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The Influence of Policy Implementation Dimensions on Service Effectiveness Mediated by Access to Health Services at Community Health Centers

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Abstract

This study aims to examine and explain the influence of policy implementation dimensions on service effectiveness mediated by access to health services at the Kendari City Community Health Center. This study is an explanatory study with a quantitative approach and survey method. The study population was patients who visited the General Polyclinic of the Community Health Center in Kendari City during the study period with a sample of 391 respondents. Data were collected through a Likert-scale questionnaire, tested for validity and reliability, then analyzed using Structural Equation Modeling based on Partial Least Square (PLS) with the help of SmartPLS software version 4. The results showed that communication, resources, disposition, and bureaucratic structure had a positive and significant effect on both service effectiveness and access to health services. Access to health services was also proven to have a positive and significant effect on service effectiveness, although with a smaller coefficient compared to the direct influence of communication, resources, disposition, and bureaucratic structure. In addition, access to health services plays a significant partial mediator in the relationship between communication, resources, disposition, and bureaucratic structure on service effectiveness. This finding suggests that local governments and community health center (Puskesmas) managers should focus improvements in policy implementation not only on administrative compliance but also on increasing access to health services to achieve sustainable service effectiveness.

Keywords: *Communication, Resources, Disposition and Bureaucratic Structure, Service Effectiveness, Access to Health Services, Kendari City Community Health Centers.*

Introduction

Primary health care services provided by Community Health Centers (Puskesmas) are a strategic element of Indonesia's national health system and a crucial part of public sector management practices. From a public management perspective, Puskesmas function not only as technical health service units but also as public service organizations required to effectively manage resources, work processes, and policies to achieve optimal service performance. As the frontline, Puskesmas are responsible for providing integrated promotive, preventive, curative, and rehabilitative services to the community (Ministry of Health of the Republic of Indonesia, 2014). The effectiveness of Puskesmas services has significant managerial implications because it is directly related to the achievement of organizational goals, the efficient use of public resources, and the level of public satisfaction as service users. Within the framework of public sector performance management, service effectiveness is a key indicator of an organization's success in translating public policy into tangible outcomes for the community. Therefore, the issue of Puskesmas service effectiveness is not merely a technical health issue but also a strategic one within the context of public service governance and sustainable development. Health policy implementation is the core of the managerial process in public service organizations, because policies formulated at the central and regional levels will only be meaningful if they can be implemented effectively at the operational level (Pressman & Wildavsky, 1973). Policy implementation involves various interrelated management functions, ranging from policy communication, resource availability and management, the disposition or attitude of policy implementers, to the arrangement of bureaucratic

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structures. These four dimensions do not stand alone, but rather interact dynamically in determining the success of the policy in being translated into effective service performance. In the context of primary health care, the success of policy implementation is crucial in determining the extent to which the goals of increasing access, quality, and equity of health services can be achieved, especially at the Community Health Center level as the spearhead of public health services.

The effectiveness of policy implementation at Community Health Centers (Puskesmas) is inextricably linked to access to health services, a managerial outcome that bridges the policy implementation process with the service outcomes experienced by the community. The World Health Organization (2010) emphasizes that access to health services encompasses geographic, financial, service availability, social acceptance, and informational dimensions. From a service management perspective, access is a primary prerequisite for health service utilization and achieving service effectiveness. The coverage of outpatient visits at health care facilities reflects the level of community access to health services in a region. Data from Southeast Sulawesi Province in 2021 shows that 1,486,653 people, or 54.20% of the total population, received outpatient services, with 120,193 outpatient visits, or 4.38% of the total population. This demonstrates the dynamics of service utilization and the potential for repeat visits by the same individuals (Southeast Sulawesi Provincial Health Office Profile, 2022). This pattern emphasizes the dominant role of Community Health Centers (Puskesmas) as first-level health care facilities compared to hospitals, in line with their function as frontline primary health care providers. Kendari City, the capital of Southeast Sulawesi Province, faces unique challenges in optimizing Community Health Center (Puskesmas) services, in line with population growth, urbanization, and the heterogeneity of the community's socio-demographic characteristics. Data from the Kendari City Health Office shows that the number of outpatient visits in 2024 reached 187,450, while in the January–June 2025 period, there were 65,830 visits (Kendari City Health Office, 2025). Although there are 15 Community Health Centers spread throughout the city, most still face obstacles such as limited human resources, physical access barriers, and poor implementation of adaptive service policies. This condition is exacerbated by a relatively slow service bureaucracy, lack of training and supervision for staff, and limited facilities and infrastructure, creating a gap between the designed policy (policy as design) and the service practices in the field (policy in action). Consequently, several strategic programs such as immunization, K4 visits for pregnant women, and early detection of infectious diseases have not achieved the set targets, even though the National Health Insurance (JKN) coverage in Kendari City has exceeded 85%.

Several previous studies have shown that policy implementation in Community Health Centers (Puskesmas) is influenced by various internal factors within the policy implementers. Hidayati (2018) found that the implementation of policies to improve Puskesmas service performance still faces obstacles such as delays in drug distribution, communication barriers, and staff dispositions that do not fully support smooth service delivery. Rahmawati et al. (2023) emphasized that weak cross-sectoral coordination and communication barriers between the community and health workers are key challenges in implementing primary health policies. Meanwhile, Wahyuni et al. (2022) demonstrated that resource availability, implementation climate, and incentive systems play a crucial role in supporting the success of Puskesmas accreditation policies. However, most of these studies focus on internal factors in policy implementation and have not yet integrated access to health services as a bridging mechanism between policy implementation and perceived service effectiveness.

Based on these research gaps, this study positions access to health services as a mediating variable in the relationship between policy implementation dimensions and service effectiveness in Puskesmas in Kendari City. This approach broadens the theoretical perspective of policy implementation by integrating Pressman and Wildavsky's (1973) policy implementation theory, Andersen's (1995) health care access theory and the WHO (2010) framework, and Steers' (1977) organizational effectiveness theory. Conceptually, this research is expected to provide a more comprehensive understanding of how policy communication, resources, implementer dispositions, and bureaucratic structures influence service effectiveness through health care access mechanisms. Practically, the findings of this research are expected to form the basis for formulating more adaptive, evidence-based policies, oriented toward improving the affordability, equity, and quality of primary health care, particularly in developing urban areas such as Kendari City.

Literature Review and Research Hypothesis

Communication

Communication in public policy implementation is a fundamental factor determining the extent to which a policy is understood and implemented appropriately by implementers and accepted by target groups. George C. Edward III emphasized that communication is the process of conveying policy from policymakers to implementers and the public, so that the policy's content can be fully understood without distortion. Effective communication must fulfill three main elements: accurate transmission, clarity of message, and consistency of information to avoid differing interpretations at the implementation level (Agustino, 2006). Unclear or inconsistent communication can lead to errors in policy implementation, even if the policy is well-designed. In the context of primary health care, communication plays a strategic role because it is directly related to the interaction between health workers and patients. Clear, empathetic, and responsive communication helps patients understand service procedures, their rights and obligations as service users, and the stages of treatment they must undergo. In addition, effective communication between work units at the Community Health Center (Puskesmas) also facilitates service coordination, reduces administrative errors, and increases public trust in health care institutions. Thus, quality communication is a crucial prerequisite for improving access to and effectiveness of health services.

Resources

Resources are a crucial component in policy implementation, encompassing human resources, finances, information, authority, and supporting facilities and infrastructure. Edward III stated that the success of policy implementation depends heavily on the availability and quality of resources held by the implementing organization. A good policy will not produce optimal performance without the support of adequate resources, both in terms of quantity and competence (Agustino, 2006). Therefore, resources are the primary foundation for implementing public service policies. In primary healthcare, competent and sufficient human resources significantly determine the quality of services provided to the public. Trained healthcare workers, adequate service facilities, and adequate medical equipment enable the service process to run effectively and efficiently. Furthermore, managerial support and budget availability also play a crucial role in ensuring the sustainability of healthcare services. Limited resources often result in long waiting times, poor service quality, and decreased patient satisfaction, thus implicating low service effectiveness.

Disposition

Disposition refers to the attitudes, commitment, and behavioral tendencies of policy implementers in carrying out their duties and responsibilities during the implementation process. Edwards III emphasizes that implementer disposition is a critical determinant of policy success, as it reflects the willingness, sincerity, and consistency of implementers in executing policies in accordance with established objectives (Edwards III, 1980). A positive disposition is characterized by honesty, responsibility, responsiveness, and a strong orientation toward public interest, which enables policies to be translated effectively into concrete actions (Agustino, 2006). In the context of health services, the disposition of healthcare workers and administrative staff plays a significant role in shaping patient experiences and perceptions of service quality (Donabedian, 1988). Friendly, empathetic, and professional attitudes foster humane and patient-centered interactions, reduce psychological barriers, and encourage patients to seek and utilize health services more actively (Levesque, Harris, & Russell, 2013). Conversely, negative disposition—such as indifference, rigidity, or lack of commitment—can undermine service accessibility and undermine public trust in health institutions (Peters et al., 2008). Empirical studies demonstrate that positive staff attitudes and commitment are strongly associated with improved access, higher patient satisfaction, and greater perceived effectiveness of primary health care services (Osborne, Radnor, & Nasi, 2013; Rahman & Hidayat, 2023). Therefore, implementer disposition represents a crucial behavioral mechanism linking policy design with access and effectiveness of health services.

Bureaucratic Structure

Bureaucratic structure refers to the formal organizational arrangement that defines the division of tasks, distribution of authority, coordination mechanisms, and standard operating procedures (SOPs) guiding policy implementation within public organizations. Edwards III argues that an overly complex and poorly coordinated bureaucratic structure can become a major barrier to effective policy implementation, even when communication and resources are adequate (Edwards III, 1980). An

effective bureaucratic structure is characterized by clear SOPs, simple and transparent workflows, and proportional task fragmentation that supports coordination rather than rigidity (Widodo, 2017). In health service organizations, particularly primary health care institutions, a well-organized bureaucratic structure facilitates smoother access to services by reducing administrative complexity and uncertainty faced by patients (Pollitt & Bouckaert, 2017). Clear service pathways, well-defined roles among units, and effective inter-unit coordination enable services to be delivered efficiently, accurately, and consistently (Donabedian, 1988). Moreover, a responsive bureaucratic structure minimizes administrative burden on both patients and health workers, allowing greater focus on core clinical and preventive functions (Osborne, Radnor, & Nasi, 2013). Empirical studies indicate that simplified bureaucratic procedures enhance service accessibility and contribute to higher perceived service effectiveness in public health facilities (Putri & Hartono, 2024; World Health Organization, 2019). Therefore, an effective bureaucratic structure plays a crucial role in improving both access to services and overall effectiveness of health care delivery.

Service Access

Access to health services refers to the ability of individuals or communities to obtain appropriate health care services when needed, in a timely, affordable, geographically reachable, and socially acceptable manner. Penchansky and Thomas (1981) conceptualize access through five interrelated dimensions: availability, accessibility, affordability, acceptability, and accommodation, which together determine whether health services can be effectively utilized by the population. In primary health care systems, access functions as a critical bridge between health policies and community health outcomes, as limited access often results in delayed treatment, unmet health needs, and increased reliance on secondary or tertiary care (World Health Organization, 2010). Levesque, Harris, and Russell (2013) further emphasize that access is not solely determined by the presence of health facilities, but also by the capacity of health systems to respond to patient needs through clear procedures, responsive service delivery, and patient-centered processes. Empirical studies indicate that improved access to primary care contributes to early disease detection, reduced health disparities, and better overall population health outcomes (Gulliford et al., 2002; Andersen & Davidson, 2007). Moreover, effective access enhances trust in health systems and encourages sustained utilization of services, particularly among vulnerable populations (Peters et al., 2008). Therefore, improving access to health services is a fundamental prerequisite for achieving effective, equitable, and sustainable primary health care systems (Levesque et al., 2013; WHO, 2019).

Service Effectiveness

Service effectiveness refers to the degree to which an organization succeeds in achieving its predetermined service objectives in line with community standards and user expectations. From an organizational perspective, effectiveness is closely associated with goal attainment, efficient use of resources, and user satisfaction (Steers, 1985). In the public sector, effective services are not merely assessed by output volume but by their ability to deliver timely, reliable, and meaningful benefits to citizens (Osborne, Radnor, & Nasi, 2013; Pollitt & Bouckaert, 2017). In primary health care settings, service effectiveness is reflected through accurate diagnosis, prompt medical treatment, clarity of service procedures, continuity of care, and positive patient experiences (Donabedian, 1988; World Health Organization, 2010). Furthermore, effective health services contribute to improved patient trust, higher service utilization, and stronger institutional legitimacy within the health system (Levesque, Harris, & Russell, 2013). Scholars also emphasize that effectiveness in health services depends on organizational responsiveness and the ability to align service delivery with patient needs and expectations (Mills, Rasheed, & Tollman, 2019). Therefore, service effectiveness in primary health care organizations such as Community Health Centers represents a critical indicator of organizational performance, sustainability, and public value creation (Moore, 1995; Mardiasmo, 2017).

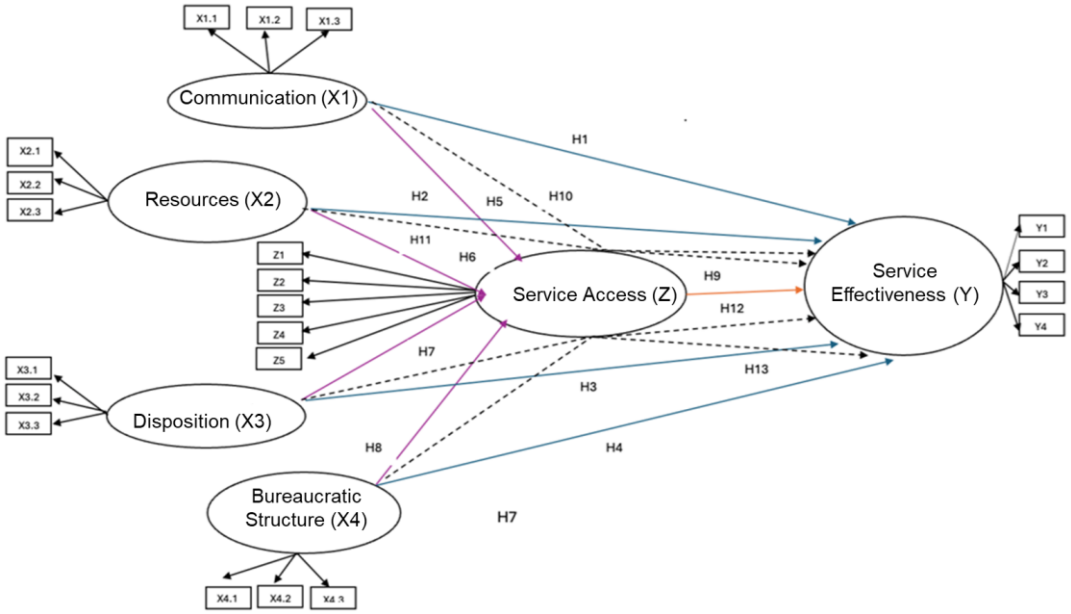

Figure 1 Conceptual Framework

Research Hypothesis

H1. Communication has a positive and significant effect on service effectiveness at the Kendari City Community Health Center.

H2. Resources have a positive and significant effect on service effectiveness at the Kendari City Community Health Center.

H3. Disposition has a positive and significant effect on service effectiveness at the Kendari City Community Health Center.

H4. Bureaucratic structure has a positive and significant effect on service effectiveness at the Kendari City Community Health Center.

H5. Communication has a positive and significant effect on service access at the Kendari City Community Health Center.

H6. Resources have a positive and significant effect on service access at the Kendari City Community Health Center.

H7. Disposition has a positive and significant effect on service access at the Kendari City Community Health Center.

H8. Bureaucratic structure has a positive and significant effect on service access at the Kendari City Community Health Center.

H9. Service access has a positive and significant effect on service effectiveness at the Kendari City Community Health Center.

H10. H10: Communication has a positive and significant effect on health service effectiveness, mediated by health service access in the Kendari City Community Health Center Work Area.

H11. H11: Resources have a positive and significant effect on health service effectiveness, mediated by health service access at the Kendari City Community Health Center.

H12. H12: Disposition has a positive and significant effect on the effectiveness of health services, mediated by access to health services at Kendari City Community Health Centers.

H13. H13: Bureaucratic structure has a positive and significant effect on the effectiveness of health services, mediated by access to health services at Kendari City Community Health Centers.

Research Methods

This study employed a quantitative approach with an explanatory approach aimed at examining causal relationships between variables, specifically the influence of policy implementation dimensions, including communication, resources, disposition, and bureaucratic structure, on the effectiveness of health services, as well as the role of service access as a mediating variable. A quantitative approach was chosen because it allows for empirical theory testing through structured, standardized, and formal numerical measurements and statistical analysis (Tanzeh, 2009). The study population comprised patients at the General Clinic of a Community Health Center (Puskesmas) in Kendari City who met homogenous criteria: fully accredited Puskesmas with inpatient services, aged 17 years and above, in stable condition, and making outpatient visits. The sampling technique used accidental sampling, with the sample size determined using the Slovin formula at a 5% margin of error. This resulted in a total sample of 391 respondents distributed proportionally across the five Puskesmas. Data were collected using a five-point Likert-type questionnaire to describe respondents' perceptions of the study variables.

Data analysis was conducted descriptively and inferentially using a variance-based Structural Equation Model (SEM) approach through Partial Least Square (PLS) using Smart PLS, SPSS, and Microsoft Excel. The PLS method was chosen because it is capable of analyzing hierarchical causal relationships, involves latent variables with reflective indicators, does not require the assumption of normal distribution, and is effective for use on medium sample sizes (Aldrich & Nelson, 1984; Wold, 1985). Model evaluation was conducted through testing the outer model using convergent validity, discriminant validity, and composite reliability, as well as the inner model through the R^2 value, Q-square, and path coefficient significance test using the bootstrap technique (Solimun, 2010). Mediation testing was conducted to determine the nature of the intervening variable, whether as a partial or perfect mediator. The entire research process was carried out with due regard to research ethics, including the principles of autonomy, beneficence, anonymity, and justice, and obtained official permission from the Kendari City Health Office to ensure the protection of respondents' rights and confidentiality.

Communication in policy implementation is the process of conveying information, direction, and understanding between policymakers and implementers in the field in a clear, consistent, and continuous manner (Merilee S. Grindle, 1980). Communication is measured by the extent to which policy information is conveyed effectively, understood by officials, and communicated to the public.

Resources refer to the organization's ability to provide necessary inputs, such as human resources, funds, facilities, and other supporting resources (Goggin et al., 1990). Resources are measured by the availability and adequacy of labor, operational funds, physical facilities, and supporting equipment.

Disposition is the attitude, commitment, and desire of implementers to implement policies effectively (Edward III, 1980). Disposition is measured through the attitudes and responsibilities of officials in serving, their work motivation, and their loyalty to policies.

Bureaucratic structure is the arrangement of work systems, hierarchies, and rules and procedures that influence policy implementation (Van Meter & Van Horn, 1975). Bureaucratic structure is measured by the clarity of rules, work procedures, division of tasks, and internal oversight.

Service effectiveness is the extent to which health services achieve their intended goals, appropriately meet patient needs, and provide satisfaction (Steers, 1985). Effectiveness is measured by service quality, patient satisfaction, timeliness, and achievement of service targets.

Health service accessibility refers to the ease with which the public can access health services at health facilities. In health service accessibility, researchers will explore how accessible health services are to the community.

Research Result

Model Fit Evaluation

Testing the structural model or inner data model is evaluated by looking at the results of the Fit model test, which can be seen in Table 1.

Table 1 Results of R-Square Calculation of Fit Model Test

	Saturated model	Estimated model
SRMR	0.048	0.048
d_ULS	0.945	0.945
d_G	0.327	0.327
NFI	0.893	0.893

Source: Processed Primary Data, 2026

Based on the results of the model fit test, several fit indicators were obtained indicating that the research model has a good level of fit with the data. The SRMR value for both the saturated model and the estimated model is 0.048, which is below the general limit of 0.08, indicating low residual error and indicating a good fit. The d_ULS value of 0.945 and d_G of 0.327, which are the same in both models, indicate a small and consistent distance between the empirical covariance matrix and the model, thus supporting the model's suitability to the actual data. Meanwhile, the NFI value of 0.893 is slightly below the ideal limit of 0.90, but can still be categorized as an acceptable fit. Overall, the combination of a low SRMR value and small and consistent d_ULS and d_G values indicates that the model has an adequate level of fit and is suitable for testing the relationships between variables in this study.

Hypothesis Testing

Table 2 Test Results Hypothesis Influence Direct

Research Hypothesis	Path Coefficient	t-statistic	p-value	Information
H1: Communication (X1) → Service Effectiveness (Y)	0.459	8,665	0.000	Accepted
H2: Communication (X1) → Service Access (Z)	0.527	13,696	0.000	Accepted
H3: Resources (X2) → Service Effectiveness (Y)	0.411	9,204	0.000	Accepted
H4: Resources (X2) → Service Access (Z)	0.498	10,823	0.000	Accepted
H5: Disposition (X3) → Service Effectiveness (Y)	0.472	11,056	0.000	Accepted
H6: Disposition (X3) → Service Access (Z)	0.485	10,775	0.000	Accepted
H7: Bureaucratic Structure (X4) → Service Effectiveness (Y)	0.503	12,184	0.000	Accepted
H8: Bureaucratic Structure (X4) → Service Access (Z)	0.509	11,960	0.000	Accepted
H9: Service Effectiveness (Y) → Service Access (Z)	0.560	13,472	0.000	Accepted

Source: Processed Primary Data, 2026

Table 3 Testing of Indirect Effects (Mediation)

Hypothesis	Independent Variables	Mediating Variables	Dependent Variable	Indirect Coefficient	p-value	Direct Coefficient	The Nature of Mediation
H10	Communication (X1)	Service Access (Z)	Service Effectiveness (Y)	0.257	0,000	0.459	Partial Mediation
H11	Resources (X2)	Service Access (Z)	Service Effectiveness (Y)	0.230	0,000	0.411	Partial Mediation
H12	Disposition (X3)	Service Access (Z)	Service Effectiveness (Y)	0.264	0,000	0.472	Partial Mediation

H13	Bureaucratic Structure (X4)	Service Access (Z)	Service Effectiveness (Y)	0.282	0,000	0.503	Partial Mediation

Source: Processed Primary Data, 2026

Discussion

Communication towards Service Effectiveness

Statistical analysis shows that Communication (X1) has a positive and significant effect on Service Effectiveness (Y) at the Kendari City Community Health Center, which is reflected in the path coefficient value of 0.459 with a positive direction, the t-statistic value of 8.665 which exceeds the critical limit of 1.96, and the p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis 1 is declared accepted. This finding indicates that the better the quality of communication between health workers, administrative staff, and patients, the higher the patient's perception of the effectiveness of the services received, where both variables move in the same direction. Conceptually, these results are consistent with various studies confirming that clear, empathetic, and timely communication in healthcare contributes to improved service outcomes and patient satisfaction (Imran et al 2025), and is positively associated with perceived service quality in primary healthcare facilities (Nisa et al 2025; Aini, Setiadi, & Rosyda, 2024). From a patient-centered care perspective, effective communication is a key foundation for responsive, safe, and quality care because it enables a holistic understanding of patient needs, improves the clarity of medical instructions, and strengthens patient engagement in the care process. These findings are also in line with literature showing that quality communication can improve patient-centered outcomes, including perceived service effectiveness, adherence to medical instructions, and overall patient satisfaction (BMC Health Services Research, 2023), both through direct interaction and interprofessional coordination and the use of digital platforms (Imran et al., 2025). Thus, the results of this study emphasize the importance of strengthening communication as a key strategy to increase the effectiveness of services at the Kendari City Community Health Center, which can be practically realized through communication training for all health workers, the development of standard service communication protocols, and the implementation of continuous patient feedback mechanisms to ensure clear, accurate, and empathetic communication.

Communication regarding Service Access

Statistical analysis shows that Communication (X1) has a positive and significant effect on Service Access (Z) at the Kendari City Community Health Center, as reflected in the path coefficient value of 0.527 with a positive direction, a t-statistic value of 13.696 which far exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis 2 is declared accepted. This finding indicates that the more effective the communication is, both between employees, between leaders and subordinates, and between health workers and the community, the easier it is for the community to understand the procedures, flow, and availability of health services, so that access to services becomes more open and efficient. This result is in line with previous research findings which show that communication quality contributes to increasing ease of access and patient satisfaction in primary health services (Quality communication can improve patient-centered health outcomes among older patients: a rapid review, 2023; Imran, Paidi, Aryani, & Lubis, 2025; Nisa, Fitriyani, Khafidhoh, & Ngalimun, 2025). Conceptually, these findings can be explained through the Service Quality Framework, which places effective communication as a key dimension in facilitating quality service interactions, reducing uncertainty, and strengthening public trust in the public service system (Parasuraman, Zeithaml, & Berry, 1988). Thus, the results of this study confirm that strengthening internal and external communication systems is an important strategy for the management of the Kendari City Community Health Center to expand and facilitate access to health services for the community.

Resources on Service Effectiveness

Statistical analysis shows that Resources (X2) have a positive and significant effect on Service Effectiveness (Y) at Kendari City Community Health Centers, as indicated by a path coefficient value of 0.411 with a positive direction, a t-statistic value of 9.204 which exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis H3 is declared accepted. This finding indicates that the more adequate the availability of resources, both in terms of competent health workers, supporting facilities and infrastructure, and supporting operational systems, the higher the effectiveness of health services perceived by patients. Conceptually, this result is in line

with Donabedian's Structure–Process–Outcome Model which places resources as the main foundation for the implementation of quality service processes and the achievement of effective service outcomes. These empirical findings are also consistent with previous research showing that the adequacy of health workers and service facilities is positively related to the perceived effectiveness of primary health care services (Aini, Setiadi, & Rosyda, 2025; Imran, Paidi, Aryani, & Lubis, 2025; Nisa, Fitriyani, Khafidhoh, & Ngalimun, 2024). Therefore, strengthening resources through improving the competence of health workers, developing facilities and infrastructure, and responsive operational management are important strategies for the management of Kendari City Community Health Centers to continuously improve service effectiveness.

Resources to Access Services

Statistical analysis shows that Resources (X2) have a positive and significant effect on Service Access (Z) at Kendari City Community Health Centers, as reflected in the path coefficient value of 0.498 with a positive direction, a t-statistic value of 10.823 which far exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis H4 is declared accepted. This finding indicates that the more adequate the availability of resources, both in terms of competent health workers, operational support facilities, and effective service management, the easier it is for the community to obtain health services without facing significant obstacles. Conceptually, this result is in line with the Health Services Accessibility Model which places resources as the main structural factor in determining the community's ability to access health services, where efficient and responsive resource management can minimize obstacles such as long waiting times, limited facilities, and information constraints (World Health Organization, 2019). These empirical findings are also consistent with previous research showing that adequate healthcare personnel and service facilities contribute to increased access and perceived ease of obtaining primary healthcare services (Imran, Paidi, Aryani, & Lubis, 2025; Nisa, Fitriyani, Khafidhoh, & Ngalimun, 2024). Therefore, strengthening resources is a key strategy that Kendari City Community Health Center management needs to prioritize to expand the reach and improve access to healthcare services for the community.

Disposition towards Service Effectiveness

Statistical analysis shows that Disposition (X3) has a positive and significant effect on Service Effectiveness (Y) at the Kendari City Community Health Center, as indicated by a path coefficient value of 0.472 with a positive direction, a t-statistic value of 11.056 which exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis H5 is declared accepted. This finding indicates that the more positive the mental attitude, commitment, and work disposition of policy implementers and health workers, the higher the effectiveness of services perceived by patients. A positive disposition encourages responsible, empathetic, proactive, and problem-solving-oriented work behavior, so that the service process becomes more responsive, consistent, and in accordance with community needs. These results align with theoretical studies confirming that the quality of staff work attitudes directly contributes to the perceived effectiveness of public services, particularly in the context of healthcare (Al Qarni, Algharibi, & Alotaibi, 2023). They are also supported by empirical findings showing that staff attitudes and commitment are strong predictors of service effectiveness and patient satisfaction (Purnamasari & Hadijaya, 2024; Santoso, Widodo, & Mulyani, 2024). Conceptually, this relationship can be explained through the Theory of Planned Behavior, which states that a positive attitude toward work influences effective work intentions and behaviors (Ajzen, 1991). Therefore, strengthening the work disposition of healthcare workers through motivational training, professional development, and ongoing evaluation of work attitudes is a crucial strategy for the Kendari City Community Health Center (Puskesmas) to improve the effectiveness of public healthcare services.

Disposition towards Service Access

Statistical analysis shows that Disposition (X3) has a positive and significant effect on Service Access (Z) at the Kendari City Community Health Center, which is reflected in the path coefficient value of 0.485 with a positive direction, a t-statistic value of 10.775 which exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis H6 is declared accepted. This finding indicates that the more positive the disposition or mental attitude of the implementer, such as friendliness, proactive attitude, empathy, and responsiveness to patient needs, the easier it is for the community to access health services. A good disposition functions as a bridge between the service system and the community, because it is able to minimize bureaucratic rigidity, reduce psychological and social barriers for patients, and create an open, comfortable, and inclusive

service atmosphere. These results align with previous research showing that positive work attitudes among healthcare workers significantly contribute to the perception of ease and affordability of primary healthcare access (Purnamasari & Hadijaya, 2024), and that warm and proactive interpersonal interactions can reduce access barriers, particularly for vulnerable or less informed patient groups (Santoso, Widodo, & Mulyani, 2024). Conceptually, this relationship can be explained through the Service Quality Framework, which positions attitude as a key dimension of service quality through strengthening responsiveness and empathy, which significantly determine public perceptions of ease of service access (Parasuraman, Zeithaml, & Berry, 1988). Therefore, strengthening healthcare workers' work dispositions through attitude development, soft skills training, and behavioral-based performance evaluations is an important strategy for the Kendari City Community Health Center (Puskesmas) in improving access to healthcare services sustainably.

Bureaucratic Structure on Service Effectiveness

Statistical analysis shows that Bureaucratic Structure (X4) has a positive and significant effect on Service Effectiveness (Y) at Kendari City Community Health Centers, as indicated by a path coefficient value of 0.503 with a positive direction, a t-statistic value of 12.184 which far exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the significance level of 0.05, so that Hypothesis H7 is declared accepted. These findings indicate that a well-organized bureaucratic structure, reflected in a clear division of tasks, consistent implementation of standard operating procedures (SOPs), and effective inter-divisional coordination, is able to increase workflow efficiency, reduce administrative barriers, and accelerate the service process, so that the effectiveness of services perceived by patients is higher. Conceptually, these results are in line with the Structural Quality in Healthcare Services framework which places bureaucratic structure as an important antecedent factor in achieving service outcomes, because an efficient structure creates organizational alignment between internal policies, work unit coordination, and responses to patient needs. These empirical findings are also consistent with previous research showing that a well-organized bureaucratic structure, clear administrative procedures, and the implementation of standardized standard operating procedures (SOPs) significantly contribute to improving the quality and effectiveness of public services in the health sector (Abdullah & Abdullah, 2023; Putri & Hartono, 2024; Utami, Nugroho, & Wardani, 2024). Therefore, strengthening the bureaucratic structure through streamlined procedures, asserting authority, and improving internal coordination is a crucial strategy for the management of the Kendari City Community Health Center (Puskesmas) to sustainably improve the effectiveness of health services.

Bureaucratic Structure on Service Access

Statistical analysis shows that Bureaucratic Structure (X4) has a positive and significant effect on Service Access (Z) at Kendari City Community Health Centers, as reflected in the path coefficient value of 0.509 with a positive direction, a t-statistic value of 11.960 which far exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the 0.05 significance level, so that Hypothesis H8 is declared accepted. These findings indicate that an effective bureaucratic structure, characterized by simple service procedures, clear decision-making paths, and optimal inter-divisional coordination, is able to reduce administrative barriers such as long waiting times, document duplication, and unclear information, thereby making it easier for the public to access health services. These results are in line with empirical findings showing that simplification of administrative procedures and clarity of service flows contribute significantly to increasing the perception of affordability and ease of access to primary health services (Putri & Hartono, 2024; Utami, Nugroho, & Wardani, 2025). Conceptually, this relationship can be explained through the Health Services Accessibility Framework, which positions structural aspects, including bureaucracy, as the primary determinants of service access through the dimensions of availability, timeliness, and ease of procedures. Therefore, strengthening and simplifying the bureaucratic structure is a crucial strategy for Kendari City Community Health Center management to improve access to more inclusive, rapid, and responsive health services to meet community needs.

Effectiveness of Services on Service Access

Statistical analysis shows that Service Effectiveness (Y) has a positive and significant effect on Service Access (Z) at Kendari City Community Health Centers, as indicated by a path coefficient value of 0.560 with a positive direction, a t-statistic value of 13.472 which far exceeds the critical limit of 1.96, and a p-value of 0.000 which is below the 0.05 significance level, so that Hypothesis H9 is declared accepted. This finding indicates that the more effective the service provided—as reflected in the timeliness of service, clarity of procedures, consistency of service implementation, and responsiveness to patient needs—the easier it is for the public to access health services. Service effectiveness acts as

a catalyst for access, because good quality service output shapes the public's perception that services are available, easily accessible, and not burdensome. These results align with empirical findings showing that the effectiveness and reliability of primary health care significantly improve perceived accessibility and responsiveness (Ghislandi, Muttarak, & Sauerberg, 2023), and are supported by studies confirming that the effectiveness of community health center services contributes to ease of access, particularly through reduced waiting times and transparency of administrative processes (Rahmatika & Al Farisi, 2024; Utami, Nugroho, & Wardani, 2025). Conceptually, this relationship can be explained through the Health Services Accessibility Framework, which views access not only as the availability of services but also as a result of the quality and effectiveness of service outputs. Therefore, strengthening service effectiveness is a key strategy for Kendari City Community Health Center management to improve access to faster, patient-friendly, and community-oriented health services.

Mediation of Service Access in Communication towards Service Effectiveness

Statistical analysis shows that Service Access acts as a significant partial mediating variable in the relationship between Communication and Service Effectiveness at Kendari City Community Health Centers, as indicated by the indirect effect coefficient value of 0.257 with a p value of 0.000 ($p < 0.05$), while the direct effect of Communication on Service Effectiveness also remains significant ($\beta = 0.459$), thus confirming that both pathways work simultaneously. These findings indicate that effective communication not only has a direct impact on increasing service effectiveness through the quality of interactions, clarity of instructions, empathy, and coordination between units, but also indirectly increases service effectiveness by creating easier, more open, and informative service access for the community. Clear, responsive, and consistent communication makes it easier for patients to understand procedures, service flows, waiting times, and service rights, so that structural and administrative barriers can be minimized and service access becomes more optimal. Conceptually, these findings align with the Service Quality and Accessibility Models framework, which positions communication as a crucial antecedent in creating meaningful service access and impacting service outcomes (Donabedian, 1988; Penchansky & Thomas, 1981), and are supported by research confirming that information clarity and service responsiveness play a crucial role in improving access and perceived effectiveness of primary health care (Misra et al., 2024; Sari & Lestari, 2023; Wijaya, Putra, & Hakim, 2024). This partial mediation also suggests that the mechanism by which communication influences service effectiveness is multifaceted, with other pathways, such as patient trust and perceived internal coordination, contributing to service effectiveness (Rahman & Hidayat, 2023), in addition to service access. Therefore, these findings provide a theoretical contribution by explaining how communication influences service effectiveness, while also confirming managerially that integrating strategies to improve communication and improve service access is a key approach to sustainably improving the quality of primary health care at Kendari City Community Health Centers.

Mediation of Access to Services on Resources towards Service Effectiveness

Statistical analysis confirms that Service Access acts as a significant partial mediating variable in the relationship between Resources and Service Effectiveness at Kendari City Community Health Centers, as indicated by an indirect effect coefficient of 0.230 with a p-value of 0.000 (<0.05), while the direct effect of Resources on Service Effectiveness also remains strong and significant ($\beta = 0.411$). These findings indicate that the availability and quality of resources, such as adequate health workers, adequate facilities and equipment, and optimal operational and managerial support, not only directly improve service effectiveness but also indirectly through increasing easier, faster, and more affordable access to services for the community. Service access in this context functions as a connecting mechanism that translates the strength of the organization's resource structure into a more effective service experience, by minimizing structural barriers such as long queues, complicated procedures, and limited information. Conceptually, these findings align with the Health Services Accessibility Framework and Donabedian's Structure–Process–Outcome Model, which position resources as a structural element, access as part of the process, and effectiveness as a service outcome (Donabedian, 1988; Penchansky & Thomas, 1981). This partial mediation also confirms that the influence of resources on service effectiveness is multifaceted, with direct pathways through healthcare worker competence, facility quality, and internal process efficiency in addition to access. These findings reinforce empirical evidence that resource investment coupled with access improvement strategies will result in more effective and patient-centered primary healthcare services (Misra et al., 2024; Sari & Lestari, 2023; Rahman & Hidayat, 2023; Wijaya, Putra, & Hakim, 2024).

Mediation of Service Access on Disposition towards Service Effectiveness

Statistical analysis confirmed that Service Access acts as a significant partial mediator in the relationship between Disposition (X3) and Service Effectiveness (Y) at Kendari City Community Health Centers, as indicated by the indirect effect coefficient of 0.264 with a p value of 0.000 (<0.05), while the direct effect of Disposition on Service Effectiveness also remains strong and significant (β = 0.472). These findings indicate that positive work dispositions—such as proactive attitudes, friendliness, responsiveness, empathy, and high work motivation—not only directly improve service effectiveness through the quality of interactions and service behavior of officers, but also indirectly through the creation of easier, more comfortable, and friendlier service access for the community. Good dispositions enable patients to obtain clear information, appropriate assistance, and treatment that respects their needs, so that administrative and psychological barriers in the service access process can be minimized. Conceptually, these findings align with the Service Quality Framework and the Health Services Accessibility Model, which place the attitudes and behaviors of service personnel as key elements in shaping perceptions of access and service quality, with responsiveness and empathy being important mechanisms linking work attitudes to service outcomes (Donabedian, 1988; Penchansky & Thomas, 1981). This partial mediation confirms that the relationship between disposition and service effectiveness is multifaceted, as disposition also has a direct pathway through improving the quality of interpersonal interactions, internal coordination, and patient trust in the service system. Thus, these findings confirm that service access serves as a bridge mechanism that strengthens the influence of work disposition on service effectiveness, while providing managerial implications that strengthening the attitudes and soft skills of personnel accompanied by improving service access is a key strategy in improving the quality of primary health care services that are oriented towards community needs.

Mediation of Service Access in Bureaucratic Structures on Service Effectiveness

Statistical analysis confirms that Service Access acts as a significant partial mediator in the relationship between Bureaucratic Structure (X4) and Service Effectiveness (Y) at Kendari City Community Health Centers, as indicated by the indirect effect coefficient of 0.282 with a p-value of 0.000 (<0.05), while the direct effect of Bureaucratic Structure on Service Effectiveness also remains strong and significant (β = 0.503). These findings indicate that an effective bureaucratic structure—characterized by a clear division of tasks, simple and transparent standard operating procedures, and good coordination between work units—not only directly improves service effectiveness, but also indirectly by creating easier, faster, and more inclusive service access for the community. A well-organized bureaucratic structure is able to minimize administrative barriers, reduce procedural ambiguity, and accelerate service flows, so that the community can access health services more comfortably and efficiently. Conceptually, this finding aligns with the Health Services Accessibility Framework and Structural Quality in Health Care Models, which place organizational structural aspects as the primary determinant of service access, where access serves as a process mechanism that translates the quality of organizational structure into outcomes in the form of service effectiveness (Donabedian, 1988; Penchansky & Thomas, 1981). This partial mediation nature confirms that bureaucratic structure and service access work synergistically in improving service effectiveness, because in addition to access, bureaucratic structure also has a direct influence through role clarity, work unit integration, and service consistency. Thus, strengthening bureaucratic structures oriented towards easy access is an important managerial strategy for Kendari City Community Health Centers in improving the quality and effectiveness of primary health care services sustainably.

Conclusion and Suggestions

Based on the research results, it can be concluded that the dimensions of policy implementation, including communication, resources, disposition of implementers, and bureaucratic structure, have been proven to have a positive and significant influence on both service effectiveness and access to health services at the Kendari City Community Health Center based on patient perceptions, and access to health services acts as a partial mediating variable that strengthens the influence of these four dimensions on service effectiveness. These findings indicate that clarity and consistency of service communication, availability and competence of resources, attitudes and commitment of service-oriented officers, and a simple and transparent bureaucratic structure not only directly improve the quality, accuracy, and certainty of service, but also make it easier for patients to access health services, so that service effectiveness is increasingly felt by the community. In line with these conclusions, it is recommended that the management of the Kendari City Community Health Center formulate an integrated service improvement strategy by prioritizing strengthening internal and external communication, fulfilling and equalizing health resources, fostering professional and responsive

employee disposition and work culture, and simplifying procedures and bureaucratic service flows. Short-term efforts can be focused on reducing waiting times, providing clarity of service information, and optimizing facilities, while in the long term, continuous investment is needed in developing employee capacity and attitudes, as well as a periodic evaluation system through community satisfaction surveys as a basis for service improvement. In addition, academics and future researchers are advised to develop research with a longitudinal approach or expand the conceptual model by adding other relevant variables, so that understanding of the mechanisms for increasing the effectiveness of primary health services can be more comprehensive and evidence-based.

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