



Factors Associated with Accreditation Status of Private Clinics in Pekanbaru City in 2024

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ABSTRACT

Primary clinics play a crucial role in improving public health through healthcare services, disease prevention, and education. However, the challenges in accreditation preparation include the staff's lack of technical understanding in completing applications, limited facilities such as computers, and insufficient support from clinic leadership and monitoring from the Health Office. This study aims to analyze factors related to the accreditation status of primary clinics in Pekanbaru City in 2024. The population consisted of 198 people, with a sample size of 198 respondents. Data analysis was conducted using univariate, bivariate, and multivariate analyse. There is a relationship between activity standardization ($p = 0.000$), completeness of clinic facilities ($p = 0.000$), activity coordination ($p = 0.016$), leadership support ($p = 0.013$) and attitude ($p = 0.005$) with the accreditation status of the Pratama Clinic. There is no relationship between knowledge factors ($p = 0.596$), competence ($p = 0.319$), work team support ($p = 0.237$), ease of access to information technology systems ($p = 0.074$), motivation ($p = 0.826$) and support from the Health Office ($p = 0.367$) with the accreditation status of the Pratama Clinic. The most dominant variable related to the accreditation status of the Pratama Clinic in Pekanbaru City in 2024 is the activity standardization variable (POR= 11.572). Suggestion: The Pratama Clinic needs to routinely evaluate and update operational procedures to ensure compliance with national accreditation standards. In addition, the establishment of an internal monitoring system and additional training on ASPAK applications, DFO, and managerial skills are essential to maintain compliance and improve operational effectiveness.

Keywords : *Standardization of Activities, Completeness of Clinical Facilities, Coordination of Activities, Leadership Support, Attitude*

1. INTRODUCTION

Clinics have an important role in improving public health through health services, disease prevention, education, and health system strengthening (Suryanto, 2022). Based on the Decree of the Indonesian Minister of Health Number HK.01.07/MENKES/1983/2022, clinics are divided into primary and primary clinics. Primary clinics provide basic medical services, while main clinics provide specialized medical services or a combination of both.

Primary clinics, which focus on outpatient care, can also provide hospitalization for patients who require intensive care (Mulyani et al, 2021).

To improve the quality of health services, private clinics are required to go through a rigorous accreditation process. Accreditation is important to ensure effective and efficient services (Asmara and Muhandi, 2020). Nonetheless, challenges in achieving the national accreditation target still exist, as reflected in the 2020 and 2021 accountability

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reports, where only around 56% of Primary Health Care Facilities (PHCs) are accredited. To address this, Minister of Health Regulation No. 13 of 2022 changed the focus to the percentage of accredited primary healthcare facilities, although the figure remains at 56.4% in 2022.

The readiness of private clinic accreditation is influenced by the readiness of human resources, financial aspects, infrastructure, and organizational behavior (Dewi et al, 2022; Robbins and Judge, 2017). Other important factors are leadership support, knowledge, and motivation of clinic staff. Research shows that organizational culture and readiness for change are influenced by individual and group behaviors (Alshamsi et al, 2020). Technology availability is also important in accelerating accreditation preparation (Vanegas and Hernandez, 2020). Nurina's research (2023) shows that Primary Clinics in Kendal Regency have good accreditation readiness with learning support (training) to improve human resource competencies, support from leaders, and high motivation from employees to change towards better accreditation changes.

In Riau Province, only 39% of private clinics are accredited, and in Pekanbaru City, accreditation readiness is still lacking due to limited facilities and leadership support (Riau Health Office, 2023). Therefore, greater efforts are needed to achieve the target of 100% accreditation of primary health care facilities by the end of 2024 as expected by the Ministry of Health of the Republic of Indonesia. The purpose of the study was to analyze the factors associated with the accreditation status of Primary Clinic in Pekanbaru City in 2024.

2. METHODS

This study used a quantitative analytic approach with a cross-sectional observational design. The location of this study was in Primary Clinics under the auspices of the Pekanbaru City Health Office, with the data collection period lasting from January to May 2024. The study population included all Quality Assurance Officers at Primary Clinics within the working area of the Pekanbaru City Health Office, totaling 198 people (clinics). The sample size used in this study was the entire

population, namely 198 Quality Assistants of Primary Clinics, which was taken using total sampling technique, a form of non-probability sampling. Primary data was collected using a closed questionnaire that was filled in directly by the respondents. Secondary data were obtained from various sources, including the Pekanbaru City Health Office profile in 2023, Health Service Facility Registration data until January 2024, and other references such as books and journals. Data analysis in this study was conducted through several stages. First, univariate analysis was conducted to describe each variable studied using descriptive methods. Next, bivariate analysis was used to test the significant relationship between the independent variable and the dependent variable, as well as to calculate the magnitude of risk using the Prevalence Odds Ratio (POR). Finally, multivariate analysis was conducted using multiple logistic regression method to predict the model, which consisted of two stages, namely bivariate selection and multivariate modeling. This research has been reviewed by the Ethics Commission of Hang Tuah University Pekanbaru and has met the ethical feasibility with letter number: 025/KEPK/UHTP/III/2024.

3. RESULT AND DISCUSSION

Univariate analysis

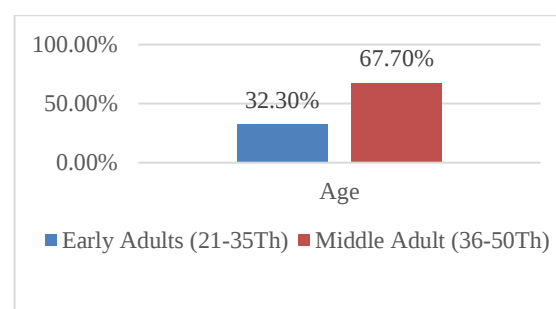


Figure 1. Frequency distribution of respondents' age

Figure 1 shows that the majority of respondents in the middle adult category aged 36-50 years (67.7%).

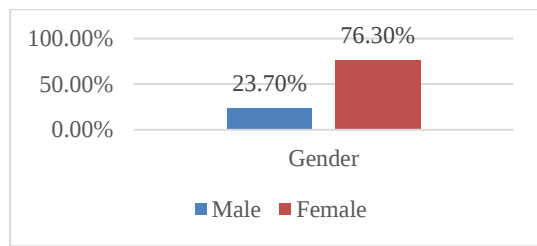


Figure 2. Frequency distribution of respondent gender

Figure 2 shows that the majority of respondents were female (76.3%).

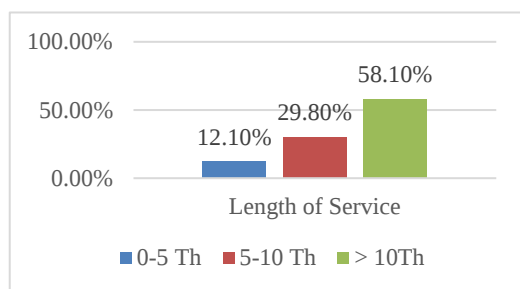


Figure 3. Frequency distribution of respondents' education

Figure 3 shows that the majority of respondents have worked for more than 10 years (58.1%).

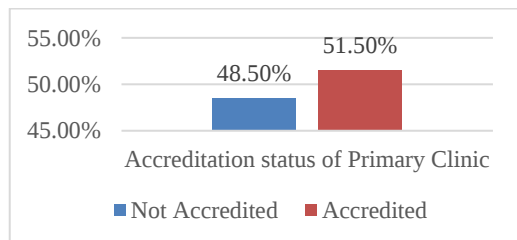


Figure 4. Frequency Distribution of accreditation status of Primary Clinic

Figure 4 shows that the majority of private clinics are accredited (51.5%).

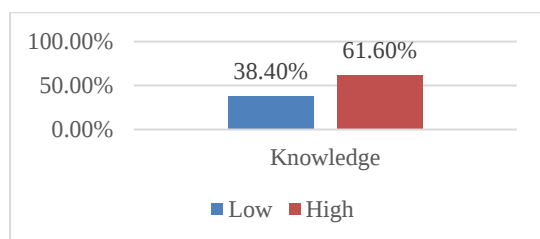


Figure 5. Frequency distribution of respondents' knowledge

Figure 5 shows that the majority of respondents' knowledge was high (61.6%).

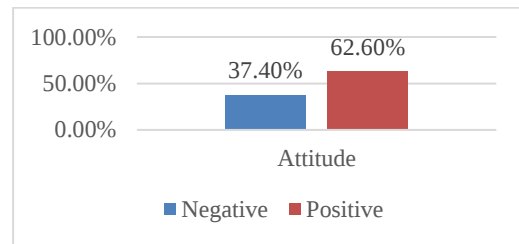


Figure 6. Frequency distribution of respondents' attitudes

Figure 6 shows that the majority of respondents' attitudes were positive (62.6%).

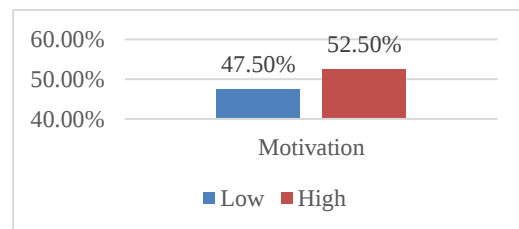


Figure 7. Frequency distribution of respondents' motivation

Figure 7 shows that the majority of respondents' motivation is high (52.5%).

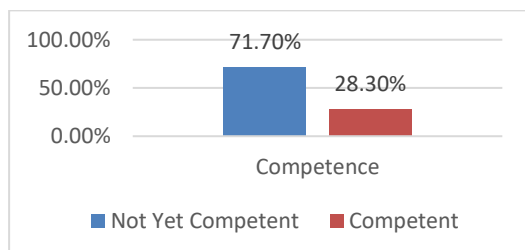


Figure 8. Frequency distribution of respondents' competence

Figure 8 shows that the majority of respondents were not competent (71.7%).

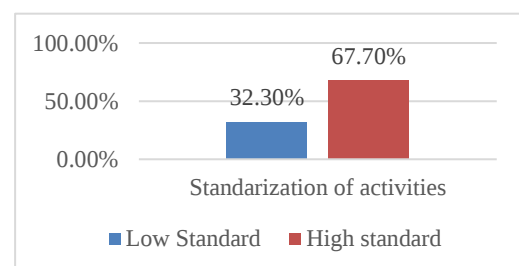


Figure 9. Frequency distribution of respondents' activity standardization

Figure 9 shows that the majority of respondents' standardization of activities is high (67.7%).

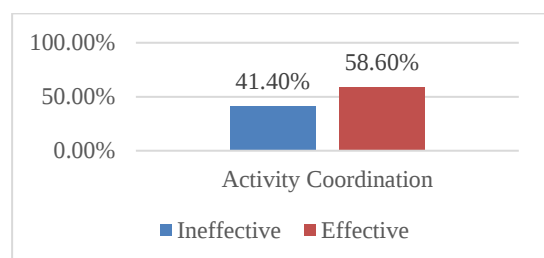


Figure 10. Frequency distribution of respondents' activity coordination

Figure 10 shows that the majority of respondents' activity coordination was effective (58.6%).

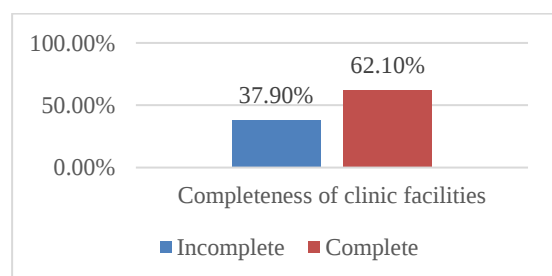


Figure 11. Frequency distribution of respondents' clinic facilities

Figure 11 shows that the majority of clinic facilities are complete (62.1%).

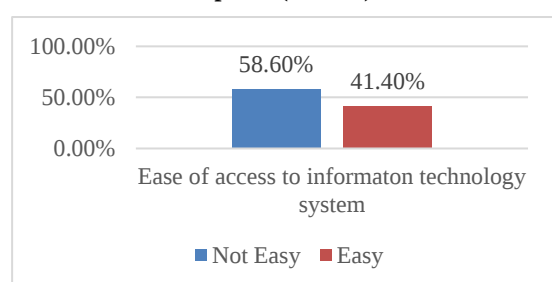


Figure 12. Frequency distribution of respondents' ease of access to information technology systems

Figure 12 shows that the majority of easy access to information technology systems is not easy (58.6%).

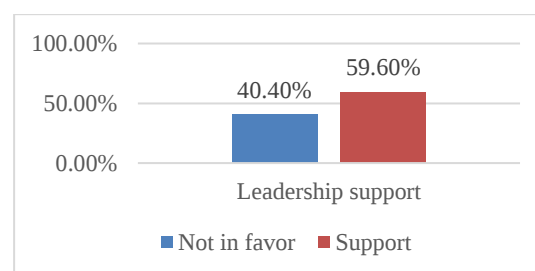


Figure 13. Frequency distribution of respondents' leadership support

Figure 13 shows that the majority of leadership support is supportive (59.6%).

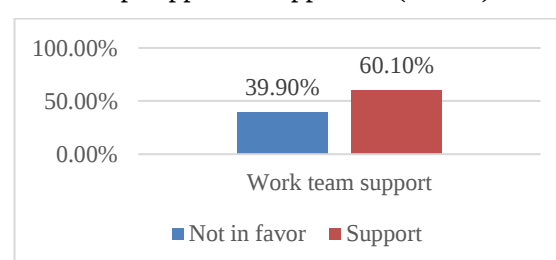


Figure 14. Frequency distribution of respondents' work team support

Figure 14 shows that the majority of work team support is supportive (67.7%).

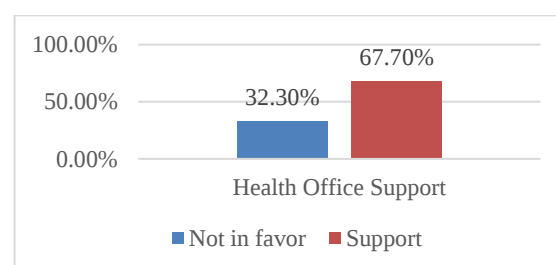


Figure 15. Frequency distribution of department support

Figure 15 shows that the majority of health office support was supportive (67.7%)

Bivariate analysis

Table 1. Bivariate analysis of factors associated with accreditation status of private clinics

Variables	Status				Total		<i>P_{value}</i>	POR 95% CI)
	Primary Clinic Accreditation							
	Not Accred ited		Accred ited		N=198	%		
N=96	%	N=102	%					
Knowledge								
Low	47	61,8	29	38,2	76	100	0,005	2,414 (1,342- 4,345)
High	49	40,2	73	59,8	122	100		
Attitude								
Negative	45	60,8	29	39,2	74	100	0,011	2,221 (1,234- 3,999)
Positive	51	41,1	73	58,9	124	100		
Motivation								
Low	58	59,6	38	40,4	94	100	0,005	2,358 (1,332- 4,172)
High	40	38,5	64	61,5	104	100		
Competence								
Not yet Competent	72	50,7	70	49,3	142	100	0,402	1,371 (0,735-2,557)
Competent	24	42,9	32	57,1	56	100		
Standardization of activites								
Standard Low	51	79,7	13	20,3	64	100	0,000	7,759 (3,827-15,729)
Standard High	45	33,6	89	66,4	134	100		
Activity coordination								
Ineffective	52	63,4	30	36,6	82	100	0,001	2,836 (1,580-5,093)
Effective	44	37,9	72	62,1	116	100		
Completeness of clinic facilities								
Incomplete	46	61,3	29	38,7	75	100	0,007	2,316 (1,287-4,168)
Complete	50	40,7	73	59,3	123	100		
Ease of access to information technology systems								
Not Easy	63	54,3	53	45,7	116	100	0,071	1,756 (0,995-3,130)
Easy	33	40,2	49	59,8	82	100		
Leadership support								
Not in favor	50	52,5	30	37,5	80	100	0,002	2,609 (1,454-4,681)
Support	46	39	72	61	118	100		
Work team support								
Not in favor	50	63,3	29	36,7	79	100	0,001	2,736 (1,520-4,929)
Support	46	38,7	73	61,3	119	100		
Health Office Support								
Not in favor	34	53,1	30	46,9	64	100	0,453	1,316 (0,752-2,391)
Support	62	46,3	72	53,7	134	100		

Table 1 shows the relationship between various factors and the accreditation status of Primary Clinic in Pekanbaru City in 2024. There was a significant relationship between knowledge ($p = 0.005$), attitude ($p = 0.011$), motivation ($p = 0.005$), activity standards ($p = 0.000$), activity coordination ($p = 0.001$), completeness of clinic facilities ($p = 0.007$), leadership support ($p = 0.002$), and work team support ($p = 0.001$) with accreditation status. However, there was no significant association between competence ($p = 0.402$), access to information technology systems ($p = 0.071$), and Health Office support ($p = 0.453$) with clinic accreditation status. Respondents with

positive factors tended to be in accredited clinics, while respondents with negative actors tended to be in non-accredited clinics.

Bivariate selection

Based on the bivariate selection results, it was found that the variables of competence and support from the health office had p values greater than 0.25. This indicates that both variables were not eligible for inclusion in the multivariate analysis stage because they were not statistically significant at the specified significance level. Meanwhile, other variables such as knowledge, attitude, motivation,

standardization of activities, coordination of activities, completeness of clinic facilities, ease of access to information technology systems, support from leaders, and support from work teams, 0.25. all Therefore, showed p values theselessvariables than or equal were considered significant and met the criteria for inclusion in further multivariate analysis models.

Tabel 2. Bivariate Selection Results of Independent Variables with Primary Clinic Accreditation Status

No	Independet Variable	p value	Description
1	Knowledge	0,003	Candidate
2	Attitude	0,007	Candidate
3	Motivation	0,003	Candidate
4	Competence	0,319	Candidate
5	Standardization of activities	0,000	Candidate
6	Activity coordination	0,000	Candidate
7	Completeness of clinic facilities	0,005	Candidate
8	Ease of access to information technology systems	0,051	Candidate
9	Leadership support	0,001	Candidate
10	Work team support	0,001	Candidate
11	Health Office Suppor	0,367	Not a Candidate

Table 3. Multivariate Analysis of Modeling VI (Final) Factors Associated with Primary Clinic Accreditation Status

Independent Variable	p value	POR	(95%CI)
Attitude	0,005	2,224	(0,984-5,027)
Motivation	0,826	1,114	(0,424-2,927)
Standardization of activities	0,000	11,572	(5,064-27,274)
Activity coordination	0,016	3,310	(1,249-8,774)
Completeness of clinic facilities	0,000	4,004	(1,856-8,638)
Leadership support	0,013	2,485	(1,212-5,096)
Omnibus Tests	0,000	Nagelkerke R Square = 0,450	

Based on multivariate analysis conducted through six times of modeling, table 2.14 shows that significant variables with p-value ≤ 0.05 associated with accreditation status of Primary Clinic in Pekanbaru City in 2024 include: attitude, standardization of activities, coordination of activities, completeness of clinic facilities, and leadership support. The results of the analysis are as follows:

1. The variables associated with the accreditation status of Pratama clinics in Pekanbaru City in 2024 are attitude, standardization of activities, coordination of activities, completeness of clinic facilities, and leadership support.
2. Variables that were not associated with accreditation status included knowledge, motivation, competence, ease of access to information technology systems, work team support, and health office support.
3. The motivation variable is a confounder variable.
4. The most dominant variable is the standardization of activities, with the probability of an accredited clinic being higher at high standardization than low (POR = 11.572).
5. Omnibus Tests show P value = 0.000, meaning that the multivariate model formed is feasible to use.
6. The Nagelkerke R Square value is 0.450, indicating that the independent variables in the model (standardization of activities, completeness of clinic facilities, coordination of activities, leadership support, and attitudes) explain 45% of the variation in clinic accreditation status, the rest is explained by other variables not studied.

DISCUSSION

Related variables:

Relationship between Activity Standardization and Accreditation Status of Primary Clinic in Pekanbaru City in 2024

Standardizing activities is a very important step taken by an institution to ensure consistency and accuracy in the execution of its various activities. By implementing

standardization, the institution ensures that all tasks are carried out uniformly and consistently, and verifies that each process is carried out in accordance with pre-established principles. This action helps the institution to achieve optimal efficiency in its operations and reduce the possibility of errors or uncertainties in the implementation of various tasks (Narpati et al, 2022).

The results of this study are in line with the findings of Beitsch et al. (2018), which showed that clinics have implemented formal standards as part of preparation for accreditation. This study identified a positive relationship between the implementation of structured standardization and achieving accreditation status. That is, the better the clinic's implementation of standardization, the more likely it is to achieve the desired accreditation status. This underscores the importance of formalized standards implementation in increasing the chances of clinic accreditation.

The results of this study are also similar to the research of Brand et al. (2023), in their research, confirmed that the standardization applied by health facilities is a determining factor in achieving the desired level of achievement. Health facilities that implement higher standards have a greater chance of obtaining higher accreditation as well. Therefore, it is important for health facilities to give priority to standardization as part of their efforts to improve the quality of health services they provide.

Based on the findings of this study, it is recommended that accredited Primary Clinics be able to maintain their accreditation status by ensuring all procedures and practices at the Clinic are in accordance with national health accreditation standards. Meanwhile, it is recommended for Primary Clinics that have not been accredited to immediately complete accreditation preparation procedures according to national health accreditation standards.

Relationship between the completeness of clinic facilities and accreditation status of primary clinic in Pekanbaru City in 2024

Preparation for accreditation at a clinic is highly dependent on the completeness of the

facilities available. Complete and adequate clinic facilities, including treatment rooms, medical equipment, waiting rooms, and other supporting facilities, can increase the chances of passing the accreditation process. In addition, adequate facilities also include the availability of sufficient and trained human resources to provide quality services (Asmara & Muhandi, 2020).

The results of this study are consistent with a study conducted by Tabrizi et al. (2023), which confirmed that the availability of adequate medical facilities and effective medical waste management are key factors in achieving clinic accreditation. Clinics that maintain their facilities well are more likely to obtain higher accreditation status compared to clinics whose facilities do not meet the set standards. In addition, this study also supports the findings of Fetouh et al. (2023), which indicated that the completeness of facilities in clinics has a significant influence on performance in the accreditation preparation process. Complete facilities can improve the efficiency and effectiveness of accreditation preparation, while lack of facilities can actually be a serious obstacle that disrupts the smooth running of the process.

Based on the findings of this study, it is recommended that accredited Primary Clinics maintain their accreditation status by ensuring the availability of clinic facilities in accordance with national health accreditation standards. Update and maintain medical equipment, and ensure that all operational procedures meet established quality and safety criteria.

Relationship between Activity Coordination and Accreditation Status of Primary Clinic in Pekanbaru City in 2024

Elliott et al. (2021) state that coordination of activities in organizational management is a crucial process to achieve common goals in an effective way. This process involves regulating and aligning the various activities and resources owned by the organization. The theory of activity coordination emphasizes the importance of effective communication, close cooperation between individuals or units, and optimal integration between various parts of the organization to achieve goal alignment.

The findings of this study are in line with a study conducted by Hysong et al. (2021), which revealed that a high level of coordination in the clinical accreditation team can significantly improve the performance of team members in achieving accreditation goals. In addition, these results are also consistent with the research of Beitsch et al. (2018), which showed a strong relationship between commitment to coordination and achieving accreditation status. This underscores the importance of good coordination to achieve the desired accreditation.

Based on the findings of this study, it is recommended that unaccredited Primary Clinics improve staff motivation by providing rewards and recognition for their efforts such as work bonuses or additional incentives. These rewards will improve staff performance, making them more motivated to coordinate with each other in preparing for accreditation.

Relationship between Leadership Support and Primary Clinic Accreditation Status in Pekanbaru City in 2024

Leadership is a crucial factor that greatly affects the achievement of an organization, because through leadership, organizational goals can be achieved effectively. In general, leadership is defined as the process by which a leader influences the activities of individuals or groups to achieve specific goals in a specific situation (Tahir, 2020).

According to Locke quoted in Ahmad et al. (2020), an individual's job satisfaction is strongly influenced by the extent to which their needs and expectations are met in the work environment. Support and attention provided by clinic leaders can increase staff job satisfaction, which in turn can increase their motivation to follow accreditation procedures and standards.

The results of this study are in line with the study conducted by Anwar et al. (2020), where the majority of respondents stated that they received support from their leaders. The study found a significant influence between leadership style and the assessment of the accreditation status of health centers, showing that the majority of health workers at 46 health centers in Makassar City assessed the

leadership applied to be in the sufficient category. In addition, research by Vanegas and Hernandez (2020) also showed that effective leadership in quality management has a positive effect on accelerating the preparation process and increasing the efficiency of implementing accreditation requirements.

Based on the findings of this study, it is recommended that the leadership of the Primary Clinic provide strong support to staff in preparing for accreditation. Leaders need to apply a leadership style that suits the character and needs of the staff, and create a comfortable and pleasant work environment. This support will improve staff performance, making them more enthusiastic in preparing for Clinic accreditation.

Unrelated variables:

Relationship between Competence and Accreditation Status of Primary Clinic in Pekanbaru City in 2024

Competence in this study is measured based on whether or not respondents have attended training related to accreditation, this is in accordance with the theory of Raharjo (2022) that a person is considered competent in carrying out his work and duties because he has met the qualifications of a nationally recognized educational or training institution.

Based on this study, competence is not the only variable that affects accreditation status. According to Scott et al (2018), in addition to officer competence, the importance of organizational aspects in achieving high service quality. In this context, factors such as management, organizational policies, and communication structures are identified as key elements that influence the effectiveness and efficiency of health services. Another study conducted by Kumar et al (2017) showed that an organizational culture that supports innovation, continuous learning, and active participation of all team members has a significant impact on achieving high accreditation standards compared to individual competencies.

Based on the findings of this study, it is recommended for future researchers to use

more diverse indicators on the questionnaire to measure the competence of the person in charge of Clinic quality. In addition to asking about the experience of attending accreditation training, add questions that measure the ability to operate applications such as ASPAK and DFO, as well as other managerial and technical skills relevant to accreditation.

Relationship between Ease of Access to Information Technology Systems and Accreditation Status of Primary Clinics in Pekanbaru City in 2024

The findings of Jung, Lee, Lee, and Hwang (2020) show that the implementation of information technology is often not a simple process, even for countries that are moving towards developed country status, let alone for developing countries like Indonesia. This indicates that the adoption and implementation of information technology systems can be more challenging in a less favorable environment, especially when human resources (HR) do not have sufficient competence in its use, as well as other technical constraints.

In the context of this study, no relationship was found between competency and accreditation status in Primary Clinics. One reason for this may be the ease of access to information technology systems in Pekanbaru, such as the internet network, which is quite adequate and can be accessed easily by all Primary Clinics in the region. However, despite the availability of internet access, the ability of those in charge of the clinics to use information technology systems, especially in operating the Data Fasyankes Online (DFO) and the Application for Infrastructure and Medical Devices (ASPAK), is still limited. This shortcoming may be one of the contributing factors why the use of information technology systems does not directly correlate with the clinic's accreditation status.

Based on the findings of this study, it is recommended that future researchers use indicators of various important aspects of access to and use of information technology systems. These include basic proficiency in computer use, internet access, knowledge of specific applications (such as DFO and

ASPAK), and experience using such applications.

Relationship between Health Office Support and Primary Clinic Accreditation Status in Pekanbaru City in 2024

The Health Office at the provincial, district, or city level has a crucial role in helping clinics prepare for accreditation. This includes providing official guidelines and manuals detailing the accreditation requirements that each clinic must fulfill (MOH RI, 2022). However, based on research conducted by Novitasari et al. (2022), it was found that Primary Clinics in Cirebon Regency were not fully prepared for the accreditation process. The obstacles faced in preparing for accreditation include limitations in the aspects of standards and policy objectives, limited resources, ineffective communication, characteristics of implementing agencies that are less supportive, and support from the health office which is considered not optimal.

The results of this study are in line with Stevani's research (2019) showing that the Health Office organizes special training and guidance for officers to understand the accreditation process. The government also provided financial support for infrastructure, medical equipment repairs, and recruitment of additional personnel. Through periodic inspections and evaluations, the government ensures that puskesmas comply with health service standards prior to accreditation. Thus, the government can guarantee quality and safe health services at accredited health centers.

Based on the findings of this study, it is recommended that future researchers focus on creating a health department support questionnaire on how this support is received and implemented by the Clinic and its impact on the accreditation process. This could involve surveys or interviews with the Clinics to get feedback on the type of support that was most helpful.

Relationship between Work Team Support and Primary Clinic Accreditation Status in Pekanbaru City in 2024

ISO (2015), explains that accreditation processes often focus more on compliance with formal standards, procedures and documentation than on dynamic aspects such as team support. These standards usually include safety policies, medical protocols and risk management that can be met without the need to take into account the quality of work team support.

Accreditation criteria are determined through adherence to formal standards, procedures, and documentation rather than based on an assessment of work team support. As a result, each staff member is more focused on accomplishing their tasks in completing accreditation requirements rather than relying on teamwork support.

Based on the findings of this study, it is recommended for future researchers to create a work team support questionnaire by integrating the assessment of work team support with existing or standardized formal standards.

Relationship between Knowledge and Accreditation Status of Primary Clinic in Pekanbaru City in 2024

The results of this study are in line with Rahardjo's (2012) view, which states that education functions as guidance given by someone to others to improve their understanding of a topic. A higher level of education tends to make it easier for a person to acquire and understand knowledge. Conversely, a low level of education can hinder the development of one's attitude towards accepting and applying new values that are introduced.

Based on the results of the researcher's analysis, this high level of knowledge does not guarantee the achievement of accreditation status, because the questions on the questionnaire assessed more on knowledge of the definition, benefits, procedures and requirements of Clinic accreditation, while the knowledge of the person in charge of the Clinic in the use of the Online Health Facility Data application (DFO) and the Health Infrastructure

and Equipment Application (ASPAK) which are important components in achieving accreditation status was not included in the knowledge questionnaire. This may be one of the reasons why knowledge is not associated with accreditation status.

Relationship between Motivation and Accreditation Status of Primary Clinic in Pekanbaru City in 2024

Work motivation has a significant impact on performance in an organization. When employees feel motivated, they tend to show improvements in productivity, better attendance, and higher quality of work. Overall, high levels of motivation not only improve individual performance, but also have a positive impact on the overall performance of the organization. Therefore, it is important for organizations to understand the factors that influence employee work motivation and develop effective strategies to maintain and enhance such motivation (Tewal et al., 2017).

Good coordination between the medical, administrative, and management teams is key to meeting accreditation standards. If motivation is high but team coordination is poor, achieving accreditation status can still be hindered. This suggests that while motivation may influence performance indirectly, effective team coordination is the main factor influencing the achievement of accreditation.

The findings of this study reveal that standardization of activities, completeness of facilities, coordination of activities, leadership support, and attitudes of health workers have a significant relationship with achieving accreditation status of Primary Clinics in Pekanbaru City in 2024, while the variables of competence, ease of access to information technology, Health Office support, work team support, and knowledge do not show a strong relationship. Good standardization increases the chances of accreditation through operational efficiency and consistency, while facility completeness supports smooth preparation supportive.

Effective coordination and leadership boosted staff performance, while health workers' positive attitude towards accreditation

strengthened standards implementation. However, this study has limitations in measuring certain variables such as competence and support from the Health Office, so further research is proposed by expanding the scope of indicators, such as technical capabilities, accreditation application utilization, and training experience to provide a more comprehensive picture of the factors that influence clinical accreditation.

CONCLUSIONS

This study found that there is a significant relationship between standardization of activities, completeness of facilities, coordination, leadership support, and attitude towards the accreditation status of Primary Clinic in Pekanbaru in 2024. In contrast, variables such as knowledge, competence, motivation, team support, access to information technology, and support from the Health Office did not show a significant relationship. Motivation was identified as a confounding variable, while standardization of activities was the most dominant factor in influencing accreditation status. Overall, the associated variables were able to explain 45% of the variation in accreditation status, while the remaining 55% was influenced by other unexamined factors. The findings provide important implications in improving accreditation by focusing on the key factors identified.

ADVISE

Primary Clinics need to regularly evaluate and update operational procedures related to job descriptions, responsibilities, and authorities to ensure compliance with national accreditation standards, as well as establish an effective internal monitoring system. In addition, periodic audits of medical facilities and equipment should be conducted to ensure all equipment and spaces are functioning optimally; regular maintenance and renewal of equipment is highly recommended. To increase motivation, the clinic should introduce staff reward and incentive programs and encourage coordination and collaboration among staff who have undergone training to strengthen accreditation preparation. Active leadership

from the clinic leadership, with an inclusive and participatory approach, can create a more positive and motivating work environment. Open and transparent communication regarding the accreditation process through workshops or regular information sessions is also important to ensure all staff better understand their roles and responsibilities. Finally, the clinic should ensure that the person in charge of quality has adequate skills and knowledge by providing additional training to improve competency in application and managerial skills.

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