



The Role of Professionalism and Workload in the Quality of Service of Teluk Belengkong Health Center Employees

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ABSTRACT

This study aims to analyze the role of professionalism and workload on the quality of service of UPT Teluk Belengkong Health Center employees. The study used a descriptive qualitative approach by collecting data through observation, in-depth interviews, and documentation of 34 Puskesmas employees. This research was carried out for four months, starting from November 2025 to February 2026, involving all employees of the Teluk Belengkong Health Center. Data analysis is carried out through data reduction, data presentation, conclusion drawn, and verification. Credibility tests use source triangulation, technique triangulation, use of reference materials, and *membercheck*. The variable operational definition includes three main dimensions: (1) professionalism (competence, discipline, responsibility, ethics, commitment), (2) workload (number of tasks, time pressure, physical load, mental load, work pressure), (3) service quality (speed, accuracy, friendliness, clarity of information, patient satisfaction).

INTRODUCTION

Puskesmas play a leading role in the primary health service system in Indonesia, tasked with meeting the health needs of the public at the sub-district level in a promotive, preventive, curative, and rehabilitative manner (Ministry of Health, 2019). As the only primary health facility in Teluk Belengkong District, Teluk Belengkong Health Center bears a great responsibility in providing optimal, professional, efficient, and patient satisfaction-oriented health services. Several studies show that there are problems that are commonly encountered in health centers, including uneven distribution of health workers (Ekasari, 2017); limited health facilities and facilities in some remote areas (Tawalujan et al., 2018); and wide coverage of work areas that affect the quality of health services for the community (Arifudin et al., 2017). All of these challenges require a response in the form of good and effective organizational governance.

Professionalism becomes more optimal if it is supported by the quality of service and health performance. Professional behavior includes knowledge and skills that are applied according to professional standards and values, which are reflected in the speech, attitude, and appearance of health workers (Rusmilawati et al., 2020). The elements of professionalism that are guidelines for health workers include altruism, accountability, excellence, responsibility, honor, integrity, and respect for others. Based on the 2025 internal monitoring report of the Teluk Belengkong Health Center, there are a number of problems related to employee workload, professionalism levels, and their impact on service quality. Data shows that the average patient visit reaches 50–80 people per day, while the number of available health workers is only around 34 people. The imbalance between the number of patients and healthcare workers creates a high workload, which is reflected in shift schedules, double tasks, and overtime. This condition has the potential to increase the risk of burnout and reduce employee performance (Tarwaka, 2017).

The results of the 2023 Community Satisfaction Index (IKM) survey show that the quality of service at the Teluk Belengkong Health Center is still classified as "good" with a score of 77.8, but has not reached the "very good" category (≥ 88). Complaints that are often submitted by the community include long waiting times, service delays, and lack of friendliness from some officers. Although previous quantitative research has provided an overview of the relationship between professionalism, workload, and service quality, an in-depth understanding of how these factors are experienced and perceived by employees and service users at the Teluk Belengkong Health Center is still limited. Therefore, a qualitative approach is needed to explore their experiences, perceptions, and *perspectives* in more depth (Muhammad Rizal Pahleviannur et al., 2022). This study aims to analyze: (1) how employee professionalism affects the quality of services at the Teluk Belengkong Health Center; (2) how workload affects the quality of service; and (3) supporting and inhibiting factors in improving service quality (Sagita, 2023).

LITERATUR REVIEW

Professionalism

Professionalism is an individual's attitude and behavior in carrying out the profession consistently, competently, and responsibly. (Veronica, 2019) defines professionalism as a person's ability to carry out tasks in accordance with established standards, accompanied by a commitment to professional values. (Rusmilawati et al., 2020) mention four main characteristics of professionalism: technical skills, altruistic service delivery, self-supervision, and a motivating reciprocity system. Professionalism is defined as a form of responsibility in a person to prioritize the work that has been assigned, where reliability and expertise in the implementation of tasks so that they are carried out in a fast, careful time and in accordance with procedures that are easy to understand (Sari, M., & Sujana, 2021). (Robbins & Logan, 2022) affirms that professionalism includes competence, integrity, accountability, and commitment to quality standards. (Raymond, 2020) concluded that professionalism has a positive and significant effect on the quality of services at the Health Center. (Hariyanto, S., & Haryanto, H. 2017) also added that employees with a high level of professionalism tend to provide faster, more precise, and more satisfactory services. Indicators of professionalism in this study include: (1) work competence, (2) discipline, (3) responsibility, (4) service ethics, and (5) commitment to duty.

Workload

(Tarwaka, 2017) Stating that workload is the overall demands of the task, the intensity of work, as well as the physical and mental pressure that employees receive when carrying out service activities. According to Meshkati (in Tarwaka, 2017), workload is defined as the difference between the capacity or ability of workers and the demands of the job that must be faced. Too high a workload will have an impact on physical fatigue, decreased concentration, which results in errors in service (Munandar, 2018). (Dinda Muthia Dita, 2025) distinguishes workload into two dimensions: quantitative workload (the amount of work that must be completed) and qualitative workload (the level of difficulty or complexity of the work). At the Health Center, workload assessments are carried out using the *recommended Workload Indicators of Staffing Need* (WISN) method (World Health Organization, 2023) and the Ministry of Health. The workload indicators in this study include: (1) the number of service tasks, (2) time pressure, (3) physical load, (4) mental load, and (5) work pressure.

Quality of Service

(Azwar, 2003) defines the quality of health services as a good professional standard in health services and the achievement of expected results. (Afif, 2017) states that service quality consists of technical quality (what patients receive) and functional quality (how services are provided). (Zeithaml, V. A., & Bitner, 2016) identified five dimensions of service quality (SERVQUAL): (1) *reliability*, (2) *responsiveness*, (3) *assurance*, (4) *empathy*, and tangible evidence. In the context of Puskesmas, service quality assessment is carried out through the Community Satisfaction Survey (SKM) in accordance with PANRB Ministerial Regulation Number 14 of 2017. Service quality indicators in this study include: (1) service speed, (2) service accuracy, (3) officer friendliness, (4) clarity of information, and (5) patient satisfaction.

Conceptual Framework

This study uses a conceptual framework that describes the relationship between employee professionalism (X1), workload (X2), and service quality (Y) at Teluk Belengkong Health Center. The model of the research framework is described as follows:

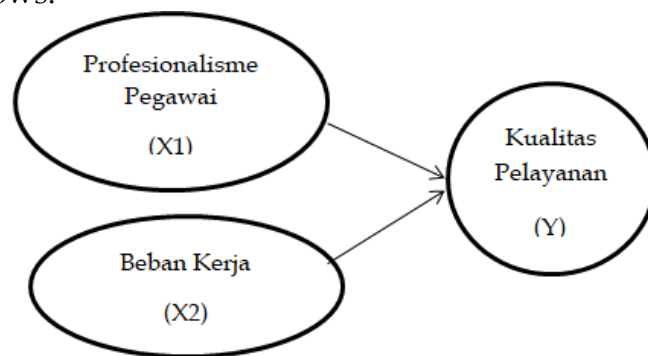


Figure 1. Conceptual Framework

Variable Operational Definition

The operational definition of a variable is a detailed explanation of how each variable is measured and observed in the context of this qualitative research. Here is the operational definition of each variable:

1. Employee Professionalism

The professionalism of employees in this study is defined as the ability and attitude of employees of the Teluk Belengkong Health Center in carrying out health service duties competently, disciplined, responsibly, and in accordance with the set professional standards (Krijgsheld et al., 2022). Professionalism is operationalized through five indicators that can be observed and interviewed, namely (Hariyanto, 2017):

Table 1. Operational Definition of Employee Professionalism Variables

Indicator	Operational Definition & Observation Method
Work Competencies	Employees are able to master technical and administrative skills according to their field of duty, observed from the accuracy of actions and the ability to explain procedures.
Discipline	Consistency of employees in complying with Standard Operating Procedures (SOP), discipline in attendance, and order in carrying out service flows
Responsibilities	Employees are willing to take responsibility for every service action provided, including following up on patient complaints and reporting problems to their superiors
Service Ethics	Friendly, polite, and empathetic attitude of employees in interacting with patients; Includes how to communicate, listen to complaints, and respond appropriately
Commitment to Duty	Employees' dedication in completing tasks to completion despite facing limitations, including participation in regular training and evaluation

2. Employee Workload

The workload in this study is defined as the overall work demands both quantitatively and qualitatively faced by Teluk Belengkong Health Center employees in carrying out daily health services (Nida, S., et al. 2024). Workloads are operationalized through the following five indicators:

Table 2. Operational Definition of Employee Workload Variables

Indicator	Operational Definition & Observation Method
Number of Assignments	The number of service tasks (clinical, administrative, health programs) that employees must complete in one work shift; measured by the number of patients, reports, and programs treated.
Time Pressure	The level of urgency and time constraints felt by employees in completing tasks; observed from service delays and complaints related to waiting time
Physical Load	The level of physical fatigue experienced by employees due to the intensity of service activities; observed from the physical, gesture, and frequency of employee breaks
Mental Load	The level of psychological pressure felt by employees in making clinical decisions and managing patient conflicts/complaints; Explored through in-depth interviews
Job Pressure	The cumulative impact of the above factors on employee work performance; observed from the level of errors, absenteeism, and employee job satisfaction (Kurniawan, & Yuliaty, 2024)

Quality of Service

The quality of health services is not only influenced by technical aspects, but also interpersonal interactions and organizational systems (Dahlia et al., 2025). Service quality is operationalized through five indicators:

Table 3. Operational Definition of Employee Service Quality Variables

Indicator	Operational Definition & Observation Method
Service Speed	The length of time it takes from registration until the patient receives services; measured by average wait times and patient perceptions of service speed
Service Accuracy	Conformity of actions, diagnosis, and administration of drugs with applicable procedures; observed from SOP compliance and internal quality audit records
Officer Hospitality	The officer's polite, friendly, and empathetic attitude in serving patients; explored from patient perceptions and the results of observation of direct interaction between officers and patients
Clarity of Information	The ability of the officer to convey information on procedures, diagnoses, and treatment in a clear and easy to understand patient information; measured by the patient's level of understanding
Patient Satisfaction	The level of compatibility between the patient's expectations and real experience in getting services; measured from IKM data, patient interviews, and complaint records

The three variables above are interrelated in one framework of analysis. High employee professionalism is expected to be able to improve service quality even though the workload is high, but workloads that exceed capacity will still have a negative impact on service quality if not managed properly. This study explores in depth how the three variables interact in the field through a qualitative approach.

METHODOLOGY

This study uses a descriptive qualitative approach to examine in depth the role of professionalism and workload in the quality of service of UPT Teluk Belengkong Health Center employees. The qualitative approach was chosen because it is able to provide a special picture of a case in depth that cannot be obtained through a quantitative approach alone (Khoibi, 2024). This method allows researchers to understand the meaning, perception, and experiences of informants holistically in real-life contexts (Creswell, 2014). The research was carried out at the UPT Teluk Belengkong Health Center, Teluk Belengkong District, Indragiri Hilir Regency, Riau Province, from November 2025 to February 2026. The subjects of the study were all 34 employees of the Teluk Belengkong Health Center UPT which included medical personnel (doctors, nurses, midwives), pharmacists, nutrition workers, health promotion workers, and administrative staff, with *purposive sampling* techniques for key informants.

The data collection procedure is carried out through three methods: (1) participatory observation of the daily service process to directly observe professional behavior and workload conditions; (2) *in-depth interviews* with the Head of UPT, service coordinators, and employee representatives from each unit; and (3) documentation, namely the review of official documents such as SOPs, IKM reports, internal quality audit results, patient visit data, and workload reports. Data analysis follows a mode (Miles, M. B., & Huberman, A. M. 2019) which consists of: (1) data reduction sorting, focusing, and abstracting relevant data; (2) the presentation of data compiling information in the form of narratives, tables, and matrices; (3) Drawing conclusions and verifying formulating conclusions based on the patterns and relationships found. The data credibility test was carried out through source triangulation (comparing data from the head of the UPT, employees, and patients), technical triangulation (comparing observation, interview, and documentation data), the use of reference materials, and *membercheck* (Sugiyono, 2024). The research code of ethics is maintained by obtaining *informed consent* from all informants and maintaining identity confidentiality.

RESEARCH RESULTH

Teluk Belengkong Health Center is the only primary health facility in Teluk Belengkong District. Based on data in 2025, this health center has 34 employees consisting of 1 general practitioner, 1 dentist, 10 nurses, 8 midwives, 1 pharmacist, 1 nutritionist, 2 health promotion personnel, and 4 administrative staff, 1 *cleaning service* and 2 *security*. The average patient visit reaches 50-80 people per day, with the number of active health programs as many as 14 programs from the Health Office.

Professionalism of Teluk Belengkong Health Center Officers

Based on the results of observations and in-depth interviews conducted during the research period, it was found that the professionalism of Teluk Belengkong Health Center employees varied. This condition is analyzed based on five indicators from the operational definition of the professionalism variable, as follows:

1. Work Competence: Length of Patient Waiting Time

Based on observations, the waiting time for patients is relatively long, especially during crowded service hours (08.00–11.00 WIB). The average waiting time ranges from 45-90 minutes, far exceeding the standard waiting time for outpatient services at Puskesmas which should not be more than 30 minutes (Ministry of Health, 2019). This condition illustrates the limitations of system competencies and not just individual competencies in managing service flows efficiently.

The Head of UPT said: "The increase in the number of patient visits every day has not been fully balanced by the availability of adequate medical and administrative personnel. A manual queue system is considered less effective, especially when there is a surge in patients."

The employee revealed: "At one time, we had to handle registration, data input, and coordination with the poly. When it is crowded, there is a buildup of medical record files that slow down follow-up examinations."

2. Service Ethics: Lack of Hospitality in Service

Based on observations made during ten working days, some employees seem to lack friendliness and empathy in serving patients.

The Head of UPT said: "This condition is not caused by a lack of employee concern, but rather work pressure and limited service time. We are committed to continuing to improve the quality of service so that patients feel comfortable and attentive while at the health center."

3. Responsibility: Less Responsive to Patient Needs

The Head of UPT said : "Employee responsiveness to patient questions and complaints has not been fully optimal. The high workload causes employees to focus more on completing technical and administrative tasks, so attention to patient complaints is delayed. Not all patient complaints can be followed up immediately because they have to go through certain procedures or wait for coordination with other medical personnel."

4. Discipline: Uneven Levels of Professionalism

Observations show that the level of professionalism is not even in every part of the service, especially when the service conditions are crowded.

The officer admitted: "The SOP has become a guideline in carrying out their duties. However, when the number of patients increases, there are adjustments in the implementation of procedures so that services run faster. Limited time and energy are the main challenges in maintaining the consistency of SOPs."

5. Commitment: Not Optimal Communication Skills

In providing information related to service procedures, drug use, or referrals, some employees have not conveyed information clearly and easily understandable and is exacerbated by limited service time. This causes confusion and misunderstanding.

Table 4. Summary of Professionalism Findings based on Operational Definition

Indicator	Findings	Status
Work Competencies	Most employees have adequate technical competence; Weaknesses in the management of queue systems and service flows	Enough
Discipline	SOP compliance is not evenly distributed; There are procedure adjustments when workloads are high which reduces consistency	Need to Improve
Responsibilities	Employees perform their main duties well; <i>Responsiveness</i> to patient complaints still needs to be improved	Enough
Service Ethics	Friendliness and empathy vary between individuals; Significantly decreased when workload is high	Need to Improve

Indicator	Findings	Status
Commitment	Communication of information to patients is still unclear; employees recognize the need to improve communication skills	Need to Improve

Workload of Teluk Belengkong Health Center Officers

Based on the results of observations at the Teluk Belengkong Health Center, employees carry out various tasks that include basic health services, patient administration, and the implementation of 14 health programs from the government. Here are the findings based on five indicators from the workload operational definition:

1. Number of Tasks:

Employees must handle many programs at the same time, both daily routines and special activities (immunization, elderly screening, prevention of infectious diseases, health promotion, maternal and child services, nutrition programs, worms and the administration of FE Tablets in rematri).

2. Time Pressure:

The high workload makes the time for each activity very limited. Employees must complete patient service, health program, and administrative tasks at the same time, causing significant time pressure and potential for a decrease in service quality.

3. Physical Load:

Observations show that employees are seen experiencing physical fatigue, especially during peak hours. This is consistent with the findings (Munandar, 2018) that high physical workload affects the quality of work.

4. Mental Load:

In-depth interviews reveal a significant mental burden.

The employee said: "We have to serve patients, do the administration, and handle the health program at the same time. When the number of patients is large, we feel fatigued and the focus of service sometimes decreases. It also affects the speed of service and the ability to provide clear information to patients."

5. Job Pressure:

Stacked administrative tasks including data collection, daily reports, and data input to health information systems add to the workload and reduce time for direct interaction with patients.

Table 5. Summary of Workload Findings by Operational Definition

Indicator	Findings	Level
Number of Tasks	14 Active Programs + Daily Services; 1 Staff Handle 2-3 Programs	Height
Time Pressure	Patient Waiting Time 45-90 minutes; along with program reports and routine services	Height
Physical Load	Physical fatigue; decreased speed and focus of daytime services, especially during peak hours	Height
Mental Load	Clinical decision pressure + Inter-Poly Coordination + the target of the Health Office's program at the same time	Height
Job Pressure	Administration piled up; Coaching and training time is very limited	Very High

Quality of Service for Employees of Teluk Belengkong Health Center

The quality of service of the Teluk Belengkong Health Center is analyzed based on five indicators from the operational definition of service quality:

1. Service Speed:

The 2023 IKM data shows a satisfaction score with service speed of 72.4 (below the overall average of 77.8). The average wait time is 45–90 minutes well above the ideal standard. This condition is caused by limited manpower, manual queue systems, and administrative stacking.

2. Precision of Service:

An internal quality audit found that SOP compliance was at 73%, with variations between units. Units with more experienced personnel show higher compliance. Procedural inaccuracies occur especially in units with the highest workloads.

3. Staff Friendliness:

The officer-friendliness score in IKM 2023 is 79.1, relatively better than the speed of service. However, observations show significant variation between individuals and decrease when workloads are high. Elderly patients and patients with special conditions often feel less personalized attention.

4. Clarity of Information:

The information clarity score in the 2023 IKM is 76.3. Interviews with patients revealed that some patients are still confused about the referral procedure and how to use the drug. The limited communication skills of officers, especially in explaining medical terms, are the main cause.

5. Patient Satisfaction:

The overall IKM score of 77.8 shows that the service is good but not optimal. The main complaints are the long waiting time, delays, and unfriendliness of some officers. Compared to the national standard for SMEs (≥ 88 for the very good category), there are still significant gaps that need to be addressed.

Table 6. Summary of Service Quality Findings based on 2023 IKM Indicators and Observations

Indicator	IKM Score	Observational Findings & Interviews	Status
Kecepatan Pelayanan	72,4	Lead time 45-90 minutes; Limitations of manpower & manual queuing system	A significant improvement is needed
Service Accuracy	75,2	SOP compliance 73%; variation between units; decreases when workload is high	Need to Improve
Officer Hospitality	79,1	Relatively good; varies between individuals; decreases when workload is high	Pretty Good
Clarity of Information	76,3	Some patients are still confused about the referral procedure and the use of drugs	Need to Improve
Patient Satisfaction	77,8	Kategori 'baik'; gap 10,2 poin dari kategori 'sangat baik' (≥88)	Need to Improve

DISCUSSION

Professionalism and Quality of Service

(Ferawati I et al., 2020) states that professionalism includes skills, service provision oriented to the interests of service users, self-supervision, and value systems that support work quality. In the context of health services, professionalism is the main foundation in building patient trust and improving the quality of services provided. The results of this study are in line with the findings (Raymond, 2020) which show that professionalism has a positive and significant effect on the quality of services at the Health Center. Employees who have a high level of professionalism tend to provide faster, more precise, and more effective services with patients.

However, the results of the study also show that the level of professionalism of employees is not evenly distributed. This inconsistency can be seen in the aspects of compliance with Standard Operating Procedures (SOPs) and communication skills in conveying information to patients. This condition has an impact on the variation in the quality of service received by patients. In the perspective of service quality, (Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988) emphasized that the dimensions *of reliability* and *responsiveness* are greatly influenced by the competence and professional attitude of officers. Therefore, increasing professionalism evenly is a key factor in ensuring consistency in service quality across service units. (Lilis Marwiyanti, 2016) added that the higher the level of professionalism, the more likely it is that services are provided on time, according to procedures, and with effective communication.

Workload and Quality of Service

The workload of employees is very high due to the number of health programs, the high number of patients, and the administrative pile. These results are consistent with the operational definition of workload developed in this study, where all five indicators (number of tasks, time pressure, physical load, mental load, and work pressure) show high to very high levels. This finding is in line with (Tarwaka, 2017) which states that excessive workload has a negative impact on employee performance.

A more in-depth analysis shows that workload not only affects the quality of service directly, but also indirectly through a decrease in professionalism. When workload is high, employees tend to ignore aspects of service ethics (friendliness) and consistency of SOPs in order to pursue the speed of task completion. This creates a vicious cycle: high workload → decreased professionalism → decreased service quality → patient complaints increased → increased work pressure.

Interaction of Professionalism, Workload, and Service Quality

Employees with a high level of professionalism are able to maintain a better quality of service despite facing the same workload. However, workloads that exceed capacity as occurred at the Teluk Belengkong Health Center will ultimately reduce the quality of service even among professional employees. This pattern of interaction is in line with the *theory of Conservation of Resources (COR)* by (Hobfoll, 1989) which states that individuals seek to maintain the resources they have (including energy and professional competence). As workloads continue to increase, those resources are depleted and individuals are forced to reduce investments in less urgent aspects of services such as hospitality, in-depth explanations of information, and complete procedural compliance.

The quality of service measured through IKM 2023 (score of 77.8) reflects this condition: service is in the good category but still far from optimal. The main complaints of patients are long wait times, uncrowdedness, and unclear information directly correlated with the dimensions most affected by workload pressure and uneven professionalism.

Based on the results of the research with a descriptive qualitative approach at the UPT Teluk Belengkong Health Center, it can be concluded that:

First, employee professionalism plays a significant role in determining service quality, but the level of professionalism is not evenly distributed. Some employees have shown optimal performance according to SOPs, disciplined, communicative, and friendly to patients. However, some others are still weak in the consistency of SOPs, responsiveness to patient complaints, and the ability to communicate medical information.

Second, employee workload is in the high to very high category across five operational indicators (number of tasks, time pressure, physical load, mental load, work pressure) (Recky, R., & Widyawati, 2023). The number of health programs, an unbalanced personnel ratio, and administrative piles are the main causes of physical and mental fatigue which leads to a decrease in focus and speed of service.

Third, based on the synchronization of the research results with the variable operational definition, it was found that: service speed indicators (IKM score of 72.4) were the quality dimensions most affected by workload; Meanwhile, the indicator of officer friendliness (79.1) is the dimension most influenced by individual professionalism. Both strengthen each other in creating a service experience that patients receive.

CONCLUSION AND RECOMENDATION

To improve employee competence, it can be through excellent service and communication training at least twice a year. In addition, it is necessary to increase socialization and supervision to ensure that SOPs continue to run consistently in each unit. Improving the efficiency of available labor capacity, rearranging work schedules and division of tasks. A temporary solution is to increase health and administrative personnel.

ADVANCED RESEARCH

This research has a number of limitations that need to be considered for future research. First, this research is qualitative so that the findings cannot be generalized statistically to other health centers. Advanced research can use a *mixed methods* approach combining the power of qualitative exploration with quantitative generalization to produce more comprehensive recommendations. Second, this research was only conducted in one health center; Comparative studies between several health centers with different characteristics will provide a richer understanding. Third, moderation variables such as employee job satisfaction, organizational culture, and leadership support can be added as research variables to obtain a more complete picture of the dynamics of professionalism, workload, and service quality in primary health facilities.

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