

Economic and Business Horizon

ISSN: 2963-2765

Economic and Business Horizon

Volume: 05

Issue: 03

Year: 2026

Page: 245-258

Citation:

Rerianta, C. I., Andriani, R., & Rubini, R. A. (2026).

Capacity building-based human resource quality development strategy for primary clinic accreditation. *Economic and Business Horizon*, 5(3), 245-258 .

Capacity Building-Based Human Resource Quality Development Strategy for Primary Clinic Accreditation

Cut Irna Rerianta¹, Rian Andriani^{1*}, Rizki Adriansyah Rubini¹

¹Universitas Adhirajasa Reswara Sanjaya, Bandung, Indonesia

* Corresponding author: Rian Andriani (rianandriani.ars@gmail.com)

Abstract

Primary Clinics serve as the first line of healthcare delivery, providing basic, promotive, and preventive services to the community. Meeting accreditation standards remains a persistent challenge for these facilities, particularly in the area of human resource quality. This study aimed to analyze the quality of human resources, identify supporting and inhibiting factors, and formulate a capacity-building-based human resource development strategy at Klinik Pratama Serambi Mojokerto, a relatively new primary clinic in Mojokerto Regency, East Java. A qualitative case study was conducted from August to October 2025, using in-depth interviews, direct observation, and document review. Thematic analysis was applied to identify patterns related to human resource quality, barriers, and development strategies. The findings indicate that the clinic has implemented a structured and competency-based human resource management system, covering workload-based planning, selective recruitment, targeted orientation, and continuous training. Strengths include complete staff qualifications, well-organized administration, and strong management commitment. Remaining gaps involve limited support staff, incomplete performance assessments, and undocumented internal audits. These findings suggest that integrating human resource planning, competency development, and systematic evaluation into a unified capacity-building framework can meaningfully support accreditation readiness, even in resource-limited settings. The results offer practical guidance for primary clinic managers and inform policy on accreditation support mechanisms for newly established facilities.

Keywords

Accreditation Readiness, Capacity Building, Human Resource Management, Human Resource Quality, Primary Clinic.

1. Introduction

Primary Clinics are first-level healthcare facilities that play a strategic role in providing basic, promotive, and preventive medical services to the community. According to the Indonesian Ministry of Health (2021), Primary Clinics provide basic medical services led by doctors holding a Registration Certificate (*Surat Tanda Registrasi/STR*) and Practice License (*Surat Izin Praktik/SIP*) and supported by nursing staff and other healthcare professionals as needed (Ramadhani et al., 2025). Under the latest regulatory framework, Primary Clinics are also classified as medium- to high-risk business units through the OSS-RBA risk-based licensing system, as stipulated in Minister of Health Regulation Number 14 of 2021, which requires compliance with various legal requirements, infrastructure, and administrative and operational requirements. However, although administrative and technical aspects have been regulated in detail, the clinic's internal readiness particularly in terms of human resources, remains a fundamental issue in meeting quality standards and accreditation (Rhesiwenny, 2024).

In Mojokerto Regency, Primary Clinics have emerged as an important complement to Community Health Centers by providing more flexible and responsive primary healthcare services (Mojokerto, 2023; Trisnowati et al., 2025). However, many clinics continue to face challenges related to limited human resources, inadequate competencies, weak documentation systems, and insufficient integration of HR management with accreditation requirements. Similar conditions are evident at Klinik Pratama Serambi Mojokerto, a relatively new healthcare facility (Sholawati et al., 2023). Limitations in staffing, unsystematic training programs, and underdeveloped performance evaluation and internal audit mechanisms have created gaps between existing HR conditions and accreditation standards that require competency, certification, and sustainable documented HR management systems.

Normatively, policies such as Ministerial Regulation Number 46 of 2015 and Ministerial Regulation Number 14 of 2021 have established standards for the implementation and accreditation of Primary Clinics. However, these policies emphasize administrative aspects, legality, and general technical standards. Yet at the implementation level, many clinics still lack adequate HR capacity to meet these standards, partly due to overlapping regulatory demands placed on clinic management (Gusman & WD, 2023). This creates a gap between regulatory demands and operational realities, particularly in terms of staffing needs planning, recruitment, competency development, and the human resource performance evaluation system, which are key to successful accreditation (Ramdani & Hamdan, 2025).

Several previous studies have demonstrated that human resource quality is a key determinant of accreditation success. Hidayat et al. (2023) demonstrated that accreditation preparation workshops improved staff understanding of document management, while Maharani and Diatri (2024) and Fatimah (2022) identified limited human resources and a lack of ongoing training as key obstacles to achieving accreditation standards. Dianta et al. (2024) also demonstrated that the accreditation process positively impacts the motivation and quality of healthcare workers, and Trisnowati et al. (2025) emphasized that human resource competency, discipline, and collaboration significantly influence the quality of clinical services (Putri & Agustina, 2024). Br Barus et al. (2024) further confirmed that accreditation evaluation brings real benefits for patients, communities, and the facility itself in terms of service quality improvement. According to Fatimah (2022) and Zufikar et al. (2024), however, most of these studies still focus on compliance aspects or the general impact of accreditation and have not specifically examined how human resource quality development strategies can be systematically developed based on a capacity-building approach at Primary Clinics.

Based on these conditions, this study aims to analyze the quality of human resources, identify supporting and inhibiting factors, and formulate a capacity-building-based HR development strategy at Klinik Pratama Serambi Mojokerto that is aligned with national accreditation standards. This research not only analyzes the gap between standards and the actual human resource conditions at Klinik Pratama Serambi Mojokerto but also integrates aspects of needs planning, recruitment, placement, competency development, and performance evaluation into an applicable and contextual capacity-building framework. In this way, the study also fills a practical gap by providing a reference model that other Primary Clinics in similar situations can use when preparing for accreditation. Therefore, the results of this study are expected to not only contribute to the development of human resource management knowledge in primary healthcare but also serve as operational guidance for other Primary Clinics in preparing for and maintaining ongoing accreditation.

2. Literature Review

2.1. Human Resource Planning and Workforce Allocation

Human resource planning that is aligned with actual workload is a foundational element of quality management in primary healthcare. According to Telussa et al. (2022), adequate workforce allocation in line with service volume is one of the most critical factors determining a clinic's readiness for accreditation. Without a proper planning system, gaps in staffing numbers and competency distribution can directly affect service quality and documentation consistency, both of which are central to accreditation evaluation. This makes workload-based planning not just a technical function, but a strategic process that shapes the overall quality capacity of the clinic.

Workload-based human resource planning is a strategic approach that aligns the number and type of workforce with patient volume and service complexity. According to the World Health Organization (WHO), this approach aims to maintain a balance between workload and healthcare workforce capacity to ensure safe and efficient services. Research by Ghandehari and Fattahian (2026) shows that optimal workload management can improve productivity and service quality. Furthermore, Telussa et al. (2022) found that adequate healthcare workforce allocation and workload are critical factors in healthcare facility accreditation readiness. Therefore, workload-based human resource planning not only improves operational efficiency but also significantly contributes to service quality and compliance with accreditation standards.

In practice, this type of planning requires regular assessment of patient volume trends, service types, and staff availability in an integrated way. Ghandehari and Fattahian (2026) further argued that workload imbalances can be effectively managed through strategic task scheduling and job rotation, which helps distribute responsibilities more evenly across staff. This approach is particularly important in small primary clinics, where individual staff members often handle multiple roles at the same time. Proactive workforce planning that anticipates these demands, rather than reacting to problems after they arise, creates a stronger foundation for accreditation readiness. When workload analysis is embedded in the annual planning cycle, clinic managers can identify staffing shortfalls and competency gaps well before an accreditation survey, leaving enough time for targeted recruitment or training adjustments. Clinics that build this discipline into their routine operations tend to be more consistent in meeting accreditation indicators across multiple review cycles.

2.2. Competency-Based Recruitment, Orientation, and Placement

Selecting the right healthcare workers and placing them appropriately are both critical steps in building accreditation readiness. According to Maharani and Diatri (2024), healthcare workers recruited based on clear competency standards are

generally better prepared to meet accreditation requirements than those selected without structured criteria. This means the recruitment process should go beyond checking formal qualifications alone and also evaluate practical competency, work ethic, and alignment with the clinic's quality culture. A transparent and systematic selection process therefore serves as the first step in building a reliable and competent healthcare workforce.

Competency-based recruitment emphasizes the alignment of individual abilities with organizational needs. Lawler (1994) stated that this approach can improve organizational effectiveness through the selection of the right workforce. Research by Wahyudi et al. (2025) shows that a competency-based recruitment system significantly influences workforce productivity and performance. In the healthcare context, Maharani and Diatri (2024) confirmed that healthcare workers recruited according to competency standards are better able to meet accreditation requirements. Furthermore, document verification, such as **STR** and training certifications, is an important indicator in ensuring workforce quality (Mandawati et al., 2025). Therefore, a systematic, competency-based recruitment process plays a crucial role in ensuring the alignment of human resource qualifications with clinical accreditation standards.

Once recruitment is completed, how new staff are oriented and placed within the organization determines how quickly and effectively they can contribute to service quality and accreditation compliance. Competency-based orientation and placement aim to ensure that workers understand their roles and responsibilities according to their expertise. According to human resource development theory, an effective orientation process can accelerate employee adaptation and improve performance (Ginting & Fentiana, 2021). Research by Gershuni et al. (2023) shows that a structured orientation program supported by mentoring can improve healthcare workers' readiness to carry out tasks according to service standards. Furthermore, Abdillah (2024) found that placement of workers according to competencies contributes to increased work efficiency and service quality. In the context of accreditation, understanding SOPs and a culture of quality is key to success. Therefore, appropriate orientation and placement can improve healthcare worker effectiveness and support the achievement of clinical accreditation standards.

2.3 Continuous Professional Development and Performance Evaluation

Building a capable workforce through recruitment and placement is only the first step, healthcare workers also need to be continuously developed and regularly evaluated to remain aligned with evolving service and accreditation demands. According to Laila (2024), improvements in healthcare worker competency directly and measurably affect both service quality and patient satisfaction. This means training and development programs are not optional additions but essential components of a clinic's quality management system. When competency development is consistently paired with structured performance evaluation, clinics can create a sustainable cycle of improvement that supports long-term accreditation compliance.

Continuous Professional Development (CPD) is a crucial element in human resource management in healthcare. The WHO emphasizes that ongoing training helps healthcare workers remain competent and responsive to changing service needs. Research by Laila (2024) shows that improving healthcare worker competency directly impacts service quality and patient satisfaction. Furthermore, Agustina et al. (2025) emphasize that collaboration with external institutions can enhance the effectiveness of training programs. Maharani and Diatri (2024) also found that structured training improves clinical accreditation readiness. Therefore, ongoing training programs not only improve the technical and non-technical capabilities of healthcare workers but also strengthen the culture of quality and organizational readiness to meet accreditation standards.

Competency-based performance evaluation is an important mechanism for measuring and improving human resource quality. According to Novitasari et al. (2022), a structured evaluation system can improve healthcare facilities' readiness for accreditation. This evaluation not only assesses productivity but also compliance with Standard Operating Procedures (SOPs) and service standards. Yuliana (2025) states that using performance evaluation results as a basis for managerial decisions, such as training and workload adjustments, can continuously improve service quality. Furthermore, Maharani and Diatri (2024) emphasize the importance of evaluation documentation and internal audits as indicators of accreditation success. Therefore, systematic, competency-based performance evaluation plays a significant role in improving service quality and supporting the achievement of clinical accreditation standards.

3. Methods

This research was conducted at Klinik Pratama Serambi Mojokerto, Mojokerto Regency, East Java, from August to October 2025. This clinic was selected because it is a relatively new primary healthcare facility and is currently in the process of meeting accreditation standards, making it relevant to the focus of the study on human resource (HR) quality and capacity-building-based development. The research subjects consisted of the Clinic Head and the Clinic Owner as key informants, as both play strategic roles in HR management and decision-making related to accreditation policies and readiness. Both were selected through purposive sampling given their strategic roles in HR and accreditation decisions.

This research used a qualitative approach with a case study design to explore the actual conditions of HR management at one institution. A phenomenological approach was used to capture the informants' subjective meanings regarding the HR management process and accreditation preparation. The case study design frames the overall research structure, while the phenomenological approach guides the interpretation of informants' lived experiences (Kusumawardani et al., 2022; Malahati et al., 2023). Data collection was conducted through focused interviews using a semi-structured guide, direct observation with an accreditation standard checklist and document review, to understand the practices, perceptions, and experiences of clinic managers. The research focused on HR quality at Klinik Pratama Serambi Mojokerto, covering staffing planning, recruitment, placement, competency development, performance evaluation, and HR documentation. The analysis aimed to identify gaps with accreditation standards and formulate relevant HR capacity-building strategies.

Data analysis in this study was conducted through several sequential stages, beginning with the verbatim transcription of all interview results. Data reduction was then performed through open coding to select and label relevant information related to human resource quality, barriers, supporting factors, and development strategies. The coded data were then grouped into thematic categories such as human resource qualifications and competencies, administrative systems, inhibiting and supporting factors, and capacity building strategies. The results of the analysis are presented in the form of descriptive narratives, matrices, and thematic tables.

The analysis was conducted using a thematic analysis approach, identifying units of meaning, developing themes and subthemes, and establishing relationships between themes to address the research questions. Conclusions were drawn based on emerging patterns and verified through triangulation of sources and methods. Data validity was ensured through credibility testing using member checks, transferability through detailed context descriptions, dependability through audit trails, and confirmability through triangulation and the use of direct quotes from respondents. All participants provided informed consent prior to data collection and were assured of data confidentiality throughout the study.

4. Results

This section presents findings from three data sources used in this study: direct observation and document review, staffing pattern assessment, and in-depth interviews with the Clinic Owner and Head of Clinic. Together, these findings address the three research objectives: analyzing the current quality of human resources, identifying supporting and inhibiting factors, and mapping HR management conditions at Klinik Pratama Serambi Mojokerto in relation to national accreditation standards. The results are organized into three thematic areas: HR qualifications and management systems, staffing patterns and workforce adequacy, and accreditation readiness based on informant perspectives. This structure allows for a comprehensive and layered understanding of the clinic’s HR capacity and overall readiness to achieve accreditation.

Based on interviews with the Owner and Head of the Clinic, human resource planning at the Klinik Pratama Serambi Mojokerto was deemed effective and appropriate for the type of service and workload, with a staffing of two doctors, two nurses, and two administrative staff meeting minimum service and accreditation standards. Human resource planning was conducted through mapping patient volume, service types, and accreditation requirements, with a focus on workload balance, particularly during peak hours. The qualifications and legality of healthcare workers, including professional registration certificates (STR/SIP) and competency certificates, have been met, although some non-medical staff still require training adjustments. The clinic has also conducted regular internal training programs, but to support patient growth and maintain service quality, additional nursing and administrative staff are needed, as well as ongoing training enhancements. The detailed findings from observation and document review related to these aspects are presented in Table 1.

Table 1. Human Resource Aspects of Klinik Pratama Serambi Mojokerto

No.	Observed Aspects	Assessment Indicators	Observation Method	Score	Information
A. Human Resources					
1	Educational qualifications meet standards	All healthcare workers have diplomas appropriate to their job competencies.	Document verification (diploma, transcript)	2	
2	Certification/STR ownership	STR/SIP are still valid according to regulations.	Document verification (STR, SIP)	2	
3	Adequate number of healthcare workers	The number of personnel is in accordance with workload requirements and formation standards.	Leadership/HR interview + formation data	1	Excessive workload due to lack of human resources
4	Technical and non-technical competencies	Personnel have the latest training related to their duties and soft skills.	Training certificate check + interview	2	
B. Human Resource Management System					
5	Completeness of personal files	Personal files contain	Personal file inspection	2	

No.	Observed Aspects	Assessment Indicators	Observation Method	Score	Information
		identity, diplomas, STR, training history, performance assessments			
6	Existence of HR management SOPs	SOPs for recruitment, placement, credentials, performance are available and approved.	SOP document inspection	2	
7	Healthcare worker performance assessments conducted routinely	At least once a year, documented with clear instruments	Document inspection performance assessment	0	Not yet implemented because the clinic has not been operating for 1 year
8	Documentation of internal audit results is available	HR audits	Examination of internal audit reports	1	Audits and follow-up have been carried out, but are not documented.

The results of observations and document reviews indicate that the Klinik Pratama Serambi Mojokerto has strong human resource qualifications, legality, and competency, but still has weaknesses in the number of staff, the implementation of routine performance assessments, and the completeness of internal audit documentation. As shown in Table 1, most HR indicators received a score of 2, reflecting compliance with educational qualification standards, STR/SIP validity, technical and non-technical competencies, and the availability of complete personal files and HR management SOPs. However, two indicators remain below standard: routine performance assessments have not yet been implemented given that the clinic has been operating for less than one year, and internal audit activities, while carried out, have not been systematically documented. With improvements in these three aspects, the clinic's human resource management system has the potential to optimally meet accreditation standards.

To complement the HR qualifications assessment, staffing patterns were also evaluated against accreditation standards across four dimensions: number and type of staff, shift distribution, qualifications and legality, and the workforce management system. This evaluation used a standardized checklist aligned with Ministerial Regulation Number 34 of 2022 to ensure the indicators are directly relevant to accreditation requirements. Each dimension was scored to identify areas that already meet standards and those that still need improvement. The full results of this staffing assessment are presented in Table 2.

Table 2. Staffing Patterns at Clinical Practice Guidelines 1 (Primary Clinic) Klinik Pratama Serambi Mojokerto

No	Observed Aspects	Assessment Indicators (referring to regulations)	Observation Method	Score	Observed Aspects
A. Number and Type of Power					
1	Medical personnel	Minimum 1 general practitioner/dentist with an active STR/SIP; practicing physicians according to operating hours	Schedule & STR/SIP Check	2	
2	Nursing personnel	Minimum 2 nurses/nursing diploma holders, with active STR/SIP	STR/SIP Check & Attendance List	2	
3	Midwives	Minimum 1 midwife for maternal and neonatal services; active STR/SIP	STR/SIP Check	2	
4	Medical support personnel	Minimum 1 lab analyst (if available) & 1 pharmacist/TTK; active STR/SIP	STR/SIP Check	1	There are only lab analysts
B. Distribution and Guard Pattern					
5	Adequate manpower per shift	The number of staff in each shift meets service standards (≥ 1 doctor + nurse/midwife).	Checking the shift schedule	2	
6	Manpower distribution according to competency	Staff placement is based on qualifications and authority.	Interview + checking the job description	2	
C. Qualifications and Legality					
7	Appropriate educational qualifications standard	All personnel have diplomas according to their position	Diploma examination	2	
8	Active STR/SIP ownership	All health workers have STR/SIP according to their profession	STR/SIP Check	2	
D. Manpower Management System					
9	The latest workforce list is available.	Includes name, position, competency, STR/SIP, and validity period.	Checking the personnel list document	2	
10	Workforce management SOP	SOP for recruitment, placement, credentials, and evaluation	Checking the SOP document	2	

The staffing at Klinik Pratama Serambi Mojokerto has generally met most accreditation standards, in terms of quantity, distribution, qualifications, and management systems. All medical, nursing, and midwife staff have active STR/SIP and are placed according to their competencies. The staffing administration system is also well-organized, with an up-to-date staffing list and comprehensive SOPs. However, there are still gaps in the provision of pharmacists staff (*Tenaga Teknis*

Kefarmasian/TTK), which need to be addressed immediately to ensure optimal fulfillment of all staffing indicators.

To further explore the HR management conditions at the clinic, in-depth interviews were conducted with the Clinic Owner and Head of Clinic as the two key informants. Both were asked about five thematic areas: overall accreditation readiness, steps taken to fulfill accreditation standards, challenges encountered in the preparation process, the quality and competency of existing human resources, and the level of management support provided. The goal was to capture both the factual conditions of HR management and the informants' strategic views on capacity building and quality improvement. A consolidated summary of key statements and combined interpretations from both informants is presented in Table 3.

Table 3. Summary of Interview Results with the Owner and Head of the Clinic in Preparing for Accreditation at Klinik Pratama Serambi Mojokerto

Question Variables	Combined	Opinions of Owners and Clinic Heads
Level of Readiness for Accreditation	Owner: "Preparedness is quite good. Preparations have been planned for several months, and we have formed a special accreditation team." Clinic Head: "We conducted an internal assessment simulation and immediately followed up on the improvement findings."	Readiness is built through careful planning, the formation of an accreditation team, and internal self-assessment to ensure standards are met.
Steps to Fulfill Accreditation Standards	Owner: "Ensuring that quality and patient safety indicators are met, regular training, and SOP updates are in accordance with regulations." Head of Clinic: "Implementing checklists in each unit and conducting regular internal audits."	An integrated approach through updating SOPs, strengthening HR competencies, and continuous monitoring through internal audits.
Challenges in the Preparation Process	Owner: "The biggest challenges are time and human resource availability, coupled with the double workload." Clinic Head: "Maintaining neat documentation and consistent service evidence."	The main challenges include time management, workload, and documentation discipline according to accreditation standards.
Quality and Competence of Human Resources	Owner: "Healthcare workers meet formal qualifications, diploma and certificate verification during recruitment." Clinic Head: "Technical and professional competency development, training at least twice a year."	Formal qualifications are mandatory, but continuous competency development is a strategy to maintain service quality.
Management Support for Accreditation	Owner: "Special budget allocation for training, infrastructure, and internal audits." Clinic Head: "Full support facilitates improvements, including funding, policies, and authority."	Successful accreditation depends on management commitment to financial support, policies, and operational flexibility.

The owner hopes, “Human resources will become a superior asset that is able to compete and support the clinic’s long-term growth.” The Head of the Clinic added, “We hope to expand human resources capacity through planned recruitment and improving the quality of training. Short-term priorities are ensuring the completeness of accreditation documents, strengthening the culture of quality, and increasing the involvement of all staff in the continuous improvement process.” Both agreed on the crucial role of management. The owner emphasized the importance of “providing resources and ensuring the sustainability of the training program,” while the Head of the Clinic emphasized “quality control and maintaining optimal team motivation.” The shared hope is for sustainable human resource development, supported by recruitment planning, quality training, and an active role of management in maintaining quality and work motivation. Overall, the interview findings across all five thematic areas confirm that both informants demonstrate strong commitment and strategic awareness toward accreditation, with HR capacity building consistently recognized as the central pillar of the clinic’s quality improvement efforts.

5. Discussion

Klinik Pratama Serambi Mojokerto has established a relatively adequate and effective HR planning system, particularly in the provision of basic health services. This staffing model reflects workload-based staffing principles, which emphasize aligning health worker numbers and types with patient volume to ensure safety, efficiency, and effectiveness (Ghandehari & Fattahian, 2026). The clinic owner stresses that HR planning is directly integrated with accreditation preparation, including mapping staff needs according to service standards and patient volume (Br Barus et al., 2024). From a qualification perspective, all health workers hold valid degrees and licenses (STR/SIP), and competencies are maintained through both internal and external training, though limited by budget constraints (Gershuni et al., 2023). Strengths include legality, competency, and SOP availability, while weaknesses involve limited staff numbers, particularly the absence of pharmacists/TTK, and incomplete performance evaluation and audit documentation. The clinic’s strategy to expand staff and strengthen training and mentoring reflects a proactive approach to sustaining accreditation standards (Widiatmika, 2023).

Recruitment and selection at the clinic are conducted systematically, covering verification of educational qualifications, STR, training certificates, technical interviews, and attitude assessments, reflecting competency-based recruitment principles that improve staff-service alignment (Wahyudi et al., 2025). According to Laila (2024), leadership involvement in final selection ensures not only technical competence but also commitment to quality and clinic culture, which enhances loyalty and compliance with accreditation standards. HR administration is well-organized, with complete personal files and digital records supporting documentation readiness. Orientation is structured and comprehensive, covering SOPs, service flow, quality culture, and patient safety, reinforced by mentoring programs that support new staff adaptation (Gershuni et al., 2023). Placement is competency-based, ensuring that staff are assigned roles aligned with their educational background, thereby optimizing performance and strengthening accreditation readiness (Abdillah, 2024).

Challenges include budget constraints, workload distribution issues during peak hours, and occasional resistance to training or evaluation, which are consistent with findings that resource limitations hinder staff development programs in primary care settings (Wulandari & Darma, 2025). Despite these obstacles, the clinic actively conducts competency development and continuous training at least twice yearly, collaborating with external institutions such as the Health Office and universities to

enhance training quality (Agustina et al., 2025). Building a consistent service culture through ongoing training is particularly important, as it helps staff internalize quality standards as part of daily practice rather than treating them as a compliance requirement alone (L., 2019). Continuous training positively impacts service quality, patient satisfaction, and accreditation readiness, reinforcing a quality culture aligned with national standards (Laila, 2024).

Performance evaluation is systematic and structured, combining objective assessments and feedback interviews that ensure monitoring of productivity, compliance with procedures, and identification of competency needs, which enhances readiness for service standards (Novitasari et al., 2022). Evaluation results are used to inform workload adjustments and training plans, supporting continuous service quality improvement and accreditation success (Yuliana, 2025). Strengthening documentation, updating SOPs, and conducting quarterly internal audits further ensure consistency and accreditation readiness (Kementerian Kesehatan, 2023b; Maharani & Diatri, 2024). Continuous mentoring, training, and emphasis on effective communication build a strong quality culture that ensures staff are prepared for accreditation surveys (Trisnowati et al., 2025).

These findings carry several practical implications for primary clinic management and health policy. Clinics in similar situations should consider adopting an integrated capacity-building framework that treats HR planning, competency-based recruitment, continuous training, and systematic evaluation as a unified quality management cycle rather than as separate activities. Policymakers and accreditation bodies may also need to account for the specific constraints of new or small primary clinics, such as limited budgets, thin staffing, and short operational histories, when designing accreditation timelines and support mechanisms. The experience of Klinik Pratama Serambi Mojokerto demonstrates that consistent management commitment, even in a resource-limited setting, can build a meaningful foundation for accreditation readiness and long-term service quality improvement.

6. Conclusion

Klinik Pratama Serambi Mojokerto has demonstrated a relatively effective HR management system that aligns with national accreditation standards, characterized by workload-based planning, competency-based recruitment, systematic orientation and placement, and regular training programs that have positively contributed to staff capability and quality culture. The clinic's HR administration is well-organized, with complete personal documentation, structured SOPs, and periodic performance evaluations serving as a basis for managerial decision-making. However, several gaps remain, particularly in the number of supporting staff, especially the absence of pharmacists/TTK, suboptimal routine performance assessments, and incomplete internal audit documentation. With targeted improvements in these areas, the clinic holds strong potential to fully meet accreditation standard indicators and sustain long-term quality compliance.

This study carries practical implications for similar primary clinics facing accreditation preparation, particularly in demonstrating that a structured capacity-building approach, integrating HR planning, competency development, and systematic evaluation, can progressively close the gap between existing conditions and accreditation requirements even under resource constraints. Nevertheless, this study has several limitations that should be acknowledged: the findings are based on a single clinic with only two informants, which limits the breadth of perspectives captured and reduces the transferability of results to other primary clinic contexts. The qualitative case study design, while appropriate for exploring institutional dynamics in depth, does not allow for causal claims or broader generalization. Future research is encouraged to involve a larger number of informants across multiple primary clinics and to consider a mixed-methods approach that combines qualitative

insight with quantitative measurement of HR indicators, in order to produce findings that are more robust and applicable for policy development.

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