



**THE INFLUENCE OF SELF-EFFICACY AND MOTIVATION ON INTEREST IN REPORTING NATIONAL QUALITY INDICATORS THROUGH HEALTHCARE FACILITY REGISTRATION INTEREST**

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**ABSTRACT**

The lack of interest of independent medical practice healthcare facilities and independent dentist practice healthcare facilities in registering health facilities and reporting national quality indicators (national quality indicators) as a condition for accreditation will affect the quality of health facilities so that self-efficacy and motivation are really needed to increase this interest. The aim of this research is to analyze the influence of self efficacy and motivation on national quality indicators reporting interest through health facility registration interest as an intervening variable (study on independent medical practice healthcare facilities and independent dentist practice healthcare facilities in the kediri regency area). The research design used was analytical observational with a "cross sectional" approach. The sampling technique used was proportionate random sampling with a sample of 158 health facilities. Data were collected from 158 healthcare facilities in Kediri Regency using a structured questionnaire with a Likert scale (1–5). The questionnaire was distributed via WhatsApp and Google Forms, ensuring efficient and accessible data collection. The data analysis technique uses test path analysis. The research results show that in hypotheses 1,2,3,4,5 the significance value is  $<0.05$  so that there is an influence of self-efficacy and motivation on interest in registering health service facilities, there is an influence of self-efficacy and motivation on interest in reporting national quality indicators , there is an influence of interest in registering health service facilities on interest in reporting national quality indicators , whereas in hypotheses 6 and 7 the significance result is  $>0.05$  so it cannot prove that there is an influence of self-efficacy and motivation on interest in reporting national quality indicators through interest in registering service facilities. Health. The importance of awareness of health facilities, especially for independent medical practice healthcare facilities and independent dentist practice healthcare facilities, to carry out a series of accreditation steps to improve the quality of health facilities needs to receive more attention from the health service and independent medical practice healthcare facilities and independent dentist practice healthcare facilities as health service providers.

Keywords: health service facilities; motivation; national quality indicators; self-efficacy

**How to cite (in APA style)**

Zahro, S. L., Indasah, I., & Wardani, R. (2025). The Influence of Self-Efficacy And Motivation on Interest in Reporting National Quality Indicators Through Healthcare Facility Registration Interest. *Indonesian Journal of Global Health Research*, 7(2), 897-904. <https://doi.org/10.37287/ijghr.v7i2.5683>.

**INTRODUCTION**

The National Health System is a health management system implemented by all components of the Indonesian nation in an integrated and mutually supportive manner to ensure the highest possible level of public health. The goal of health development is to increase awareness, willingness, and the ability to live healthily for every individual, thereby achieving an optimal level of public health. The success of health development plays a crucial role in improving the quality and competitiveness of human resources. To ensure the successful implementation of national health development, dynamic and harmonious partnerships must be established between the government and society, including the private sector, by utilizing the potential of each (Presidential Regulation No. 72 of 2012).Based on government regulation no. 47 of 2016 concerning health service facilities, independent medical practice locations are a type of health service facility that provides promotive, preventive, curative,

and rehabilitative health services, operated by healthcare professionals authorized to provide direct services to patients/clients. Meanwhile, independent medical practice locations for doctors and dentists (independent medical practice healthcare facilities and independent dentist practice healthcare facilities) are health service facilities operated by doctors and dentists to provide direct patient care (Regulation of the minister of health no. 30 of 2022).

To support optimal services at independent medical practice healthcare facilities and independent dentist practice healthcare facilities, the government, through Minister of Health Regulation No. 34 of 2022 on the Accreditation of Community Health Centers, Clinics, Health Laboratories, Blood Transfusion Units, Independent Medical Practices for Doctors, and Independent Medical Practices for Dentists, stipulates that every Primary Health Care Facility must undergo accreditation, no later than two years after obtaining its initial business license. Primary Health Care Facility that has already been accredited must renew their accreditation every five years. The purpose of accreditation is to improve and ensure the quality of services and patient safety, enhance the protection of healthcare human resources and Primary Health Care Facility institutions, and strengthen the governance of both organizational and service management within Primary Health Care Facility. Additionally, accreditation of healthcare facilities aims to support government health programs. Interest is an internal energy change in an individual marked by the emergence of feelings and reactions to achieve a goal (Hamalik, 2017).

If an individual is truly interested in an object, it will influence their attitude and behavior. According to Muhibbin Syah (2017), interest is a strong inclination or desire toward something, meaning that a genuine interest in an object should be based on a strong motivation rather than a mere weak desire. Slameto (2015) defines interest as a preference and attachment to something or an activity without external coercion, as interest is fundamentally an acceptance of a relationship between oneself and an external object. Based on these definitions, interest can be summarized as a strong inclination or desire toward something, accompanied by feelings of enjoyment. When someone has an interest in something, they will focus their attention on it. Thus, the willingness of independent medical practice healthcare facilities and independent dentist practice healthcare facilities to register their healthcare facilities and report national quality indicators is influenced by their internal interest. If they are truly interested, they will promptly fulfill their obligations. According to Enjelina et al., (2023), factors influencing interest are broadly divided into two: internal and external factors. Internal factors arise from within the individual, while external factors come from outside stimuli. Self-efficacy is an internal factor present in every individual. When someone has an interest, they will seek solutions to overcome challenges (Wulandari, 2013). According to Amalia and Pramusinto (2020), self-efficacy is an individual's belief that influences the level of motivation.

Several researchers believe that self-efficacy is closely related to the development of personal interest. A previous study by Amalia and Pramusinto (2020) found that self-efficacy influences individual interest by 3.7%. Another study by Indriyani and Subowo (2019) suggests that individuals have varying levels of self-efficacy depending on the demands of a given situation; the higher the self-efficacy, the stronger the interest. In addition to self-efficacy, psychological factors such as motivation, attention, enjoyment, and needs influence interest. Motivation is the driving force behind an individual's decision to act, which can be either internal or external, positive or negative (Sedarmayanti, 2017). According to Suwanto (2020), motivation is a set of forces originating from within or outside an individual that drives them to engage in work behavior with specific patterns, directions, intensity, and durations.

A previous study by Fajarsari (2020) found that career and social motivation positively influence an individual's interest. Given these issues, the purpose of this study was to analyze the influence of self-efficacy and motivation on national quality indicators reporting interest through health facility registration interest as an intervening variable (study on independent medical practice healthcare facilities and independent dentist practice healthcare facilities in the kediri regency area).

## **METHOD**

### ***Research Design***

This study employs a quantitative research approach with an analytical observational design using a cross-sectional method. Analytical observational research examines the relationship between two or more variables without researcher intervention.

### ***Conceptual Framework***

The conceptual framework illustrates the population, sample, sampling technique, dependent and independent variables, data analysis, and conclusion. Collected data undergo coding, editing, and tabulation before analysis and conclusion drawing.

### ***Research Subjects***

The population consists of independent medical practice healthcare facilities and independent dentist practice healthcare facilities in kediri regency, totaling 288 healthcare facilities (197 independent medical practice healthcare facilities and 91 independent dentist practice healthcare facilities). The sample size, determined using krejcie and morgan's table at a 5% error margin, is 158 healthcare facilities. Proportionate random sampling ensures equitable representation, yielding 108 independent medical practice healthcare facilities and 50 independent dentist practice healthcare facilities.

### ***Research Instrument***

Data collection utilizes a structured questionnaire. The Likert scale (1–5) measures responses, ranging from "Strongly Disagree" to "Strongly Agree." The questionnaire is distributed via WhatsApp and Google Forms to independent medical practice healthcare facilities and independent dentist practice healthcare facilities respondents.

### ***Research Variables***

Independent variables include self-efficacy and motivation. The dependent variable is the interest in national quality indicators reporting, with an intervening variable of healthcare facility registration interest. Self-efficacy is assessed based on success experience, observational learning, and verbal persuasion. Motivation is evaluated through safety needs, social needs, and esteem needs.

### ***Operational Definition of Variables***

Operational definitions specify how constructs are measured. The variables and their measurement scales are as follows: 1) Self-Efficacy: Confidence in task performance (interval scale, questionnaire); 2) Motivation: Enthusiasm for facility registration and national quality indicators reporting (interval scale, questionnaire); 3) Healthcare Facility Registration Interest: Engagement in registration procedures and data validation (interval scale, questionnaire); and 4) NM Reporting Interest: Engagement in patient satisfaction, compliance with facility standards, patient visit adherence, and OHIS reduction (interval scale, questionnaire).

### ***Data Analysis***

Data undergoes processing through editing, coding, and tabulating. Pearson correlation assesses the relationship between item scores and total scores. Items with r-values exceeding the table value (0.156) are considered valid. Cronbach's Alpha (threshold > 0.60) evaluates consistency, confirming all variables as reliable. Determines causal relationships between variables in multiple regression, assessing both direct and indirect effects. Hypothesis testing

uses partial tests for individual variables and the Sobel test for mediation effects. Statistical significance is established at  $p < 0.05$ .

**Ethical Considerations**

Ethical approval was obtained, ensuring compliance with informed consent procedures. Participation was voluntary, with personal data kept confidential and used solely for academic purposes. Participants had the right to withdraw and access equal healthcare services irrespective of participation.

**RESULT**

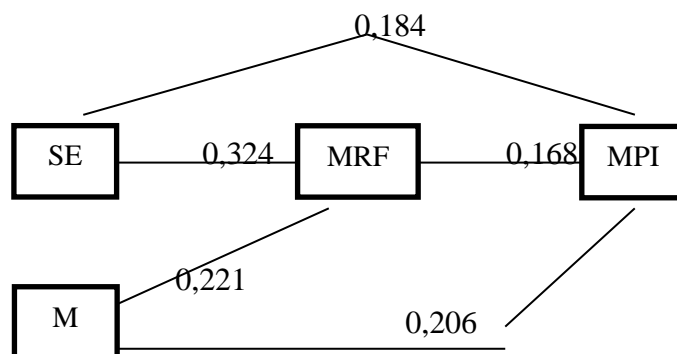
Based on Table 1, the majority of respondents were female (68%) and primarily from TPMD (67%). Self-efficacy on healthcare facility registration interest → Coefficient: 0.324, t-value: 3.977, significance:  $0.000 < 0.05$  → Significant (Hypothesis accepted). Motivation on healthcare facility registration interest → Coefficient: 0.221, t-value: 2.703, significance:  $0.008 < 0.05$  → Significant (Hypothesis accepted). Self-efficacy on INM reporting interest → Coefficient: 0.184, t-value: 2.106, significance:  $0.037 < 0.05$  → Significant (Hypothesis accepted). Motivation on INM reporting interest → Coefficient: 0.206, t-value: 2.411, significance:  $0.017 < 0.05$  → Significant (Hypothesis accepted). Interest in healthcare facility registration on INM reporting interest → Coefficient: 0.168, t-value: 2.050, significance:  $0.042 < 0.05$  → Significant (Hypothesis accepted). Self-Efficacy → Healthcare Facility Registration Interest → INM Reporting Interest Total effect: Direct effect + (self-efficacy coefficient × registration interest coefficient) =  $0.184 + (0.324 \times 0.168) = 0.238$  Regression coefficient (Self-Efficacy → Registration Interest) = 0.324. Regression coefficient (Registration Interest → INM Reporting) = 0.168. Standard error (Self-Efficacy → Registration Interest) = 0.059. Standard error (Registration Interest → INM Reporting) = 0.104. Sobel test statistic = 1.549 (less than t-table 1.655. Healthcare facility registration interest does not mediate the effect of self-efficacy on INM reporting interest → Hypothesis rejected. Motivation → Healthcare Facility Registration Interest → INM Reporting Interest. Total effect: Direct effect + (motivation coefficient × registration interest coefficient) =  $0.206 + (0.221 \times 0.168) = 0.243$ . Regression coefficient (Motivation → Registration Interest) = 0.221. Regression coefficient (Registration Interest → INM Reporting) = 0.168. Standard error (Motivation → Registration Interest) = 0.061. Standard error (Registration Interest → INM Reporting) = 0.104. Sobel test statistic = 1.475 (less than t-table 1.655).

Table 1.  
Respondent characteristics (n= 158)

Respondent characteristics	Category	f	%
Gender	Male	108	68
	Female	50	32
Health Facilities	Independent medical practice healthcare facilities	107	67
	Independent dentist practice healthcare facilities	51	33

Table 2.  
Path Analysis

Variable	Value	T	Sig.
Self-efficacy on interest in healthcare facility registration	0,324	3.977	0.000
Motivation on interest in healthcare facility registration	0,221	2.703	0.008
Self-efficacy on interest in national quality indicators reporting	0,184	2.106	0.037
Motivation on interest in national quality indicators reporting	0,206	2.411	0.017
Interest in healthcare facility registration on interest in national quality indicators reporting	0,168	2.050	0.042



Picture 1. Direct Association

**DISCUSSION**

Some researchers believe that self-efficacy is closely related to the development of an individual's interest in improving their quality. This aligns with Gangwani et al. (2022), who define self-efficacy as an individual's assessment of their own abilities and confidence in completing specific tasks to achieve desired outcomes. This belief encourages Independent Medical Practice Healthcare Facilities and Independent Dentist Practice Healthcare Facilities to feel capable of meeting the requirements for healthcare facility registration. Motivation is a set of attitudes and values that influence individuals to achieve specific goals (Bandhu, 2024). Alfi Maulida Safitri (2023) found that motivation influences a person's interest—the higher the motivation, the greater the interest in taking action. Similarly, Sedarmayanti (2017) describes motivation as a driving force that encourages action, existing both internally and externally, in positive or negative forms.

Bandura (1997) identifies factors affecting self-efficacy, including culture, gender, task complexity, external incentives, individual roles, and self-knowledge. Alfi Maulida Safitri (2023) reaffirmed that motivation significantly influences interest, supporting Bandhu, 2024, who emphasized that motivation consists of attitudes and values that drive individuals toward specific objectives. Adhitama (2014) highlight three factors shaping interest: 1) The Inner Urge Factor – external stimuli aligned with personal desires or needs naturally foster interest; 2) The Social Motive Factor – social influences that encourage engagement; 3) The Emotional Factor – emotions that drive attention and commitment. When Independent Medical Practice Healthcare Facilities and Independent Dentist Practice Healthcare Facilities develop an interest in National Quality Indicator reporting, they are more likely to fulfill their obligation to report it.

Ford (2018) defines interest as an internal energy shift, marked by emotional responses and reactions aimed at achieving goals. According to Muhibbin Syah (2017), interest reflects strong tendencies or desires, influencing behavior. Davis (2014) emphasizes that interest is

crucial for effective engagement in activities, influencing not only behavior but also attention and commitment to specific tasks. This study did not confirm that self-efficacy influences National Quality Indicator reporting interest through healthcare facility registration interest. Similarly, the study did not confirm that motivation influences National Quality Indicator reporting interest through healthcare facility registration interest, contradicting Johari & Kumar (2020), who assert that highly motivated individuals consistently engage with their work, influencing their direction and decision-making. A key limitation of this study was the use of Google Forms with closed-ended questions, restricting the depth of responses. As a result, researchers could not directly interact with respondents for clarifications or revisions, limiting the ability to explore data in greater depth.

## **CONCLUSION**

This study concludes that self-efficacy and motivation significantly influence the interest of independent medical practice healthcare facilities and independent dentist practice healthcare facilities in registering healthcare facilities for accreditation in Kediri regency. Additionally, both factors also affect their interest in national quality indicators reporting for accreditation. Furthermore, the study finds that interest in healthcare facility registration influences interest in national quality indicators reporting. However, interest in registration does not mediate the effect of self-efficacy and motivation on national quality indicators reporting, meaning the mediation hypotheses are not supported. Despite independent medical practice healthcare facilities and independent dentist practice healthcare facilities having strong confidence and motivation to complete registration and reporting, many have yet to do so. Strengthen the confidence of independent medical practice healthcare facilities and independent dentist practice healthcare facilities in accurately completing national quality indicators reports through workshops. Provide ongoing mentoring and periodic evaluations to assist independent medical practice healthcare facilities and independent dentist practice healthcare facilities facing difficulties in registration and reporting. Those already registered should submit national quality indicators reports regularly each month while also analyzing and following up on the reports to improve healthcare service quality. Future studies should explore additional variables and use a more comprehensive mixed-method approach. A key limitation of this study was the use of a closed-ended questionnaire via google forms, which restricted data depth and prevented direct follow-ups with respondents.

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