



Case Study: Factors Causing the High Referral Ratio of BPJS Outpatients at the Mataram Police Primary Clinic in 2025

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Abstract: The high referral ratio of BPJS outpatients at the Mataram Police Department's Primary Clinic in 2024 is a serious problem because it exceeds established standards, potentially leading to service inefficiencies. This study aims to analyze the causes of this high referral ratio through a review of the structure, process, and outcome aspects, as well as the contextual conditions at the Mataram Police Department's Primary Clinic. The research method used was a qualitative case study design. Data collection was conducted through in-depth interviews with key informants and supporting staff, observation, and document review related to the 2024 referral data. The results showed that, in terms of structure, the main causes of referrals were limited medical infrastructure, inadequate laboratory facilities, and the limited availability of certain medications. In terms of process, it was found that lack of compliance with Standard Operating Procedures (SOPs) and the strong desire of patients to be referred directly to hospitals were driving factors. In terms of outcome, a high rate of non-specialist referrals was still found. Contextual conditions, such as the clinic's position as a National Police health facility, also influenced referral patterns related to internal coordination. In conclusion, the high referral rate at the Mataram Police Department's Primary Clinic in 2024 was due to limited physical resources (structure) and high patient demand (process). It is recommended that primary healthcare facility standards be met and patient education on the tiered referral system strengthened to reduce referral rates.

Keywords: BPJS Health; Referral Ratio; Primary Clinic; Police.

Introduction

The National Health Insurance (JKN) is a strategic program of the Indonesian government aimed at providing equitable, high-quality, and sustainable access to healthcare services for all levels of society. The principle of mutual cooperation underpins this program, where healthy participants contribute to the costs of sick participants, is expected to create a fair and sustainable healthcare system. Implementing the referral system in practice still faces various challenges. Several studies and reports indicate that substandard referrals are still common, both administratively and clinically (Hairuna, 2022; Ningsih et al., 2023; Nurul et al., 2024; Ripki et al., 2022). Hal ini berdampak pada meningkatnya beban biaya klaim di FKRTL dan bertambahnya beban kerja di rumah sakit (Ningsih et

al., 2023). The government has issued Regulation of the Minister of Health of the Republic of Indonesia Number 16 of 2024 concerning the Referral Mechanism for Individual Health Services to address this issue. This regulation emphasizes the importance of implementing tiered referrals based on case complexity and the competency of healthcare facilities.

One of the main indicators of service effectiveness at primary health care facilities (FKTP) is the referral ratio, which is the percentage of patients referred to FKRTL compared to the total number of BPJS (Social Security) patient visits each month. BPJS Kesehatan has set a maximum referral ratio of 15% (Kementerian Kesehatan RI, 2020). However, data shows that this target has not been optimally achieved. The 2024 National Health Insurance (JKN) performance report recorded a 15.5% increase in national referrals, from

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33.75 million referrals in 2023 to 38.98 million in 2024 (BPJS Kesehatan, 2024). This increase in referrals exceeding the tolerance level indicates the ineffectiveness of the tiered referral system, which requires special attention.

A similar phenomenon also occurs at the regional level, including in Mataram City. This high referral rate occurred at the Mataram Police Pratama Clinic, a BPJS Kesehatan partner primary health care facility under the auspices of the West Nusa Tenggara Regional Police. This clinic serves police officers, civil servants, families, and the general public, and has organizational characteristics that differ from typical primary health care facilities. The 2024 report shows that the clinic's outpatient referral ratio consistently exceeded the maximum target of 15% each month, with the highest rate in June 2024 at 44.76% and the lowest in November 2024 at 32.38%. In 2022 and 2023, the average referral rates were 30.78% and 31.54%, respectively (Klinik Pratama Polresta Mataram, 2024). This clinic also ranks second highest in RRNS in Mataram City (BPJS Kota Mataram, 2024).

A preliminary study found initial indications that the clinic's work system is tied to a hierarchical system of government coordination within the Medical and Health Sector (Bidokkes). Consequently, all service mechanisms, administrative procedures, and medical decision-making must follow the chain of command and internal Police Standard Operating Procedures (SOPs). This situation could impact the effectiveness of the referral system, both administratively and clinically (Klinik Pratama Polresta Mataram, 2024). The high referral rate at the Mataram Police Department's Primary Clinic is not only an indicator of a local problem but also has the potential to have broader implications. A high referral rate can reflect limited competence at primary health care facilities (FKTP), increase the burden on services at primary health care facilities (FKRTL), prolong patient waiting times, and reduce the quality of care for cases requiring specialist care. Furthermore, an ineffective referral system can increase national healthcare costs and reduce the efficiency of the National Health Insurance (JKN) program (Kementerian Kesehatan RI, 2020).

This research is necessary given the lack of in-depth studies on the high referral ratio at the Mataram Police Department's Primary Clinic, which has its own unique organizational characteristics. If this high referral rate is not addressed promptly, it will continue to waste resources, decrease service quality, and increase costs for both the BPJS Kesehatan (Social Security Agency for Health) and the referral health facility. Therefore, comprehensive research is needed to explore and analyze in depth the various factors influencing the high referral ratio for BPJS outpatients at the Mataram Police

Department's Primary Clinic. This research offers a novel contribution to analyzing the causes of the high BPJS patient referral ratio, focusing on a case study at the Mataram Police Department's Primary Clinic, the West Nusa Tenggara Regional Police (Polda NTB).

Unlike previous research, which generally focused on general primary health care facilities (FKTP), this study examines the context of healthcare services under the Indonesian National Police (Polri), which has its own organizational characteristics, standard operating procedures (SOPs), and chain of command. Using a qualitative approach, this study seeks to gain a deeper understanding of the causes of the high referral ratio from the perspectives of healthcare workers and patients, while also taking into account the local context and organizational dynamics. This research is also expected to provide practical recommendations for improving the efficiency and effectiveness of the referral system, as well as enrich the literature on referral systems in specialized primary health care settings, such as police clinics, which have rarely been the focus of research. The results are also expected to provide useful information for developing policies and strategies to improve primary health care services and strengthen the effectiveness of the National Health Insurance (JKN) implementation in Indonesia.

Method

Time and place of research

This research was conducted at the Mataram Police Department's Primary Clinic. This location was selected based on the high monthly outpatient referral ratio throughout 2024, which consistently exceeded the target or limit set by the National Health Insurance (BPJS Kesehatan). In the same year, the Mataram Police Department's Primary Clinic also ranked second as the primary health care facility with the highest non-specialist referral ratio in Mataram City. Furthermore, no similar research has been conducted on the referral ratio at the Mataram Police Department's Primary Clinic, particularly within the Indonesian National Police (Polri) health institution. This research was conducted from October to November 2025.

Research design

This study uses a case study design that aims to gain an in-depth and comprehensive understanding of the causes of the high referral ratio of BPJS outpatients at the Mataram Police Department's Primary Clinic. Informants were selected using a purposive technique, based on certain criteria relevant to the research objectives, namely informants who have direct knowledge and experience in implementing BPJS referrals at the Mataram Police Department's Primary

Clinic. The main informants consisted of health workers (general practitioners and dentists, nurses and midwives, registration officers, and referral administration officers) and BPJS patients who had been referred from the Mataram Police Department's Primary Clinic to Advanced Health Facilities, consisting of members of the Indonesian National Police (Polri), civil servants and families of members of the Indonesian National Police (Polri)/PNS Polri. Supporting informants were the head of the clinic and families of BPJS outpatients.

Data collection and data analysis

Primary data collection was conducted through in-depth interviews, a review of BPJS outpatient referral documents, and direct observation. Researchers conducted in-depth interviews with informants using a semi-structured interview guide, but did not rule out the possibility of developing questions based on the circumstances encountered during the interviews.

The document review was intended to verify the results of the interview data collection and to analyze the existing referral process. The documents reviewed included evidence of patient referrals and monthly reports on the number of recorded BPJS patient referrals. By reviewing these documents, researchers were able to obtain an objective picture of referral rates, trends in referral causes, and the effectiveness of the referral system at the Mataram Police Department's Pratama Clinic.

Direct observation was conducted to verify and supplement the data obtained from the interviews and document review. Through observation, researchers were able to observe the patient referral process in action, including interactions between patients and staff, the administrative mechanisms implemented, and potential obstacles encountered in the field. Observation also enabled researchers to gain a more comprehensive understanding of the healthcare context, thus exploring factors influencing referral decisions, including procedural aspects, policies, and staff and patient perceptions. In addition, to maintain data validity and increase it, researchers conducted member checking with informants. Member checking was conducted by reconfirming the preliminary interview results with the informants to ensure that the data collected by the researchers truly aligns with the informants' intentions, experiences, and perspectives.

Result and Discussion

Structural aspects in health services

This study explored the structural factors influencing the high referral ratio for outpatients under the BPJS Kesehatan program at the Mataram Police

Department's Primary Clinic. In terms of structure, the study identified three main themes: limited medical facilities and medications, a shortage of supporting medical personnel, and limited doctor practice time, as detailed below:

Limited Medical Facilities and Medications

The phenomenon of limited medical facilities is a recurring issue in the narratives of healthcare workers. Inadequate examination equipment at clinics was a clear complaint from several informants, as stated by informant A4:

"Some examination tools are not yet available at the clinic so a referral is required." (A4)

This incompleteness has direct implications for the decision to refer patients to hospitals for more comprehensive examinations. This shortage is not only evident in specialized equipment, but also in laboratory facilities, which are limited in terms of capacity and resources, as explained by informant A10:

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Drug availability is also a major concern. Informant A6 revealed the unstable drug stock situation:

"Sometimes stocks run out, tools and medicines are limited." (A6)

Meanwhile, patient experience (B1) confirmed the scarcity of certain multi-parameter Point-of-Care (POCT) examination tools which impacted the examination process:

"They said the cholesterol test stick was out of stock, and the only ones left were for the main police officers." (B1, Patient)

Limited facilities and medications directly increase the frequency of referrals to hospitals. While referrals are seen as a solution that allows for more comprehensive care, this process also presents administrative challenges and long waiting times, as complained by staff and patients:

"Patients feel like they have to wait a long time at the hospital." (A8)

"I arrived in the afternoon, but I couldn't be examined until the evening because there were so many patients." (B9)

This is an indicator of how inadequate structures can negatively impact the efficiency and quality of the overall service process.

Shortage of Supporting Medical Personnel

Although the number of primary medical personnel is considered sufficient, shortages are evident among support and administrative staff. Informant A1 stated:

"In my opinion, everything at the Mataram Police Clinic is sufficient, there are enough staff, from nurses, midwives, analysts, drug officers, other officers are sufficient in my opinion." (A1)

However, on the other hand, informants A10 and A6 highlighted shortcomings related to the division of tasks and distribution of workload, especially because the need for personnel also has to fill tasks outside the clinic such as official calls and police duties:

"I think it's still lacking, especially perhaps from the staff, especially the lab, where there's a shortage of medication." (A10)

"It's sufficient, but I think the division of tasks isn't quite right, because in addition to the clinic duties, there are also other tasks related to police duties, such as when officials are called in immediately. So it's a bit difficult, as the same people are always working." (A6)

Limited Doctor Practice Time

All informants confirmed that doctors were only on duty during morning working hours, which resulted in limited access for patients who came in the afternoon or outside of these hours.

"The doctor is only available in the morning, there aren't any in the afternoon, so it's still not enough." (A10)

"If the doctor was available every day, the service would be faster, and patients wouldn't have to be referred." (B9, Patient)

The Clinic's Ability to Handle Non-Specialist Cases with a Higher Level of Complexity

The research data consistently shows that the Mataram Police Primary Clinic is limited in handling more complex cases or non-specialized cases with a higher level of complexity. Informant A4 stated:

"This clinic is for standard cases; if it's more difficult, we refer them directly to the hospital." (A4)

This is further reinforced by comments from another informant who stated that limited facilities and staff make the referral process the only way to handle slightly more serious cases:

"We rely on the clinic's capacity; if it exceeds our capacity, we refer them directly because we're afraid the patient won't be properly cared for." (A6)

This fact is also supported by triangulated patient interviews, which revealed real-life experiences where patients had to be referred because the clinic couldn't fully handle their cases:

"I initially sought treatment at the clinic, but they told me I needed a referral because my case was quite complicated." (B7, Patient)

The clinic's inability to handle complex cases resulted in a high frequency of referrals, which created an administrative and physical burden on patients. This strict and procedural referral process is essential to ensure patients receive appropriate care in a more comprehensive facility, but it also has the side effect of delays in service delivery and potential patient dissatisfaction. This referral process simultaneously reflects the limitations in the clinic's structural capacity, as previously analyzed, and demonstrates how these limitations directly impact the service process. In other words, structure and process are closely interrelated.

Limitations on Clinical Authority in Medical and ManageProses Klaim BPJS Dan Pengaturan Rujukan Yang Mempengaruhi Pola Pelayanan

The BPJS claims process and referral mechanisms are important aspects influencing service patterns at clinics. Informant A5 explained:

"All services must comply with BPJS procedures; otherwise, the claim administration can reject them." (A5)

This strict claims procedure forces clinics to limit the types of services provided and focus on standard procedures approved by BPJS, preventing them from taking risks in handling complex cases:

"Because of BPJS regulations, we must strictly follow procedures so that claims go smoothly." (A7)

The influence of BPJS claims regulations has led to highly structured and sometimes rigid service patterns, providing little flexibility for optimizing services at the clinic level. This also influences referral decisions, as financial and administrative risks force clinics to prefer referrals over handling borderline cases.

Patients reported understanding the strict referral procedures but complained about the lengthy administrative and procedural processes:

"The BPJS referral process is long; I have to go back and forth carrying letters and documents." (B5, Patient)

Ketiga tema utama dalam aspek proses ini menggambarkan bagaimana keterbatasan klinik dalam hal sumber daya dan kewenangan, serta aturan mekanisme klaim BPJS, saling berhubungan untuk membentuk pola pelayanan yang saat ini ada.

Outcomes in Healthcare

The outcome aspect of the Donabedian framework relates to the results of the services provided, including indicators of success and impact on patients and the service system. In this study, the focus of outcomes is on the referral ratio, referral utilization by patients, and

BPJS claims, which demonstrate the effectiveness and efficiency of the referral system and outpatient therapy. Through in-depth interviews with clinic staff and patients, these aspects were analyzed in detail to understand the actual results of the ongoing service process.

High Referral Ratio Reflects Clinic Limitations in Optimal Treatment at the Primary Level

From the interviews, almost all staff agreed that the high referral rate was one of the clinic's main problems. Informant A2 stated:

"Referrals at this clinic are indeed high due to limited equipment and staff. We have to refer many cases that could have been handled with adequate facilities." (A2)

This was reinforced by informant A7, who added:

"Often, standard cases are also referred because we don't have the capacity to handle them here." (A7)

Patients also feel the impact of this high referral ratio. A patient, B3, shared this experience:

"Sometimes I'm confused. I've been to the clinic but kept being told to go to the hospital." (B3, Patient)

Unused Referrals by Patients

Although administrative data at P-Care shows a high referral rate, research reveals that many referrals are unused. Interviews revealed a discrepancy between the number of referral letters issued and the number of patients who actually reach advanced healthcare facilities.

Geographical constraints (distance), time constraints due to work commitments, and social barriers are the main reasons why patients do not fulfill their referrals. This was expressed by Informant B5:

"I actually get a referral, but often I don't have time to go because of work and the distance from my home to the hospital." (B5, Patient)

A similar sentiment was expressed by officer A6:

"Many patients are registered for referrals, but when we call or follow up, they don't show up at the hospital." (A6)

The high referral rate at the Mataram Police Department's Primary Clinic reflects inefficiency. On the one hand, the clinic is forced to make referrals due to limited resources (structural factors), but on the other hand, these referrals do not provide any health outcomes for patients because they are not used. This confirms that the high number of referrals at the research site was due to clinically ineffective administrative referrals. This outcome indicates the need for a more holistic approach, not only looking at referral numbers quantitatively but also considering referral utilization factors as part of the evaluation of actual service outcomes.

Caution Against Claims Risk in Referral Management and Outpatient Therapy

BPJS Kesehatan (Healthcare Social Security Agency) has implemented various efforts to regulate referral issues, including controlling referral ratios to bring them closer to established targets. The impact of this policy has been clearly felt by the Mataram Police Department's Pratama Clinic, particularly in managing referrals and outpatient therapy. This tightening of regulations has encouraged the clinic to adjust its service processes to remain compliant with applicable administrative provisions.

According to an interview with an officer, informant A4 explained:

"Since the BPJS introduced stricter regulations regarding referrals and outpatient therapy, our claims have received more attention because there are many processes that must be followed." (A4)

Informant A5 also stated:

"The increasingly stringent BPJS regulations require us to be more careful when submitting claims; if they are not compliant, they can be rejected." (A5)

Interviews with informants indicate increased attention and caution in claims management. Informant A4 stated that the implementation of stricter regulations from the BPJS for referrals and outpatient therapy requires clinics to comply with various more detailed administrative requirements. Meanwhile, informant A5 emphasized that increasingly stringent BPJS regulations encourage healthcare workers to be more cautious in submitting claims, as non-compliance with the provisions has the potential to lead to administrative claims issues.

Contextual Conditions

The contextual conditions category reflects the environment, organizational culture, and external factors that influence how healthcare services are delivered and how decisions such as referrals are made. The Mataram Police Primary Clinic, within the Indonesian National Police (Polri), presents unique dynamics in the form of a strict command system, rigid bureaucracy, and pressure from patients and families, as described below. The themes in this category illustrate the context that influences the service process and outcomes.

Clinic Within the Polresta Polri Environment: Policies and a Strict Command System

Interviews with clinic staff revealed that policies and instructions from the Polresta environment significantly influence the service and referral process. Informant A7 stated:

"Yes, I have, because of the order, miss. We can't do anything because orders must be followed." (Informant A7)

This demonstrates that the Polri command system exerts deep-rooted power over decision-making at the clinic. Referrals or service actions are often carried out based on orders from superiors or mandatory institutional policies. Furthermore, the influence of external BPJS policies also forms part of the command system that impacts service delivery:

"It's BPJS, miss, so sometimes we refer patients to the hospital's emergency room. The patient only has a fever, but they ask to go to the Bhayangkara Emergency Room, but now they have to go to the Bhayangkara Emergency Room to have a fever that prevents them from carrying out activities and requires hospitalization." (Informant A7)

The strict command system organizationally impacts the clinic's flexibility in decision-making. The clinic must follow specific paths and instructions without much room for innovation or adapting services to the patient's actual condition. This can create tension between patient needs and the constraints of existing procedures, resulting in high referral rates and obstacles to reducing referrals that could potentially be minimized with more flexible policies.

Bureaucratic Organizational Structure and a Strict Command System in the National Police

Interviews revealed a bureaucratic organizational structure and a strict command system as characteristic of this clinic. Staff reported that difficult decisions sometimes require multiple levels of negotiation:

"If a patient insists on refusing my advice, I usually just ask the medical doctor for guidance so we don't make a mistake. So I ask the medical doctor for guidance, whether they're given it or not." (Informant A7)

This illustrates that the medical and managerial decision-making process at this clinic often requires approval from the relevant bureaucratic authorities.

Pressure From Patients or Families for Referrals That Often Don't Match the Clinic's Needs

Interviews revealed significant pressure from patients or families to be referred to a higher-level facility, even though their case could actually be handled at the clinic. Informant A7 stated:

"Sometimes patients and families ask for a higher-level referral, even though the doctor says it can still be handled at this clinic. I just ask the medical doctor for guidance so I don't make a mistake." (Informant A7)

This pressure stems from patients' perception that a higher-level facility is automatically better and their desire to receive more intensive treatment quickly.

This pressure adds complexity to the care and referral process in clinics, as staff must balance medical

standards with emotional or perceived patient demands. This can contribute to a high rate of unnecessary referrals, which in turn burdens advanced referral facilities and also hinders the clinic's effectiveness as an optimal primary care provider.

Discussion

The findings of this study are mapped into the Donabedian framework, which divides service quality into three main dimensions: Structure (availability of facilities and resources), Process (service flow and mechanisms), and Outcome (impact). This study adds Contextual conditions (organizational environment and external pressures) to the Donabedian analytical framework. This approach allows researchers to assess not only separately but also identify interactions between dimensions related to case referrals at the primary health care level.

Structure (Availability of Facilities and Resources) Availability, Completeness, and Quality of Physical Facilities and Referrals

This study identified various structural issues at the Mataram Police Resort Clinic, such as limited facilities and supporting logistics. The completeness and quality of physical facilities at the health service, such as examination rooms, procedure rooms, laboratories, and pharmacies, play a crucial role in reducing the need for patient referrals. Adequate and high-quality facilities can improve the health institution's ability to provide appropriate and comprehensive care, thus reducing the need for patient referrals to higher-level facilities.

Service facilities that meet standards significantly impact patient experience and satisfaction. Research by (Ilyas et al., 2020) Studies have shown that standardized health services can reduce physical and material harm to patients and increase trust in the services provided. Furthermore, good facilities, such as laboratories equipped with modern equipment, allow for faster and more accurate diagnosis and treatment, thereby reducing the likelihood of patients being referred. This is supported by research Hamid et al., (2024) which states that physical infrastructure, including access and quality of services, is a crucial factor in improving patient satisfaction.

In addition to space, the availability of integrated pharmacies within healthcare facilities also impacts timely treatment Sari et al., (2021) emphasizes that pharmacies play a crucial role in providing necessary medications, and that consistent pharmacy management directly impacts the efficiency of healthcare services. Tools such as blood tests, radiology, and ultrasound (USG) equipment not only improve diagnostic capabilities but also serve to reduce the need for referrals to higher-level facilities.

Research by (Bogaart et al., 2020). revealed that referral decisions can be influenced by the possibility of requesting additional diagnostic tests, such as medical imaging, to establish a more accurate diagnosis. The availability of adequate medical equipment in various types of facilities also plays a significant role Oosting et al., (2018) noted that referral hospitals tend to have more surgical equipment than district hospitals, suggesting that facilities designed to provide referral services often have better diagnostic capabilities, reducing unnecessary referral rates.

Research by Pillay & Mahomed (2019) showed that patients who did not receive adequate diagnosis and treatment tended to be referred more frequently, implying the importance of establishing a more efficient referral system based on adequate equipment and resources. In addition, research by Tembo & Mambwe (2024) highlighted that the presence of advanced diagnostic tools in healthcare facilities significantly supports efficiency in patient referrals. In practice, users of e-referral systems in healthcare settings have demonstrated how technology can streamline the referral process. In this regard, (Conlon et al., 2020) Studies have shown that a lack of diagnostic equipment at the primary care level can contribute to increased referrals to emergency services. This demonstrates how the availability of diagnostic equipment not only improves the quality of care but also helps manage patient flow within the healthcare system more efficiently.

Human Resource Limitations

The ratio of healthcare workers, including doctors, nurses, midwives, and support staff, to the number of patients influences the frequency of referrals. Adequate availability and distribution of healthcare workers can support primary care case management and minimize the need for referrals to higher-level healthcare facilities. The importance of the healthcare worker-to-patient ratio in determining service quality should not be overlooked. Research by Mohi et al., (2019) Studies have shown that the high rate of patient referrals to private healthcare facilities is due to the inability of Primary Clinics to provide comprehensive diagnosis and treatment, which is their primary function as gatekeepers of healthcare services. If clinics lack sufficient healthcare personnel and adequate skills, they are more likely to refer patients to higher-level hospitals, which can reduce the efficiency of the overall healthcare system.

Furthermore, the competence of healthcare personnel plays a crucial role in case management at the primary level. As Nurlinawati et al., (2019) noted that community health centers with high referral ratios often lack adequate facilities and medical personnel. Good distribution of healthcare personnel is also crucial to ensuring that all patients receive the necessary services

efficiently. Findings Yuliati & Joseph, (2022) shows that when care is differentiated by skill level and experience, referral decisions can be reduced because patients can be better cared for at primary healthcare facilities.

In this case, the accessibility of healthcare workers significantly impacts the quality of communication and information provided to patients. Research by Manurung et al., (2023). explains that support from health workers in health programs can increase community participation in maintaining health, which also reflects the positive relationship between health worker support and overall health outcomes. Effective communication and this support can reduce unnecessary referrals by improving patient adherence to their treatment and health management.

Research by Jatmika et al., (2024) highlighted that the availability of resources, such as medical equipment and healthcare personnel, significantly impacts patient outcomes. Poor quality of care due to inadequate resources makes it difficult for healthcare facilities to handle more complex medical cases, leading to increased referrals. Research by Ermawailis et al., (2023) also noted that there were delays in access to health services due to a lack of adequate hospital facilities, which impacted maternal and infant health outcomes.

Furthermore, research by (Zain et al., 2024) The findings indicate that the Indonesian health system is striving to improve the accessibility and quality of its services, but still faces various challenges, including limited facilities and resources. In short, the gap between the minimum standards set by health regulations and the actual conditions of health facilities on the ground, particularly in terms of resource availability, contributes to the increasing referral rate in Indonesia. This highlights the need for continued efforts to adapt policies to the realities on the ground, as well as to improve the health management system to ensure better access to care for all patients.

The findings on the structural aspect align with Donabedian's theoretical framework, which emphasizes that limited resources and the absence of technical regulations, such as referral standard operating procedures (SOPs), will directly impact the quality of service processes and outcomes. Furthermore, the influence of the National Police's command system aligns with Weberian bureaucracy theory, where hierarchies and formal rules can limit the professional discretion of healthcare workers. These findings are reinforced by observations that indicate limited availability of service facilities and infrastructure, as well as the dependence of services on the availability of human resources on specific days.

Process

Medical Decision-Making Process and Inter-Unit Coordination and Their Impact on Referral Protocol Implementation

This study found problems with the limitations of clinical authority and medical and managerial decision-making. This situation has created a unique situation that can hinder the flexibility of health services at the Mataram Police Department Clinic. Coordination mechanisms between units, such as the medical unit, administration unit, and finance unit, play a crucial role in the patient referral process and can influence the consistency of referral protocol implementation and compliance with regulatory policies. Good coordination between these units can contribute to the effectiveness of the existing referral system. Efficient administration units contribute to the timely processing of referral documents and claims. According to research by Fehrenbacher et al., (2020), Effective education for administrative staff regarding the referral process can result in smoother work and reduce administrative errors.

The presence of an integrated health information system can also play a significant role in streamlining coordination between units. A study by Nguyen et al., (2023) emphasizes the importance of understanding the workflow and context in which health interventions occur, including the use of digital decision support systems designed to expedite decision-making in medical units. A good information system allows for faster and more accurate access to patient records and referral details, facilitating collaboration between units to ensure that all steps in the referral process are carried out according to established standards.

On the other hand, poor coordination can lead to errors in referrals, which in turn can increase the rate of inappropriate referrals. A study by Teklu et al., (2020). Studies have shown that an effectively functioning referral system provides a number of benefits to patients, including avoiding unnecessary costs and receiving timely care. However, without proper coordination between units, the process can become disrupted, and patients may experience excessive or unnecessary referrals.

Developing a good referral system also requires ongoing feedback and evaluation of the implementation of existing policies and protocols. Research by Schranz et al., (2024) This study demonstrates that monitoring the effectiveness of the referral system through data and feedback can help improve compliance with applicable guidelines and regulations. Inter-unit coordination mechanisms significantly influence the consistency of referral protocol implementation and compliance with

regulatory policies within the health system. Improving collaboration and communication between medical, administrative, and financial units will be crucial to improving referral system performance and patient health outcomes. The results of the service process analysis were also validated through time triangulation. Interviews and observations conducted during peak and off-peak hours, as well as during the morning and afternoon shifts, revealed consistent referral decision patterns, with limited clinical authority and structural pressures remaining dominant factors, regardless of variations in patient volume.

Implementation of Standard Service Procedures and Compliance

Having a standard policy or procedure (SOP) for assessing referral eligibility can significantly reduce the frequency of inappropriate referrals. This impacts the quality of patient care and the overall efficiency of the healthcare system. Clear SOPs for the referral process enable healthcare providers to more consistently and objectively assess a patient's referral needs. According to research by Handayani et al., (2018), Using SOPs can help better identify the reason for a referral, increasing efficiency and accuracy in determining whether a patient should be referred. This allows healthcare providers to more easily evaluate and determine the necessary next steps based on the patient's medical needs, reducing the likelihood of errors in referral decisions.

Implementing SOPs for referral assessments is not always smooth. As explained by Handayani et al., (2018) Good coordination between medical and administrative units is crucial for the effective use of SOPs. Furthermore, an efficient referral system also plays a role in increasing transparency and accountability in the referral process. Riffin et al., (2020) suggested that a better system for recording and tracking referrals could help maintain compliance with established health care policies. Azamar-Alonso et al., (2019) noted that implementing an electronic referral system has the potential to improve workflow and efficiency, which can reduce the number of unnecessary referrals. When patient information can be processed and shared effectively between providers, decisions regarding referral needs can be made more quickly and accurately.

However, implementing referral policies or SOPs is not without challenges. A study by Ameyaw et al., (2022)., Studies have shown that a lack of collaboration and communication between various health units can lead to confusion in the implementation of referral SOPs in the field. Having clear SOPs for assessing referral eligibility can reduce the frequency of inappropriate referrals. However, to achieve this, steps such as training for health workers, support through health information

systems, and ongoing evaluation of policies implemented in the field are necessary.

External factors such as time pressure, workload, and patient satisfaction significantly influence the referral decision-making process by health workers. Understanding these dynamics is crucial for improving the quality of care and the effectiveness of the referral system in daily health practice. Time pressure is one of the most significant factors in referral decision-making. Research by Stefani & Kosasih (2024) Studies have shown that in situations with tight time constraints, such as in the emergency room, referral decisions can be driven more by the need to treat a patient quickly than by a thorough evaluation of the underlying condition. This can potentially lead to unnecessary referrals, which puts additional strain on the referral system and other healthcare services.

High workloads can also be a barrier to informed decision-making. Research shows that a mismatch between staffing and workload can lead to stress and burnout among healthcare workers (Fajri et al., 2020). Patient satisfaction is also a factor that influences the referral decision-making process. When patients are satisfied with the care they receive from healthcare professionals, they are more likely to trust and follow recommendations, including referrals to higher-level facilities. Conversely, patient dissatisfaction can create pressure for healthcare professionals to make referrals to meet their expectations for better care. Research shows that patient satisfaction can increase healthcare professionals' motivation to provide better care, potentially reducing the frequency of inappropriate referrals (Kissing & Wulandari, 2023).

Outcome

Psychosocial Outcomes (Satisfaction, Trust, Stress) in Relation to the Referral Process at Health Facilities

Referral rates in healthcare services have the potential to impact patient satisfaction and perceived quality of care, as well as psychosocial impacts such as trust and stress. Good referral management not only impacts clinical aspects but also the overall patient experience. Patient satisfaction is significantly influenced by the referral process they experience. Anfal (2020), Service quality and the image of a healthcare facility significantly contribute to patient satisfaction. When referrals are handled effectively and transparently, patients tend to feel valued and well-cared for, which increases their satisfaction levels. The results of this study indicate that increased patient satisfaction is closely related to services that meet their expectations, especially when referring to higher-level facilities.

Perceptions of service quality are key in determining how well patients rate their experience. Research conducted by Husen et al., (2022) found that

patients' treatment decisions are influenced by their perceptions of the quality of care they receive. With a good referral system in place, with clear and accurate information available, patients can have better expectations regarding their care after being referred. This creates positive perceptions, which in turn impacts their trust in the healthcare system.

Furthermore, patient stress levels can also be affected by the referral process. A complicated and opaque referral process can cause anxiety and stress for patients. Gusmawan et al., (2020), noted that proximity to good care makes patients more comfortable, while inappropriate referrals can increase stress. Uncertainty about health outcomes after referral can impact the overall patient experience, and they may feel distressed due to concerns about their health after referral.

Patients' families also need to be considered, as the impact of referrals on them is often significant. Effective and efficient referrals can foster greater trust among patients and families, fostering more positive relationships Romadhona et al., (2019) shows that service quality influences patient loyalty, including their trust in hospitals. When patients feel confident that they are receiving the best possible care, they are more likely to follow referral recommendations and have greater trust in their healthcare providers. However, the negative impact of inappropriate referral rates can trigger anxiety and disappointment, and leave patients feeling neglected. This creates a sense of insecurity within the healthcare system, as demonstrated by Sudiro et al., (2021), which states that patients who experience poor quality of service tend to feel dissatisfaction and skepticism about the care they receive.

High Referral Rates and Their Impact on the Health System Burden

High referral frequency has a serious impact on the total cost of care for both patients and the BPJS Kesehatan system. Inappropriate and excessive referrals increase care costs, making it difficult for the system to provide efficient services. High referral frequency is often caused by a lack of facilities and resources at the primary healthcare level. Research by Sari et al., (2023) showed that costs for patients with chronic kidney failure admitted to hospitals increased significantly, reflecting higher costs for patients referred to facilities lacking the capacity to handle complex and severe cases. Much of this additional cost can be attributed to duplicate visits, unnecessary procedures, and overuse of healthcare resources.

Research results from Hidayat & Bachtiar (2024) highlighted that repeated referral visits not only increase the financial burden on patients but also on the BPJS Kesehatan system itself. Therefore, the high frequency of referrals not only increases the cost burden on

individuals but also places significant pressure on the national health financing system, such as BPJS Kesehatan. To address this issue, it is crucial for healthcare managers and providers to improve training for healthcare workers, primary care facilities, and a more efficient and effective referral system to reduce unnecessary referrals.

Overall, to create sustainable and efficient healthcare services, attention must be paid to improving the referral process through education, adequate resources, and improved communication between primary healthcare facilities and referral hospitals. Observations of the service and referral flow indicate that the referral process results in increased waiting times and physical and psychological burden on patients, as reflected in patients' experiences accessing follow-up care.

Contextual Conditions

The organizational structure and hierarchical culture within healthcare institutions like the Primary Clinic significantly influence patient referral policies and practices. In this context, information management, communication between units, and the application of standard procedures are key at every stage of the referral process.

The Influence of Organizational Structure, Hierarchical Culture, and Referral Decisions

A hierarchical organizational structure provides a clear command system and creates well-defined lines of communication between management levels and medical staff. Research by Nurlinawati et al., (2019) shows that deficiencies in the referral system due to unclear communication between managerial levels can result in inefficient referrals, where patients may experience confusion regarding the direction of their care and referrals, negatively impacting clinical outcomes and patient satisfaction.

An organizational culture that supports innovation and open communication is crucial for formulating effective policies. A rigid culture often slows down the response to the need for change and the development of better referral practices. Yuzerizal et al., (2022) emphasize that a good procedural understanding and organizational culture contribute to improving the quality of healthcare services, including effective referral processes at various levels of healthcare. Specifically, the hierarchical culture at the Mataram Police Primary Clinic has unique characteristics that distinguish it from general primary health care facilities (FKTP). As an institution under the auspices of the Indonesian National Police (Polri), the strong command system and power relations strongly influence the independence of healthcare workers. Within Donabedian's theoretical framework,

this is a crucial contextual condition, where medical decisions are not only based on clinical indications but are also influenced by the patient's structural position within the organization.

A healthy hierarchical culture in healthcare organizations also encourages cross-unit collaboration. Within the healthcare system, collaboration between medical, administrative, and financial units increases the effectiveness of referrals. Decisions made through collaborative discussions across units are more likely to result in positive patient outcomes. A deep understanding of the culture and values held by healthcare staff can also improve the quality of information communicated to patients, which in turn influences patient satisfaction (Chair, 2020).

Emotional Distress, Patient, and Family Expectations

Emotional distress and expectations from patients or families, such as the hope of being referred to a larger hospital, have a significant impact on the clinical decisions of healthcare workers in the context of healthcare services, both in the public and private sectors in Indonesia. This influence can have implications for the quality of care, patient satisfaction, and overall health outcomes. Patients' or families' expectations of being referred to a larger hospital are often rooted in the belief that these facilities offer better care. Research shows that family involvement in decision-making Decisions are crucial and can be influenced by their expectations and concerns about the patient's health condition (Dionne-Odom et al., 2019). This pressure can encourage healthcare workers to refer patients more frequently, even though their medical condition may not require hospitalization.

Emotional pressure can also create high levels of stress for healthcare workers when making decisions. As revealed in research by Klingemann et al., (2021), pressure from patients and families to make referrals can create tension between patient expectations and the medical realities faced by healthcare workers. This situation places healthcare workers in a position of being expected to meet these expectations, even though they may not align with actual medical needs. This situation is exacerbated by the fact that the target patients served at the Mataram Police Resort Clinic are mostly members of the Indonesian National Police (Polri). If the police officer being treated holds a higher rank or wields more power than the officers serving at the clinic, the referral request may be rejected due to the influence of the POLRI rank structure.

The phenomenon of 'feeling of suhan' (ewuh pakewuh) toward superiors or members of higher rank is a factor. determinants that compel doctors to make referrals, even though medically the case is still within the clinic's competence (FKTP). Psychological pressure

resulting from the police rank structure makes it difficult for doctors to refuse referral requests, which ultimately contributes significantly to the high rate of non-specialist referrals at this clinic.

Implications for Clinical Decision-Making

Emotional pressure and expectations from patients or families, as well as the rank/power structure within the Mataram Police clinic, can lead to inappropriate referrals. Healthcare workers feel compelled to refer patients to avoid conflict or to meet family expectations. Research by Aarthun et al., (2019) studies have shown that family involvement in medical decisions can improve the quality of care, but it can also lead to confusion between patient wishes and clear medical needs. Healthcare Workload: In the healthcare context, high expectations regarding referral decisions can increase the workload of healthcare professionals. This is supported by studies showing that healthcare professionals often face challenges in balancing patient and family needs with objective clinical decision-making. When healthcare professionals feel pressured, this can impact the quality of their decisions (Yamamoto et al., 2021).

Patient Satisfaction and Trust: When referral expectations are met, patients and families tend to be more satisfied with the care they receive. However, too many referrals without adequate medical consideration can undermine trust in the healthcare system. Research shows that patient trust in healthcare providers can be undermined if referrals appear unnecessary or unfounded (Piotrowski, 2019). Emotional distress and expectations from patients and families have a complex impact on healthcare professionals' clinical decisions. While expectations of referral can increase satisfaction and trust in healthcare services, they can also lead to inappropriate decisions and impact overall health outcomes.

Organizational cultures in more bureaucratic institutions tend to be more rigid, with an emphasis on adherence to regulations and protocols. Meanwhile, in private clinics, a more flexible work culture often facilitates a more patient-centric approach. However, a less collaborative culture can hinder the referral process. Research by Sulistio et al. shows that a rigid work culture can hinder effective collaboration, which is crucial in the context of referrals and decision-making in healthcare.

These differences in referral perceptions and behaviors can impact care outcomes. Healthcare workers in regulated and bureaucratic environments may be more cautious and more likely to refer patients based on established guidelines, which can result in fewer unnecessary referrals. However, this can also lead to missed opportunities for timely intervention. On the other hand, more autonomous clinics may have more

variable outcomes, depending on the healthcare workers' ability to directly and quickly assess clinical needs.

The challenges faced by healthcare workers in these two environments also differ. Healthcare workers in government hospitals may face more bureaucratic obstacles and a lack of resources, while healthcare workers in private clinics typically must focus more closely on patient satisfaction, given higher competition and patient expectations. Research by Rahayu et al. shows that patient satisfaction can increase loyalty and trust in healthcare services, which in this context is more relevant in private clinics.

Socio-Cultural Context and Referral Decisions

Konteks sosial-kultural setempat, termasuk kepercayaan masyarakat terhadap institusi kesehatan dan stigma terkait layanan kesehatan, berpengaruh signifikan terhadap keputusan rujukan dan kepatuhan pasien terhadap rekomendasi rujukan. Beberapa faktor eksternal ini dapat mempengaruhi hasil perawatan pasien di fasilitas layanan kesehatan, baik di lingkungan publik maupun privat di Indonesia.

1. Trust in Health Institutions

Public trust in healthcare institutions, including clinics, plays a crucial role in referral decisions. Research shows that perceived good service quality can increase patient satisfaction by strengthening trust. This demonstrates the positive relevance of public perception of institutions in referral decisions.

2. Stigma Related to Health Services

Stigma associated with certain health conditions can also influence referral decisions. In many cases, this stigma may affect how patients perceive their need for referral to a specialist. In Indonesia, stigma related to mental illness or chronic disease often influences public perceptions of treatment, which can hinder appropriate referrals. Previous research has shown that stigma can cause patients to delay care or avoid necessary healthcare services. This, in turn, can worsen health outcomes due to delays in obtaining necessary care.

3. Impact of Local Policies and Regulations

Local policies and institutional regulations also contribute to the referral process and access to services. For example, local regulations governing the healthcare system can influence how referrals are processed. Research has found that understanding the referral process at the Primary Clinic and the policies implementing the referral system can make patients more likely to comply with referral recommendations. When referrals are well-organized and patients have a clear understanding of the process, compliance with referral recommendations can increase.

4. Family Involvement

Family involvement in the decision-making process is also highly influential. In many cultures, social status and family norms play a role in medical decisions. Research shows that family encouragement and support are important factors in determining a patient's decision to follow a referral. Family support in treatment decisions tends to increase patient confidence and motivation to pursue necessary referrals. The local socio-cultural context, including community trust in healthcare institutions, stigma associated with healthcare, and local regulations, has a significant impact on patient referral decisions and compliance. To optimize the likelihood of appropriate referrals and improve the quality of care, it is crucial for healthcare providers to actively educate the community about the importance of appropriate care and foster positive perceptions of referrals.

Based on the discussion above, it can be concluded that the high referral ratio at the Mataram Police Primary Clinic is the result of a complex interaction between structural factors, processes, outcomes, and contextual conditions. Limited facilities and human resources, as structural components, directly impact the service process, particularly in clinical decision-making and the implementation of referral protocols. The service process, which takes place under pressure from time, workload, and patient and family expectations, then influences service outcomes, both in terms of satisfaction, trust, and the burden on the health system. Contextual conditions such as the hierarchical culture and organizational structure of the Indonesian National Police (Polri) reinforce this dynamic by limiting the clinical discretion of health workers. A unique finding is that the command and rank system within the Polri institution often 'interferes' with the objectivity of medical decisions, so that referrals are sometimes made to accommodate the organizational hierarchy. Thus, the high referral rate cannot be understood as a problem for individual health workers alone, but rather as a systemic phenomenon that requires integrated structural, procedural, and policy improvements.

Conclusion

Research shows that the high referral ratio at the Mataram Police BPJS Primary Clinic is the result of a synergistic interaction between service structure weaknesses (limited facilities, equipment, and support staff), rigid administrative processes (BPJS Standard Operating Procedures and regulations), outcomes reflected in defensive service patterns, caution regarding claim risks, and patient service experiences and contextual conditions influenced by the hierarchical

police organizational culture and the pressures of social expectations. Each dimension reinforces the others. Structural limitations narrow the decision-making space in the service process; standardized processes encourage cautious and defensive attitudes in service; while the organizational context adds psychological pressure for health workers, ultimately leading clinical decisions towards more frequent referrals. Therefore, a comprehensive understanding of these factors is crucial for clinic management, BPJS Kesehatan, and health policymakers to identify the most effective intervention points to reduce the referral ratio without sacrificing service quality. From the analysis conducted, it can be concluded that the phenomenon of excessive referrals at the Mataram Police Primary Clinic is not the result of a single factor but rather the result of a complex interaction between structural limitations, operational process rigidity, administrative outcomes and service behavior, as well as contextual factors of an institutional and socio-cultural nature.

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Conflicts of Interest

The authors declare no conflict of interest.

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