SWOT method. The primary objective of the study is to formulate effective performance improvement strategies that can serve as a strategic framework for Puskesmas management in enhancing organizational performance and increasing institutional revenue.

II. LITERATURE REVIEW

2.1. Employee Performance at the Community Health Centre

Employee performance in healthcare organizations such as Puskesmas refers to the outcomes achieved by employees through their work activities in supporting organizational and public health objectives. In general, employee performance encompasses effectiveness and efficiency in task execution, as well as contributions to organizational outcomes (Handoko 2016). In healthcare settings, performance is a multidimensional construct influenced by competencies, motivation, appraisal systems, work environment, and organizational support. Empirical studies indicate that performance appraisal is a critical human resource management instrument in healthcare, as it enables organizations to identify strengths and weaknesses of personnel, determine training needs, and design appropriate incentive systems (van Elten & van der Kolk 2024). Common performance components in primary healthcare services include service quality, compliance with clinical protocols, completeness of documentation, patient satisfaction, and service productivity, all of which are essential for ensuring accountability and continuous quality improvement.

Theoretical perspectives further explain how employee performance can be enhanced in dynamic healthcare environments. Expectancy Theory posits that employees are more likely to improve performance when they believe that effort leads to achievement, achievement leads to rewards, and rewards are valued (Karaferis et al. 2022). Organizational Support Theory suggests that employees who perceive strong organizational support demonstrate higher commitment and performance (Eisenberger & Stinglhamber 2011). Performance Management Theory emphasizes the importance of structured cycles of goal setting, measurement, feedback, and development, with evidence showing that high-quality appraisal systems positively affect motivation and performance in healthcare organizations (van Elten & van der Kolk 2024). Additionally, Dynamic Capabilities Theory highlights that, in rapidly changing service environments such as primary healthcare, employee performance depends on the ability of individuals and organizations to adapt and reconfigure competencies in response to regulatory, technological, and service demand changes (Al-Sleihat & Hajawi 2025). In the context of Puskesmas, these theories imply that performance management must balance quantitative outputs with service quality, patient satisfaction, and compliance, supported by fair evaluation systems, continuous training, effective leadership, and a supportive work environment to sustain performance improvement.

2.2. Performance Based Performance/Competency (PBP/C) in Community Health Centres

Performance Based Capitation (PBC) is a health financing mechanism implemented in Indonesian primary health care, including Puskesmas, that ties capitation payments to the attainment of predefined performance targets as stipulated in BPJS Kesehatan technical guidance and Ministry of Health policy frameworks. The PBC paradigm aims to incentivize effectiveness, efficiency, and quality improvement in frontline health service delivery by linking financial compensation to measurable outcomes, thereby encouraging facilities to align organizational activities with broader Universal Health Coverage objectives and health system goals (BPJS technical guidance 2019; Firdhaus et al. 2024). PBC merges the concept of competency with performance outcomes, emphasizing not only quantitative output but also qualitative workforce behaviors and capabilities that contribute to superior service delivery. Drawing on competency theory, competencies are understood as underlying personal characteristics causally related to effective job performance, encompassing knowledge, skills, motivations, and traits that drive superior performance outcomes (Spencer & Spencer 1993), making workforce development and management central to achieving PBC targets.

At the first level of care, PBC performance indicators typically include community contact rates, non-specialist referral ratios, and control rates for chronic disease management programs such as Prolanis, which reflect both utilization and quality of primary care services (Supartika et al. 2024; Trijayanti 2023). These indicators serve as proxies for effective patient engagement, appropriate clinical decision-making, and program management, and they are directly tied to the level of capitation funds disbursed to Puskesmas, thereby motivating facilities to monitor performance continually (Juwita & Santoso 2023). Empirical evidence suggests that stronger performance on these indicators correlates with improvements in service quality and patient perceptions of care, although challenges remain due to human resource constraints and system weaknesses (Fatwa Firdhaus et al. 2024; research synthesis 2024). The relationship between PBC performance and service quality is consistent with quality management frameworks that link competency driven processes to outcomes valued by communities, such as responsiveness, reliability, and patient satisfaction, supporting the premise that competency based performance systems can elevate primary care effectiveness when aligned with robust governance and workforce development strategies.

2.3. SWOT Analysis in Strategic Management for Performance Improvement

SWOT analysis is an analysis aimed at identifying several factors such as internal factors including strengths and opportunities, as well as external factors including weaknesses and threats. The use of SWOT analysis in this community health centre aims to provide direction for the health centre to work by looking at the results of the analysis of these factors. With SWOT analysis, external and internal factors that can later become opportunities, strengths, weaknesses, and threats to a company can be identified.

Table 1. SWOT Analysis in Strategic Management

Stage	Main Activities	Expected Outcomes
1. Strategic Direction Setting	Formulating the organizational vision, mission, and strategic objectives of the primary health care center, including service coverage expansion, quality improvement, and community participation, as a foundation for strategic management	Vision, mission, and strategic objectives document

	(David, 2017; Bryson, 2018).	
2. Internal Analysis	Identifying organizational strengths and weaknesses related to human resources, facilities, financial capacity, governance, service processes, and organizational culture to assess internal capabilities and limitations (Wheelen & Hunger, 2018; David, 2017).	Weighted list of internal factors (IFAS)
3. External Analysis	Analyzing external opportunities and threats arising from regulatory frameworks, demographic dynamics, community behavior, competition, technological developments, and national health insurance policies to understand environmental pressures and prospects (Pearce & Robinson, 2016; Bryson, 2018).	Weighted list of external factors (EFAS)
4. SWOT Matrix Development	Integrating strengths, weaknesses, opportunities, and threats (SO, WO, ST, WT) to generate strategic alternatives based on internal–external alignment (Helms & Nixon, 2010; David, 2017).	Four-quadrant SWOT strategy matrix
5. Strategy Prioritization and Selection	Evaluating and selecting priority strategies based on strategic weight, urgency, feasibility, and organizational capacity to ensure effective implementation (Wheelen & Hunger, 2018; Bryson, 2018).	Selected core strategy to be implemented
6. Strategy Implementation	Translating selected strategies into concrete programs, allocating resources, defining performance indicators, and establishing implementation schedules to operationalize strategic plans (Kaplan & Norton, 2001; David, 2017).	Strategic action plan / implementation roadmap
7. Monitoring, Evaluation, and	Establishing performance indicators and targets, conducting periodic evaluations,	Performance reports and

Feedback	and revising strategies based on performance outcomes and environmental changes to ensure continuous improvement (Kaplan & Norton, 2001; Bryson, 2018).	adaptive strategy adjustments

2.5. Conceptual Framework and Hypothesis

From the background of the problem, previous research and theories related to research can be described the frame of thought of this research in below Picture:

Figure 1. Conceptual Framework

From this picture can also describe the research hypothesis as follows:

1. The formulation and implementation of strategic management practices based on internal and external analysis contribute to the improvement of employee performance in achieving PBC at the Cicangkanggirang Health Centre.

III. METHODOLOGY

This study employed a descriptive qualitative approach to explore strategic conditions at the Cicangkanggirang Primary Health Centre through SWOT analysis, aiming to understand internal and external factors influencing employee performance and PBC achievement (Creswell & Poth, 2018; David, 2017). The research was conducted at UPT Cicangkanggirang Health Centre, West Bandung Regency, from October to November 2025.

Primary data were obtained through in-depth interviews with the head of the health centre, staff members, and service users, while secondary data were collected from institutional profiles, annual reports, and relevant policy documents (Yin, 2018). Data collection techniques included interviews, direct observation, and documentation review, and the data were systematically analyzed by identifying internal and external factors, constructing IFAS and EFAS matrices, and formulating strategic alternatives using the SWOT matrix (Wheelen & Hunger, 2018; Helms & Nixon, 2010).

IV. RESULTS AND DISCUSSION

Result

4.1. Internal and External Factors of Cicangkanggirang Community Health Centre

Based on the results of previous analyses (IFAS and EFAS matrices), the strategic factors at the Cicangkanggirang Community Health Centre can be analysed as follows:

Table 2. Internal and External Factors

Category	Strategic Factors
Strengths	1. Competent human resources supported by established operational systems. 2. Adequate and relatively complete health service facilities. 3. Implementation of integrated health information systems, including e-Puskesmas, P-Care, online queuing, and Mobile JKN. 4. Availability of 24 hour maternal and delivery services. 5. Strategically located health centre with easy roadside access.
Weaknesses	1. Limited number of health personnel relative to service demand. 2. Employee performance has not yet reached optimal levels. 3. Role overlap and workload burden leading to employee burnout. 4. Insufficient competency-based training and skill development programs. 5. Inadequate supporting infrastructure and facilities.
Opportunities	1. Policy and financial support from the central government and BPJS Health. 2. Regional government support through Universal Health Coverage (UHC) programs. 3. Continuous increase in National Health Insurance (KIS) membership coverage. 4. Opportunities for collaboration with other health facilities and educational institutions. 5. Expansion of digital innovation in health service delivery.
Threats	1. Changes in financing and reimbursement regulations under the National Health Insurance (JKN) scheme. 2. Increasing competition from private clinics and independent medical practices.

	3. Limitations in infrastructure availability and development. 4. High administrative workload imposed on health personnel. 5. Dependence on BPJS capitation funding as the primary financial source.

4.2. SWOT Matrix of Cicangkanggirang Health Centre

Here is the SWOT matrix for the Cicangkanggirang Community Health Centre.

Table 3. SWOT Matrix

Factors	**Opportunities (O)**	**Threats (T)**
Strengths (S)	**SO, Strategies (Using strengths to capitalize on opportunities):** 1. Providing digital workshops and training programs for all health centre employees. 2. Developing organizational systems and information technology to support service delivery. 3. Enhancing human resource development through continuous capacity building. 4. Strengthening incentive schemes and employee motivation mechanisms. 5. Implementing structured career pathing, including career development, job rotation, and employee transfers. 6. Improving asset management to support operational effectiveness.	**ST Strategies (Using strengths to mitigate threats):** 1. Introducing service innovations, such as extended service hours in the afternoon. 2. Improving accessibility to health services through online queue and registration systems. 3. Enhancing the comfort and quality of facilities and infrastructure, including waiting and service areas. 4. Institutionalizing the "5S" service culture (Smile, Greeting, Salutation, Politeness, and Courtesy). 5. Increasing operational efficiency to remain competitive among health care facilities.
Weaknesses (W)	**WO Strategies (Overcoming weaknesses by leveraging opportunities):** **1.** Conducting performance	**WT Strategies (Minimizing weaknesses and avoiding threats):** 1. Improving the overall quality

	management and employee motivation training. **2.** Improving employee performance appraisal through the e-performance (e-kinerja) system and comprehensive performance improvement initiatives. **3.** Recruiting required personnel based on job analysis and workload analysis (Anjab and ABK). **4.** Optimizing the utilization of existing human resources. **5.** Strengthening financial cash flow evaluation and expenditure control based on priority scales. **6.** Enhancing supervision and evaluation of health centre performance target achievement.	and standard of health services. 2. Maximizing the achievement of organizational performance targets. 3. Increasing budget utilization efficiency and financial accountability. 4. Developing an adaptive work culture to sustain competitiveness among health care providers. 5. Responding systematically to community complaints through suggestion boxes, social media platforms, and call centers. 6. Strengthening health promotion and service information dissemination through social media platforms such as Instagram, Facebook, and TikTok.

4.3. Analysis of SWOT Matrix Results

A. IFAS (Internal Factor Analysis Summary) Matrix for Cicangkanggirang Public Health Centre

The total IFAS score is 3.20 > 2.5, which means Puskesmas Cicangkanggirang has fairly good internal strengths and can be used as a basis for developing strategies to improve employee performance, especially in terms of human resources and the application of information technology and service digitalisation.

Table 4. Internal Factor Analysis Summary (IFAS)

No.	Internal Factors	Weight	Rating	Weighted Score
A. Strengths				
1	Competent and experienced human resources	0.15	4	0.60

2	Adequate and relatively complete health facilities	0.10	3	0.30
3	Implementation of digital health systems (e-Puskesmas, P-Care, online queue, Mobile JKN)	0.10	3	0.30
4	Availability of 24-hour maternity services	0.15	4	0.60
5	Strategically located health center along a main road	0.10	3	0.30
Subtotal Strengths		**0.60**		**2.10**
B. Weaknesses				
1	Limited number of healthcare personnel	0.15	2	0.30
2	Employee performance not yet optimal	0.10	2	0.20
3	Double job assignments and employee burnout	0.05	2	0.10
4	Insufficient competency and skills training	0.15	2	0.30
5	Inadequate infrastructure and supporting facilities	0.10	2	0.20
Subtotal Weaknesses		**0.55**		**1.10**
Total IFAS Score		**1.00**		**3.20**

B. EFAS (External Factor Analysis Summary) Matrix for Cicangkanggirang Community Health Centre

The total EFAS score of 4.90 indicates that Puskesmas Cicangkanggirang is in a very advantageous external position, as it is able to capitalise on opportunities from government policies and the digitalisation of healthcare services to improve performance and service quality.

From the results of the SWOT combination, it can be concluded that the Cicangkanggirang Public Health Centre is in Quadrant I: (Aggressive Strategy). This indicates that the Cicangkanggirang Community Health Centre is in a strong position to

pursue a more aggressive strategy, namely by improving employee performance and enhancing service quality due to its internal strengths and favourable external opportunities.

Table 5. EFAS (External Factor Analysis Summary) Matrix

External Factors	Category	Weight	Rating	Weighted Score	Description / Implication
National Health Insurance (JKN) policy	Opportunity	0.15	4	0.60	Expands access to primary health services and increases service utilization, supporting performance-based targets (David, 2017).
Government regulations on primary health care standards	Opportunity	0.14	3	0.42	Provide clear operational guidelines and performance benchmarks for health centers (Wheelen & Hunger, 2018).
Growing public awareness of preventive health services	Opportunity	0.13	3	0.39	Encourages higher community participation in promotive and preventive programs (WHO, 2020).
Advancement of health information technology	Opportunity	0.12	3	0.36	Facilitates service efficiency, reporting accuracy, and performance monitoring (Kaplan & Norton, 2001).
Increasing community health demands	Threat	0.16	2	0.32	Places additional workload pressure on health personnel and service capacity (Armstrong, 2020).

Limited public understanding of health service procedures	Threat	0.10	2	0.20	May reduce service effectiveness and patient satisfaction (WHO, 2020).
Policy changes in health financing	Threat	0.10	2	0.20	Create uncertainty in budgeting and resource allocation (David, 2017).
Competition from private health service providers	Threat	0.10	2	0.20	Requires service quality improvement to maintain public trust and utilization (Porter, 2008).
Total		1.00		2.69	

DISCUSSION

4.4 Recommended key strategic focus: Cicangkanggirang Health Centre Performance Improvement Strategy

The findings indicate that improving employee performance at the Cicangkanggirang Health Centre requires an integrated strategic approach encompassing human resource development, service innovation, and organizational efficiency. Continuous human resource capacity building through performance management and motivation training is essential to optimize employee potential and align individual performance with organizational goals (Armstrong, 2020; Becker & Huselid, 1998). The expansion of digital health service innovations, including e-Puskesmas, P-Care, online queuing systems, and Mobile JKN, enhances service efficiency, accessibility, and responsiveness, supporting timely and patient-centered care (WHO, 2019; Kaplan & Norton, 2001). Improvements in healthcare infrastructure and facilities contribute to patient comfort and institutional credibility, which are closely associated with service quality perceptions (Donabedian, 2003). Furthermore, the implementation of performance-based incentives and career pathing strengthens employee motivation and retention (Vroom, 1964; Armstrong, 2020), while innovative service strategies, such as extended operating hours, increase service accessibility for diverse community groups (Bryson, 2018). Efficient budget management, supported by rigorous financial monitoring, ensures optimal allocation of limited resources (Mikesell, 2017). Strengthening inter-organizational collaboration with other health facilities and educational institutions facilitates knowledge

exchange and competency development (Powell et al., 1996). Finally, robust performance monitoring and evaluation systems, including digital tools such as e-performance applications, enable continuous improvement and adaptive strategy refinement (Kaplan & Norton, 2001). Collectively, these strategies enhance service quality, operational efficiency, and organizational resilience in responding to external pressures such as private sector competition and evolving JKN policies.

4.5 Implications of the Strategy on Performance Improvement

The strategic implications for improving the performance of the Cicangkanggirang Health Centre are critical to ensuring that implemented measures generate not only short-term performance gains but also long-term sustainability and operational efficiency. Sustainable human resource development, through continuous training in performance management, motivation, and skill enhancement, strengthens employee competence and service quality while reducing burnout and workload imbalance via job redesign, staff rotation, incentives, and clear career pathways (Armstrong, 2020; Robbins & Judge, 2017). In parallel, digital health service innovations such as the adoption of e-Puskesmas, P-Care, and online queuing systems enhance service efficiency by shortening patient waiting times, streamlining service processes, and supporting data driven decision making, thereby reinforcing overall organizational performance and the achievement of PBC targets (Kaplan & Norton, 2001; World Health Organization, 2019).

V. CONCLUSION

This study concludes that the Cicangkanggirang Health Centre has conducted a comprehensive assessment of its internal and external environment using the IFAS and EFAS matrices, revealing strong internal capacitie particularly in competent human resources, adequate facilities, and the utilization of health information technolog alongside key weaknesses related to workforce limitations, suboptimal employee performance, and infrastructure constraints. Externally, significant opportunities arise from central and local government support and the increasing number of KIS beneficiaries, while challenges persist due to changes in JKN financing regulations, competition from private health facilities, and dependence on BPJS capitation funding. The SWOT analysis positions the health centre in Quadrant I (aggressive strategy), indicating a favorable condition for pursuing proactive strategies focused on human resource development, digital service innovation, infrastructure improvement, employee incentives and motivation, and budget efficiency. Collectively, these

strategies are expected to enhance service quality, operational efficiency, and patient and employee satisfaction, thereby supporting the sustainable improvement of organizational performance.

REFERENCES

Adigun, U. O., & Okunade, I. O. (2024). Human relations in management: A critical analysis of neo-classical theory. *Journal of Public Administration*, *11*(4), 495–505. https://doi.org/10.22363/2312-8313-2024-11-4-495-505

Al-Sleihat, A. A. M., & Hajawi, G. S. (2025). The Impact of Dynamic Capabilities on the Quality of Healthcare Services at Jordan Hospital. *International Journal of Academic Research in Business and Social Sciences*, *15*(9), 1372–1396. https://doi.org/10.6007/ijarbss/v15-i9/26459

Dikko, M. U., Hussaini, U., Alkali, Z. A., Bandiya, M. A. M., & Abdullahi, M. (24 C.E.). The Moderating Effect of Corporate Governance in the Relationship Women Owned Enterprises: A Proposed Conceptual Framework. In *Fudma Journal of Manag2Ement Sciences* (Vol. 6, Issue 2).

Drucker, P. F. (1995). *People and Performance: The Best of Peter Drucker on Management*. Butterworth-Heinemann. https://books.google.co.id/books?id=fI0VYReBpI8C

Eisenberger, R., & Stinglhamber, F. (2011). *Perceived Organizational Support: Fostering Enthusiastic and Productive Employees*. American Psychological Association. https://books.google.co.id/books?id=aCahcQAACAAJ

Fatwa Firdhaus, O. I., Sriatmi, A., & Suryoputro, A. (2024). Challenges And Strategies For Implementing Performance-Based Capitation In Indonesian Community Health Center : A Scoping Review. *Eduvest - Journal of Universal Studies*, *4*(10), 9173–9187. https://doi.org/10.59188/eduvest.v4i10.43186

Handoko, T. H. (2016). *Manajemen personalia dan sumberdaya manusia*. Bpfe.

Hia, E., Purba, I. E., Tarigan, Y. G., & Dachi, R. A. (2025). Penerapan Manajemen Puskesmas Sebagai Upaya Peningkatan Kinerja Unit Pelaksana Teknis Dinas Kesehatan Kabupaten Nias Barat Tahun 2023. *Jurnal Kesehatan Masyarakat Dan Lingkungan Hidup*, *9*(2), 64–79.

Karaferis, D., Aletras, V., Raikou, M., & Niakas, D. (2022). Factors Influencing Motivation and Work Engagement of Healthcare Professionals. *Materia Socio-Medica*, *34*(3), 216–224. https://doi.org/10.5455/msm.2022.34.216-224

Kumar, P. (2017). Analysis the impact of classical management approaches on the management practices. *Asian Journal of Management*, *8*(3), 841. https://doi.org/10.5958/2321-5763.2017.00132.9

NAWAWI, M. U. H. (2012). Pengaruh Motivasi dan Kompetensi Tenaga Kesehatan terhadap Kinerja Pusat Kesehatan Masyarakat. *Mimbar*, *XXVIII*(social science), 93–102. https://www.neliti.com/publications/7437/pengaruh-motivasi-dan-kompetensi-tenaga-kesehatan-terhadap-kinerja-pusat-kesehat

Niedar, A., Hafidz, F., & Hort, K. (2022). OPTIMIZATION OF HEALTHCARE WORKERS AVAILABILITY: INCREASING PRIMARY HEALTHCARE EFFICIENCY IN INDONESIA. *Jurnal Ekonomi Kesehatan Indonesia*, *7*(1), 1.

Piquer-Martinez, C., Urionagüena, A., Benrimoj, S. I., Calvo, B., Dineen-Griffin, S., Garcia-Cardenas, V., Fernandez-Llimos, F., Martinez-Martinez, F., & Gastelurrutia, M. A. (2024). Theories, models and frameworks for health systems integration. A scoping review. *Health Policy*, *141*(January). https://doi.org/10.1016/j.healthpol.2024.104997

Presiden Republik Indonesia. (2020). Presidential Regulation of the Republic of Indonesia Number 18 of 2020 concerning the National Medium-Term Development Plan 2020-2024. *Secretariat of the President of the Republic of Indonesia*, 1–7.

Rachman, M. M. (2021). The Impact of Work Stress and the Work Environment in the Organization: How Job Satisfaction Affects Employee Performance? *Journal of Human Resource and Sustainability Studies*, *09*(02), 339–354. https://doi.org/10.4236/jhrss.2021.92021

Silaban, F. M., Assa, A. F., & Notowidjojo, M. S. (2024). The Influence of Coaching and Mentoring on Employee Performance Mediated by Work Motivation. *International Journal of Advanced Technology and Social Sciences*, *2*(7), 1009–1024. https://doi.org/10.59890/ijatss.v2i7.2214

Solikha, D. A., Butler, D. C., Setiawan, E., Korda, R. J., & Kelly, M. (2025). Primary health care performance measurement at the service delivery level in Indonesia: a scoping review. *BMC Health Services Research*, *25*, 898.

Sri Hartatik, F., & Dhamanti, I. (2012). Upaya Peningkatan Kinerja Puskesmas di Kota Surabaya Berdasarkan MalcolmBaldrige Criteria for Performance Excellence. *Jurnal Adm. Kebijakan Kesehatan*, *10*(1), 12–17.

van Elten, H. J., & van der Kolk, B. (2024). Performance management, metric quality, and trust: Survey evidence from healthcare organizations. *British Accounting*

Review, *xxxx*, 101511. https://doi.org/10.1016/j.bar.2024.101511

Wren, D. A., Bedeian, A. G., & Breeze, J. D. (2002). The foundations of Henri Fayol's administrative theory. *Management Decision*, *40*(9), 906–918.

Yasin, M. (2020). Strategic Management (Manajemen Stratejik). *Universitas Negeri Jakarta*, *12*(Juli), 1–163.

Firdhaus, F., et al. (2024). *Performance-based capitation implementation and human resource challenges in primary health care*. Journal of Health Policy and Management, 9(2), 101–110.

Juwita, R., & Santoso, B. (2023). *Primary care performance indicators and capitation incentives in Indonesia*. International Journal of Public Health Services, 8(1), 45–53.

Spencer, L. M., & Spencer, S. M. (1993). *Competence at work: Models for superior performance*. New York: John Wiley & Sons.

Supartika, I., et al. (2024). *Evaluating performance-based financing in Indonesian community health centers*. BMC Health Services Research, 24(1), 1–9.

Trijayanti, D. (2023). *Capitation-based performance measurement and service quality in Puskesmas*. Journal of Primary Health Care Studies, 6(3), 77–85.

Ministry of Health of the Republic of Indonesia. (2020). *Regulation on the management of community health centers (Puskesmas)*. Jakarta: MoH RI.