

Optimizing Health Services: A Quality Study at Community Health Centers in Sukoanyar Village, Lamongan

Sanindita Qolbiyah Hariroh^{id}, Tukiman^{id}

Public Administration, Faculty of Social, Cultural and Political Sciences, UPN "Veteran" East Java

Corresponding Author Email: sanindita.014@gmail.com

ABSTRACT

Received : July 08, 2025
Revised : August 25, 2025
Accepted : September 30, 2025

Keywords:

Service Quality, Servqual, Healthcare Services, Outpatient Services.

Health is a basic right and an important element in achieving social welfare. This study aims to analyze the quality of health services at community health centers using the five dimensions of Servqual: Tangibles, Reliability, Responsiveness, Assurance, and Empathy. The research method used is descriptive quantitative with one variable, namely service quality, involving a random sample of 100 outpatients selected from a population of more than 3,000 patients over six months. Data were collected through a structured questionnaire using a four-point Likert scale and analyzed descriptively. The findings indicate that all five dimensions of service quality received positive ratings, indicating high quality. Physical facilities and cleanliness significantly contributed to patient comfort, while service delivery generally met the promised standards and procedures. Healthcare staff demonstrated responsiveness and provided clear information, although administrative processes required simplification. Competent and friendly medical staff build patient trust and a sense of security, with further personal attention strengthening the relationship between patients and service providers. This study confirms that healthcare services at community health centers are of good quality, but highlights the need for continuous improvement, particularly in simplifying administrative procedures. These findings provide valuable guidance for optimizing healthcare services and formulating policies to enhance the quality of healthcare services at community health centers.

INTRODUCTION

Health is a fundamental right of every individual and is one of the key factors in achieving societal well-being. In Indonesia, health is given special attention, as enshrined in the Pancasila and the 1945 Constitution. Healthcare development aims to improve the health status of the community through increased access to and quality of healthcare services that are equitable, affordable, and of high quality. Article 28H (1) of the 1945 Constitution states that every person has the right to adequate healthcare services as well as a healthy and prosperous living environment. Healthcare services are part of public services that must be provided by the government as a form of the state's responsibility.

Law No. 17 of 2023 on Health defines health efforts as a series of integrated and sustainable activities to maintain and improve the health status of the community. These efforts include promotive, preventive, curative, rehabilitative, and palliative actions carried out jointly by the central government, local governments, and the community. Therefore, the responsibility for improving health quality is shared equally among the central government, local governments, and the community as beneficiaries, including vulnerable groups.

The government is expected to provide fair, affordable, and equitable health services for all segments of society. To that end, the government needs to take strategic steps in the provision of health services so that equitable access can be achieved, particularly in public services in the health sector (Japar et al., 2024)

Public services are the provision of services that meet the needs of the community in accordance with applicable

regulations, and service quality is a major factor in determining the level of satisfaction of the community as service recipients. Ibrahim (2008) states that the quality of public services is dynamic and involves products, services, people, processes, and the environment during service delivery. The assessment of public service quality must be based on criteria that can measure whether the service is good, bad, of high quality, or not (Hardiyansyah, 2018). Good service is reflected in the welfare received by the community as service users. Public service standards also refer to the quality of government administration, where the government is responsible for meeting the needs and interests of the community (Mauliddiyah, 2021).

In the context of health, health services are included in the category of public services that aim to maintain, improve, prevent disease, and restore the health of the community at large (Prihatin et al., 2022). The quality of health services is closely related to the level of satisfaction of service users, which is the main indicator of service quality. Patient satisfaction increases when the services received exceed their expectations (Rahayu et al., 2024). Ministerial Decree Number 25 of 2004 defines public satisfaction as aspirations expressed regarding the services provided, measured by their expectations and needs. Vanchapo & Magrifoh (2022) emphasize that quality healthcare services are those that can meet patient expectations, thereby generating satisfaction and gratitude.

According to Parasuraman (1990) in Hardiyansyah (2018), adequate service quality directly influences customer satisfaction. In this context, customers are patients who evaluate services based on their alignment with their expectations. Para-

suraman, Zeithaml, and Berry (1990) developed five dimensions of service quality (Servqual) that are also relevant in healthcare services, namely: (1) Tangibles (physical evidence such as facilities and equipment), (2) Reliability (service reliability as promised), (3) Responsiveness (the promptness and ability of staff to assist patients), (4) Assurance (guarantees in the form of staff knowledge and polite attitudes), and (5) Empathy (staff concern for patient needs). Darzi et al., (2022) in the journal "Service Quality in the Healthcare Sector" state that service quality can be measured by comparing patient perceptions and expectations using the Servqual model. Studies show that all dimensions of Servqual are positively and significantly related to patient satisfaction. Another study in Purwosari Subdistrict, Bojonegoro Regency, also found that the quality of health center services has a positive and significant effect on community satisfaction. Therefore, the Servqual method is effective for comprehensively assessing the quality and satisfaction of primary health services.

Healthcare is a mandatory responsibility of local governments in accordance with Law No. 23 of 2014. Local governments are responsible for providing comprehensive, integrated, and sustainable healthcare services through public healthcare facilities such as community health centers (Puskesmas). Puskesmas are primary healthcare facilities that provide promotive, preventive, curative, rehabilitative, and palliative services within their service areas (Ministry of Health Regulation, 2024). Puskesmas serve as centers for health development and community participation in healthcare, as well as providers of basic healthcare services (Azwar, 2010).

Health services at Puskesmas encompass various activities aimed at maintaining and improving the overall health of the community. The quality of services at Puskesmas must be maintained and improved in accordance with applicable standards to ensure access for all segments of society. As a primary health care unit, Puskesmas are highly needed by the community as providers of basic health services. The purpose of establishing Puskesmas is to meet health needs, improve health determinants, and strengthen the health of individuals, families, and communities (Ministry of Health Regulation, 2024). As a public service provider, Puskesmas must pay attention to the quality and level of public trust in its services to achieve health insurance programs. Binding regulations need to be implemented to minimize abuse of authority and protect the community in public services (Murtini & Puspangityas, 2023).

The Turi Subdistrict Health Center in Lamongan Regency is one of the public service facilities in the health sector that provides various outpatient and inpatient services. According to Lamongan Regency Regulation No. 12 of 2019, health services at Puskesmas aim to achieve a healthy community and ensure access to quality services. The types of services at Turi Puskesmas include Individual Health Services (UKP) such as general check-ups, dental and oral health, maternal and child health (KIA), family planning (KB), emergency care, laboratory services, and pharmacy; Community Health Services (UKM) encompassing health promotion, environmental health, and disease prevention; as well as the development of UKM services for mental health, sports, the elderly, and others (Turi Health Center, 2023).

The number of outpatients at the Turi Subdistrict Health Center has increased significantly from 2021 to 2024, making this health center one of the most popular in Lamongan District. However, the increase in the number of patients has also been accompanied by several negative complaints, such as dissatisfaction with the services at the Emergency Room, as reported by the community (Radar bangsa, 2024). Although

national regulations and policies set standards for fair, high-quality, and equitable health services, in reality there are still obstacles to implementation in the field, such as public complaints about services at community health centers, particularly regarding responsiveness and administrative procedures. This situation highlights a gap between the expected standards of service and the actual conditions on the ground, thereby underscoring the urgency of conducting in-depth research to identify the factors influencing service quality and formulate recommendations for improvement. These complaints indicate shortcomings in the responsiveness of staff in providing prompt and clear services in accordance with standard operating procedures. In 2023, the Turi Subdistrict Health Center received the best public service award from the East Java Ombudsman with a score of 84.6, the highest in Lamongan District (Kabupaten Lamongan, 2023). This award reflects an improvement in service quality based on the principles of Pancasila, professional ethics, and patient protection.

Based on these facts, the researcher is interested in conducting a more in-depth study on the quality of outpatient health services at the Turi Subdistrict Health Center in Lamongan District. This research is expected to provide targeted recommendations to improve the quality of outpatient services at this health facility.

RESEARCH METHODS

This study used quantitative methods because it aimed to objectively measure the quality of health services at the Turi Community Health Center based on patient perceptions. This method was chosen so that the data obtained could be analyzed statistically and describe the actual conditions of the services in a measurable way.

The study participants were outpatients who visited the Turi Community Health Center within the last six months. A sample of 100 patients was randomly selected from an average population of 3,159 patients, with characteristics reflecting diversity in age, gender, and frequency of visits. The data collected consisted of patients' perceptions of the quality of health services, measured through five dimensions of Servqual, namely tangibles, reliability, responsiveness, assurance, and empathy. Data collection was conducted using a structured questionnaire with a 4-point Likert scale to assess patient satisfaction levels for each dimension.

The questionnaire instrument was validated using the product moment test and its reliability was assessed using Cronbach's alpha with the assistance of SPSS software, ensuring that the data obtained were valid and reliable. Data analysis was conducted descriptively to describe the frequency distribution and categories of service quality assessments.

RESULTS AND DISCUSSION

The Turi Subdistrict Health Center is located in Sukoanyar Village, Turi Subdistrict, Lamongan District, East Java, with a service area covering 19 villages. Turi Subdistrict has an area of approximately 58.69 km² and a population of around 54,561 people in 2023, with a population density of 837.2 people/km². The health center is easily accessible via adequate road access, approximately 3 km from the subdistrict center and 21 km from the regency capital. The majority of the population works as farmers. The Turi Health Center has 81 staff members with various professions, including 3 doctors, 2 dentists, 28 nursing staff, and 27 midwives. The majority of staff are civil servants and PPPK, with the most common educational background being D III and S1. Female staff are more dominant (63 people) than male staff (18 people).

Based on the validity test results, it is known that the significance value of each question item shows that the calculated $r \geq r$ value, so all items are declared valid. The table r value used was 0.165, obtained from the Product Moment table. In this study, the first validity test was conducted on 30 samples and the results were valid. It was then retested on 100 respondents and remained valid because the calculated r value still met the requirement of being greater than or equal to the table r value. Based on the reliability test results, Cronbach's alpha value of 0.876 from 20 questions indicates a good level of internal consistency, as it is well above the threshold of 0.6. According to Ghazali (2018), this value indicates that the questionnaire used is reliable and can be trusted as a valid measurement tool for data collection in this study.

Table 1. Description of respondents based on gender

Gender	Frequency	Percentage (%)
Male	46	46
Female	54	54
Total	100	100

Source: Respondent data processed by researchers, 2025

Based on the description of respondents by gender in Table 1. women were the most numerous in this study. This is because the majority of patients at the Turi District Health Center were women, numbering 54 people.

This study uses five dimensions of service quality, namely Tangibles, Reliability, Responsiveness, Assurance, and Empathy. Based on the results of the study, the following can be explained:

1. Tangibles

The results of calculating the tangible dimension data show the lowest value = 4, the highest value = 16, the mode = 12; interval = 3.25. The distribution table for the tangible dimension data is as follows:

Table 2. Tangibles Sub-Dimension Categories

No	Scale Interval	Category	Number of People	Percentage (%)
1	3-6	Not Qualified	0	0
2	7-9	Less Qualified	1	1
3	10-13	Qualified	75	75
4	14-16	Highly Qualified	24	24
Total			100	100

Source: Respondent data processed by researchers, 2025

Based on the data presented in Table 2, it can be identified that the majority of respondents gave answers that fell into the qualified category in the Tangibles sub-dimension, with a total of 75 respondents or equivalent to 75% of the total respondents who participated in this study. 1% were less qualified and 24% were highly qualified.

2. Reliability

The results of calculating the tangible dimension data show the lowest value = 4, the highest value = 16, the mode = 12; interval = 3.25. The reliability dimension data distribution table is as follows:

Table 3. Reliability Sub-Dimension Categories

No	Scale Interval	Category	Number of People	Percentage (%)
1	3-6	Not Qualified	1	1
2	7-9	Less Qualified	4	4
3	10-13	Qualified	75	75
4	14-16	Highly Qualified	20	20
Total			100	100

Source: Respondent data processed by researchers, 2025

Based on the results of the analysis presented in Table 3, it can be identified that the majority of respondents gave positive responses to the Reliability sub-dimension in assessing service quality at the Turi District Health Center. Specifically, 75 respondents, or 75% of the total respondents, agreed (qualified) with the statements related to the reliability aspect of the service. 1% were not qualified, 4% were less qualified, and 20% were highly qualified.

3. Responsiveness

The results of calculating the tangible dimension data show the lowest value = 4, the highest value = 16, the mode = 12; interval = 3.25. The distribution table for the responsiveness dimension data is as follows:

Table 4. Responsiveness Sub-Dimension Categories

No	Scale Interval	Category	Number of People	Percentage (%)
1	3-6	Not Qualified	0	0
2	7-9	Less Qualified	2	2
3	10-13	Qualified	75	75
4	14-16	Highly Qualified	23	23
Total			100	100

Source: Respondent data processed by researchers, 2025

Based on the data presented in Table 4, it can be identified that most respondents gave answers that fell into the qualified category in the Responsiveness sub-dimension. Quantitatively, the number of respondents who chose this category reached 75 people, which means 75% of the total respondents who participated in this study. 2% were less qualified, 23% were highly qualified.

4. Assurance

The results of calculating the tangible dimension data show the lowest value = 4, the highest value = 16, the mode = 12; interval = 3.25. The distribution table for the assurance dimension data is as follows :

Table 5. Assurance Sub-Dimension Categories

No	Scale Interval	Category	Number of People	Percentage (%)
1	3-6	Not Qualified	0	0
2	7-9	Less Qualified	2	2
3	10-13	Qualified	77	77
4	14-16	Highly Qualified	21	21
Total			100	100

Source: Respondent data processed by researchers, 2025

Based on the data presented in Table 5, it can be identified that most respondents gave answers that fell into the qualified category in the Assurance sub-dimension. Quantitatively, the number of respondents who chose this category reached 77 people, which means 77% of the total respondents who participated in this study. 2% were less qualified, 21% were highly qualified.

5. Empathy

The results of calculating the tangible dimension data show the lowest value = 4, the highest value = 16, the mode = 12; interval = 3.25. The distribution table for the empathy dimension data is as follows :

Table 6. Empathy Sub-Dimension Categories

No	Scale Interval	Category	Number of People	Percentage (%)
1	3-6	Not Qualified	0	0
2	7-9	Less Qualified	4	4
3	10-13	Qualified	78	78
4	14-16	Highly Qualified	18	18
Total			100	100

Source: Respondent data processed by researchers, 2025

Based on the data listed in Table 6, it can be seen that the majority of respondents gave responses that fell into the qualified category on the Empathy sub-dimension. Quantitatively, 78 respondents or 78% of the total research participants expressed their agreement. 4% were less qualified, 18% were highly qualified.

Discussion

Community health centers are functional units that serve as centers for health development, community participation, and comprehensive and continuous primary health care (Azwar, 2010). This study was conducted at the Turi Subdistrict Puskesmas in Lamongan District, which ranked second in 2023 for the highest number of outpatient visits. Therefore, service quality evaluation was based on patient assessments as service users. Service quality is not only measured by physical facilities but also by the professional attitude and commitment of staff. Service effectiveness is assessed through patient feedback, which serves as the basis for service quality improvement. Analysis of respondent characteristics shows that the majority of patients are women (54%) and aged 21–30 years (70%), a productive age group vulnerable to illness.

In this study, in accordance with the research problem and objectives, the aim is to describe and analyze the quality of outpatient health services at the Turi District Health Center based on five dimensions, namely tangibles, reliability, responsiveness, assurance, and empathy.

1. Tangibles

Tangible evidence includes the condition of the room, cleanliness, and neatness of medical personnel at the health center, which affect the comfort and smoothness of service. At the Turi District Health Center, 75% of respondents agreed that the physical aspects of service met patient expectations, thereby increasing their satisfaction.

This study aligns with the research by (Murtini & Puspaningtyas, 2023) and (Wardani & Tukiman, 2025), which emphasize the importance of physical evidence as an indicator

of service quality and customer satisfaction. In conclusion, the quality of outpatient services at the Turi Subdistrict Health Center, based on the Tangibles dimension, is considered good quality and meets patients' expectations..

2. Reliability

The Reliability dimension refers to the institution's ability to provide accurate and reliable services in accordance with its commitments. Indicators such as appointment accuracy, process speed, responsiveness, and ease of access to information received positive responses from 75% of respondents at the Turi District Health Center. This indicates that the reliability aspect of the service is in line with patient expectations, although there are still some areas that need improvement.

These findings align with the research by (Kisap et al., 2023), which emphasizes the importance of staff reliability, as well as (Wardani & Tukiman, 2025), who highlight the role of competent personnel in providing clear guidance to patients. Overall, the quality of outpatient services at the Turi Sub-district Health Center, based on the Reliability dimension, is considered good quality.

3. Responsiveness

The responsiveness dimension measures the willingness and ability of staff to provide fast service and assist the community. Indicators include the provision of service time information, ease of process, service quality, and clear explanations from staff. As many as 75% of respondents agreed that the service at the Turi District Health Center was responsive, although there were complaints regarding the ease of service, which was still considered complicated. This finding aligns with the research by (Kisap et al., 2023) and (Wardani & Tukiman, 2025), which emphasize the importance of quick responses and clear information in enhancing patient satisfaction. Overall, the quality of outpatient services at the Turi Health Center, as assessed by the responsiveness dimension, is considered good quality.

4. Assurance

The Assurance dimension encompasses the knowledge, courtesy, and ability of staff to build trust and provide a sense of security to patients. Indicators include the ability to foster trust, provide appropriate treatment, demonstrate courteous behavior, and create a sense of security during treatment. At the Turi Subdistrict Health Center, 77% of respondents agreed that services in this dimension met expectations, although there are still some aspects that need improvement.

These findings align with the research (Kisap et al., 2023) and (Wardani & Tukiman, 2025), which emphasize the importance of staff competence and service reliability in creating patient satisfaction. Overall, the quality of outpatient services at the Turi Health Center, based on the Assurance dimension, is considered good quality.

5. Empathy

The dimension of empathy describes the attention and concern of staff toward the needs and comfort of patients, with indicators such as professional attitude without discrimination, prioritizing patient interests, attentive service, and flexible working hours. At the Turi District Health Center, 78% of respondents rated the staff's attitude as meeting expectations, although there are still some aspects that need improvement. These findings align with the research by (Kisap et al., 2023)

and(Wardani & Tukiman, 2025), which emphasize the importance of empathy in delivering quality care. Overall, effective and quality care can be achieved when all parties demonstrate empathy and are committed to providing services that are appropriate and tailored to patients' needs. The quality of outpatient care at the Turi Health Center, based on the empathy dimension, is considered good quality.

Table 7. Description of Frequency Distribution of Outpatient Health Service Quality at Community Health Centers in Turi Subdistrict, Lamongan Regency

No	Scale Interval	Category	Percentage (%)
1	20 - 35	Not Qualified	0
2	36 - 50	Less Qualified	3
3	51 - 65	Qualified	73
4	66 - 81	Highly Qualified	24
Total			100

Source: Respondent data processed by researchers, 2025

Based on the results of the analysis and discussion conducted previously, it can be concluded that the five dimensions of service quality measured are in the “good quality” category or “qualified”. This indicates that, overall, the quality of outpatient health services provided at the Turi Subdistrict Health Center, Lamongan Regency, has met the quality standards expected by the respondents. In other words, the public's perception of healthcare services at the Puskesmas is generally positive and indicates an adequate level of satisfaction.

In line with these findings, the initial hypothesis proposed in this study, namely H1: The quality of outpatient health services at the Turi Subdistrict Health Center, Lamongan Regency, is in the quality category, can be accepted. Conversely, the null hypothesis H0: The quality of outpatient health services at the Turi Subdistrict Health Center, Lamongan Regency, is not in the quality category, is rejected based on the data obtained during the study.

CONCLUSION

This study reveals that the quality of outpatient services at the Turi Community Health Center is classified as qualified based on the five dimensions of Servqual, namely Tangibles, Reliability, Responsiveness, Assurance, and Empathy. Adequate physical facilities and cleanliness have met patient expectations, while the competence and professional attitude of the staff have contributed to creating a sense of trust and security during the service process. Additionally, staff attention to individual patient needs has a positive impact on service user satisfaction.

However, this study identifies several aspects that still require special attention, particularly regarding the complexity of administrative procedures that affect service accessibility. Simplifying administrative processes is expected to enhance responsiveness and patient comfort. Furthermore, improving consistency in service delivery is crucial for strengthening service reliability.

These findings confirm that the Turi Community Health Center has successfully met primary health care service quality standards and the general expectations of the community. Therefore, strategic recommendations are directed at strengthening aspects that remain obstacles in order to maintain and improve service quality sustainably. The implementation of these improvements is expected to support the

creation of optimal and satisfying health services, while also increasing community trust in primary health care facilities.

REFERENCE

Azwar, A. (2010). *Pengantar Administrasi Kesehatan (Edisi ke 3)*.
Darzi, M. A., Islam, S. B., Owais, S., & Bhat, A. S. (2022). *Service quality in the heathcare sector : a systematic review and meta-analysis*. 21(1). <https://doi.org/10.1108/LBSJMR-06-2022-0025>
Hardiyansyah. (2018). *Kualitas Pelayanan Publik (Edisi Revisi)*. 1–344.
Japar, M., Semendawai, A. H., Fahrudin, M., & Hermanto. (2024). Hukum Kesehatan Ditinjau dari Perlindungan Hak Asasi Manusia. *Jurnal Interpretasi Hukum*, 5(1), 952–961. <https://doi.org/10.22225/juinhum.5.1.9290.952-961>
Kisap, F., Arsyati, A. M., & Fatimah, R. (2023). *Kualitas Pelayanan Kesehatan Puskesmas Tegal Gundil di Kota Bogor Tahun 2019*. 6(2), 108–114. <https://doi.org/10.32832/pro>
Mauliddiyah, N. L. (2021). *Implementasi Program Elektronik Sistem Kesehatan Lamongan (E-Sikla) di Puskesmas Moropelang Kabupaten Lamongan*. 27, 6.
Mayarni, M., Meilani, N. L., & Zulkarnaini, Z. (2021). Kualitas Pelayanan Publik Bagi Kaum Difabel. *Jurnal Kebijakan Publik*, 9(1), 11-18.
Menteri Pendayagunaan Aparatur Negara. (2004). *Pedoman Umum Penyusunan Indeks Kepuasan Masyarakat Unit Pelayanan Instansi Pemerintahan*.
Murtini, A. A., & Puspaningtyas, A. (2023). Kualitas Pelayanan Puskesmas Terhadap Tingkat Kepuasan Masyarakat di Kecamatan Purwosari Kabupaten Bojonegoro. *Cakrawala*, 17(2), 253–265. <https://doi.org/10.32781/cakrawala.v17i2.545>
Peraturan Menteri Kesehatan. (2024). Permenkes no 19 tahun 2024. *Peraturan*, 15(1), 37–48.
Perda Kabupaten Lamongan. (2019). *Peraturan Daerah Kabupaten Lamongan Nomor 12 Tahun 2019 Tentang Penyelenggaraan Pelayanan Kesehatan*.
Presiden RI. (2023). Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan. *Undang-Undang*, 187315, 1–300.
Prihatin, E., Zahirah, S., Syahnur, J., & Haerdiansyah. (2022). *Pengaruh Kualitas Pelayanan Terhadap Kepuasan Pasien*. 19(April), 51–63.
Rahayu, I. P., Rosihan, A., Eko, S., Panghiyangani, R., & Bakhriansyah, M. (2024). Analisis Hubungan Mutu Pelayanan dengan Kepuasan Pengguna Jasa Layanan Laboratorium di Balai Besar Laoratorium Kesehatan Mayarakat Banjarbaru. *MaheSa: Malayahati Health Student Journal*, 4, 4531–4544. <https://doi.org/https://doi.org/10.33024/mahesa.v4i10.15717>
Undang-undang. (2014). *Undang-undang nomor 23 tahun 2014*. 1–203.
Vanchapo, A. R., & Magrifoh. (2022). *Mutu Pelayanan Kesehatan dan Kepuasan Pasien Penerbit : Tata Mutiara Hidup Indonesia* (Issue October).
Wardani, A. M. K., & Tukiman. (2025). Kualitas Pelayanan Penanganan Pengaduan Pelanggan di Perusahaan Umum Daerah Air Minum Mojopahit. *Jurnal Governansi*, 11(April), 51–60.
Kabupaten Lamongan. (2023, November 14). *Puskesmas Turi Sebagai Pelayanan Publik Terbaik Kabupten Lamongan*

- Tahun 2023*. Retrieved 01 2025, 13, from Kabupaten Lamongan:
<https://lamongankab.go.id/beranda/puskesmas-turi/posting/12948>
- Radar bangsa. (2024, 08 13). *Tolak Perawatan Darurat, Puskesmas Turi Diprotes Setelah Pasien Terpaksa Dilarikan ke RSUD dr. Soegiri*. Retrieved 01 11, 2025, from Radar bangsa co.id: <https://radarbangsa.co.id/tolak-perawatan-darurat-puskesmas-turi-diprotes-setelah-pasien-terpaksa-dilarikan-ke-rsud-dr-soegiri/>
- Turi Health Center. (2023). *Puskesmas Turi Kaupaten Lamongan*. Retrieved Maret 10, 2025, from Kabupaten Lamongan:
<https://lamongankab.go.id/beranda/puskesmas-turi/layanan>