

ACHIPELAGO BASED HEALTH SERVICES GOVERNANCE MODELS IN PANGKAJENE ISLANDS DISTRICT

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Abstract. Pangkajene and Islands Regency (Pangkep) is an area with archipelagic geographical characteristics that presents its own challenges in health service governance. Issues of affordability of access to services, distribution of health workers, and limitations of health workers and basic infrastructure are the main obstacles in providing equitable and quality services. This study discusses the current conditions in the Pangkajene and Islands Regency that require a special approach in improving health service governance with a literature study approach and the results of field visits with a series of interviews with several key informants and strengthened through focused discussions (FGDs) to obtain more data and information to be analyzed. Data from the 2023 Performance Report of the Pangkep District Health Office shows that there are still inequalities in the achievement of key indicators, including high maternal and infant mortality rates in some island areas. In addition, the ratio of health workers per population still does not reach the recommended national target. This study analyzes governance strategies based on the New Public Service approach that emphasizes citizen participation, collaboration between stakeholders, and strengthening local capacity as a foundation for health service reform. Qualitative methods were used to review planning documents, performance reports, and data. Maternal-infant mortality, and supported by a literature analysis of the concept of democratic public service. The results show that strengthening adaptive area-based governance, adjusting the geographic-based referral system, and increasing the ratio and competence of health workers are key strategies to overcome the challenges of health services in the islands. This study recommends the formulation of extra ordinary policies specific to health services in the islands, the establishment of flexible health service units (floating clinics), increasing the role of mobile health centers, and the preparation of spatial data-based policies as part of an adaptive and equitable health governance system in the islands, involving multi-stakeholder participation to encourage awareness and shared responsibility in improving access to equitable health services.

Keywords: Basic Service Disparities, Health Governance, Islands, New Public Service, Public Service Access

1. INTRODUCTION

Health is part of fundamental human rights so that it becomes one of the basic human needs that must be realized through various forms of health efforts to the entire community with the development and implementation of quality health and able to reach all communities in various regions without exception.

The achievement of health development strategies to improve access and quality of health services towards Universal Health Coverage (UHC) emphasizes strengthening basic health services (Primary Health Care) and increasing promotive and preventive efforts supported by innovation and technology utilization. In Law No. 17 of 2023 concerning Health, the Government is responsible for all forms of health efforts that are quality, safe, efficient and affordable.

Remote, island and border regions often face unique challenges in the provision of quality health services. Hard-to-reach geographical conditions, limited resources, and lack of infrastructure often lead to limited access to adequate health services (Nursanti

et al., 2024; Patton et al., 2021). Accessibility of health services in Indonesia is still a problem. This problem is a consequence of Indonesia's geographical condition as an archipelago and topographical conditions that can be very extreme between regions. Disparities in accessibility of health services are allegedly directly proportional to development inequality, which is described as a dichotomy between Western Indonesia and Eastern Indonesia. Inequality not only occurs in the availability of health care facilities, tools, and technology, but also in the availability of health workers in each region.

Public health status and health service coverage in the islands are generally still low and do not have the knowledge and behavior of healthy living and poor environmental conditions. The use of puskesmas in the islands is influenced by access to services that are not only caused by distance problems, but there are two determinants, namely supply determinants which are service factors, and demand determinants which are user factors (Timyan Judith, et al, 1997). Determinants of provision consist of service organization and physical infrastructure, place of service, availability, utilization and distribution of officers, service costs and service quality. Demand determinants, which are user factors, include low education and socio-cultural conditions of the community as well as low- or poor-income levels. Primary needs in order to obtain effective access to services: are the availability of facilities and staff, distance and financially affordable and socio-cultural issues that can be accepted by users. Obstacles include the distance of the user's residence from the place of service, lack of tools and supplies at the place of service, lack of funds for transportation costs, and lack of funds for medical expenses. In addition to transportation facilities and infrastructure, there are many other factors that have not been clearly revealed related to the affordability of services that can help solve these problems.

This study aims to comprehensively analyze health service governance by understanding and documenting the prevailing structures, processes, and practices of health service governance in the islands of Pangkajene and Islands Regency, identifying its strengths and weaknesses in the context of accessibility, service quality, and efficiency. Identify and analyze the determinants that influence the effectiveness of health service governance in the islands, including geographical, resource, policy, and socio-economic factors, and understand how these factors interact with each other, then develop a new health service governance model that is more effective, sustainable, and adaptive to the unique challenges of the islands, based on the previous analysis and taking into account global best practices.

The results of this study are expected to make a significant contribution to the field of health service governance model development in island regions. This research will provide valuable information for policy makers at both the national and local levels in designing strategic and more effective and efficient health service governance models to help address gaps in access to health services, improve the quality of services, and ultimately, improve the health of communities in island regions.

So far, health services in the islands are different and need special attention from the local government. In terms of policy, there is a tendency to apply the same policy between health services in the mainland and the islands, starting from the provision of service facilities, facilities and infrastructure, budgets, to incentive benefits for the welfare of health workers (health workers) such as doctors, nurses, midwives and others who are the same, there should be a differentiator for health workers on duty in the islands which have a high level of difficulty, including the need to think about regular rotation of officers for health workers. There are many specific and prominent problems faced in providing health services in the islands such as geographical conditions that are difficult to reach because the population is on islands separated by the sea, there is no access to transportation at any time to health facilities, limited health facilities and infrastructure, quality and availability of health human resources in the islands. The specific problems of health services in the islands as described above require service

governance management that is different from health service governance management in mainland areas.

2. LITERATURE REVIEW

To examine more deeply the governance model of health services in the archipelago, the literature review begins by first reviewing the perspective of public service management by linking relevant public service theories to become a broader basis for thinking amid the dimensions of the ever-evolving flow of change, the latest concept in revolutionary public service management through the theory of New Public Management (NPM) which has great potential to encourage improvements in government systems and improve the quality of public services holistically.

The Indonesian government has implemented various information systems to improve the efficiency of public services, such as online public complaints, e-government, and integrated public service systems including in the public service process in the health sector. According to A.S Moenir in Pangesti (2012) public service or public service is an effort made by a group to provide assistance to obtain certain goals.

There are various governance models that are widely applied in the health care system, including the Clinical Governance model which emphasizes a governance approach that integrates various elements to ensure high standards in the quality of health services with the main elements focusing on service quality, clinical audit and evaluation, professional development and patient safety, There is also a Systems-Based Governance model in which governance is focused on integrated system management, so that every element and actor in health services is interconnected and works together efficiently, in addition there is also a Community-Based Governance model, the community plays an active role in planning and monitoring health services, especially at the primary level. This model is often applied in countries with community-based health systems. The main characteristics are high community participation in planning, implementing, and evaluating health programs, which increases community satisfaction. The theoretical approach used in this study is to use the theory of Donabedian (1988) - Health Service Quality Theory Avedis Donabedian, a pioneer in health service quality assessment, suggested that health service quality can be measured through three main components:

1. Structure: The infrastructure, facilities, and human resources owned by the health service.
2. Process: The way services are delivered, including interactions between patients and providers.
3. Outcome: The impact of services on patient health, such as improved quality of life, patient satisfaction, and recovery rates. This theory serves as a reference in developing a healthcare quality evaluation system.

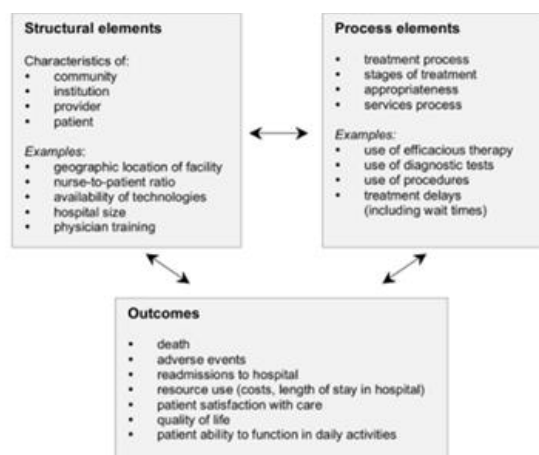


Figure 1. The Donabedian model of Measuring health care system performance

The Donabedian model provides a comprehensive framework for identifying key areas that affect healthcare quality and offers guidance for improvement. By separating quality evaluation into three distinct components, the model allows researchers and healthcare practitioners to target specific and focused improvement interventions. The model has been used extensively in health research, quality audits, and strategic planning in healthcare facilities around the world, demonstrating its flexibility in a variety of healthcare contexts.

3. RESEARCH METHODS

The research area, which includes Puskesmas Sabutung on Sabutung Island in North Liukang Tupabbiring Sub-district (the closest island to the district town) and Puskesmas Liukang Tangaya in Liukang Tangaya Sub-district (the outermost island, furthest from the district town), was chosen with the consideration that the research sites are extreme representations of geographical diversity, distance and accessibility in the context of island-based health service governance in Pangkep District.

This study sought to understand the significant differences between the two locations in terms of health service structures, processes and availability. By selecting a representation of the nearest island and the outermost island, the research was able to illustrate the challenges that may be faced in health service delivery, as well as the differences in resources, accessibility and infrastructure that may affect the overall governance of Pangkep District's island-based health services.

This research data is collected from field and supporting data sources to achieve research objectives. The data sources in this study are divided into two, namely primary data and secondary data.

3.1 Primary Data

The primary data to be collected involves direct information from the field focusing on public service innovation in health service governance. Below are details about the primary data sources:

Table 1. Recapitulation of Informant Data

No.	Type of Informant	Total
1	Community Health Center/Doctor	2
2	Midwife Coordinator	2
3	Head Of Health Department	1
4	Head Of Sub district	2
5	Head Of Planning and Development Departement	1
6	Vice Bupati	1
7	Member of Parliament	2
9	Non Government Organization	3
10	Beneficiaries /Communities	4
11	Head Of Village	2
Total		20 Person

Primary Data Collection Techniques:

- In-depth Interview: Using a structured list of questions as a guide but flexible for in-depth exploration based on informant responses.
- Direct Observation: Making observations at health facilities and public service locations to assess infrastructure and service delivery processes.
- Focus Group Discussions (FGDs) to identify patterns of perceptions and attitudes of community groups towards health services.

3.2 Secondary Data

Secondary data will include existing information related to the research topic, such as

government publications, activity reports, health statistics, and previous studies.
Secondary Data Sources:

- a. Official Government Documents: Annual report of Pangkep District Health Office, strategic plan (Renstra) of health services.
- b. Scientific Publications: Journals and previous research on health service governance in islands or similar areas.
- c. Statistical Data: Data from the Central Bureau of Statistics (BPS) related to demographics and public health in Pangkep District.
- d. Media and Organization Reports: Articles, press releases and reports from Civil Society Organizations (CSOs) focusing on health and public services.

Secondary Data Collection Techniques:

- a. Document Review: Conducting a content analysis of relevant documents and publications to collect historical and contextual data.
- b. Public Data Analysis: Accessing databases and digital archives to obtain relevant statistics and data.

By combining detailed and relevant primary data from various key informants with comprehensive secondary data, this research will have a strong foundation to analyze and develop appropriate recommendations for improving health service governance in Pangkajene and Islands Regency. This approach allows the researcher to gain a broad and in-depth perspective on the challenges, needs, and potential solutions for the health system in the region.

4. RESULTS AND DISCUSSION

4.1 Existing Conditions of Health Service Governance in the Islands

Currently, the governance of health services implemented in the islands refers to the rules of governance according to Indonesian government regulations. There is no significant difference in the governance of health services on land and in the islands both in terms of policy and budget. Multi-stakeholder cooperation can be one of the efforts to improve access to health services in the islands, the collaboration is considered to increase the capacity of the government so that it is more responsive and provides targeted solutions in handling health problems on the island. It was revealed in the FGD involving various stakeholders that a forum is needed to bridge the government and the community in supporting health services in the islands.

4.2 Determinant Factors

The determinants of health services in the islands are a collection of aspects that directly or indirectly determine the quality, accessibility and effectiveness of health services. These determinants fall into several broad categories, namely:

4.2.1 Geographical Determinism.

The geographical condition of the archipelago is one of the determinant factors affecting health services, the location and distribution of islands and the distance to health facilities cause uneven access to services, not to mention that at certain times extreme weather conditions will interfere with sea transportation to provide services and distribution of drugs / medical devices and not all islands have adequate ports or docks.

4.2.2 Socioeconomic, Educational and Occupational Determinants

The poverty rate of people on the islands contributes to the poverty rate in Pangkep District. BPS 2024 data shows that Pangkep district has the highest poverty rate in South Sulawesi province at 12.41%. This will affect the ability to pay for health services, requiring more appropriate and effective policy formulation, and involving all parties, especially for health services in the islands.

Education levels and low health literacy factors lead to a lack of awareness of the importance of preventive health services coupled with the work of people on the islands who mostly work as fishermen who have limited time and access to health facilities

because they have to go to sea for a certain period of time.

4.2.3 Infrastructure Determinants

Health infrastructure facilities in the islands for first-level health services, namely Puskesmas, auxiliary Puskesmas, and poskesdes are still

Many island regions have minimal health facilities, such as puskesmas or clinics that do not have complete medical equipment. In addition, these facilities often lack stable electricity support and adequate drug storage facilities. The lack of infrastructure limits the types of services that can be provided, so patients often have to be referred to hospitals further away on the mainland.

As transportation is not routinely available, access to referral hospitals is difficult and expensive. and from an Information technology perspective, limited internet networks hamper the development of digital and telemedicine systems.

4.2.4 Institutional Determinants and Governance

Policies are not specific to the islands: Many health regulations are general in nature, not considering the geographical challenges specific to the islands. Ideally, the islands should be designated as a priority zone for health services in national and regional planning and a Roadmap for Islands Health should be developed with short, medium and long term targets. Fulfillment of Minimum Service Standards needs to distinguish between mainland health SPM and SPM based on the geographical conditions of the islands (not equated with the mainland). Institutionally, the governance of health services on the islands must be strengthened through the role of cross-sector coordination by collaborating with the Department of Health, Transportation, and Communication and Information for the provision of service facilities such as boats, communication tools, internet and so on. Alignment of health programs with tourism, education, and socio-culture in the islands.

4.2.5 Determinants of Human Resources for Health

Uneven distribution: Health workers are reluctant to work in remote areas due to low incentives and limited facilities. Many health workers do not feel at home on the islands, rapid rotation with HR often moving around, leading to inconsistency of services plus Quality and competence: Many health workers on small islands are only D3 graduates or have not had adequate training. Limited doctors and nurses, each Puskesmas ideally has 9 types of health workers, namely general practitioners, dentists, nurses, midwives, public health workers, environmental sanitation workers, medical laboratory technologists, nutritionists, and pharmaceutical workers but this is far from ideal in the islands.

4.2.6 Local Cultural and Social Determinations

The island community's belief in traditional healers over seeking treatment at a health center is a complex socio-cultural phenomenon. This is not merely due to ignorance, but also involves access, culture, experience, and beliefs that have been passed down from generation to generation. Traditional medicine has been cultivated for generations, considered to be "closer" emotionally and spiritually. Traditional healers are often regarded as traditional leaders or respected figures in the community. Language and communication factors are often barriers with local language differences making communication between patients and health workers difficult.

4.3 Development of a New Governance Model for Health Services in the Islands

4.3.1 Referral System Across Districts and Provinces

The health service referral system is a health service organization that regulates the delegation of tasks and responsibilities for health services both vertically and horizontally. Emergency cases are cases that can cause high levels of morbidity and mortality (Febrianto & Hindariati, 2021; Fitriana, 2021). Management for emergency

patients requires fast and appropriate management in accordance with competence, authority, place of implementation, and also the available health services. According to WHO, referral can be defined as a process where health workers at one level in the health care system do not have complete equipment such as drugs, tools, and competence to handle certain clinical conditions, so that further action is then taken by seeking assistance from other health services that have more complete and qualified resources either still at the same level or higher in carrying out health care to replace and also manage the patient's condition.

In the islands, the referral process is an obstacle due to geographical conditions because of the long distance from the Puskesmas to the hospital, requiring a boat or plane in the referral process, so that the expected response time in the referral process is often not achieved. A geographically based referral system based on the proximity of health facilities was designed with the pattern

Development of a geographically based referral system based on the proximity of health facilities with a cooperative approach between districts and provinces closest to the islands in Pangkep. Cooperation of referral service systems across districts such as Liukang Tangaya sub-district patients will be faster if referred to health facilities in East Lombok NTB than to Makassar or Pangkep.

4.3.2 Welfare Improvement

CISDI in the White Paper on Indonesia's Health Sector Development 2024-2034: Designing the Future of Health Policy and Services states that there are a number of factors that cause inequality in the distribution of health workers in Indonesia, such as low wages, limited work facilities, weak security, uncertainty of career paths, and lack of availability of educational facilities for families. On the wage and career factor, CISDI found that the wages of health workers in some regions, including the islands, are below the average regional minimum wage while the workload is high.

Although the profession of health workers is a job that is bound by promises to provide health and humanitarian services, however, welfare remains a major consideration. Therefore, efforts to increase the distribution of health workers need to be followed by certainty of welfare and support facilities in their work environment.

4.3.3 Utilization of Information and Communication Technology

Information and communication technology has a role in overcoming a problem, one of which is to eliminate the distance limitations of the community to get health services (Herwando & Sitompul, 2021; Salim, 2022). Telemedicine is one of the advances in information and communication technology in the health sector. The application of telemedicine has been implemented by several island countries in the world, for example in the countries of Cape Verde (Cabo Verde), the Philippines, Jamaica, and Sao Tome Principe. In addition, the application of Telemedicine has the benefits of improving access to care, timeliness, increasing patient satisfaction, increasing patient engagement, increasing demand for care, and being cost-effective. The approach of utilizing telemedicine or teleconsultation technology aims to enable people on islands to access remote medical consultations, thereby speeding up diagnosis and taking early action and creating an integrated health information system that allows real-time recording of community health data and can be accessed by medical personnel from various locations.

4.3.4 Mobile Health Service

Mobile Health Services (MHS) is to provide health services to people in remote and very remote areas who do not get access to services from and to health service facilities, taking into account the characteristics of the islands in Pangkep Regency, the mobile health services that have been implemented by the Sabutung Health Center through the PSPB service (Healthy Boat Happy Island) are one form of effort to overcome the limited access of the community to come to the Health Center, as a form of partiality to people

who find it difficult to reach the health center because of its geographical location, as well as one proof of the government's presence to ensure fair and equitable health services for all people in the Sabutung Health Center working area. Fair and equitable health services are part of the requirements to achieve Universal Health Coverage (UHC).

CONCLUSION

Efforts to improve the governance of health services in the islands require a comprehensive, inclusive, and contextual strategic approach. Several steps and strategies can be taken by the government, stakeholders, and the community through strengthening management systems and service planning by mapping local data-based needs, preparing island-specific health service Strategic Plans. Empowering local governments to manage budgets and resources independently by encouraging multi-stakeholder participation through collaborative financing through village funds, collaboration between the health, education, social, and transportation sectors that can provide transportation facilities for mobile health services (mobile clinics) that routinely reach remote islands. increasing the role of health cadres and traditional/local leaders as agents of change in the community and educating the community about disease prevention, nutrition, and mother-child health based on local culture.

The determination of infrastructure and human resources for health services in the islands is a multidimensional issue involving geographical, social, economic and policy factors. An integrated and sustainable approach tailored to local characteristics is needed, so that island communities have equal rights in accessing quality health services. In order for health workers to feel at home on the islands, strategies are needed that touch on aspects of motivation, welfare, career development, and social support. Challenging geographical conditions and limited facilities are often the reasons why health workers are reluctant or do not stay long in the islands. Appropriate and Competitive Incentives Special remote area financial incentives (regional allowances, risk allowances, transportation, etc.).

Annual bonus schemes or gradual salary increases for longer tenure in the islands. Facilitation of access to free official housing, electricity, clean water, and internet connection.

CONFLICT OF INTEREST STATEMENT

The authors declare that the research was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

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