Eduvest – Journal of Universal Studies
Volume 5 Number 8, August, 2025
p- ISSN 2775-3735- e-ISSN 2775-3727

The Effect of Features, Application Duration and Quality of Practice License Services on Health Worker Satisfaction

Rofiqa Marta Hamdhani, Slamet Muchsin, Rini Rahayu Kurniati
Universitas Islam Malang, Indonesia
Email: rofiqa.hamdani@gmail.com, s_muchsin63@unisma.ac.id, rinirahayu.kurniati@gmail.com

ABSTRACT

The Practice License (SIP) serves as an official recognition of healthcare professionals' competence and as a regulatory mechanism to ensure patient safety and high-quality service standards. The implementation of a submission duration feature is expected to reduce the time required for SIP issuance and enhance the overall quality of practice licensing services for healthcare professionals. This study aims to examine the influence of the submission duration feature and the quality of licensing services on healthcare professionals' satisfaction both partially and simultaneously as well as to identify which of the two independent variables has the most dominant effect. A quantitative research approach was used, utilizing questionnaires for data collection. The data was processed using SPSS version 24. Out of a known population of 443 healthcare professionals who applied for a SIP through the e-Simpadu system between January 2 and October 31, 2024, a sample of 210 respondents was determined using Slovin's formula. Multiple linear regression analysis was applied to analyze the data. The results showed a partial influence through the t-test, with the submission duration feature having a t-value of 16.088 and service quality having a t-value of 9.226 both greater than the critical t-table value of 1.971. Simultaneously, both variables were shown to influence satisfaction, with an F-test result of F = 689.329, exceeding the F-table value of 3.00, and a significance level of 0.00 (< 0.05), indicating a statistically significant effect. Among the two independent variables, the submission duration feature was found to be the most dominant in influencing healthcare professionals' satisfaction, contributing 56.62% with a beta coefficient of 0.627, compared to the service quality variable, which contributed 30.28% with a beta coefficient of 0.360..

KEYWORDS *submission duration feature, quality of practice licensing services, healthcare professionals' satisfaction.*

INTRODUCTION

Digitalization has brought significant changes across various sectors, including the public service sector, by improving efficiency, accessibility, and service quality (Gil-Garcia et al., 2018; Nugroho et al., 2020). One of the agencies adopting digital innovation is the Lumajang Regency Investment and One-Stop Integrated Services Office (DPMPTSP), which plays a strategic role in assisting the Regent in government affairs related to investment and one-stop integrated services (Setiowati et al., 2022). In 2022, the Lumajang Regency DPMPTSP launched the Integrated Service Management Information System (*e-Simpadu*) application, designed to streamline the regional licensing process through various innovative features (Saputra & Yusoff, 2021). Among its key features is the application duration tracker, which enables applicants to monitor the progress of their licensing requests in real time, enhancing transparency and accountability in public service delivery (Susanto et al., 2020). Such digital service platforms have been shown to reduce bureaucratic inefficiencies, minimize processing time, and improve public trust (Ali et al., 2018; Pradana et al., 2021). By enabling faster and easier access to information, the *e-Simpadu* initiative supports the broader agenda of e-government transformation in Indonesia (Rokhman, 2020).

In the context of health services, health workers such as nurses and midwives play a pivotal role in ensuring the delivery of safe and effective care to the community (World Health Organization, 2020; Kurniati & Efendi, 2021). One of the fundamental elements for maintaining professionalism and quality in healthcare delivery is the possession of a Practice License (*Surat Izin Praktik* or SIP) (Suharmiati et al., 2018). SIP serves as an official government recognition that the health worker has met established competency standards and is authorized to provide health services (Setiawan et al., 2020). Beyond recognition, the SIP functions as a regulatory and supervisory instrument to maintain the competence of health workers and ensure adherence to professional standards (Gunawan et al., 2019). This mechanism is crucial in preventing medical errors that could endanger patients and compromise public trust in health systems (Dewi & Widiastuti, 2020). Furthermore, the SIP provides legal protection for both healthcare providers and patients, ensuring accountability in service provision and safeguarding patient rights (Nuraini et al., 2021; Trisnantoro et al., 2019).

The government holds the responsibility to regulate and supervise the process of granting practice licenses for health workers in accordance with applicable regulations, ensuring that such processes align with national health policies and professional standards (Efendi et al., 2019; Nababan et al., 2020). Strict supervision is essential to verify that health workers consistently meet competency requirements and maintain high-quality service delivery (Mahendradhata et al., 2017). The possession of a *Surat Izin Praktik* (SIP) also serves as a driver for health workers to engage in continuing professional education, enabling them to update their knowledge and skills in line with advancements in science and technology, particularly in the healthcare sector (World Health Organization, 2021; Halili et al., 2020). This commitment to lifelong learning strengthens their ability to provide evidence-based care and adapt to evolving clinical practices (Lunenburg, 2020). Public trust in healthcare professionals is significantly higher when they possess an official practice license, as the SIP symbolizes legal compliance, professional accountability, and patient safety assurance (Mulyanto et al., 2019; Setiadi et al., 2021).

As part of efforts to digitize licensing services, the application duration feature in *e-Simpadu* is designed to increase transparency in the licensing process by allowing applicants to monitor the status of applications in real time. Applicants no longer need to repeatedly ask the office or officers about the progress of their application. The advantages of this feature not only eliminate direct interaction between applicants and officers but also help prevent corrupt practices and gratuities in the management of permits. In addition, the integration of data from various technical services allows for better coordination and improved service quality. This feature also has a user-friendly interface, making it easy to use for various community groups, including health workers who apply for *SIP*.

The efficiency resulting from the application duration feature can reduce waiting times and speed up the administrative process, enabling health workers to focus more on their work in providing excellent health services to patients. Furthermore, the quality of practice license services that are transparent and free from intermediaries or brokers is essential to ensure consistent and clear procedures for applicants. The purpose of public services is solely for the benefit of the community as recipients of the service. If the service is good, the community will

feel satisfied with the results . Public satisfaction is a reference in measuring the quality of service. In accordance with the Standard Operating Procedures (*SOP*), the practice license service should be completed within three working days. Officers should maintain a service-oriented mindset—if the *SIP* can be completed within one day, there is no need to wait until the three-day limit. With the existence of electronic signatures, officials who have validation authority can approve documents anytime and from anywhere, without needing to be physically present at the service office. This innovation represents an improvement in the quality of licensing services and is expected to increase health workers' trust in the regional licensing system, which in turn can have a positive impact on the overall quality of health services.

To ensure the successful implementation of the application duration feature in increasing health worker satisfaction, several key factors such as process efficiency, ease of use, system reliability, and technical support need to be considered. In this context, the Technology Acceptance Model (*TAM*) developed by Davis (1989) becomes relevant, as the acceptance of technology by users is influenced by their perception of ease of use and the benefits obtained . Therefore, this study aims to determine the influence of the application duration feature and the quality of practice license services on the satisfaction of health workers, both partially and simultaneously, and to identify the most dominant factors influencing their satisfaction. The achievement of the Community Satisfaction Index (*IKM*) in 2024 has shown a downward trend from the first to the third quarters and remains below the target *IKM* value of 87.50 set for the same year.

Table 1. Public Satisfaction Index in 2024

	Achievements 2024			Target 2024
	Quarter I	Quarter II	Quarter III	
Value	86.28	86.11	85.19	87.50

Source : DPMPTSP Performance Report (Lkj) Quarter III of 2024

Based on the data in Table 1 and the results of the pre-survey conducted by the researchers, several findings reveal that the satisfaction of health workers (*nakes*) tends to decrease, mainly due to the length of the practice permit processing time. This is reflected in the decrease in the value of the Community Satisfaction Index (*IKM*) recorded by the Lumajang Regency Regional Secretariat Organization Section. This dissatisfaction has an impact on excessive stress, which in turn hinders the performance of health workers.

In addition, the pre-survey found a lack of information and understanding among health workers regarding the use of the application duration feature to monitor the status of their proposed practice permit. This is due to the lack of optimal socialization and publication of service standards, especially as reported in the *DPMPTSP* Performance Report for the Third Quarter of 2024. The researchers also discovered that the time required to issue technical recommendations from the Technical Service was longer than the time stipulated in the *SOP*, indicating a low commitment among officers to follow the standards. Furthermore, the management of the application duration feature has not been optimal, which makes it difficult for health workers to know the status of their applications, thus reducing satisfaction.

So far, no study has examined the effect of the application duration feature on the perception of health worker satisfaction, making this research important to understand its

benefits in improving service quality and developing better services. From previous research, it has been found that several technological application features, when combined with good practice license (*SIP*) service quality, can significantly increase health worker satisfaction. Therefore, this study aims to determine the influence of the application duration feature and the quality of practice permit services on the satisfaction of health workers—both partially and simultaneously—and to identify the most dominant factors influencing their satisfaction.

Based on the background described above, the author is interested in conducting a more in-depth study entitled *"The Influence of Application Duration and Practice Permit Service Quality on Health Worker Satisfaction (Case Study at the Lumajang Regency One-Stop Integrated Investment and Service Office)."* On this basis, the title of the research is considered worthy of investigation. This study specifically aims to measure the partial and simultaneous significant influence between the application duration feature and the quality of practice license services on the satisfaction of health workers, as well as to determine the variable with the most dominant influence between the two.

This study also aims to provide insight into the factors affecting the satisfaction of health workers with the licensing system implemented at the *DPMPTSP* of Lumajang Regency. Theoretically, it contributes to the body of knowledge on how the application duration feature and the quality of practice license services can enhance the satisfaction of health workers. Practically, it provides useful information for health workers about the transparency of the practice permit process through the application duration feature, which helps them monitor the status of licensing more easily. In addition, this research is expected to make a positive contribution to the Islamic University of Lumajang, supporting its academic reputation and helping to maintain its excellent (*A*) accreditation status.

RESEARCH METHODS

This study uses a descriptive quantitative approach with primary data obtained directly from respondents through questionnaires. The research was conducted at the Lumajang Regency Investment and One-Stop Integrated Services Office in December 2024. The study population consisted of 443 health workers (*nakes*), namely nurses and midwives, who had applied for a practice permit through *e-Simpadu*. A sample of 210 respondents was determined using the Slovin formula with a 5% margin of error.

The variables in this study consisted of two independent variables, namely the application duration feature (X_1) and the quality of practice license services (X_2), as well as one dependent variable, namely the satisfaction of health workers (Y). Measurements were carried out using a 5-point *Likert* scale, and data analysis was performed using multiple linear regression with the help of *SPSS* version 24. The tests conducted included validity and reliability tests, normality tests, classical assumption tests (multicollinearity and heteroscedasticity), as well as hypothesis testing using the *t*-test and *F*-test.

RESULTS AND DISCUSSION

Test Instruments

Validity Test

The validity test is a test that can be used to measure the validity of a questionnaire or not. Validity test using Pearson Correlation with the help of SPSS version 24 program. The research instrument is said to be valid if the value $r_{\text{is calculated}} > r_{\text{table}}$ and vice versa, with $\alpha = 0.05$. Distribution of Value r_{table} Significance 5%. The following are the results of the validity test:

Table 2. Validity Test Results

Variable	Instruments	R_{Count}	R_{table}	Significance	Information
Application Duration Features (X1)	X1.1	0,820	0,138	0,00	Valid
	X1.2	0,793	0,138	0,00	Valid
	X1.3	0,884	0,138	0,00	Valid
	X1.4	0,908	0,138	0,00	Valid
	X1.5	0,857	0,138	0,00	Valid
	X1.6	0,479	0,138	0,00	Valid
	X1.7	0,817	0,138	0,00	Valid
Quality of service for practice license (X2)	X2.1	0,771	0,138	0,00	Valid
	X2.2	0,812	0,138	0,00	Valid
	X2.3	0,865	0,138	0,00	Valid
	X2.4	0,811	0,138	0,00	Valid
	X2.5	0,841	0,138	0,00	Valid
	X2.6	0,824	0,138	0,00	Valid
	X2.7	0,853	0,138	0,00	Valid
Health Worker Satisfaction (Y)	Y.1	0,861	0,138	0,00	Valid
	Y.2	0,879	0,138	0,00	Valid
	Y.3	0,906	0,138	0,00	Valid
	Y.4	0,799	0,138	0,00	Valid
	Y.5	0,811	0,138	0,00	Valid
	Y.6	0,865	0,138	0,00	Valid
	Y.7	0,794	0,138	0,00	Valid

Source : Primary Data Processed, 2025

It can be seen in table (4.8) that the calculated R value of each statement in all variables has an R value $_{\text{calculated}}$ from the lowest 0.479 and the highest 0.908 more than the R value $_{\text{of the table}}$ 0.138 with a significance level below 0.05 which means that it can be said that the statement items contained in the variables of the feature of application duration, quality of service, practice permit, and labor satisfaction are said to be valid.

Reality Test

Reliability tests are used to measure how consistent a statement is to be used on repeated tests. The basic reference in the reliability test by paying attention to the value of Cronbach's alpha, if the value of Cronbach's alpha > 60% or 0.6, then it can be said to be a reliable statement, and vice versa. The following are the results of the reliability test:

Table 3. Reliability Test Results

Reliability Statistics	
Cronbach's Alpha	N of Items
.973	21

Source : SPSS Output, 2025

Table 4. Reliability Test Results Per Questionnaire Item

Item-Total Statistics				
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
X1.1	78.03	180.334	.801	.972
X1.2	78.12	179.487	.769	.972
X1.3	78.10	177.618	.870	.971
X1.4	78.09	178.576	.898	.971
X1.5	78.11	178.427	.840	.971
X1.6	78.61	184.190	.415	.977
X1.7	78.22	175.715	.791	.972
X2.1	77.96	182.764	.749	.972
X2.2	77.99	182.163	.794	.972
X2.3	77.93	181.330	.851	.971
X2.4	77.84	184.190	.796	.972
X2.5	77.91	183.543	.828	.972
X2.6	77.97	181.047	.805	.972
X2.7	77.92	181.137	.838	.972
Y.1	78.03	179.630	.846	.971
Y.2	78.17	177.604	.865	.971
Y.3	78.24	176.414	.894	.971
Y.4	78.29	178.329	.774	.972
Y.5	78.40	177.983	.787	.972
Y.6	78.32	177.148	.848	.971
Y.7	78.31	177.191	.766	.972

Remarks: X.1, X.2, Y are questionnaire questions 1, etc.

Source : SPSS Output, 2025

Cronbach's alpha value is 0.973 > 0.6, so it is reliable

Based on table, it can be seen that the value of each variable shows the value of the reliability coefficient > Cronbach's alpha, the overall application duration feature > 0.971, as well as the variable quality of service quality of practice permits as a whole > 0.971 and the satisfaction of health workers as a whole > 0.971 greater than 0.6. This indicates that each statement item on the variable features of application duration, service quality, practice permit, and satisfaction of health workers is said to be valid/reliable for repeated testing.

Normality Test

The normality test is used to test whether the regression model, independent variables and dependent variables are distributed normally. In the normality test using the *Kolmogorov-Smirnov Test* method with reference in this test using a comparison of significance values contained in the test output, if the significance value > alpha value of 0.05 or 5%, then it can be said that the residual value is normally distributed, and vice versa. The following are the results of the normality test:

Table 5. Normality Test Results

One-Sample Kolmogorov-Smirnov Test		
		KS Residual
N		210
Normal Parameters[a,b]	Mean	.0000000
	Hours of deviation	.27650408
Most Extreme Differences	Absolute	.075
	Positive	.060
	Negative	-.075
Test Statistic		.075
Asymp. Sig. (2-tailed)		.006c
a. Test distribution is Normal.		
b. Calculated from data.		
c. Lilliefors Significance Correction.		

Source : SPSS Output, 2025

Based on the table 5 showing that the value of Asymp.sig is 0.006 < 0.05 (5%), it can be said that the data is not normally distributed.

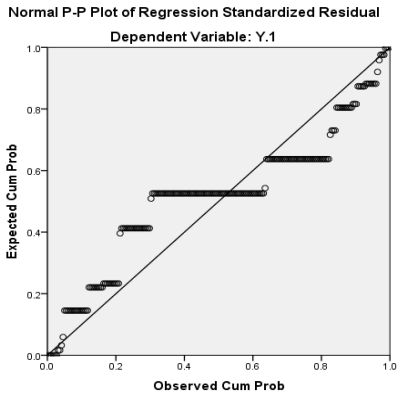

Figure 1. Normality test graph P-P Regression Plot

Source : SPSS Output, 2025

Classical Assumption Test

Multicollinearity Test

The multicollinearity test aims to test whether there is a correlation between independent variables in the regression model. To test the presence or absence of multicollinearity in a regression model, it can be known from the tolerance value and the VIF value. The guideline of a regression model that is free of multicollinearity is that if the tolerance value is > 0.10 and VIF is < 10, then multicollinearity does not occur. The following are the results of the multicollinearity test:

Table 6. Multicollinearity Test Results

Coefficientsa								
		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
Model		B	Std. Error	Beta	t	Itself.	Tolerance	BRIGHT
1	(Constant)	.564	.218		2.589	.010		
	X1.1	.414	.060	.419	6.960	.000	.593	1.687
	X2.1	.436	.065	.404	6.717	.000	.593	1.687
a. Dependent Variable: Y.1								

Source : SPSS Output, 2025

Based on table 6 shows that the variable features of the duration of the application, the quality of the service of the practice permit has a tolerance value of 0.593 > 0.10 and VIF has a value of 1.687 < 10.00, it can be said that the data in this study do not occur multicollinearity or there is no correlation between the free variable and the bound variable.

Heteroskedasticity Test

The heteroscedasticity test aims to test whether in this regression there is variance disparity from the residual or observation of one with the observation of another. To test heteroscedasticity, the Glejser test was used. The provision in the heteroscedasticity test is that if the value is significant in each variable > 0.05 or 5%, then the variable is free of heteroscedasticity. The following are the results of the heteroscedasticity test:

Table 7. Heteroskedasticity Test Results

Coefficientsa

Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Itself.	Tolerance	BRIGHT
1	(Constant)	.774	.168		4.612	.000		
	X1.1	-.005	.046	-.009	-.100	.921	.593	1.687
	X2.1	-.107	.050	-.189	-2.138	.034	.593	1.687

a. Dependent Variable: ABS_HETERO_RES

Source : SPSS Output, 2025

Based on table 7 shows that this heteroscedasticity test uses the Glejser test method whose value is seen from sig. In the variable feature of application duration, it has a sig value of 0.921 > 0.05, the quality of practice permit services has a sig value of 0.034 > 0.05 or 5%. Therefore, it can be said that the data in this study do not occur symptoms of heteroscedasticity in the regression model or there is no residual variance disparity.

Multiple Linear Regression

Multiple linear regression is a regression model that involves one bound variable and more than one independent variable. Multiple linear regression was used to determine how the feature affected the duration of application, the quality of practice license services, and the satisfaction of health workers. The following are the results of the multiple linear regression test:

Table 8. Multiple Linear Regression Variant Analysis

ANOVA

Model		Sum of Squares	df	Mean Square	F	Itself.
1	Regression	106.423	2	53.211	689.329	.000b
	Residual	15.979	207	.077		
	Total	122.402	209			

a. Variable Dependent: RATE-RATA_Y

b. Predictors: (Constant), RATE-RATA_X2, RATE-RATA_X1

Source : SPSS Output, 2025

Table 9. Results of Multiple Linear Regression Test

Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	-.544	.127		-4.275	.000
	RATA-RATA_X1	.655	.041	.627	16.068	.000
	RATA-RATA_X2	.439	.048	.360	9.226	.000
a. Variable Dependent: RATE-RATA_Y						

Source : SPSS Output, 2025

From the value contained in table (4.15), the following linear equation can be made:

$$Y = a + \beta 1X1 + \beta 2X2$$

$$Y = -0.544 + 0.655 + 0.439$$

$$Y = 0{,}550$$

The value of constant a (negative) = - 0.544 means that without the influence of independent variables, it is possible depending on the data analyzed.

Table 10. Summary of Multiple Linear Regression Test

Variable	Regression coefficient	Stuttgart	Itself.
constant	-0,544	-4.275	0.000
X1	0,655	16.068	0.000
X2	0,439	9.226	0.000
Calculation	689,329		
R Square	0,869		

Source : SPSS Output Data Processed, 2025

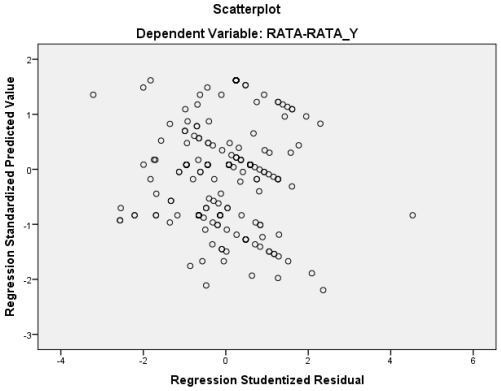

Figure 2. Multiple Regression Plot Graph.

Source : SPSS Output, 2025

From the results of the multiple linear regression test above, it can be interpreted as follows:

a. Constant (a) of -0.544 means that when the variable score of the feature of the duration of the application, the quality of the service of the practice permit, no influence is considered non-existent or equal to zero, then the value of job satisfaction is -0.544 or

there is no influence on the independent variable. This value of a negative or positive constant is possible based on the analyzed data.

b. The regression coefficient of the application duration feature variable (β1) of 0.655 is positive, meaning that the better the user of the application duration feature, the satisfaction of health workers will increase.
c. The regression coefficient of the practice permit service quality variable (β2) of 0.439 is positive, meaning that the better the quality of practice permit services, the job satisfaction will increase.

Hypothesis Test

T-test (partial)

The first hypothesis test is the t-test, a test used to determine the influence of each independent variable on the dependent variable which is carried out partially or individually. This test is carried out with the provision of a hypothesis if a significant value of < 0.05 means that the independent variable has an effect on the dependent variable, and vice versa. The following are the results of the partial t-test:

Table 11. Results of the t test

Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	-.544	.127		-4.275	.000
	RATA-RATA_X1	.655	.041	.627	16.068	.000
	RATA-RATA_X2	.439	.048	.360	9.226	.000
a. Variable Dependent: RATE-RATA_Y						

Source : SPSS Output, 2025

Based on table 11, it can be concluded that there is a significant influence between the feature of application duration (X1) and the quality of practice license services (X2) on the satisfaction of health workers (Y). For the first hypothesis, a significance value (sig) of 0.000 which is smaller than 0.05 indicates that the application duration feature has an effect on the satisfaction of health workers, so the first hypothesis is accepted. Similarly, the second hypothesis that tested the effect of the quality of practice permit (X2) services on the satisfaction of health workers, with a sig value of 0.000 also less than 0.05, showed a significant influence, so the second hypothesis was also accepted. In addition, based on the comparison of tcal and ttable values, with ttable 1.971 and tcal value for the application duration feature of 16.068 and for the quality of practice permit services of 9.226, both are greater than ttable, which confirms that these two variables have a significant influence on the satisfaction of health workers.

F Test (simultaneous)

The next hypothesis test is the F test, this test is used to determine the simultaneous influence of independent variables on dependent variables. Here are the results of the simultaneous test:

Table 12. F Test Results

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Itself.
1	Regression	106.423	2	53.211	689.329	.000b
	Residual	15.979	207	.077		
	Total	122.402	209			
a. Variable Dependent: RATE-RATA_Y						
b. Predictors: (Constant), RATE-RATA_X2, RATE-RATA_X1						

Source : SPSS Output, 2025

Based on table 12, the independent variables in this study are the feature of application duration, the quality of practice license services simultaneously to the bound variable, namely the satisfaction of health workers and whether the model is suitable or not.

Ftable = k; N-K

Table = 2; 210-2

Table = 3.00

The results of the F (Simultaneous) test obtained in this study are based on table (4.20) obtained an F value calculated as 689,329 > F $_{table}$ 3.00 with a sig. value of 0.00 where the sig. value is 0.00 < 0.05 (5%), then it can be interpreted that the variables of the feature of the duration of the application, the quality of the service of the practice permit have a simultaneous effect / together / combined on the satisfaction of health workers.

Determination Coefficient Test (*Adjusted R Square*)

The determination coefficient test (*adjusted R2*) can be used to measure how far the variables X1 and X2 affect the Y variable. The following are the results of the determination coefficient test:

Table 13. Coefficient of Determination

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.932a	.869	.868	.27784
a. Predictors: (Constant), RATE-RATA_X2, RATE-RATA_X1				

Source : SPSS Output, 2025

Based on table 13, it can be seen that the value of R Square is 0.869 equal to 86.9%. This can show that independent variables, namely the feature of application duration, service quality, practice permit, can explain labor satisfaction simultaneously as much as 86.9% while the remaining 13.1% is explained by other variables outside of the variables that were not studied in this study, such as the variables of service speed, cost, ease of access, product quality, etc.

Dominant Test

The dominant test is carried out as a test tool to determine the most dominant influence of the free variable on the bound variable as seen from the value of the regression coefficient standardized with the beta value. To determine the independent variable that contributes the greatest or has the dominant effect on the bound variable is to look at the value *The highest*

standardized beta coefficients were 0.05. The following are the results of the dominant test in this study:

Table 14. Pearson Correlation Test Results

Correlations				
		RATA-RATA_X1	RATA-RATA_X2	RATA-RATA_Y
RATA-RATA_X1	Pearson Correlation	1	.766**	.903**
	Sig. (2-tailed)		.000	.000
	N	210	210	210
RATA-RATA_X2	Pearson Correlation	.766**	1	.841**
	Sig. (2-tailed)	.000		.000
	N	210	210	210
RATA-RATA_Y	Pearson Correlation	.903**	.841**	1
	Sig. (2-tailed)	.000	.000	
	N	210	210	210

**. Correlation is significant at the 0.01 level (2-tailed).

Source : SPSS Output, 2025

Table 15. Dominant Test Results

Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Itself.
		B	Std. Error	Beta		
1	(Constant)	-.544	.127		-4.275	.000
	RATA-RATA_X1	.655	.041	.627	16.068	.000
	RATA-RATA_X2	.439	.048	.360	9.226	.000
a. Variable Dependent: RATE-RATA_Y						

Source : SPSS Output, 2025

Table 16. Summary of Multiple Linear Regression Test

Variable	Coefficient Regresi (Beta)	Correlation Coefficients	R Square
X1	0.627	0,903	0,869
X2	0.360	0,841	

Source : SPSS Output Data Processed, 2025

X1 against Y
X1% = Beta x correlation coefficient x 100%
X1% = 0,627 X 0,903 X 100%
X1% = 56.62%

X2 against Y
X2% = Beta x correlation coefficient x 100%

X2% = 0,360 X 0,841 X 100%
X2%= 30.28%

Based on the table (4.24), it shows that the most dominant independent variable affects the bound variable, namely the application duration feature variable (X1) of 56.62% with the highest standardized beta coefficients of 0.627 compared to the quality of practice license service (X2) of 30.28% with beta coefficients of 0.360 with a total dominance of satisfaction (Y) of 86.90%, equivalent to an R Square value of 0.869.

Implications of Research Results

According to the results of the research that has been stated, it can be known that the results of the influence of the feature of the duration of the application, and the quality of the practice permit service on the satisfaction of health workers who apply for a practice license (SIP) at the Lumajang Regency DPMPTSP are as follows:

The Effect of Feature Duration of Application and Quality of Practice License Services on Partial Health Worker Satisfaction (t).

Based on the results of the partial t-test, it was found that the application duration feature (X1) had a significant effect on the satisfaction of health workers (Y) at the Lumajang Regency DPMPTSP. The results of the t-test showed a tcal value of 16.068 which was greater than the ttable of 1.971 with a sig value. 0.000 < 0.05, so that the first hypothesis (H1) is accepted and H0 is rejected. In addition, the results of the dominant test showed that the application duration feature (X1) had a dominant influence on health worker satisfaction of 56.62% with a standardized beta coefficients value of 0.627. This means that if the application duration feature is improved, health worker satisfaction will increase significantly. These results are in line with previous research that shows that improving application features or other service features can increase user satisfaction, such as in a study on application features on Maxim drivers in Makassar and WhatsApp Business on chicken DOC consumers. Research conducted by Nur Isya Awaliah Ahsan also supports this finding, which shows that the repost feature on TikTok has a significant effect on the satisfaction of Gen Z users in Indonesia. Therefore, it is recommended that the Lumajang Regency DPMPTSP continue to improve the application duration feature to increase the satisfaction of health workers in submitting SIP.

The Effect of Application Duration and Practice License Service Quality on Simultaneous Health Worker Satisfaction (F).

Based on the results of the F test, the variables of application duration (X1) and the quality of practice license services (X2) had a simultaneous significant effect on the satisfaction of health workers (Y). The results of the F test showed a Fcal value of 689,329 which was greater than Ftable 3.00 with a significance value of 0.00, which means that these variables have a combined effect on the satisfaction of health workers. Thus, the H1 hypothesis was accepted and H0 was rejected, showing that the better the features of the duration of the application and the quality of the practice permit service, the satisfaction of health workers will increase. The results of the determination coefficient test also indicated a strong relationship

between the variable feature of the duration of the application and the quality of practice license services on the satisfaction of health workers. These results are consistent with other studies that show that the quality of service and application features have a significant effect on user satisfaction, such as in a study on the quality of mobile banking services which shows a significant influence between transaction features and user satisfaction. Likewise, a study on the reposting feature on TikTok showed that the feature had a positive effect on the satisfaction of Gen Z users in Indonesia, with significant results from the t-test.

The Dominant Influence between Application Duration Feature and Practice License Service Quality on Health Worker Satisfaction.

Meanwhile, the results of the dominant test in this study showed that the most dominant independent variable affected the bound variable, namely the application duration feature variable (X1) with *a standardized beta coefficients* value of 0.627 with the highest percentage of influence on the health worker satisfaction variable of 56.62% compared to the quality of practice permit service quality variable (X2) of 0.360 with a percentage of 30.28% on health worker satisfaction. The result of the calculation of total dominance or total contribution to labor satisfaction (Y) is 86.90% equivalent to the R Square value of 0.869.

CONCLUSION

This study shows that the features of application duration and the quality of practice license services have a significant influence on the satisfaction of health workers in the Lumajang Regency *DPMPTSP*, both partially and simultaneously. An efficient application duration feature combined with excellent service quality can increase the satisfaction of health workers, with the application duration feature having a dominant influence (56.62%) compared to the quality of practice license services (30.28%). The results of the coefficient of determination indicate that these two variables explain 86.90% of health worker satisfaction, while the remaining percentage is influenced by other factors.

This study had several limitations, including a sample limited to midwives and nurses, as well as the exclusion of other variables such as speed of service and cost. Therefore, it is recommended that future research involve more diverse variables and respondent types. Additionally, the Lumajang Regency *DPMPTSP* is encouraged to continuously update and optimize the application duration feature, while also improving overall service quality in order to achieve higher levels of satisfaction among health workers.

REFERENCES

Ali, M., Khan, M. A., & Iqbal, M. (2018). Impact of e-government on public service delivery: A case study. *International Journal of Public Administration, 41*(5–6), 457–467. https://doi.org/10.1080/01900692.2017.1280817

Dewi, R., & Widiastuti, A. (2020). The role of licensing in improving the quality of health services. *Jurnal Administrasi Kesehatan Indonesia, 8*(2), 85–94. https://doi.org/10.20473/jaki.v8i2.2020.85-94

Efendi, F., Chen, C. M., Nursalam, N., Andriyani, N. W., Kurniati, A., & Yusuf, A. (2019). The situation of nursing education and workforce in Indonesia. *Human Resources for Health, 17*(1), 1–10. https://doi.org/10.1186/s12960-019-0411-8

Gil-Garcia, J. R., Zhang, J., & Puron-Cid, G. (2018). Conceptualizing smartness in government: An integrative and multi-dimensional view. *Government Information Quarterly, 35*(4), 611–620. https://doi.org/10.1016/j.giq.2018.10.002

Gunawan, J., Aungsuroch, Y., & Fisher, M. L. (2019). Competence-based nursing regulation in Indonesia: Challenges and future directions. *Belitung Nursing Journal, 5*(4), 142–150. https://doi.org/10.33546/bnj.829

Halili, S. H., Razak, R. A., & Zain, M. Z. M. (2020). Continuous professional development for healthcare professionals: A systematic review. *Journal of Education and Learning, 14*(2), 200–211. https://doi.org/10.11591/edulearn.v14i2.16241

Kurniati, A., & Efendi, F. (2021). Human resources for health policy in Indonesia: Current situation and challenges. *Human Resources for Health, 19*(1), 1–9. https://doi.org/10.1186/s12960-021-00632-y

Lunenburg, F. C. (2020). Lifelong learning: Continuous professional development for healthcare professionals. *International Journal of Management, Business, and Administration, 23*(1), 1–5.

Mahendradhata, Y., Trisnantoro, L., Listyadewi, S., Soewondo, P., Marthias, T., Harimurti, P., & Prawira, J. (2017). The Republic of Indonesia health system review. *Health Systems in Transition, 7*(1), 1–276.

Mulyanto, J., Kringos, D. S., & Kunst, A. E. (2019). The contribution of primary care to health system performance in Indonesia. *BMJ Global Health, 4*(5), e001497. https://doi.org/10.1136/bmjgh-2019-001497

Nababan, H. Y., Hasanbasri, M., & Kusnanto, K. (2020). Government regulation on licensing for health workers: Policy implications for service quality. *Kesmas: National Public Health Journal, 15*(1), 23–30. https://doi.org/10.21109/kesmas.v15i1.3104

Nugroho, R. P., Santoso, H. B., & Nugroho, L. E. (2020). Measuring the success of e-government systems in Indonesia: A case study. *International Journal of Public Administration, 43*(3), 251–261. https://doi.org/10.1080/01900692.2019.1627559

Nuraini, T., Nurhidayah, I., & Hidayati, N. (2021). Legal protection for patients and healthcare providers in Indonesia. *Jurnal Hukum Kesehatan Indonesia, 11*(1), 12–22. https://doi.org/10.25041/jhki.v11i1.2234

Pradana, M., Nugroho, L. E., & Hidayanto, A. N. (2021). The influence of digital public service quality on user satisfaction and trust in Indonesia. *Heliyon, 7*(4), e06810. https://doi.org/10.1016/j.heliyon.2021.e06810

Rokhman, A. (2020). E-government adoption in developing countries: The case of Indonesia. *Journal of Asian Public Policy, 13*(2), 220–235. https://doi.org/10.1080/17516234.2019.1629875

Saputra, R., & Yusoff, M. Z. M. (2021). Innovation in public sector services: The role of e-government in Indonesia. *Public Administration Research, 10*(1), 13–25. https://doi.org/10.5539/par.v10n1p13

Setiadi, A. P., Suharmiati, S., & Hidayat, N. (2021). Patient trust in licensed health practitioners in Indonesia. *International Journal of Public Health Science, 10*(4), 753–760. https://doi.org/10.11591/ijphs.v10i4.20938

Setiawan, A., Handayani, P. W., & Hidayanto, A. N. (2020). The importance of licensing in ensuring healthcare quality in Indonesia. *Procedia Computer Science, 161*, 1194–1201. https://doi.org/10.1016/j.procs.2019.11.229

Suharmiati, S., Handayani, P. W., & Handayani, R. (2018). Licensing system for health workers in Indonesia: An analysis of policy and implementation. *Kesmas: National Public Health Journal, 12*(4), 175–181. https://doi.org/10.21109/kesmas.v12i4.2143

Susanto, T. D., Sandhyaduhita, P. I., & Purwandari, B. (2020). Challenges and recommendations for e-service development in Indonesia: A case study of e-licensing. *Procedia Computer Science, 161*, 230–237. https://doi.org/10.1016/j.procs.2019.11.118

Trisnantoro, L., Marthias, T., & Hendrartini, Y. (2019). Accountability and legal aspects in health service delivery. *BMC Health Services Research, 19*(1), 1008. https://doi.org/10.1186/s12913-019-4841-6

World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. WHO. https://apps.who.int/iris/handle/10665/331677

World Health Organization. (2021). *Global competency and outcomes framework for universal health coverage*. WHO. https://apps.who.int/iris/handle/10665/345592