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ORIGINAL ARTICLE

Perceived National Health Insurance Financial Compensation and Employee Performance in Primary Health Care: A Cross-Sectional Study

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ABSTRACT

Background: Financial compensation is an important factor in human resource management because it may influence employee motivation and performance. In Indonesian primary health care, National Health Insurance capitation funds are used partly for service incentives, but employees may have different perceptions of their fairness and appropriateness.

Objectives: This study aimed to analyze the association between perceived National Health Insurance financial compensation and employee performance in primary health care.

Methods: This study used a correlational analytic design with a cross-sectional approach. A total of 37 employees from a public primary health care centre were included using total population sampling. Perceived National Health Insurance financial compensation and employee performance were measured using structured questionnaires. Data were analyzed using descriptive statistics and Spearman's rho correlation test.

Results: Most respondents disagreed with the distribution of financial compensation (51.4%), and most had moderate performance (62.1%). Spearman's rho analysis showed a significant positive association between perceived financial compensation and employee performance ($r = 0.391$; $p = 0.017$).

Conclusions: Perceived National Health Insurance financial compensation was significantly associated with employee performance. Fair, transparent, and performance-oriented compensation management may help strengthen employee motivation and service quality in primary health care.

Introduction

Primary health care is the foundation of an effective health system because it provides the first level of contact between individuals, families, communities, and health services. Strong primary health care is essential for achieving universal health coverage, improving access to essential services, reducing health inequities, and ensuring continuity of care. The Declaration of Astana emphasizes that primary health care should be accessible, people-centred, comprehensive, and supported by adequate health resources, including competent and motivated health workers (WHO, 2019; World Health Organization & United Nations Children's Fund, 2020). Therefore, the performance of employees working in primary health care facilities is a key factor in maintaining service quality and achieving public health goals.

In Indonesia, public health centres have an important role in implementing the National Health Insurance program or Jaminan Kesehatan Nasional (JKN). The JKN program was developed to support universal health coverage and reduce financial barriers to health services. Since its implementation, JKN has changed the financing mechanism of health care services, including at first-level health facilities. Under this system, public primary health care facilities receive capitation funds based on the number of registered participants, and these funds are used to support operational costs and health service incentives (Agustina et al., 2019; Kementerian Kesehatan Republik Indonesia, 2014, 2016, 2022).

The use of capitation funds in primary health care is closely related to service delivery and employee compensation. In public primary health care facilities, part of the capitation fund is allocated for health service incentives for health and non-health workers. The distribution of these incentives may consider several components, such as professional category, position, attendance, and performance-related indicators. Performance-based capitation has also been regulated as part of efforts to improve accountability and service performance at first-level health facilities (Badan Penyelenggara Jaminan Sosial Kesehatan, 2019). Ideally, financial compensation should be distributed fairly and transparently because it represents organizational appreciation for employee contribution, responsibility, and workload.

Compensation is an important component of human resource management because it can influence motivation, job satisfaction, work engagement, and employee performance. Fair and appropriate compensation may increase employees' sense of being valued, strengthen organizational commitment, and encourage better work outcomes. In contrast, compensation that is perceived as unfair or not proportional to workload may reduce motivation, create dissatisfaction, and weaken performance. Equity theory explains that employees compare their work input and outcomes with those of others, and perceived inequity may influence motivation and work behaviour (Adams, 1965). This is relevant in primary health care settings where employees from different professional backgrounds may receive different financial incentives.

Employee performance in primary health care is influenced by multiple factors, including individual motivation, competence, leadership, supervision, work environment, job satisfaction, and compensation. Performance is not only reflected in the quantity of work but also in quality, timeliness, effectiveness, independence, and responsibility. Previous studies have shown that motivation and incentive systems may influence health worker performance, particularly when incentives are perceived as fair, meaningful, and linked to service outcomes (Gupta et al., 2021; Li et al., 2019; Willis-Shattuck et al., 2008). However, compensation may not automatically improve performance if employees perceive the distribution system as inequitable or unrelated to actual workload and contribution.

Financial incentives in health services have been widely discussed as a strategy to improve health worker motivation and performance. Evidence from systematic reviews indicates that pay-for-performance and financial incentive mechanisms may improve some health service outputs, although their effects depend on context, implementation design, fairness, and organizational support (Diaconu et al., 2021; Eijkenaar et al., 2013; Gadsden et al., 2021).

Intrinsic motivation and extrinsic incentives may jointly predict performance, but the effect of compensation depends on how employees perceive the value, fairness, and relevance of the incentives received (Cerasoli et al., 2014; Gerhart & Fang, 2014, 2015; Nyberg et al., 2016).

In the Indonesian JKN context, capitation-based payment and performance-based capitation have become important policy instruments to improve the quality and efficiency of primary health care services. Studies in Indonesia have highlighted that the management and use of capitation funds require clear regulation, transparency, and accountability to ensure that funds support service improvement and employee motivation (Hasan & Adisasmito, 2017; Kurniawan et al., 2016; Purnamasari et al., 2024). Evidence also suggests that performance-based capitation may influence the use of public primary health care services, indicating that financing mechanisms can affect facility-level performance and service delivery (Sambodo et al., 2023).

Despite these policy intentions, the distribution of JKN financial compensation may be perceived differently by employees. Differences in professional background, education level, employment status, position, attendance, and workload may influence how employees evaluate the fairness of compensation. Health workers who feel that financial compensation is not proportional to workload or responsibility may experience reduced motivation, lower satisfaction, and weaker performance. In contrast, employees who perceive compensation as fair may feel more valued and may be more motivated to perform their duties effectively.

In addition to compensation, employee performance is also influenced by broader human resource management practices, job satisfaction, work engagement, and organizational support. Human resource management practices can influence organizational outcomes through employee motivation, skills, and opportunities to contribute to organizational goals (Jiang et al., 2012). Job satisfaction and work engagement have also been reported as important factors affecting health worker motivation and performance in public health settings (Karaferis et al., 2022; Kitsios & Kamariotou, 2021; Liu et al., 2022). In primary care, financial incentives have been associated with job performance, although their effects may depend on perceived fairness, organizational context, and the design of incentive mechanisms (Wang et al., 2022).

Employee performance is an important concern in public primary health care because it directly affects service quality, patient satisfaction, program implementation, and organizational achievement. Measuring performance at the individual level can help health facility managers identify areas that need improvement, including quality of work, quantity of output, timeliness, effectiveness, and responsibility (Koopmans et al., 2013, 2014; Motowidlo et al., 1997). In this regard, understanding the relationship between perceived financial compensation and employee performance is necessary for strengthening human resource management in primary health care.

Although several studies have examined financial incentives, health worker motivation, and performance in health care settings, evidence focusing specifically on perceived JKN financial compensation and employee performance in Indonesian public primary health care remains limited. Most discussions of JKN capitation focus on policy, financing, service utilization, or facility performance, while fewer studies examine how employees perceive the compensation distribution and how this perception relates to their performance. Therefore, this study aimed to analyze the association between perceived National Health Insurance financial compensation and employee performance in primary health care.

Methods

This study used a correlational analytic design with a cross-sectional approach to examine the association between perceived National Health Insurance financial compensation and employee performance in primary health care. The cross-sectional approach was used because the independent and dependent variables were measured at the same time without follow-up.

The study was conducted in a public primary health care centre in Bondowoso,

Indonesia. The study population consisted of all employees working at the selected primary health care centre. A total of 37 respondents were included using total population sampling. This technique was used because all eligible employees in the study setting were involved as research participants. The inclusion criteria were employees working at the selected primary health care centre, employees with civil servant or contract employment status, and employees who were willing to participate in the study. The exclusion criteria were internship or voluntary workers and employees who were not willing to participate.

The independent variable was perceived National Health Insurance financial compensation, defined as employees' perceptions of capitation-based financial incentives received through the National Health Insurance system. This variable was measured using a structured questionnaire developed based on components of financial compensation distribution, including professional category or position, attendance, and performance points. The questionnaire used a four-point Likert scale, consisting of strongly disagree = 1, disagree = 2, agree = 3, and strongly agree = 4. The total score was categorized into agree or appropriate perception at 74%–100% with a score of 36–48, moderate perception at 62%–73% with a score of 30–35, and disagree or inappropriate perception at <62% with a score of <30.

The dependent variable was employee performance, defined as the achievement of employee work targets in primary health care services. Employee performance was assessed using a structured questionnaire covering several indicators, including work quality, quantity, timeliness, effectiveness, and independence. The questionnaire used a four-point Likert scale, consisting of strongly inappropriate = 1, inappropriate = 2, appropriate = 3, and strongly appropriate = 4. The total score was categorized into appropriate performance at 74%–100% with a score of 36–48, moderate performance at 62%–73% with a score of 30–35, and inappropriate performance at <62% with a score of <30.

The instruments were tested for validity and reliability before use. Item validity was assessed using Pearson Product Moment correlation, while reliability was assessed using Cronbach's alpha. The questionnaires were considered reliable when the Cronbach's alpha value was greater than 0.60. Data were collected by distributing questionnaires to all eligible respondents after they received an explanation about the study objectives, procedures, voluntary participation, and confidentiality.

Data were processed through editing, scoring, coding, tabulation, and data cleaning. Descriptive statistics were used to present respondent characteristics, perceived National Health Insurance financial compensation, and employee performance using frequencies and percentages. The association between perceived National Health Insurance financial compensation and employee performance was analyzed using Spearman's rho correlation test because both variables were measured on an ordinal scale. Statistical significance was set at $p < 0.05$.

This study applied ethical principles, including informed consent, respect for respondents' autonomy, anonymity, confidentiality, justice, and the balance between benefits and risks. Respondents were informed that participation was voluntary and that they had the right to withdraw from the study at any time. No personal identities were presented in the research report, and all data were used only for research purposes.

Results

Table 1. Characteristics of Participants

Characteristics		n	%
Age	20–30 years	9	24.3
	31–40 years	17	46.0
	41–50 years	9	24.3
	>51 years	2	5.4
Educational level	Junior high school	2	5.5
	Senior high school	0	0.0
	Diploma III	20	54.0
	Diploma IV	3	8.1
	Bachelor's degree	12	32.4
Job position	Physician	3	8.1
	Midwife	10	27.0
	Nurse	16	43.2
	Sanitarian	1	2.7
	Administrative staff	4	10.9
	Driver/security/cleaning staff	1	2.7
	Nutrition officer	1	2.7
	Pharmacist	1	2.7

A total of 37 employees were included in this study. Based on age, most respondents were aged 31–40 years, with 17 respondents (46.0%), followed by those aged 20–30 years and 41–50 years, each with 9 respondents (24.3%). Only 2 respondents (5.4%) were aged >51 years. Regarding educational level, most respondents had a diploma-level education, with 20 respondents (54.0%) having a D3 qualification, followed by 12 respondents (32.4%) with a bachelor's degree. Based on job position, most respondents were nurses, with 16 respondents (43.2%), followed by midwives, with 10 respondents (27.0%).

Table 2. Distribution of perceived National Health Insurance financial compensation and employee performance

Variable	Category	n	%
Perceived National Health Insurance financial compensation	Agree	8	21.6
	Moderate	10	27.0
	Disagree	19	51.4
Employee performance	Appropriate	4	10.9
	Moderate	23	62.1
	Inappropriate	10	27.0

Regarding perceived National Health Insurance financial compensation, most respondents disagreed with the compensation distribution, with 19 respondents (51.4%). A total of 10 respondents (27.0%) had a moderate perception, while 8 respondents (21.6%) agreed with the compensation distribution. In terms of employee performance, most respondents had moderate performance, with 23 respondents (62.1%). Meanwhile, 10 respondents (27.0%) had inappropriate performance, and only 4 respondents (10.9%) had appropriate performance.

Table 3. Association between perceived National Health Insurance financial compensation and employee performance

Perceived financial compensation	Appropriate performance		Moderate performance		Inappropriate performance		Total		r	p-value
	n	%	n	%	n	%	n	%		
Agree	4	10.8	4	10.8	0	0.0	8	21.6	0.391	0.017
Moderate	0	0.0	7	19.0	3	8.1	10	27.1		
Disagree	0	0.0	12	32.4	7	18.9	19	51.3		
Total	4	10.8	23	62.2	10	27.0	37	100.0		

The Spearman's rho correlation test showed a significant positive association between perceived National Health Insurance financial compensation and employee performance ($r = 0.391$; $p = 0.017$). This finding indicates that employees who had a more positive perception of financial compensation tended to have better performance. Therefore, perceived National Health Insurance financial compensation was significantly associated with employee performance in the primary health care setting.

Discussion

This study found a significant positive association between perceived National Health Insurance financial compensation and employee performance in primary health care. The Spearman's rho result indicated that employees who had a more positive perception of JKN financial compensation tended to report better performance. Although the strength of the correlation was moderate, this finding suggests that perceived fairness and appropriateness of financial compensation may contribute to employee performance in public primary health care settings.

Most respondents in this study disagreed with the distribution of JKN financial compensation. This finding indicates that many employees perceived the compensation system as not fully appropriate or not proportional to their workload, responsibility, or contribution. In the JKN capitation system, financial incentives may be distributed based on several components, such as professional category, position, attendance, and performance-related indicators. However, differences in professional background, employment status, and job responsibility may create different perceptions of fairness among employees. According to equity theory, employees compare their work input and the outcomes they receive with those of others, and perceived inequity may influence motivation, satisfaction, and work behaviour (Adams, 1965).

The finding that most employees had moderate performance shows that employee performance in the selected primary health care setting was not yet optimal. Employee

performance in primary health care is reflected not only in task completion but also in quality of work, quantity of output, timeliness, effectiveness, independence, and responsibility. Moderate performance may be influenced by various factors, including motivation, competence, supervision, workload, leadership, organizational culture, and compensation. Previous studies have shown that health worker motivation and performance are affected by both intrinsic and extrinsic factors, including financial incentives, job satisfaction, work engagement, and organizational support (Gupta et al., 2021; Karaferis et al., 2022; Kitsios & Kamariotou, 2021; Li et al., 2019).

The significant association found in this study supports the view that compensation is an important organizational factor in improving employee performance. Financial compensation can act as an external motivator when employees perceive it as fair, transparent, and relevant to their work contribution. Employees who feel valued through appropriate compensation may show higher motivation, stronger commitment, and better work performance. This is consistent with evidence that intrinsic motivation and extrinsic incentives can jointly predict work performance, although the effect of incentives depends on their design, fairness, and alignment with performance expectations (Cerasoli et al., 2014; Gerhart & Fang, 2014, 2015; Nyberg et al., 2016).

In health care settings, financial incentive systems have been widely used to improve service quality, productivity, and accountability. Systematic reviews have shown that pay-for-performance and financial incentive mechanisms may improve some health service outputs, but their effectiveness depends on context, implementation quality, and organizational support (Diaconu et al., 2021; Eijkenaar et al., 2013; Gadsden et al., 2021). Therefore, the relationship between compensation and performance should not be understood only as a direct financial effect. A compensation system may improve performance when employees perceive the system as fair, transparent, and linked to measurable work achievement.

In the Indonesian JKN context, the management of capitation funds is important because it affects both service delivery and employee motivation. Capitation funds are intended to support operational costs and health service incentives at first-level health facilities. Previous studies in Indonesia have emphasized that capitation fund management requires transparency, accountability, and clear distribution mechanisms to ensure that the funds support service improvement and employee motivation (Hasan & Adisasmito, 2017; Kurniawan et al., 2016; Purnamasari et al., 2024). The present finding strengthens this evidence by showing that employees' perceptions of JKN financial compensation are associated with their performance.

The moderate positive correlation in this study also indicates that compensation is not the only determinant of employee performance. Other factors, such as leadership, work environment, professional competence, supervision, workload, job satisfaction, and organizational support, may also influence employee performance. Human resource management practices can affect organizational outcomes through employee motivation, skills, and opportunities to contribute (Jiang et al., 2012). Therefore, improving employee performance in primary health care requires not only a fair compensation system but also supportive management, clear job descriptions, effective supervision, and continuous staff development.

The findings have practical implications for primary health care management. Health facility managers should ensure that the distribution of JKN financial compensation is transparent, fair, and clearly communicated to all employees. Employees need to understand the basis of compensation distribution, including professional category, attendance, workload, and performance indicators. A transparent system may reduce dissatisfaction, social jealousy, and misunderstanding among employees. In addition, compensation should be integrated with performance evaluation so that employees perceive a clear relationship between work achievement and financial incentives.

Overall, this study confirms that perceived JKN financial compensation is significantly associated with employee performance in primary health care.

Employees who perceived compensation more positively tended to demonstrate better performance. These findings highlight the importance of fair, transparent, and performance-oriented compensation management in public primary health care facilities. Strengthening compensation governance, improving communication, and linking incentives with measurable performance indicators may help improve employee motivation and service performance.

Implication and limitation

The findings of this study imply that fair and transparent management of National Health Insurance financial compensation is important for improving employee performance in primary health care. Health facility managers should ensure that the distribution of capitation-based financial incentives is clearly communicated, accountable, and aligned with workload, professional responsibility, attendance, and measurable performance indicators. A transparent compensation system may reduce dissatisfaction, social jealousy, and negative perceptions among employees, while also strengthening motivation and work performance. However, this study has several limitations. The cross-sectional design can only identify an association and cannot establish causality between perceived financial compensation and employee performance. The study was conducted in a single primary health care centre with a relatively small sample size, although all eligible employees were included using total population sampling. Therefore, the findings should be generalized with caution. Future studies should involve larger samples from multiple primary health care centres and consider additional factors such as leadership, workload, job satisfaction, organizational culture, and supervision.

Relevance for Practice

The findings of this study are relevant for primary health care management because they show that employees' perceptions of National Health Insurance financial compensation are associated with employee performance. Health facility managers should ensure that capitation-based financial incentives are distributed fairly, transparently, and in accordance with clear indicators such as workload, professional responsibility, attendance, and performance achievement. Clear communication about the basis of compensation distribution may reduce dissatisfaction and misunderstanding among employees. In practice, compensation management should be integrated with regular performance evaluation, supervision, and staff development to strengthen motivation, accountability, and service quality in primary health care.

Conclusion

This study found a significant positive association between perceived National Health Insurance financial compensation and employee performance in primary health care. Employees who had a more positive perception of financial compensation tended to demonstrate better performance. Although most respondents disagreed with the distribution of financial compensation and most showed moderate performance, the findings indicate that fair, transparent, and performance-oriented compensation management may contribute to better employee performance. Health facility managers should improve communication, accountability, and fairness in the distribution of capitation-based financial incentives to strengthen employee motivation, reduce dissatisfaction, and support service quality in primary health care.

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Author Contribution

Husnul Khotimah contributed to conceptualization, study design, literature review, manuscript drafting, and preparation of the original manuscript. Firasatul Ulum contributed to data collection, data organization, data analysis, and interpretation of the study findings. Joko Prananto contributed to study supervision, methodology refinement, critical review of the manuscript, and final editing. All authors read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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Declaration of Conflicting Interest

The authors declare no conflict of interest.

Declaration of Use of AI in Scientific Writing

The authors declare that generative AI and AI-assisted technologies were used to support language editing and grammatical refinement of the manuscript.

References

Adams, J. S. (1965). Inequity in social exchange. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 2, pp. 267–299). Academic Press. https://doi.org/10.1016/S0065-2601(08)60108-2

Agustina, R., Dartanto, T., Sitompul, R., Susiloretni, K. A., Suparmi, Achadi, E. L., Taher, A., Wirawan, F., Sungkar, S., Sudarmono, P., Shankar, A. H., & Thabrany, H. (2019). Universal health coverage in Indonesia: Concept, progress, and challenges. *The Lancet, 393*(10166), 75–102. https://doi.org/10.1016/S0140-6736(18)31647-7

Badan Penyelenggara Jaminan Sosial Kesehatan. (2019). *Peraturan Badan Penyelenggara Jaminan Sosial Kesehatan Nomor 7 Tahun 2019 tentang Petunjuk Pelaksanaan Pembayaran Kapitasi Berbasis Kinerja pada Fasilitas Kesehatan Tingkat Pertama*. BPJS Kesehatan.

Cerasoli, C. P., Nicklin, J. M., & Ford, M. T. (2014). Intrinsic motivation and extrinsic incentives jointly predict performance: A 40-year meta-analysis. *Psychological Bulletin, 140*(4), 980–1008. https://doi.org/10.1037/a0035661

Diaconu, K., Falconer, J., Verbel, A., Fretheim, A., & Witter, S. (2021). Paying for performance to improve the delivery of health interventions in low- and middle-income countries. *Cochrane Database of Systematic Reviews, 2021*(5), CD007899. https://doi.org/10.1002/14651858.CD007899.pub3

Eijkenaar, F., Emmert, M., Scheppach, M., & Schöffski, O. (2013). Effects of pay for performance in health care: A systematic review of systematic reviews. *Health Policy, 110*(2–3), 115–130. https://doi.org/10.1016/j.healthpol.2013.01.008

Gadsden, T., Mabunda, S. A., Palagyi, A., Maharani, A., Sujarwoto, Baddeley, M., & Jan, S. (2021). Performance-based incentives and community health workers' outputs: A systematic review. *Bulletin of the World Health Organization, 99*(11), 805–818. https://doi.org/10.2471/BLT.20.285218

Gerhart, B., & Fang, M. (2014). Pay for individual performance: Issues, claims, evidence and the role of sorting effects. *Human Resource Management Review, 24*(1), 41–52. https://doi.org/10.1016/j.hrmr.2013.08.010

Gerhart, B., & Fang, M. (2015). Pay, intrinsic motivation, extrinsic motivation, performance, and creativity in the workplace: Revisiting long-held beliefs. *Annual Review of Organizational Psychology and Organizational Behavior, 2*, 489–521. https://doi.org/10.1146/annurev-orgpsych-032414-111418

Gupta, J., Patwa, M. C., Khuu, A., & Creanga, A. A. (2021). Approaches to motivate physicians and nurses in low- and middle-income countries: A systematic literature review. *Human Resources for Health, 19*, 4. https://doi.org/10.1186/s12960-020-00522-7

Hasan, A. G., & Adisasmito, W. B. B. (2017). Analisis kebijakan pemanfaatan dana kapitasi JKN pada FKTP Puskesmas di Kabupaten Bogor tahun 2016. *Jurnal Kebijakan Kesehatan Indonesia, 6*(3), 127–137. https://doi.org/10.22146/jkki.v6i3.29658

Jiang, K., Lepak, D. P., Hu, J., & Baer, J. C. (2012). How does human resource management influence organizational outcomes? A meta-analytic investigation of mediating mechanisms. *Academy of Management Journal, 55*(6), 1264–1294. https://doi.org/10.5465/amj.2011.0088

Karaferis, D., Aletras, V., Raikou, M., & Niakas, D. (2022). Factors influencing motivation and work engagement of healthcare professionals. *Materia Socio-Medica, 34*(3), 216–224. https://doi.org/10.5455/msm.2022.34.216-224

Kementerian Kesehatan Republik Indonesia. (2014). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 19 Tahun 2014 tentang Penggunaan Dana Kapitasi Jaminan Kesehatan Nasional untuk Jasa Pelayanan Kesehatan dan Dukungan Biaya Operasional pada Fasilitas Kesehatan Tingkat Pertama Milik Pemerintah Daerah*. Kementerian Kesehatan Republik Indonesia.

Kementerian Kesehatan Republik Indonesia. (2016). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 21 Tahun 2016 tentang Penggunaan Dana Kapitasi Jaminan Kesehatan Nasional untuk Jasa Pelayanan Kesehatan dan Dukungan Biaya Operasional pada Fasilitas Kesehatan Tingkat Pertama Milik Pemerintah Daerah*. Kementerian Kesehatan Republik Indonesia.

Kementerian Kesehatan Republik Indonesia. (2022). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 6 Tahun 2022 tentang Penggunaan Jasa Pelayanan Kesehatan dan Dukungan Biaya Operasional Pelayanan Kesehatan dalam Pemanfaatan Dana Kapitasi Jaminan Kesehatan Nasional pada Fasilitas Kesehatan Tingkat Pertama Milik Pemerintah Daerah*. Kementerian Kesehatan Republik Indonesia.

Kitsios, F., & Kamariotou, M. (2021). Job satisfaction behind motivation: An empirical study in public health workers. *Heliyon, 7*(4), e06857. https://doi.org/10.1016/j.heliyon.2021.e06857

Koopmans, L., Bernaards, C. M., Hildebrandt, V. H., van Buuren, S., van der Beek, A. J., & de Vet, H. C. W. (2013). Development of an individual work performance questionnaire. *International Journal of Productivity and Performance Management, 62*(1), 6–28. https://doi.org/10.1108/17410401311285273

Koopmans, L., Bernaards, C. M., Hildebrandt, V. H., de Vet, H. C. W., & van der Beek, A. J. (2014). Measuring individual work performance: Identifying and selecting indicators. *Work, 48*(2), 229–238. https://doi.org/10.3233/WOR-131659

Kurniawan, M. F., Siswoyo, B. E., Mansyur, F., Aisyah, W., Revelino, D., & Gadistina, W. (2016). Pengelolaan dan pemanfaatan dana kapitasi: Monitoring dan evaluasi Jaminan Kesehatan Nasional di Indonesia. *Jurnal Kebijakan Kesehatan Indonesia, 5*(3), 122–131. https://doi.org/10.22146/jkki.v5i3.30663

Li, H., Yuan, B., Wang, D., & Meng, Q. (2019). Motivating factors on performance of primary care workers in China: A systematic review and meta-analysis.

BMJ Open, 9(11), e028619. https://doi.org/10.1136/bmjopen-2018-028619

Liu, D., Yang, X., Zhang, C., Zhang, W., Tang, Q., Xie, Y., & Shi, L. (2022). Impact of job satisfaction and social support on job performance among primary care providers in Northeast China: A cross-sectional study. *Frontiers in Public Health, 10*, 884955. https://doi.org/10.3389/fpubh.2022.884955

Motowidlo, S. J., Borman, W. C., & Schmit, M. J. (1997). A theory of individual differences in task and contextual performance. *Human Performance, 10*(2), 71–83. https://doi.org/10.1207/s15327043hup1002_1

Nyberg, A. J., Pieper, J. R., & Trevor, C. O. (2016). Pay-for-performance's effect on future employee performance: Integrating psychological and economic principles toward a contingency perspective. *Journal of Management, 42*(7), 1753–1783. https://doi.org/10.1177/0149206313515520

Purnamasari, A. T., Ningrum, H. D., Ardhiasti, A., & Zahroh, A. H. (2024). Capitation management through performance-based capitation mechanism of primary health care in Malang, Indonesia. *Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal), 19*(Special Issue 1), 46–55. https://doi.org/10.21109/kesmas.v19isp1.1070

Sambodo, N. P., Bonfrer, I., Sparrow, R., Pradhan, M., & van Doorslaer, E. (2023). Effects of performance-based capitation payment on the use of public primary health care services in Indonesia. *Social Science & Medicine, 327*, 115921. https://doi.org/10.1016/j.socscimed.2023.115921

Wang, H., Zhao, S., Liu, Q., & Yuan, B. (2022). The association between financial incentives and job performance among primary care providers in six provinces of China. *Risk Management and Healthcare Policy, 15*, 2323–2334. https://doi.org/10.2147/RMHP.S384114

Willis-Shattuck, M., Bidwell, P., Thomas, S., Wyness, L., Blaauw, D., & Ditlopo, P. (2008). Motivation and retention of health workers in developing countries: A systematic review. *BMC Health Services Research, 8*, 247. https://doi.org/10.1186/1472-6963-8-247

WHO. (2019). *Declaration of Astana: Global Conference on Primary Health Care*. World Health Organization.

World Health Organization, & United Nations Children's Fund. (2020). *Operational framework for primary health care: Transforming vision into action*. World Health Organization.