ABSTRAK

Latar belakang: Transformasi kesehatan yang memprioritaskan Puskesmas pada upaya promotif dan preventif saat ini terkendala oleh disparitas kuantitas serta kompetensi SDMK yang menghambat implementasi *Patient-Centered Care* dan memicu ketidakselarasan antara intervensi manajerial dengan persepsi masyarakat terhadap kinerja pelayanan. **Tujuan Penelitian:** Penelitian ini bertujuan untuk menganalisis pengaruh persepsi kualitas SDMK promotif dan preventif—yang meliputi dimensi kualitas kuantitas, kualitas kompetensi, dan keadilan alokasi—terhadap dampak kapasitas kinerja pelayanan berbasis pasien. Selain itu, studi ini juga menguji peran kepercayaan pasien dan kepuasan spesifik pelayanan sebagai mekanisme mediasi dalam hubungan tersebut. **Metode Penelitian:** Penelitian ini menggunakan pendekatan kuantitatif dengan metode survei. Data dikumpulkan dari 305 pasien pengunjung Puskesmas yang menerima layanan promotif atau preventif yang tersebar dari 10 Puskesmas di Indonesia (Jawa, Sumatera, Kalimantan, Sulawesi dan Bali). Analisis data dilakukan menggunakan teknik Structural Equation Modeling (SEM) dengan pendekatan Partial Least Squares (PLS). **Hasil Penelitian:** Hasil analisis menunjukkan temuan empiris yang kritis di mana mayoritas hipotesis hubungan langsung antara atribut fisik SDM (kuantitas) terhadap kinerja pelayanan ditolak karena tidak signifikan. Variabel mediasi kepercayaan dan kepuasan juga terbukti gagal menjembatani pengaruh input SDM terhadap *outcome* kinerja. Kebaruan (*novelty*) utama penelitian ini adalah ditemukannya fenomena *structural decoupling* atau pemisahan persepsi pada pasien Puskesmas. Pasien terbukti memisahkan penilaian mereka terhadap kompetensi teknis petugas dari penilaian kinerja institusi secara keseluruhan. Temuan ini membantah asumsi umum bahwa pemenuhan standar kuantitas tenaga kesehatan akan secara otomatis meningkatkan persepsi kualitas layanan di negara berkembang. **Kesimpulan:** Intervensi yang hanya berfokus pada penambahan jumlah tenaga atau prosedur alokasi formal tidak efektif dalam mendongkrak persepsi kinerja pelayanan. Atribut SDM tersebut dianggap oleh pasien sebagai faktor *hygiene* yang tidak memberikan nilai tambah signifikan jika tidak disertai dengan kualitas interaksi yang relevan. Implikasinya, manajemen Puskesmas perlu menggeser fokus dari pemenuhan target fisik semata menuju penguatan kompetensi interpersonal petugas untuk mengatasi "putusnya rantai" persepsi kualitas tersebut.

Kata Kunci: Sumber Daya Manusia Kesehatan (SDMK), Layanan Promotif dan Preventif, Kinerja Pelayanan, Structural Decoupling, Puskesmas.

ABSTRACT

***Background**: Health transformation that prioritizes Community Health Centers (Puskesmas) in promotive and preventive efforts is currently hampered by disparities in the quantity and competence of human resources (HRK), which hinders the implementation of Patient-Centered Care and triggers misalignment between managerial interventions and public perceptions of service performance.* ***Research Objective**: This study aims to analyze the influence of perceptions of the quality of promotive and preventive HRK—which includes the dimensions of quantity quality, competence quality, and allocation fairness—on the impact of patient-based service performance capacity. In addition, this study also examines the role of patient trust and service-specific satisfaction as mediating mechanisms in this relationship.* ***Research Method:** This study uses a quantitative approach with a survey method. Data were collected from 305 patients visiting Community Health Centers who received promotive or preventive services spread across 10 Community Health Centers in Indonesia (Java, Sumatra, Kalimantan, Sulawesi, and Bali). Data analysis was conducted using the Structural Equation Modeling (SEM) technique with the Partial Least Squares (PLS) approach.* ***Research Results**: The results of the analysis show critical empirical findings where the majority of hypotheses of a direct relationship between physical attributes of HR (quantity) and service performance were rejected due to insignificance. The mediating variables of trust and satisfaction were also proven to fail to bridge the influence of HR input on performance outcomes. The main novelty of this study is the discovery of the phenomenon of structural decoupling, or separation of perceptions, among community health center patients. Patients were shown to separate their assessments of staff technical competence from their assessments of the institution's overall performance. This finding refutes the common assumption that meeting healthcare workforce quantity standards will automatically improve perceived service quality in developing countries.* ***Conclusion**: Interventions that focus solely on increasing staff numbers or formal allocation procedures are ineffective in boosting perceptions of service performance. Patients perceive these human resource attributes as hygiene factors that do not provide significant added value unless accompanied by relevant interaction quality. The implication is that community health center management needs to shift its focus from solely meeting physical targets to strengthening staff interpersonal competencies to address this "broken chain" of quality perception.*

***Keywords**: Human Resources for Health (HRH), Promotive and Preventive Services, Service Performance, Structural Decoupling, Community Health Center.*