


Analysis of Clinic Compliance With Health Minister Regulation No.14 Of 2021 in Karawang District 2024

Rifa Sofia Marwati¹, Fajar Saputra²

Program Studi Sarjana Kesehatan Masyarakat, Universitas Indonesia Maju

Article Info	ABSTRACT
<p>Keywords: Clinic Compliance, MOH Regulation No. 14 of 2021, Health Facilities, Karawang Regency, Health Regulations.</p>	<p>Ministry of Health Regulation No. 14 of 2021 regulates the standards of facilities, health workers, and clinic operations to ensure the quality of health services. However, the level of clinic compliance with this regulation still varies, especially in terms of the completeness of infrastructure facilities and the number of health workers who meet the standards. Therefore, this study aims to analyze clinic compliance with these regulations in Karawang Regency in 2024. Methods This study used a qualitative approach with interview and observation methods. Interviews were conducted with three main informants consisting of clinic owners/managers, medical personnel, and Health Office officers, as well as two supporting informants from patients or service users. Observations were made to assess the suitability of facilities and the number of health workers with the provisions in Permenkes No. 14 of 2021. The results showed that most clinics have tried to comply with the regulation, especially in providing examination rooms and basic facilities. However, there are still some clinics that have not met the standards, especially in the provision of appropriate action rooms and an adequate number of health workers. The main factors affecting compliance include budget constraints, lack of medical personnel, and lack of understanding of the applicable regulations by clinic managers. Conclusion Increased supervision, socialization of regulations, and support from local governments in the form of budgets and incentives for medical personnel in clinics are needed to improve compliance with Permenkes No. 14 of 2021.</p>
<p>This is an open access article under the CC BY-NC license</p> 	<p>Corresponding Author: Rifa Sofia Marwati Program Studi Sarjana Kesehatan Masyarakat, Universitas Indonesia Maju jojomomo10@yahoo.com</p>

INTRODUCTION

Equity has long been an important issue in health development, both at the national and global levels. The issue of equity became the main agenda in the World Health Assembly (WHA) forum held in Alma Ata in 1978. In the forum, it was stated that most of the world's population could not access health services. *Inequality* of access occurs within a country and also between one country and *another (inequity within and between countries)* (Rahmadi, F., Santoso, A., & Pratama 2022) . One of the efforts to make health services accessible to all groups is the existence of primary health care centers.

The Astana declaration underlines the important elements in primary health care,

namely health services that are quality, safe, comprehensive, integrated, affordable, always available and can be obtained by everyone wherever they are. All of that is organized by health professionals who are trained, skilled, motivated and committed and organize these services with empathy, and respect for the dignity of (Rahmadi, F., Santoso, A., & Pratama 2022)

One form of primary health care is the clinic. In the Regulation of the Minister of Health of the Republic of Indonesia Number 14 of 2021, two types of clinics are mentioned, namely Primary Clinics and Main Clinics. Primary clinics are clinics that organize basic medical services. While the Main clinic is a clinic that organizes specialty medical services or basic and specialty medical services.

According to (Rahmadi, F., Santoso, A., & Pratama 2022) , private clinics can be one of the health facilities that help ease the workload of Puskesmas, especially in Puskesmas work areas that are quite large and have a lot of workload. In Health Law No. 17 of 2023, it is stated that health efforts can be carried out by the government and the private sector.

So with this law, the private sector is allowed to establish clinics in an effort to provide affordable and accessible health services to the community.

According to data from the World Health Organization (Koelen and van den Ban 2023) , the number of clinics globally continues to increase as efforts to achieve universal health coverage (UHC), countries such as China have thousands of clinics spread across the country, with a focus on public health clinics and private clinics that continue to grow. Similarly, India also has an extensive network of clinics, including primary health clinics and private clinics serving a large population (Central Bureau of Statistics (BPS) 2021)

The number of clinics in Indonesia has increased significantly over the years. In 2018, there were approximately 9,993 private clinics and 1,320 main clinics across Indonesia. In 2019, the number of private clinics increased to 10,123, while the main clinics reached 1,350. And in 2020, data shows there are 10,250 private clinics and 1,380 main clinics (Ministry of Health RI 2022) .

Based on the latest data accessed from the website of the directorate general of health services, in Indonesia there are 17,953 clinics that have been registered at the Ministry of Health as of February 23, 2023. Of these, 7,606 clinics are working with BPJS Kesehatan (data up to January 2024) (Ministry of Health of the Republic of Indonesia 2021)

According to data from the Karawang Regency Central Bureau of Statistics, the number of clinics in Karawang Regency continues to grow. In 2022, there were around 45 clinics spread across various sub- districts. Apart from clinics, there are also other health facilities such as puskesmas, hospitals, and health centers that support health services in the area (Central Bureau of Statistics (BPS) 2021)

The standards for organizing a clinic business have been regulated in the Minister of Health Regulation Number 14 of 2021 concerning Business Activity and Product Standards in the Implementation of Risk- Based Business Licensing in the Health Sector. This standard regulates Clinic activities in the provision of health care and physical treatment that provides outpatient and / or inpatient services, both in government clinics and in private clinics. (Ministry of Health 2019)

Compliance with regulations set by the government, especially in the field of health services, is an important factor in realizing quality, safe health services and ensuring patient safety. The Karawang District Health Office has a vital function in monitoring clinic compliance with regulations set by the government. This supervision serves to analyze the extent to which clinics that have been granted permits are in accordance with the rules set out in the Minister of Health Regulation Number 14 of 2021 concerning Business Activity and Product Standards in the Implementation of Risk-Based Business Licensing in the Health Sector. Supervisory findings related to the implementation of standards still occur frequently so that compliance with standards needs attention.

Based on internal data from the Karawang District Health Office in 2023, there are a total of 53 clinics that have been inspected and evaluated to determine the extent to which these clinics meet the requirements set out in the Minister of Health Regulation Number 14 of 2021. The results of the evaluation found that out of a total of 53 clinics evaluated, both Primary Clinics and Main Clinics, only 2 clinics or only 4% of clinics have met the established requirements, while the remaining 51 (96%) clinics have not met the established requirements.

So based on the problems discussed previously, the authors will conduct research with the title, Analysis of Clinic Compliance with the Minister of Health Regulation No.14 of 2021 in Karawang Regency in 2024. The compliance factor with regulations set by the government, especially in the field of health services, is important in realizing quality, safe health services and ensuring patient safety. The Karawang District Health Office has a vital function in monitoring clinic compliance with regulations set by the government. This supervision serves to analyze the extent to which clinics that have been granted permits are in accordance with the rules set out in the Minister of Health Regulation Number 14 of 2021 concerning Business Activity and Product Standards in the Implementation of Risk-Based Business Licensing in the Health Sector.

Research Objectives to determine the Implementation of Permenkes No. 14 of 2021 concerning Completeness of Health Sector Infrastructure Facilities in Karawang District in 2024. Knowing the Implementation of Clinic Compliance Based on Permenkes No. 14 of 2021 concerning Health Workers in the Health Sector in Karawang District in 2024. Knowing the Implementation of Permenkes No. 14 of 2021 concerning Completeness of Health Sector Requirements Files in Karawang Regency in 2024.

METHOD

The research design used in this study is qualitative research with a descriptive approach. This approach allows researchers to explore and understand phenomena in depth from the point of view of the informants involved. Descriptive research aims to provide a clear description of existing situations and conditions (Creswell 2023) , in this case regarding the clinic's compliance with the Minister of Health Regulation No.14 of 2021. The objectives of this research are: Research informants will be selected purposively, by considering certain criteria to ensure that the information obtained is relevant to the research topic. The informants consist of:

1. Clinic Owner or Manager: They have direct knowledge of the operational policies and practices at the clinic, including the implementation of examination rooms, treatment rooms, and the number of health workers.
2. Medical personnel (doctor, nurse): Represents those involved in the provision of health services and the implementation of service standards, as well as the presence of lactation rooms.
3. Clinic Administration Staff: Play a role in administrative management and regulatory compliance.
4. Officials from the Karawang District Health Office: Has an overview of health policies and clinic supervision in the area, and will provide information on policies related to examination rooms, number of health workers, and lactation rooms.

By involving various informants, it is expected that diverse and in-depth perspectives on clinical compliance can be obtained.

Data Type

The data to be collected in this study consists of two types (Creswell, J. W., & Poth 2018) :

1. Primary Data: This is data obtained directly from interviews with informants, which includes their opinions and experiences regarding the implementation of the Minister of Health Regulation No.14 of 2021, including the completeness of the examination room, the number of health workers, and the presence of lactation rooms.
2. Secondary Data: Includes relevant documents and reports, such as government regulations, Health Office reports, and statistical data regarding clinics in Karawang Regency. This secondary data will assist researchers in analyzing clinic compliance in more depth.

Data Collection Technique

The data collection techniques that will be used in this study include:

1. Semi-Structured Interview: This interview is conducted using a prepared question guide, but still provides flexibility for informants to explain their views more freely. With this interview, the researcher will dig deeper into the implementation of the Minister of Health Regulation, clinic compliance, and lactation room conditions.
2. Direct Observation: The researcher will conduct observations at the clinic to evaluate the physical conditions, existing facilities, and services provided, as well as to ensure the completeness of the examination room and actions in accordance with applicable regulations
3. Document Collection: Researchers will collect documents related to regulations, Health Office reports, and clinic statistics to complete the analysis

Explanation of Measurement in General:

1. Interview
Conducted using a semi-structured interview guide to ensure the information obtained is comprehensive. Provides space for informants to provide more detailed and in-depth explanations. (Yulianti, R., & Sari 2021)
2. Observation

Conduct direct observation of the facilities and services available at the clinic. Use a checklist to ensure that all relevant aspects are examined and assessed.

3. Listing

During the interviews, the researcher took careful notes on the answers and recorded the interviews (with the informants' permission) for accuracy. During observation, the researcher systematically recorded all relevant findings.

Data Management

a. Data Reduction

The collected data will be reduced to focus the analysis on the information most relevant to the research questions. This process includes:

1. Screening information to identify data that supports the research objectives, such as the condition of the examination room, the number of health workers, and the presence of a lactation room.
2. Making summary notes of interviews and observations to facilitate the organization of information.

b. Data Presentation

(Cohen 2023) . Data presentation will be done in a way:

1. Using narratives to describe the main findings of the study, especially related to the description of regulatory implementation and clinic compliance.
2. Organize data in the form of tables or graphs to present information visually, which will facilitate understanding of the results of the analysis.

c. Conclusion Drawing and Verification Inference

will be done by:

1. Analyze the data that has been presented to identify emerging patterns and themes, related to the implementation of the Minister of Health Regulation and clinic compliance.
2. Verify the research results by discussing them with peers or in a discussion forum to get constructive feedback.

RESULTS AND DISCUSSION

Researcher Results an

Based on the research conducted on the implementation of the Minister of Health Regulation (Permenkes) No. 14 of 2021 in the health sector of Karawang Regency in 2024, the following results were obtained:

Implementation of Permenkes No. 14 of 2021 related to Completeness of Facilities and Infrastructure in the Health Sector

Most health service facilities in Karawang Regency have met the standards of facilities and infrastructure according to regulations. However, some clinics still experience obstacles in providing action rooms that meet the standards, especially in the aspects of the availability of medical equipment and the completeness of the emergency room. The main factors affecting this implementation are budget constraints, lack of understanding of regulations, and delays in the procurement process.

The results of interviews with health workers corroborate this finding. The doctor from (KS, January 05, 2025) stated that "the completeness of facilities and infrastructure is in accordance with the type of services provided, but the availability of medical equipment still depends on the type of disease being treated." Meanwhile, the doctor from the Clinic (AB, January 05, 2025) added that "facilities and infrastructure are in very good condition, but the lack of maintenance is the main obstacle."

On the health facility management side, the Clinic owner (ND, January 05, 2025) explained that "the process of *procuring facilities and infrastructure generally follows applicable regulations, but is often constrained by budget limitations and complicated procurement processes.*" The clinic owner (SK, January 05, 2025) also revealed that "*routine checks are carried out to determine whether there is a need for additional facilities, but limited costs are a major challenge.*"

Implementation of Clinic Compliance with the Provisions of Health Workers according to Permenkes No. 14 of 2021

Clinics' compliance with the number and qualifications of health workers varied. Most clinics have adjusted the number of medical personnel to operational standards, but there are some clinics that still have a shortage of health workers, especially in terms of the uneven distribution of doctors and nurses. Factors affecting this compliance include limited human resources, operational costs, and low levels of supervision from relevant parties.

In the interview, the doctor (KS, January 05, 2025) stated that "the completeness of the facilities is very supportive of work productivity because it allows finding a diagnosis and providing maximum therapy." However, the doctor of Barokah Al-Badar Clinic (AB, January 05, 2025) added that "we often face the constraints of limited facilities in supporting optimal health services."

According to an employee of the Health Office, "evaluation of health workers is conducted at least *once a month to ensure that the quality of health services is maintained.*" This shows that although regulations have regulated the number and competence of health workers, implementation in the field still faces various challenges.

Implementation of Permenkes No. 14 of 2021 related to Completeness of Requirements in the Health Sector

The majority of health care facilities have fulfilled the required administrative requirements, such as operational licenses, certificates of eligibility, and medical personnel documents. However, there are still some clinics that have not completed the licensing documents thoroughly, especially in the aspects of legality of medical personnel and standard operating procedures (SOPs). The main obstacles in this implementation include the lack of administrative understanding by clinic managers and the bureaucratic process that takes a long time to process licenses.

The Clinic Owner (ND, January 05, 2025) explained that "regulations provide clear standards in the management of facilities, but if they are too bureaucratic and difficult to adapt, they hinder clinic operations." The Clinic Owner (SK, January 05, 2025) also added that "*regulations should be simplified so that health services can be more optimal and convenient for the community.*"

Health officials also emphasized that "*updated system management supported by digital technology is needed to improve the completeness of facilities and license administration.*"

Discussion

Implementation of Permenkes No. 14 of 2021 related to Completeness of Facilities and Infrastructure in the Health Sector

The results showed that most health service facilities in Karawang Regency have tried to meet the standards of completeness of facilities and infrastructure stipulated in Permenkes No. 14 of 2021. Facilities such as hospitals and clinics in urban areas generally meet the standards of treatment rooms, inpatient rooms, examination rooms, and have sufficient medical equipment. However, some clinics in remote areas still face obstacles in providing action rooms that meet the established standards. One of the biggest obstacles is the availability of adequate medical equipment, especially for emergency rooms that must be equipped with complete and up-to-date medical equipment.

Analysis of this study Budget limitations are one of the main factors affecting the achievement of facility and infrastructure standards. Local governments and health facilities have limited budgets to procure medical equipment that meets the standards. According to (Sari, I., Wijaya, D., & Putri 2022), health facilities face constraints due to the limited budget allocated for the purchase of quality medical equipment, which results in the use of outdated or incomplete equipment. In addition, limited human resources in rural areas, such as trained medical personnel, also affect the optimal use of health facilities.

Research by (Wijaya, R., & Putri 2023) in the *Journal of Public Health* also notes that the procurement process of medical equipment is complicated and requires many stages often leading to a mismatch between the needs of the facility and the available budget. (Rahmawati 2021) in the *Indonesian Journal of Health Administration* highlights that the lack of adequate training for medical personnel in the use of medical equipment also affects the effectiveness of health facility utilization. Another study by (Handayani, T., Sari, D., & Nugroho 2020) in the *Journal of Health Management* states that the limited budget allocated for the procurement of medical equipment often leads to dependence on old equipment, which of course has an impact on service quality.

Research by (Fitria 2021) in the *Journal of Health Service Management* also states that many health facilities in rural areas are hampered in updating their medical equipment due to limited budgets, even though the local government has provided a budget for facility improvements. This situation exacerbates the mismatch between the standards set and the reality on the ground. Implications of the Research Findings:

1. Implications for Local Government Policy: The findings of this study indicate that limited budget and human resources are significant problems in achieving optimal health service standards in Karawang District. Therefore, there is a need for policies that focus on a larger and more equitable budget allocation, especially for remote areas. Local governments can consider subsidizing or supporting policies for the procurement of medical equipment and training of medical personnel in more needy areas.

2. **Strengthening Private Sector Participation:** The limited budget in the health sector can be addressed by involving the private sector in funding health facilities or conducting public-private partnerships for the procurement of medical equipment. The private sector can also play a role in providing training for medical personnel, especially for underserved areas. This kind of collaboration can accelerate the improvement of facilities and infrastructure in health facilities.
3. **Improved Training of Health Workers:** Based on the findings regarding the lack of skills of medical personnel in using existing medical equipment, the practical implication of this study is the need for more intensive and sustainable training programs. This training should not only include the use of medical equipment, but also an understanding of the existing standard operating procedures (SOPs). With better training, it is expected that medical personnel can be more effective in utilizing existing facilities, especially in more remote areas.
4. **Simplification of Bureaucratic Processes:** Findings about the ignorance of health facility managers regarding administrative regulations and standards, including in terms of licensing, indicate the need to simplify the bureaucratic process. The government can design more efficient and transparent procedures to make it easier for health facility managers to fulfill the administrative requirements needed to ensure facility operations are in compliance with existing regulations.
5. **Strengthening the Surveillance System:** Given the variation in compliance levels between clinics, there is a need to strengthen the supervision system by relevant agencies. Local governments should be more active in conducting routine inspections and providing guidance for health facilities that have not met the standards. Stricter supervision will ensure that established policies are properly implemented.

Research Assumptions One of the assumptions underlying these findings is that there is a limited budget allocated to health facilities, both from the local government and the facility's internal resources. Limited budgets make it difficult for health facility managers to fulfill the need for standardized medical equipment and often have to use outdated or incomplete equipment. One solution is to increase the budget allocated to the health sector. Local governments, with support from the central government, should increase the budget for health facilities, especially in areas with inadequate facilities. Greater funding can be used for the purchase of standardized medical equipment as well as maintenance of existing equipment. In line with research according to (Rahmawati 2021) in the *Indonesian Journal of Health Administration*, budget constraints are a major factor in the difficulty of health facilities in meeting the standards of completeness of facilities and infrastructure. The government needs to find a solution to increase budget allocations by paying attention to health priorities in underdeveloped areas.

In addition, (Handayani, T., Sari, D., & Nugroho 2020) in the *Health Management Journal* also emphasizes the importance of efficient and optimal budget management in overcoming existing limitations. In addition to budget issues, another assumption that arises is the limited human resources (HR) in some health facilities, especially in rural areas. Limited medical personnel and trained health equipment technicians have the potential to cause

suboptimal use of existing facilities. Research by (Handayani, T., Sari, D., & Nugroho 2020) in *Jurnal Kesehatan* also noted that the lack of trained medical personnel in some remote areas is a major factor in the low quality of health services at these facilities. In addition, many clinics in remote areas also have difficulties in attracting qualified medical personnel due to limited operational costs. (Handayani, T., Sari, D., & Nugroho 2020) This study also assumes that there is still ignorance or lack of understanding on the part of health facility managers regarding the standards and regulations related to the completeness of facilities and infrastructure that have been stipulated in Permenkes No. 14 of 2021. Solution Organize workshops or seminars that focus on explaining Permenkes No. 14 of 2021 in detail, including how to implement it in health facilities. And Provide consultation services for health facility managers for consultation related to regulations or implementation of facilities and infrastructure standards.

Implementation of Clinic Compliance with the Provisions of Health Workers according to Permenkes No. 14 of 2021

Clinic compliance with the provisions on the number and qualifications of health workers in Karawang Regency shows significant variation between clinics located in urban and rural areas. Based on the results of the study, most clinics in urban areas have endeavored to comply with the provisions stipulated in Permenkes No. 14 of 2021 regarding medical personnel. These clinics have met the standards for the number and qualifications of health workers, including doctors, nurses, and other medical personnel. However, this condition is different for clinics located in remote or rural areas. Some clinics in these areas still experience a shortage of health workers, both in terms of quantity and quality.

Factors Causing Adherence Variation:

1. Limited Human Resources (HR)

One of the main factors affecting clinic compliance with the provisions of medical personnel is the limited number of medical personnel, especially specialists in remote areas. As explained by (Prasetyo, A., & Lestari 2022) in the *Indonesian Journal of Health Policy*, the unbalanced distribution of health workers in urban and rural areas causes some clinics in remote areas to have difficulty meeting the standards set by Permenkes No. 14 of 2021. Medical personnel in rural areas generally do not have qualifications that meet the desired standards, such as specialist doctors or nurses with sufficient experience.

2. Cost Factor

Clinics located in rural areas or with limited income often face difficulties in recruiting qualified medical personnel. Limited operational costs make them unable to offer adequate incentives or salaries to attract highly qualified medical personnel. (Nugroho, D., Suryani, N., & Handayani 2023) in the *Health Management Journal* adds that low incentives for medical personnel in remote areas further exacerbate the imbalance in the distribution of health workers. Many medical personnel prefer to work in urban areas that offer better facilities and greater incentives.

3. Weak Supervision

Another assumption underlying this finding is the low level of supervision of the implementation of existing regulations. The lack of monitoring from the Karawang District Health Office and other supervisory agencies makes the variation in compliance between clinics wider. According to (Nugroho, D., Suryani, N., & Handayani 2023) in *Jurnal Kesehatan*, weak supervision can cause clinic managers to lack understanding of the importance of complying with applicable regulations, so they tend to ignore certain aspects related to the number and qualifications of medical personnel that should be present.

Implications of Research Findings:

This study shows that the variability of clinics' compliance with the requirements on the number and qualifications of medical personnel in Karawang Regency has a significant impact on the quality of health services provided to the community. In areas with a shortage of medical personnel, particularly specialists, it is likely that the quality of health services will suffer, as patients may not receive care that is appropriate to their medical needs. This can also lead to increased inequality in access to quality health services, especially for people in rural areas.

Furthermore, these variations in clinic adherence may impact health disparities between urban and rural areas. People in remote areas may not receive optimal care, which in turn may affect the level of public health in the region.

Research Assumptions

This study assumes that several factors influence clinic compliance with the number and qualifications of medical personnel, including:

1. Limited Human Resources (HR)

The limited number of medical personnel in rural areas is one of the main causes of variations in compliance with the standards set out in Permenkes No. 14 of 2021.

2. Cost Factor

Limited operational costs make it difficult for clinics in rural areas to recruit qualified medical personnel, both in terms of numbers and qualifications.

3. Weak Supervision

The low level of supervision by the Karawang District Health Office or other related institutions has caused clinic managers to be less motivated to comply with existing regulations.

Solutions that can be applied by researchers:

1. Strengthening the Monitoring and Evaluation System

One solution that can be implemented is a strengthened supervision system from authorities, such as the Karawang District Health Office. Strict supervision will help ensure that each clinic complies with the number and qualifications of medical personnel stipulated in Permenkes No. 14 of 2021. Regular evaluations can identify obstacles faced by clinics, especially those in remote areas, and provide solutions to improve these conditions.

2. Increased Incentives for Health Workers in Remote Areas

Local governments can provide higher incentives for medical personnel working in remote or hard-to-reach areas. This may motivate medical personnel to stay and work

in areas where there is a shortage of medical personnel.

3. Training and Development of Local Health Workers

Continuous training for local medical personnel in remote areas is also an important solution. Providing training opportunities for medical personnel in the region can help improve the quality of existing health workers in rural areas, thereby reducing dependence on medical personnel from outside the region.

4. Funding and Support for Clinics in Remote Areas

To address the cost issue, additional funding and operational support from the government can be provided to clinics in remote areas. This will help them to recruit qualified medical personnel and ensure that they can meet the set standards.

Implementation of Permenkes No. 14 of 2021 related to Completeness of Requirements in the Health Sector

Health care facilities in Karawang Regency have shown significant efforts in complying with the required administrative requirements, in accordance with Permenkes No. 14 of 2021. Most clinics in the district have fulfilled their administrative obligations, such as operational licenses, certificates of eligibility, and complete documents related to medical personnel. However, there are still some clinics that have not managed to complete all licensing documents thoroughly. Especially in terms of the legality of medical personnel and standard operating procedures (SOPs) that have not been fully met by clinic managers. One of the main findings of this study was the incompleteness of the required documents due to the clinic managers' lack of understanding of the existing regulations. This shows that although health facilities are trying to fulfill the requirements, administrative constraints are still a major challenge.

Analysis of factors causing incomplete files:

1. Bureaucratic Complexity

One of the factors that hinder the fulfillment of administrative requirements is the bureaucratic complexity that clinic managers must go through in the process of obtaining permits and other documents. Based on research by Susanti and Wahyuni (2022) in the *Indonesian Journal of Health Administration*, the long and complicated bureaucratic process is the main obstacle for clinics in completing administrative requirements. Clinic managers are often hampered by convoluted procedures, which slow down the process of obtaining licenses and registering important documents. This makes some clinics unable to complete all licensing documents in accordance with applicable regulations.

2. Lack of Administrative Understanding

Some health facility managers, especially in small clinics, may not fully understand the administrative procedures required to comply with applicable regulations. Hidayat et al. (2023) in the *Journal of Public Health* noted that clinic managers' lack of knowledge about the correct administrative steps leads to incomplete files. This lack of understanding often leads to errors in form filling or even incompleteness of documents that must be submitted, hampering the smoothness of the administrative process.

3. Time and Resource Limitations

Time and resource constraints are also an important reason why some clinics are unable to complete administrative requirements properly. Clinic managers are often more focused on the daily operations of the clinic and health services to patients, so they do not have enough time and resources to take care of administrative files. Fitria (2021) in the *Journal of Health Service Management* also revealed that the time-consuming bureaucratic process is a major obstacle for clinic managers. Clinic managers find it difficult to allocate time to complete complex administrative processes.

Implications of the Findings This study indicates that administrative incompleteness in some clinics may impact on the quality of health services provided. Delays in obtaining operational licenses or eligibility may affect public trust in the health facility. In addition, the absence of adequate SOPs may also affect the quality of health facility management, potentially leading to non-standardized health services. This in turn can reduce the effectiveness of clinic operations and impact patient safety and comfort.

In addition, non-compliance with regulations can open up opportunities for legal violations that risk harming clinic managers. If licensing documents are incomplete or operational procedures are not met, the clinic risks sanctions or even revocation of the operational license.

Research Assumptions Based on the results of the study, there are several assumptions underlying the findings regarding administrative incompleteness in Karawang District clinics, namely:

1. Bureaucratic Complexity

The first assumption raised in this study is that the bureaucratic complexity of obtaining licenses and administrative documents is a major obstacle for health facilities. The long and complicated process of obtaining licenses can cause clinic managers to have difficulty in completing all the required documents.

2. Lack of Administrative Understanding:

Many clinic managers, especially in smaller health facilities, lack understanding of the administrative procedures required to fulfill regulatory requirements. This ignorance results in the required documents often being incomplete or overlooked.

3. Time and Resource Limitations:

Health facility managers in some clinics experienced difficulties in allocating time and resources to fulfill administrative obligations. Their primary focus was often on clinic operations, resulting in neglect of important administrative aspects.

4. Solutions to Overcome Administrative Constraints

Simplify Bureaucratic Processes Local governments or regulatory agencies can simplify the bureaucratic processes required to obtain operational and eligibility licenses. Reducing complicated steps in the administrative process can help clinic managers to more easily fulfill their administrative obligations. Providing an online platform to apply for licenses can also speed up the administrative process.

5. Administrative Counseling and Training

Counseling and training for clinic managers on proper administrative procedures

should be conducted regularly. This can help clinic managers understand all the requirements needed to fulfill regulatory requirements, thereby reducing administrative errors.

6. Provision of Administrative Support

For clinics with limited resources and time, administrative assistance can be provided. The government can provide consulting services or administrative assistance to make it easier for clinic managers to fulfill their administrative obligations. This will allow them to focus on clinic operations, while the administrative aspects can be handled by experts.

CONCLUSIONS

Based on the results of research conducted regarding the implementation of Permenkes No. 14 of 2021 in Karawang Regency, this study aims to assess the extent to which health service facilities in Karawang Regency comply with the standards set out in Permenkes No. 14 of 2021. Based on the results of the study, it can be concluded that most health facilities in Karawang Regency, especially those in urban areas, have made efforts to meet most of the administrative and technical requirements, such as the completeness of licensing documents and facility eligibility. However, the study also found a number of complex challenges in meeting the standards, especially in clinics located in remote areas. In particular, the research findings show that there is a shortage of medical personnel, especially specialists, in remote areas. Limited human resources and limited budgets are the main factors affecting clinics' compliance with health service standards. Clinics in these areas also often face obstacles in fulfilling administrative requirements, both in terms of the legality of medical personnel and the completeness of other documents. One of the most significant problems is the lack of administrative understanding at the clinic management level, which leads to incomplete files required to comply with applicable regulations. In addition, bureaucratic complexity and cumbersome procurement processes are barriers to completing licensing and administrative requirements. Despite improvement efforts, clinic managers, especially those in areas with limited access, find it difficult to overcome the lengthy and time-consuming bureaucracy. Therefore, while there is awareness of the importance of meeting standards, the imbalance between available resources and set requirements remains a major challenge. Recommendations for Future Research Further research should be conducted to assess the effectiveness of health budget policies allocated by local governments and their impact on the quality of health services in remote areas. In addition, research on human resource management strategies in health facilities, especially in areas with medical shortages, may provide deeper insights to improve the equitable distribution of health workers.

REFERENCES

- Badan Pusat Statistik (BPS). 2021. "Statistik Indonesia 2021." *Badan Pusat Statistik (BPS - Statistics Indonesia)*.
<https://www.bps.go.id/id/publication/2021/02/26/938316574c78772f27e9b477/stati>

stik-indonesia-2021.html.

- Cohen, L., Manion, L., & Morrison, K. 2023. "Research Method in Education (6th Ed.)." *New York, NY: Madison Avenue, Inc.*
- Creswell, J. W., & Poth, C. N. 2018. "Choosing Among Five Approaches." *SAGE Publications.*
- Creswell, J. W. 2023. "Educational Research Planning, Conducting and Evaluating Quantitative and Qualitative Research (4th Ed.)."
- Fitria, A. 2021. "Kendala Pengadaan Alat Kesehatan Di Klinik Perdesaan Dan Solusinya." *Jurnal Manajemen Pelayanan Kesehatan.* *Jurnal Manajemen Pelayanan Kesehatan* 12(2): 87-94.
- Handayani, T., Sari, D., & Nugroho, P. 2020. "Pengaruh Keterbatasan Anggaran Terhadap Kualitas Pelayanan Kesehatan Di Fasilitas Kesehatan Pedesaan." *Jurnal Manajemen Kesehatan* 14(2): 143-51.
- Indonesia, Departemen Kesehatan Republik. 2021. "Peraturan Menteri Kesehatan Republik Indonesia Nomor 14 Tahun 2021 Tentang Standar Ruang Periksa Dan Ruang Tindakan Fasilitas Pelayanan Kesehatan." *Jakarta: Kementerian Kesehatan.*
- Indonesia, Kementerian Kesehatan Republik. 2021. "Pedoman Pembangunan Fasilitas Kesehatan Praktek Mandiri." *Jakarta: Kemenkes RI.*
- Kemenkes RI. 2019. "Edukasi Mengenai Pentingnya Imunisasi Dasar Pada Anak Bagi Ibu Warga Gang Nusantara Rt 19 Kelurahan Pekauman Banjarmasin Tengah Kalimantan Selatan." *Jurnal Suaka Insan Mengabdikan (Jsim)* 1(2): 98-101. <https://journal.stikessuakainsan.ac.id/index.php/JSIM/article/view/283>.
- Kemenkes RI. 2022. *Pusdatin.Kemkes.Go.Id Profil Kesehatan Indonesia.* Kementerian Kesehatan, RI.
- Kementerian Kesehatan Republik Indonesia. 2021. *Sistem Informasi Kesehatan. Dokumen Resmi Yang Menjelaskan Dasar-Dasar Dan Fungsi Sistem Registrasi Kesehatan.*
- Kementerian Kesehatan RI. 2018. "Apa Itu Kelaian Refraksi." <https://p2ptm.kemkes.go.id/infographic-p2ptm/gangguan-indera-fungsional/apa-itu-kelainan-refraksi>.
- Kementerian Kesehatan RI. 2021. "DATA." http://bppsdmk.kemkes.go.id/unduh/Buku_Pedoman_PHBS.pdf.
- Kemnakes. 2019. "Profil-Kesehatan-Indonesia-2018."
- Koelen, Maria A., and Anne W. van den Ban. 2023. 78 Health Education and Health Promotion *Health Education and Health Promotion.* doi:10.3920/978-90-8686-665-6.
- Maulana, D. 2023. "Evaluasi Kepatuhan Klinik Terhadap Regulasi Kesehatan Di Kabupaten Karawang." *Bandung: Pustaka Kesehatan.*
- Nirwan maulana. 2022. "How Jaminan Kesehatan Nasional (JKN) Coverage Influences out-of-Pocket (OOP) Payments by Vulnerable Populations in Indonesia." *jurnal plose one management.* <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0000203>.
- Notoatmodjo. 2018. "PROMOSI KESEHATAN DAN ILMU PERILAKU."

<https://fik.um.ac.id/wp-content/uploads/2020/10/2.-PROMOSI-KESEHATAN-DAN-ILMU-PERILAKU.pdf>.

- Nugroho, D., Suryani, N., & Handayani, P. 2023. "Keterbatasan Sumber Daya Manusia Di Klinik Kesehatan Daerah Pedesaan: Analisis Berdasarkan Permenkes No. 14 Tahun 2021." *Jurnal Kesehatan* 10(3): 85–95.
- Rahmadi, F., Santoso, A., & Pratama, Y. 2022. "Pelaksanaan Registrasi Kesehatan Mandiri Di Daerah." *Jurnal Kebijakan Kesehatan Indonesia* 14(2): 99–110.
- Rahmawati, R. 2021. "Pelatihan Tenaga Medis Dan Peningkatan Kualitas Pelayanan Kesehatan: Tinjauan Terhadap Permenkes No. 14 Tahun 2021." *Jurnal Administrasi Kesehatan Indonesia* 16(1): 50–57.
- Wijaya, R., & Putri, F. 2023. "Tantangan Pengadaan Alat Medis Dan Implementasi Permenkes No. 14 Tahun 2021 Di Kabupaten Karawang." *Jurnal Kesehatan Masyarakat* 18(4): 250-258.