
Defining the Integration of Primary Health Services: Perspectives from Leaders of Puskesmas

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ABSTRACT

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Integrating primary health services is crucial for improving the quality and accessibility of healthcare at the community level. This qualitative study investigates how leaders of Puskesmas define and implement integration within their services, as well as the challenges and factors that influence this process. Ten Puskesmas leaders in several Municipalities of the Province of Jambi and one key informant from the Municipal Department of Health were interviewed to obtain in-depth insights. Data collection was conducted through semi-structured interviews, and the information was analyzed using content analysis methods. The findings indicate that integration is viewed as a multi-dimensional strategy to enhance patient care coordination, maximize resource efficiency, and improve community health outcomes. Key factors affecting integration include leadership styles, inter-departmental collaboration, and the support provided by municipal health authorities. This study underscores the importance of robust leadership and strategic partnerships in facilitating service integration at the primary health center level, providing valuable insights for policymakers and healthcare administrators.

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INTRODUCTION

Integrating primary health services is increasingly recognized as a fundamental strategy to enhance healthcare accessibility, continuity, and quality, particularly in resource-constrained environments. In Indonesia, Puskesmas, or Community Health Centers, serve as a cornerstone of the health system at the community level, delivering essential healthcare services, preventive care, and health promotion to local populations (Anita et al., 2016; Zandroto & Tobing, 2024). As the demand for primary care rises, addressing complex health issues effectively necessitates integrating services within Puskesmas (Ministry of Health of Republic Indonesia, 2024). This approach is critical for optimizing resource utilization, minimizing redundancies in service delivery, and improving overall patient outcomes. Nevertheless, this study aims to investigate a significant gap in understanding how leaders within these centers perceive, prioritize, and implement integrated care.

Leadership within Puskesmas is essential for driving effective service integration. These leaders are responsible for organizing, coordinating, and delivering healthcare services (Gauly et al., 2023). Frontline healthcare managers face balancing limited resources while addressing varying health needs and responding to community-specific health issues. Their perspectives and methodologies regarding integration play a pivotal role in developing a cohesive and efficient service model that aligns with national health objectives and meets the unique demands of their communities (Kartikasari et al., 2024; Natsir et al., 2024). Gaining insight into how Puskesmas leaders define and approach integration can yield practical, context-specific strategies that enhance healthcare delivery in primary care settings.

Additionally, municipal health departments support Puskesmas through regulatory guidance, resource allocation, and training initiatives. However, the extent to which these departments influence or facilitate integration efforts at the

Puskesmas level warrants further exploration. By incorporating insights from key informants within the Municipal Department of Health, this study aims to provide a comprehensive understanding of integration that encompasses both leadership at the health center level and the role of municipal oversight in promoting integrated service delivery. This dual perspective may illuminate opportunities and challenges in achieving integrated health services at the primary care level.

This research mainly aims to explore how Puskesmas leaders define and understand the concept of service integration within primary health centers and the specific dimensions they prioritize to achieve integrated healthcare. This study's findings can inform policy and practice by elucidating the real-world challenges and facilitators of service integration in primary care. Through an in-depth exploration of the perspectives of Puskesmas leaders, this study aspires to offer actionable recommendations for policymakers, healthcare administrators, and practitioners, contributing to the overarching goal of strengthening primary healthcare integration in Indonesia and comparable contexts.

METHOD

This study employed eleven participants: 10 leaders from Puskesmas in 5 Municipalities within the Province of Jambi and one key informant from the Municipal Department of Health. Participants were selected to provide a range of perspectives on integrating primary health services at the community level. The Puskesmas leaders, serving as frontline managers (Kartikasari et al., 2024), possess valuable insights into the challenges and strategies of integrating various health services. In contrast, the key informant provided a broader regulatory perspective on how integration initiatives align with local health policies (Pahwa et al., 2023). This composition of participants enabled a comprehensive understanding of operational and administrative viewpoints on service integration (Solarino & Aguinis, 2021).

A qualitative, narrative study approach was selected to capture detailed and personal accounts from participants, exploring their experiences, definitions, and perceptions of integrated primary health services (Pope & Mays, 2020; Flick, 2022). Data was collected through semi-structured, in-depth interviews, allowing participants to openly discuss their experiences and challenges (Pyo et al., 2023). The interviews were analyzed through content analysis, focusing on recurring themes and

patterns related to leadership, integration practices, and inter-departmental collaboration.

Ethical approval for the study was obtained from the Faculty of Medicine and Health Sciences at Universitas Jambi, referenced by 2711/UN21.8/PT.01.04/2024. This process ensured that all research activities adhered to ethical standards regarding participant confidentiality and informed consent.

RESULTS

The study identified several main themes related to integrating primary health services as perceived by Puskesmas leaders. Integration was widely understood as a multifaceted approach to enhance patient care coordination and optimize resource allocation, with leaders emphasizing the need for a streamlined referral system, collaborative inter-departmental workflows, and accessible community-based services. Most leaders viewed integration as essential for reducing redundant services and improving efficiency, particularly in settings with limited resources.

As one of the participants said:

"Integration means patients can receive all their needed services here without going elsewhere. For example, we coordinate with other departments for nutrition and maternal health checks to avoid multiple visits. It saves time and resources, especially for our low-income patients."

Moreover, leadership styles emerged as a critical factor influencing the success of integration efforts. Leaders who practiced collaborative and adaptive leadership were more effective in engaging their teams, promoting inter-professional collaboration, and facilitating community outreach activities. Conversely, leaders with more hierarchical styles faced challenges in fostering communication and teamwork, perceived as barriers to successful service integration.

One participant argued:

"I believe in involving my team in decision-making. When everyone has a say, we come up with practical ideas. For instance, our team suggested merging child immunization with routine health checks during COVID to reduce visits and potential exposure. It was effective because everyone felt it was a team decision."

Concerning support from the related agencies, participants highlighted both enabling factors and challenges related to municipal support. While municipal health departments

provided essential resources and regulatory frameworks, Puskesmas leaders noted that inconsistent policy guidance hindered their ability to implement integrated services fully. The involvement of the municipal health department was considered vital, as it set the operational priorities and provided oversight, yet participants expressed a need for more continuous, targeted support to effectively meet community-specific health needs.

One participant described as follows:

"The policies are there, but they need to be adapted to our context. For instance, we need more training on integrating mental health services because the community here faces stress due to economic challenges. However, it is not prioritized in the general policy framework."

DISCUSSION

The study's findings underscore the essential role of leadership style and municipal support in facilitating the effective integration of primary health services within Puskesmas. Leaders who adopt collaborative and adaptive approaches are more successful in achieving this integration, as they enhance team engagement, foster inter-departmental communication, and ensure responsive patient care (Fausett et al., 2024). This participative leadership style not only cultivates a cohesive work environment but also drives innovative and practical solutions for service integration, such as the consolidation of health visits to improve patient care efficiency (Tedla & Hamid, 2022). In contrast, leaders who employ more hierarchical approaches often encounter challenges in coordination, which can impede the effectiveness of integrated services

(Carstensen et al., 2024). These observations are consistent with existing literature highlighting the significance of inclusive leadership in improving organizational efficiency and teamwork within healthcare settings (Grimani & Gotsis, 2022).

The support from municipal health departments emerged as a complex factor in the integration process (Van Dam et al., 2020). While municipal authorities provide critical regulatory guidance and resources, disparities in funding and the need for policy adjustments to align with local contexts, have been identified as significant obstacles. Many leaders reported that delays in funding and limited resources compelled them to scale back or modify their integration efforts, highlighting the necessity for stable financial support to maintain service continuity. Additionally, participants indicated a demand for tailored guidance and training, particularly in important local health areas, such as mental health, to address region-specific challenges effectively.

CONCLUSION

This study highlights the pivotal role of leadership styles and municipal support in integrating primary health services at Puskesmas. Collaborative and adaptive leadership fosters better communication, teamwork, and innovative solutions, enhancing the quality of integrated care, while hierarchical styles can hinder effective service integration. Training programs focused on collaborative leadership skills for Puskesmas leaders are recommended to advance this process. Additionally, municipal health departments should provide consistent funding and develop adaptable policies to meet local health needs.

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