International Journal Of Health Science Vol 2 No. 2 (Juli 2022) Hal 72-80
E-ISSN : 2827-9603 P-ISSN : 2827-959X

INTERNATIONAL JOURNAL OF HEALTH SCIENCE
Link Page: https://ejurnal.politeknikpratama.ac.id/index.php/ijhs
Page: https://ejurnal.politeknikpratama.ac.id/index.php

The Effect of Management Practices on Improving The Quality of Services Through The Integrated Core Practice of Efqm and Six Sigma Public Health Center, Jambi Province

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ABSTRACT

This study aims to analyze the effect of management practices on improving service quality through the integrated core practice of EFQM and Six Sigma Public Health Centers in Jambi Province. This research is a quantitative research using a cross sectional design approach through two stages of research. The research data was obtained using a questionnaire from a sample of 560 civil servant employees in 24 health centers that were randomly selected and analyzed by second order using Smart-PLS 3.0. The results of the study found that the implementation of management practices and core practices had a fairly good average by employees and each had a direct effect on the service quality of the Public Health Center. The core practice is able to partially mediate between management practices and the quality of Public Health Center services. However, in practice, not all Public Health Center have implemented quality management practices.

Keywords: Quality Management Practices, EFQM, Six Sigma and Health Service Quality.

Introduction

Public Health Center is an organizational unit that has an important role in the development of public health with one function, namely providing first-level basic health services that are holistic, comprehensive, integrated and sustainable for the community in their area. In accordance with the Minister of Health Regulation Number 75 of 2014, Public Health Center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area. The number of Public Health Center in Indonesia in the last 5 (five) years has increased by an average of 50 Public Health Center per year, from 9,731 Public Health Center in 2014 to 9,993 Public Health Center in 2018 consisting of 3,623 inpatients and 6,370 non-inpatients. In Jambi Province, the number of Public Health Center increased from 176 Public Health Center in 2014 to 195 Public Health Center in 2018 consisting of 74 inpatients and 121 non-inpatients. The development of this Public Health Center illustrates the government's efforts to fulfill public access to primary health services (Ministry of Health, 2019).

As the spearhead of health services, the performance of the Public Health Center has a very high value

strategic goals to improve public health status and become one of the determinants in achieving the targets of the Sustainable Development Goals (SDGs) proclaimed by the United Nations (UN) in 2015 such as reducing maternal and infant mortality rates, increasing coverage of births assisted by health workers , decreasing the prevalence of undernutrition and stunting in children under five, increasing exclusive breastfeeding, and targeting other health indicators (Indonesian Central Statistics Agency, 2016). This condition causes the attention and demands on the quality of services at the Public Health Center to be higher, especially in the current era of the National Health Insurance (JKN) where the management of a good health insurance system without being supported by quality health services will not have a major impact on improving the health status of the community. Therefore, the JKN system encourages Public Health Center to set universally applicable health service quality standards, so that it will be easier

Received April 30, 2022; Revised Juni 2, 2022; Accepted Juni 22, 2022

to monitor (Indonesian National Social Security Council, 2012).

The poor quality of Public Health Center services is also reflected in the low number of visits to Public Health Center in Indonesia, only 24.16%, while to doctor's practice 27.09% (Adisasmito, 2010). The National Health Insurance (JKN) Evaluation Study by Thabrany, et al (2016) revealed that the lowest number of visits to First Level Health Facilities (FKTP) was Public Health Center, which was around 73 visits per 1000 JKN participants, while the highest number of visits was to clinics of around 154 visits. per 1000 JKN participants. Furthermore, based on data from the Jambi Provincial Health Office in 2019, the utilization rate of Public Health Center in Jambi Province based on indicators of new visits in the last 3 (three) years experienced a downward trend, namely in 2016 as many as 44,028,824 visits, decreased to 41,015,024 visits in 2017, and 40,345. 446 visits in 2018. This shows that Public Health Center services are still underestimated because they are considered no better than private health service providers (clinics or hospitals) with more complete facilities that also provide basic health services so that Public Health Center are still unable to compete and do not contribute maximally. in providing services to the community.

Every organization including Public Health Center is always trying to find ways to increase competitive advantage and strive to achieve it using a quality management approach that systematically improves organizational performance related to product or service quality (Guion, 2010). Quality management is a totality which is an organization wide effort with full involvement of all forces and a focus on continuous improvement to achieve customer satisfaction (J.R. Evans & Lindsay, 1996; Manaf, 2005). The implementation of quality management has been identified and is increasingly recognized as one of the most important key ingredients for organizations to be successful and have competitive advantages, including the European Foundation for Quality Management (EFQM) Model and Six Sigma.

EFQM is a complete quality management model which is a practical tool that helps organizations to build the right management system and measure where the organization is in the direction of excellence (excellence), help them understand gaps, find and stimulate solutions, and monitor progress on an ongoing basis (Geneé- Badia et al., 2001). EFQM aims to improve the organization's capability to understand and implement all the requirements for

achieve superior performance with core belief which lies in organizational learning (Yuri & Nurcahyo, 2013). The EFQM model is built with 9 (nine) criteria which are divided into five enabling criteria including: leadership, policy and strategy, staff, partnership and resources, process; and the four outcome criteria include: customer satisfaction; staff satisfaction; results for society; key performance results. A survey of 3500 public sector organizations in Europe shows that as many as 44% use EFQM, and 81% of them believe the model is effective for organizations (Hongyi et al., 2004). While the Six Sigma model is a quality management strategy to improve the profitability, effectiveness and efficiency of all organizational operations to meet customer needs and expectations (Anbari & Kwak, 2016; Ayon & Kay, 2007; Hendry & Nonthaleerak, 2005; Mehmet et al., 2007). The Six Sigma model is an innovative program to achieve defect-free processes and reduce variation (Woodard, 2005), and this principle is very suitable to be implemented in the health sector that is not tolerant of errors (Kwak & Anbari, 2006). In addition, the Six Sigma model not only gives hope in improving the quality of health services and reducing errors (Black & Revere, 2006), but also effectively helps improve systems and processes in a service.

including in Public Health Center (Lloyd & Holsenback, 2006).

Implementation of good quality management is the key to organizational success (Fening, 2012; Yusuf, 1995). Quality management is described as a philosophy and guideline that forms the basis for continuous organizational improvement. The implementation of quality management can not only guarantee the quality of products or services and increase customer satisfaction, but is also able to provide leverage to improve the performance or performance of health service organizations, including in Public Health Center (Santoso et al., 2004). The low quality of service is a challenge for Public Health Center administrators to make changes for the better by adopting and implementing quality management initiatives, especially at a time when public demands are increasing and competitive pressures are increasing.

The implementation of EFQM and Six Sigma quality management have been empirically proven, respectively, as quality improvement methods that help improve organizational performance. Therefore, through this study, it is necessary to further explore the implementation of integrated quality management from the EFQM and Six Sigma methods into quality management practices to improve service quality in Public Health Center.

This study aims to analyze the effect of management practices on improving service quality through the core practice of integrated EFQM and Six Sigma Public Health Centers in Jambi Province.

1. There is a direct influence of management practices (PM) on the Quality of Health Service (MPP) integration of EFQM and Six Sigma.
2. There is a direct influence of core practice (PINT) on the service quality of Public Health Center (MPP)

integration of EFQM and Six Sigma.

3. There is a direct influence of management practices (PM) on the core practice (PINT) of EFQM and Six Sigma integration.
4. There is an indirect effect of management practices (PM) on the service quality of Public Health Center (MPP) through core practice (PINT) integration of EFQM and Six Sigma.

Method

This research is a quantitative research using a cross sectional design approach through two stages of research. This first phase of research is expected to produce a questionnaire instrument that is appropriate (best fit) in measuring variables in the quality management model of Public Health Center in Jambi Province. In the second phase of the research, a survey was conducted by distributing questionnaires to respondents to assess the implementation of the Public Health Center quality management model as the data base for this research. Then, the hypothesis was tested through Structural Equation Model (SEM) analysis to confirm the model in order to obtain the final construct of the quality management model which is expected to be applicable and feasible to apply in public health centers in Jambi Province.

The population of this research is all employees or employees of public health centers ranging from doctors to administrative staff except the head of the health center. The sample size in this study is based on a rule of thumb calculation for the estimation of the CFA model using Maximum Likelihood, namely at least 5 respondents for each observed variable (indicator). Considering that each variable observed in the CFA model of this study is represented by each question in the questionnaire, with as many as 113 questions (observable variables) it means that the minimum sample size required is 5 x 113 = 565 samples. To prevent a shortage of samples at the time of collecting research data through the distribution of questionnaires plus 10%, so that the total sample is 622 respondents.

Each statement item from the variable is measured through answer options using a Likert scale by providing a score that distinguishes or sorts for each answer from the lowest to the highest, namely: "never" (score 1), “rarely” (score 2), “sometimes” (score 3), “often” (score 4) and “Always” (score 5).

Results

Descriptive Analysis Results

The results of the collected sample data (BD) were 574 (92.28%) from a total of 622 questionnaires. From the collected sample data, there were 14 questionnaires (2.44%) incomplete, so the complete questionnaire (KL) was 560 questionnaires and was the data used in the research analysis.

Respondent Characteristics

Respondents who became the sample in this study can be explained from several biographical variables which include; age, gender, education, work unit, and years of service. The age range of respondents is classified into four levels, namely; age range 30 years, 31–40 years, 41–50 years, 51 years. Respondents in this study were dominated by the age range of 31-40 years (47.68%) and 41-50 years (25.36%), the rest aged 30 years (12.86%) and age 51 years (14 .11%). In terms of characteristics, the gender of Public Health Centermas employees is dominated by female employees with a percentage of 85.84%. The male employees are 14.16% of the total respondents. Other biographical characteristics of respondents are their level and educational background, where almost all of them are health educated and dominated by health education Diploma III (72.68%), with details in the order as follows; Diploma III Midwifery 31.25%, Diploma III Nursing 25.89% , Diploma III in Dental Nursing 5.18%, Diploma III Pharmacy 4.82% Diploma III Health Analyst 2.68%, Diploma in Environmental Health (2.32%) and Diploma III Nutrition (0.54%. 27.32% S1 Medical/General Doctor and Dentistry, S1 Public Health, S1 Nursing/Nurse Profession, S1/ Pharmacist Profession, Diploma IV.

Health and Education at The High School Level

Characteristics of the working period of the respondents in this study were grouped into four groups with the highest to lowest frequency distribution, namely working maturity 11-15 years 51.07%, working period 6-10 years 35.18%, working period 5 years 6 ,96%, and tenure of 16 years and over 6.79%. While more work units are in the maternal and child health (KIA) 24.29%, then Polyclinic Medicine/Outpatient 17.50%, Inpatient Service Units 16.96%, Emergency Units 12.86%, Pharmacy Units 5.71% and Laboratory Units 2.68% (only 15 employees from 24 Public Health Center were studied). The results of the study also obtained an overview of the limited number of health analysts whose duties were to carry out laboratory examinations to support disease diagnosis. Of the 24

health centers that became the research sample, there were only 15 health analysts on duty in the Public Health Center laboratory, each Public Health Center should have at least 2 staff.

Results of Inferential Statistical Analysis

Table. 1 Reliability of Research Indicators (cronbach' alpha Composite, Reliability and AVE

Construct/dimension	*cronbach' alpha*	*Composite Reliability*	*Average Variance Extracted* (AVE)
MANAGEMENT PRACTICE (PM)	**0.942**	**0.952**	**0.714**
Leadership (K)	0.942	0.952	0.714
CORE PRACTICES (PINT)	**0.979**	**0.980**	**0.619**
Process (P)	0.945	0.954	0.724
Activity Priority (PK)	0.946	0.953	0.627
Quality Improvement Procedure (PPM)	0.905	0.930	0.725
Quality Size (UM)	0.905	0.930	0.727
QUALITY OF HEALTH SERVICES	**0.965**	**0.969**	**0.561**
Reliability (R)	0.875	0.914	0.727
Tangibles \(T)	0.864	0.962	0.649
Responsiveness (RS)	0.886	0.922	0747
Assurance (A)	0.811	0.876	0.640
Emapthy (E)	0.849	0.899	0.691

Inner Model Analysis (Second Order Confirmatory Factor Analysis)

The first-order confirmatory analysis (stage) only takes measurements from the construct to the indicator, while the second-order confirmatory factor analysis (stage) analyzes from the latent construct to its dimensional construct. This factor analysis aims to identify the dimensions of a structure and then determine to what extent each variable can be explained by each dimension. The approach for second order CFA uses repeated indicator sapproach or also called hierarchical component model.

The second-order confirmatory factor analysis (stage) is carried out by adjusting the compiled hypothesis, so that it can directly answer research questions by conducting a structural model test (inner model) to determine the relationship between latent constructs, namely R-Square (R2) Effect Size (f Square), Q Square (Q2) and Goodness of Fit (Gof). The result is as follows.

Table 2. R-Square . Value

Construct	*R Square*
Health Center Service Quality (MPP)	0.930
Core Practice (PINT)	0.921

The R-Square value is a determination of the endogenous construct with a standard value according to Chin (1998), the R2 value is 0.67 strong, 0.33 moderate and 0.19 weak.

The structural model in table 5.25 shows that the R-Sqauare for Core Practices is 92.10% and the Quality of Health Services is 93.00% can be explained in the practice of quality management of Public Health Center services.

Table 3. Results of Boostrapping Direct and Indirect Effects

Direct Influence		Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
H1	PM □ MPP	0.290	0.290	0.058	4.963	**0.000**
H2	PINT□ MPP	0.174	0.175	0.054	3.193	**0.001**
H3	PM □ PINT	0.333	0.332	0.068	4.867	**0.000**

Indirect Influence		Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
H4	PM->PINT->MPP	0.058	0.058	0.022	2.606	**0.009**

The results of the path estimation test above, it can be described the results of each hypothesis in this study as follows:

Hypothesis 1 (H1) has a direct influence on management practices (PM) on the service quality of Public Health Center (MPP). The results of the structural model equation show that the resulting T-statistical value is 4.963 and the p-value is 0.000 <0.05. This value indicates that the practice of management (PM) has a significant direct effect on the quality of Public Health Center services. The results of the analysis indicate that the alternative hypothesis which states that there is an influence of management practice factors on the quality of Public Health Center services is accepted. Hypothesis 3 (H3) there is a direct effect of core practice (PINT) on the quality of Public Health Center services (MPP). Core practice factors are factors that also have a significant direct influence on improving the quality of Public Health Center service. This can be seen from the T-statistical value in the path coefficient table which shows the number 3.193 and the p-value is 0.001 <0.05. Hypothesis 5 (H5) has a direct effect of management practices (PM) on core practice (PINT). The results of statistical tests through SEM analysis showed that the management practice factor (PM) had a significant direct effect on core practice (PINT) with the results of t-statistical values of 4.867 and p-value of 0.000 <0.05. Hypothesis 8 (H8) there is an indirect effect of management practice (PM) on the quality of health center services (MPP) through core practice (PINT). The results of the indirect part analysis test results on the indirect effect of management practice (PM) on the quality of health center services (MPP) through core practice (PINT) obtained a T-Statistic value of 2.606 and a p-value of 0.009 <0.05, indicating that the relationship between the three variables is significant. . This means that the core practice has a partial mediating role between management practices and the quality of Public Health Center services.

Discussion

The Direct Influence Of Management Practices (PM) On The Quality Of Public Health Center Services

Management practice (PM) is the most tangible part of management science that focuses on the artifacts created by top management to achieve the organization's vision and mission (Kujala & Ullrank, 2004). The results of this study prove that management practices (PM) as proxied by leadership have a positive and significant effect on the quality of Public Health Center service (MPP) as proxied by Reliability (R), Tangibles (T), Responsiveness (RS), Assurance (A), and Empathy. (E). Thus, the management practice research hypothesis (PM) has a significant effect on the service quality of the Public Health Center (MPP) in the implementation of the EFQM and Six Sigma integration models of Public Health Center in Jambi Province and cannot be rejected or accepted. The results of this study prove that the better the practice of management (leadership), the better the quality of Public Health Center services. These results are reinforced between the dimensions of management practice, namely leadership and the dimensions of each quality of health care services have a strong relationship. This finding corroborate the results of previous studies that confirm the importance of top management support (leadership) in the implementation of quality management (Adam et al., 1997; Anderson et al., 1995; Flynn et al., 1995; Kaynak, 2003), especially to improve management practices. quality (Lakhal et al., 2006; Montgomery & Woodall, 2008).

This research supports the study of Lakhal, Pasin, & Limam (2006) which proves that management practices have a direct and statistically significant effect on quality management. According to him, management practices that are proxied as commitment and support from top management are very decisive for the implementation of quality management practices in order to improve organizational quality and performance (Lakhal et al., 2006). This finding is also in line with the research conducted by Zu et al. (2008) which proves that top management support (leadership) directly affects product quality. This phenomenon further emphasizes that top management support (leadership) is a very important factor for creating quality management practices. Leadership is the foundation of a quality management system that greatly influences the successful implementation of other quality management practices (Sousa & Voss, 2002). Likewise, the research results of Karno et al. (2017) the results show that leadership is closely related to the quality of Public Health Center services with the dimensions of indicators of physical appearance, responsiveness, assurance, empathy and reliability.

Almost all quality management studies have shown that leadership is one of the main practices of implementing quality management and has proven it to be a critical factor that influences and plays an important role in the successful implementation of organizational quality management, including in Public Health Center. The results showed that the implementation of PM at the Public Health Center in Jambi Province with an average of more than 65% was generally quite good. Of the 24 research respondents' health centers, PM implementation had better conditions (majority average). This condition illustrates that in general the Head of the Public Health Center as a

leader in Jambi Province has sufficient ability and commitment to direct the organization, manage the management system, and be involved in efforts to improve the quality of services at the Public Health Center.

The leader's commitment can be seen from his involvement in the program planning and evaluation process, as well as assisting employees in understanding the implementation of quality management as a continuous or continuous process (NaserAlolayyan et al., 2011). The results of this study support the study of Claver et al. (2003) and Wardhani et al. (2009) who concluded that leadership is an important factor that enables the realization of the implementation of a quality management system through the integration of quality improvement efforts into the overall strategic plan and organizational processes, as well as promoting the values and techniques of quality improvement into operational processes. In line with this research, this study Manaf (2005) concludes that leadership is the commitment and support of top management that will determine how the organization moves to achieve long-term goals (strategic plans). The above study confirms that leadership is the main determinant of the success of quality management which acts as a driver in creating values, goals, and systems to meet customer expectations and improve organizational quality (Ahire et al., 1996).

The direct influence of Management Practices (PM) on Core Practices (PINT)

In management practice, the involvement of leaders in improving organizational quality is very necessary, Manaf's study (2005) proves that leadership is the main factor in implementing quality management which is defined through its active involvement in quality improvement, providing resources for quality implementation, encouraging customer focus, disseminating goals. quality to all employees, and move towards achieving long-term quality goals.

The results of the analysis show that there is a positive and significant effect of management practice (PM) on core practice (PINT) at the Jambi Provincial Health Center. This suggests that leadership plays an important role in the process, selection and priority of process activities, quality improvement procedures and quality measurement for quality improvement in Public Health Center. This means that the higher the support and commitment of the Public Health Center leaders, the more optimal the selection and priority of activities in core practices to improve or improve services will be. Core practice initiatives involve top management in developing a formal mechanism for selecting and prioritizing activities that have implications for organizational progress, where activities must be carefully reviewed, planned and selected to maximize the benefits of their implementation (Kwak & Anbari, 2006). One of the key elements of effective implementation of core practices in Six Sigma is selecting and prioritizing improvement activities carried out by organizational leaders (Jiju Antony, Sezen, et al., 2007).

The role of Public Health Center leaders in selecting and prioritizing activities can be seen from the majority of respondents' answers more than the average on the questionnaire items, namely carrying out activities supported by the Public Health Center leadership (64.2%) and carrying out activities that can be reviewed regularly (58.9%). This condition shows that the leader of the Public Health Center plays a very important role in selecting and prioritizing the activities to be carried out by the Public Health Center. However, it is recognized that the Public Health Center does not yet have standard and formal criteria and mechanisms for selecting and prioritizing activities to improve the quality of services at the Public Health Center.

Manaf's research (2005) confirms that one of the commitments and support from hospital leaders will be seen from their active involvement in improving the quality of services, including by directing in selecting and prioritizing strategic activities for quality improvement (Manaf, 2005). The decision to select and initiate improvement activities should be left to the management which of course must be based on strategic interests and not on mere convenience (Schroeder et al., 2008). Therefore, the leadership of the Public Health Center is expected to play a greater role and support efforts to select and prioritize activities through formal mechanisms and use standardized criteria so that the process of improving / improving the quality of services in hospitals can be more optimal, procedures and quality measures.

The Direct Influence Of Core Practices (PINT) On The Quality Of Health Center Services (MPP)

Effective implementation of core practices will directly improve the organization's ability to consistently provide quality products and services that satisfy customers, such as collecting and disseminating important data and information throughout the organization in a timely manner, managers and employees can detect quality problems and take action appropriately . fast; designing product quality with design simplification to reduce failure, wastage and workmanship, repeats; and designing processes to reduce variation leading to a stable production process (Flynn et al., 1995; Kaynak, 2003; Saraph et al., 1989).

This study proves that core practice (PINT) with indicators of process focus, priority of activities, quality improvement procedures, and quality measurement has a positive and significant direct effect on the service quality of Public Health Center (MPP) with indicators, reliability, responsibility, res , assurance and empathy. indicated by the direction of positive influence and significant t-statistical value (t-value = 2,991 and p-value = 0.003). Thus, the research hypothesis related to the direct influence of core practice (PINT) on the quality of Public Health Center services was accepted or failed to be rejected. Indicates that the application of core practice (PINT) through continuous process improvement efforts with priority activities through continuous quality improvement procedures and quality measurement of Public Health Center contributes greatly to improving the Quality of Public Health Center (MPP), especially in Jambi Province.

These results support the research of Lakhal et al. (2006) who have empirically explored the relationship between quality management practices and their impact on the quality of performance of manufacturing companies in Tunisia and found that in general the core practices have a direct and significant effect on the quality of company performance including financial performance, product quality, and operational performance. The findings of this study also strengthen previous studies regarding the significant influence of core practices on various dimensions of organizational performance, such as operational performance, customer satisfaction, financial performance, and product quality (Adam et al., 1997; Anderson et al., 1995; Ferguson & Pannirselvam, 2001; Prajogo & Sohal, 2003; Rahman & Bullock, 2005; Samson & Terziovski, 1999). Then confirmed Lakhal et al. (2006) who proved that process focus management is part of the core practice of Total Quality Management and is a major factor in the implementation of quality management.

The system design to provide quality service processes for patients (process focus) is believed to have an impact on increasing the quality of the Public Health Center. Process management has an important role to improve service systems and processes, namely by providing quality improvement guidelines, continuously improving organizational systems and processes, having a set of work instructions, and carrying out clear documentation procedures (Manaf, 2005). A number of studies have highlighted the importance of organizations to focus on core practice processes or often referred to as process management, which is related to how organizations are able to design, introduce, and provide products and services, integrate product requirements with service processes, and manage supply performance (J.R. Evans & Lindsay, 1996; Fening, 2012). Process-focused management contributes greatly to improving the quality of organizational performance by designing every existing process to reduce variability and create stability (Flynn et al., 1995).

Activities are the main vehicle to encourage quality and productivity improvements. Therefore, selecting and prioritizing an activity in this practice management is one of the key elements of the effective implementation of Six Sigma quality management (Jiju Antony, Antony, et al., 2007). The results of this study indicate that the implementation of the Activity Priority (PK) indicator at the Public Health Center in Jambi Province is generally quite well above the average (61.65%). These findings indicate that the Public Health Center in the Province. Jambi has implemented an effort to select and prioritize activities to be carried out to improve the quality of Public Health Center services although it is still not optimal. This is in line with the results of research conducted by Rad (2005) that to achieve high service quality, the improvement process within the organization must start from the most important.

Quality improvement procedures (PPM) core practice are management efforts in managing the process of improving or improving quality using a structured problem solving approach (Gaspersz & Fontana, 2007; Kwak & Anbari, 2006; Montgomery & Woodall, 2008; P.S. Pande & Holpp, 2005) . Rad's study (2005) found that one of the critical factors for the successful implementation of quality management is the approach used in the improvement process. This study uses quality improvement procedures (PPM) through the DMAIC stages (Define, Measure, Analyze, Improve, and Control) as an effective framework for improving processes and providing a quality improvement roadmap (Montgomery & Woodall, 2008). The results showed that the implementation of the PPM indicator at the Public Health Center in Jambi Province was quite well above the average (60.395%). This condition illustrates that the Public Health Center in Jambi Province has implemented procedures to manage the process of improving or improving the quality of services at the Public Health Center. Quality management efforts in core practice emphasize the use of measures as indicators to measure process quality in an effort to continuously improve to achieve the organization's strategic goals (Dasgupta, 2003; Schroeder et al., 2008). Emphasis on the use of strict measures as indicators for managing quality improvement activities in organizations carried out by employees, including Public Health Center, especially in order to evaluate the quality of services carried out by employees. The results showed that the implementation of quality measure indicators (ME) at the Jambi Provincial Health Center was quite good where the majority were more than the average (62.86%).

Overall, the quality management approach in core practice through processes, priority activities, quality improvement procedures and quality measurements in an effort to improve the quality of Public Health Center services based on aspects of reliability, responsibility, res, assurance and empathy has been implemented.

Indirect Effect of Management Practices (PM) on Health Center Service Quality (MPP) through Core Practices (PINT)

The results of the study based on the indirect part-analysis test showed that core practice partially played a role in mediating the relationship between management practices and service quality of Public Health Center in Jambi Province with a T-Statistic value of 2.606 and a p-value of 0.009. < 0.05. This means that core practice (PINT) through process indicators, activity priorities, quality improvement procedures and quality measurement plays a significant role in partially mediating management practices (PM) with leadership dimensions in improving the quality of Public Health Center services in Jambi Province which is reflected based on standard service quality indicators. Reliability (compliance with quality standards set/promised, timely medical/administrative services and ease of obtaining information), Tangibles (comfortable, clean/tidy service room, availability of medical and supporting facilities and infrastructure such as places of worship/parking/information boards, employees dressed neat, uniform and clean), Responsiveness (quickly responsive to serve patients, willingness to help and

practical/uncomplicated service procedures), Assurance (feel safe, comfortable for patients, being honest, polite, friendly, agile and respectful of patients, looking neat and convincing in serving patients), and Empathy (friendly, patient, polite, sincere and attentive, taking time to listen to patient complaints and not discriminating).

The results of the assessment of Public Health Center employees as respondents to infrastructure practices, it turns out that high indicators reflect the dimensions; (1) The quality improvement process, namely designing and developing the health center service process in accordance with the interests of the patient/customer, using infrastructure and equipment with advanced/modern technology to support the service process, updating the service process flow to be more effective and efficient, designed and managed systematically In improving service quality, improvements are made as needed by using innovation to satisfy and generate increased value for patients as customers and other stakeholders, setting minimum service standards (MSS) and key indicators of service quality and disseminating them to all work units/services of Public Health Center and other stakeholders. use of service standard operating procedures (SOP); (2) Priority activities, namely carrying out quality improvement/improvement activities with tangible indicators that can be evaluated, carrying out quality improvement/improvement activities that can be completed in a not too long time (less than 6 months), carrying out quality improvement/improvement activities to increase excellence, carry out quality improvement/improvement activities to improve the service cycle time and carry out quality improvement/improvement activities that have measurable goals (able to be achieved); (3) Quality improvement procedures, namely mapping new problems to continuously improve the quality of Public Health Center services, formulating alternatives for improving the quality of health services, standardizing service quality SOPs if the targeted results are achieved, and collecting data related to health service quality problems at the Public Health Center and ; (4) Quality measures, namely determining the quality indicators of the Public Health Center based on the physical standards of service facilities, medical and non-medical equipment, employees and communication tools, the establishment of service quality indicators that are in accordance with the objectives of the Public Health Center, the determination of service quality indicators of the Public Health Center based on the standard of employee knowledge about hospitality and the ability to generate trust/confidence, courtesy and trustworthiness, free from danger, risk or doubt, the establishment of quality indicators for Public Health Center services based on understanding standards of giving individual attention to patients, ease of doing good communication, and understanding customer needs and their determination indicators of the quality of health care services based on standards of understanding giving individual attention to patients, ease of doing good communication, and understanding customer needs.

Conclusion

1 Management practices have a direct effect on the quality of service quality at the Integrated Health Center of EFQM and Six Sigma at the Jambi Province Health Center.
2 Management practices have a direct effect on core EFQM and Six integration practices
3 Sigma in Public Health Center in Jambi Province.
4 Infrastructure practices have a direct effect on the service quality of the integrated EFQM and Six Sigma Public Health Center in Public Health Center in Jambi Province.
5 Management Practices have a positive and significant indirect effect on the quality of Public Health Center services through the core practice of integrating EFQM and Six Sigma at Public Health Center in Jambi Province.

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