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ANALYSIS OF PATIENT SATISFACTION WITH THE QUALITY OF HEALTH SERVICES

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ABSTRACT

Background: Patient satisfaction is a crucial issue in the healthcare system because it reflects the quality of healthcare services. As public awareness grows, patients expect healthcare providers to deliver high-quality, safe, and patient-centered care. The purpose of this study is to analyze patient satisfaction with the quality of healthcare services.
Methods: This was a descriptive study. The population consisted of all patients visiting the community health center, with a sample of 215 individuals selected using incidental sampling. Data were collected using a service quality assessment questionnaire based on a Likert scale. Data collection took place from April through May 2024. Data analysis techniques included IPA and CSI.
Results: Health services are considered very important (4.76), health service performance is considered good (4.11), gap value (-0.65), suitability value (86.43), the priority indicators that need to be improved are the ability of health workers to explain patients' illnesses, the opportunity given by health workers to patients to ask questions about their illness, the ability of health workers to communicate with patients, the ability of health workers to understand patients, the willingness of health workers to provide explanations if patients do not understand their illness, and the fairness of health workers in providing services, as well as the CSI value (0.82), which is in the very satisfied category.
Conclusion: Overall patient satisfaction is very high. The Sukakarya Community Health Center in Sukabumi City is expected to improve the top-priority indicators.
Keywords: CSI, healthcare services, IPA, patient satisfaction

INTRODUCTION

The Indonesian government has the ambition to implement health development, as formulated in “Healthy Indonesia 2025”. The vision of Healthy Indonesia 2025 is to achieve the right to healthy living for the entire community, which determines the optimal level of health, which is an investment in strong and productive human resources (Hasanah et al., 2023; Putri & Endarti, 2024).

Blum (1981) explains that the degree of public health is influenced by four factors, including the environment, behavior, health services, and genetics (Pakpahan et al., 2021). However, the current phenomenon is that many people pay more attention to and consider health services as the main factor in improving the degree of public health (Sartika et al., 2022).

The community is increasingly aware of the importance of health in the current era of globalization. Thus, health services are in high demand. The community’s growing awareness of the importance of health is related to the quality of health services from various comprehensive perspectives. One of the major challenges in providing health services is meeting public expectations for the quality and capacity of health services (Lubis, 2023; Pebriyanti & Rinaldi, 2024).

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The government provides various types of health services and facilities, including those at community health centers, hospitals, and other settings. One of the government's benchmarks in health development is to establish government agencies as units that provide public health services, namely, community health centers in each sub-district (Muhammad et al., 2023; Sidiq et al., 2024).

Health services provided by community health centers in an efficient and effective manner, focusing on the needs and expectations of patients and in accordance with developments in science, standards, and established professional codes of ethics, are considered quality health services. Quality health services are health services that always strive to meet patient expectations, so that patients will always feel indebted and very grateful (Pratama et al., 2023; Wardani et al., 2022).

Indonesian Minister of Health Regulation No. 30 of 2022 concerning National Health Service Quality Indicators states that the measurement and evaluation of health service quality are necessary to maintain and improve health service quality sustainably, in accordance with the quality indicators. National quality indicators at community health centers consist of hand hygiene compliance, personal protective equipment compliance, patient identification compliance, successful treatment of all drug-sensitive tuberculosis cases, pregnant women receiving antenatal care in accordance with standards, and patient satisfaction (Permenkes RI, 2022). Based on national quality indicators at community health centers, the level of satisfaction of service users, namely patients who visit health institutions, is one of the main indicators for measuring the quality of health services (Effendi & Junita, 2020; Setiawan et al., 2022).

Patient satisfaction is defined as a person’s feelings of pleasure or disappointment arising from a comparison between the patient’s perceived and expected experiences, and it is a key aspect of quality care in health services. According to the World Health Organization (WHO), the fundamental essence of providing health services is to meet the needs and demands of health service users (patients), where patients expect a solution to their health problems (Andiyanto et al., 2023; Karunia et al., 2022).

A healthcare institution must establish and manage a system that delivers service performance exceeding patient expectations to achieve patient satisfaction. Satisfaction is achieved when patients compare the performance of healthcare services with their expectations. However, in practice, this is not as easy as it seems. The main problem encountered is the subjective and dynamic nature of satisfaction. Each person will depend on their background, so there may be a condition where individuals have different levels of satisfaction with the same quality of health service (Laila, 2024; Nurfitriani et al., 2024; Sianipar et al., 2023).

A systematic review confirmed that assessments of the patient experience are associated with several clinical outcomes and measures of service quality. These include communication between patients and healthcare providers, self-reported physical and mental health, use of emergency departments, hospitalizations, and measures of care (Navarro et al., 2021) . The other systematic review highlights that patient feedback contributes to quality improvement by identifying shortcomings in communication, responsiveness, continuity of care, and other components of patient-centered care (Wong et al., 2020) .

Patient satisfaction assessment can be conducted by referring to the dimensions of service quality known as the service quality method. Service quality is the most widely known and used method for measuring service quality and has served as a reference for service management and marketing research to date. This method can measure service quality and be used to analyze its impact on customer (patient) satisfaction. The service quality method has five dimensions for measuring service quality, including tangibles,

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reliability, responsiveness, assurance, and empathy (Bharmawan & Hanif, 2022; Tjiptono, 2017).

The high number of patient visits to the Sukakarya Community Health Center in Sukabumi City reflects the community's trust in the health center as the primary provider of preventive and promotive healthcare services. Nevertheless, a high utilization rate does not necessarily indicate optimal patient satisfaction. As part of its quality improvement efforts, the health center routinely conducts a Community Satisfaction Survey based on the CSI, in accordance with the Regulation of the Minister of Administrative and Bureaucratic Reform of the Republic of Indonesia No. 14 of 2017. Although the CSI remained in the "Very Good" category, the score declined from 88.67 in the first semester of 2023 to 87.83 in the second semester, indicating a decrease in patient satisfaction. However, the existing survey provides only a descriptive assessment based on the overall CSI score and does not compare patients' expectations with their perceptions of service performance, which is a fundamental concept of patient satisfaction measurement. Consequently, the survey is unable to identify priority areas for quality improvement. Furthermore, a preliminary survey involving 10 patients in March 2024 revealed persistent dissatisfaction across all SERVQUAL dimensions, including tangibles, reliability, responsiveness, assurance, and empathy. These findings suggest that, despite the overall high level of patient satisfaction, important dimensions of healthcare quality remain suboptimal and warrant further evaluation using a more comprehensive approach. The purpose of this study is to analyze patient satisfaction with the quality of health services.

RESEARCH METHOD

The research method used is descriptive. This research was conducted from February 2024 to July 2024. The study population comprised individual patients attending the Sukakarya Community Health Center in Sukabumi City. Based on the health center records, the average number of patient visits was 486 per week, which was used to determine the accessible population for sample size calculation. Although this figure represented patient visits rather than unique individuals, each eligible patient was recruited only once during the study period to ensure the independence of observations. The minimum sample size was calculated using the Isaac and Michael formula for a finite population with a 95% confidence level ($Z = 1.96$), an expected proportion of 0.50, and a margin of error of 5%, resulting in a minimum sample size of 214.8, which was rounded up to 215 respondents. Respondents were recruited using accidental sampling. The inclusion criteria were patients who were willing to participate, had visited the health center at least twice, were able to read and write, and attended the General Clinic, Dental Clinic, Maternal and Child Health (MCH) Clinic, Elderly Clinic, or Tuberculosis Clinic. For pediatric patients, respondents were parents or family members accompanying the child. Patients with at least two previous visits were included to ensure that respondents had sufficient experience with the healthcare services to provide a comprehensive and informed evaluation of service quality and patient satisfaction. The research instrument used a structured questionnaire adapted from the SERVQUAL instrument developed by Parasuraman et al. (1988), which was subsequently modified as needed while retaining the five main dimensions of SERVQUAL, including tangibles, reliability, responsiveness, assurance, and empathy. Each dimension consists of five items, resulting in 25 items to measure patients' expectations and 25 corresponding items to measure perceptions of healthcare service performance, for a total of 50 items. Each item is rated using a five-point Likert scale. In the expectations dimension, scores range from 1 (not important) to 5 (very important), while in the service performance dimension, scores range from 1 (not

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good) to 5 (very good). Prior to the main study, the questionnaire was pilot-tested on 30 respondents who were not included in the final study sample. Item validity was assessed using the Pearson Product-Moment correlation test. Questionnaire items were considered valid if they had a significance value of $p < 0.05$. All items measuring patients' expectations and perceived healthcare service performance met the validity criteria. Internal consistency reliability was evaluated using Cronbach's alpha coefficient. The expectation scale demonstrated excellent reliability (Cronbach's $\alpha = 0.930$), while the perceived healthcare service performance scale also demonstrated excellent reliability (Cronbach's $\alpha = 0.954$). Both values exceeded the recommended minimum threshold of 0.70, indicating high internal consistency of the instrument. Data analysis was performed using Importance Performance Analysis (IPA) and the Customer Satisfaction Index (CSI). IPA was used to identify service attributes requiring improvement by comparing patients' expectations (importance) with perceived healthcare service performance. The mean performance score for each attribute was plotted on the horizontal axis (X-axis), while the mean importance score was plotted on the vertical axis (Y-axis). The intersection of the overall mean performance and importance scores generated a Cartesian diagram consisting of four quadrants: Quadrant I (high importance–low performance, priority for improvement), Quadrant II (high importance–high performance, maintain performance), Quadrant III (low importance–low performance, low priority), and Quadrant IV (low importance–high performance, possible over-allocation of resources) (Sihotang & Oktarina, 2022). Overall patient satisfaction was assessed using the Customer Satisfaction Index (CSI). The analysis involved calculating the Mean Importance Score (MIS), Mean Satisfaction Score (MSS), Importance Weighting Factor (WF), Weighted Score (WS), and Weighted Average (WA), after which the CSI was obtained by dividing the weighted average by the maximum Likert scale value (5). CSI values were interpreted as follows: 0.81–1.00 = very satisfied, 0.66–0.80 = satisfied, 0.51–0.65 = moderately satisfied, 0.35–0.50 = less satisfied, and 0.00–0.34 = dissatisfied (Sari & Hermawansyah, 2022). Descriptive analysis of respondents' characteristics was performed using IBM SPSS Statistics for Windows version 27, whereas the IPA and CSI calculations were conducted using Microsoft Excel. Ethical approval for this study was obtained from the Ethics Committee of Sukabumi College of Health Sciences (Approval No. 000545/KEP-STIKES SUKABUMI/2024). The study was conducted in accordance with ethical principles for research involving human participants. Written informed consent was obtained from all respondents prior to participation. Participation was entirely voluntary, and respondents were informed of their right to withdraw from the study at any time without any consequences. The confidentiality and anonymity of participants were strictly maintained throughout the study. Questionnaire data were securely stored, were accessible only to the research team, and were used solely for research purposes. No known risks were associated with participation in this study.

RESULTS

Table 1. Characteristics of Respondents

Respondent Characteristics	Frequency (f)	Percentage (%)
Age (Years)		
12-16	7	3.3
17-25	60	27.9
26-35	68	31.6
36-45	27	12.6
46-55	27	12.6
56-65	15	7.0
> 65	11	5.1

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Respondent Characteristics	Frequency (f)	Percentage (%)
Gender		
Male	86	40.0
Female	129	60.0
Education		
Not in school	3	1.4
Elementary school	35	16.3
Junior high school	51	23.7
High school	87	40.5
College	39	18.1
Employment Status		
Working	72	33.5
Not working	143	66.5
Service Status		
General Clinic	145	67.4
Dental Clinic	10	4.7
Maternal and Child Health Clinic	30	14.0
Elderly Clinic	24	11.2
Tuberculosis ClinicSingle	6	2.8
User Status		
BPJS	177	82.3
Non-BPJS	38	17.7
History of Health Service Use (Times)		
2-5	117	54.4
> 5	98	45.6

Table 1. shows that the majority of respondents were aged 26-35 years old totaling 68 people (31.6%), female totaling 129 people (60.0%), high school educated totaling 87 people (40.5%), unemployed totaling 143 people (66.5%), used general clinic services totaling 145 people (67.4%), were BPJS patients totaling 177 people (82.3%), and had a history of using health services 2-5 times totaling 117 people (54.4%).

Table 2. Average Patient Importance Score and Health Service Performance

No.	Satisfaction Dimension	Average Importance	Average Performance
1.	Tangibles	4.70	4.06
2.		4.76	4.14
3.		4.61	4.27
4.		4.69	3.93
5.		4.70	4.07
6.	Reliability	4.74	4.19
7.		4.73	4.11
8.		4.72	4.05
9.		4.76	4.13
10.		4.74	4.19
11.	Responsiveness	4.80	4.11
12.		4.78	4.09
13.		4.77	4.07
14.		4.70	4.02
15.		4.81	4.16
16.	Assurance	4.78	4.10
17.		4.77	3.93
18.		4.76	4.04
19.		4.73	4.08

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No.	Satisfaction Dimension	Average Importance	Average Performance
20.		4.80	4.09
21.		4.84	4.26
22.		4.80	4.20
23.	Empathy	4.79	4.14
24.		4.80	4.17
25.		4.78	4.13
	Overall Average	4.76	4.11

Table 2. shows that the average value of overall patient importance is 4.76. Meanwhile, the average value of overall health service performance is 4.11. Furthermore, all values for each satisfaction dimension indicator, based on patient importance and health service performance, are plotted in a scatter diagram to show the priority of each indicator. This is shown in full in Figure 1.

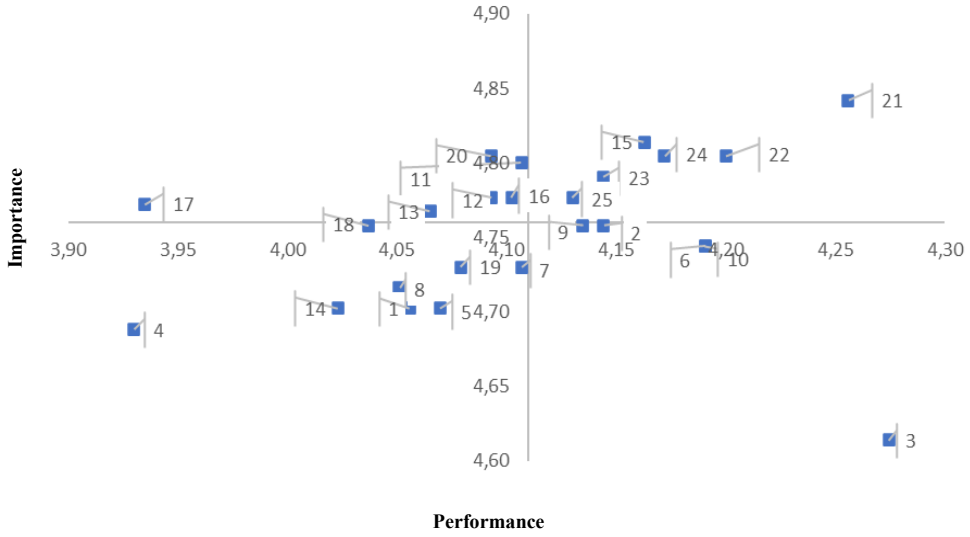


Figure 1. Importance Performance Analysis

Figure 1. illustrates the distribution of healthcare service quality indicators across the four quadrants of the IPA matrix, where the horizontal axis represents the mean performance score and the vertical axis represents the mean importance score. Indicators in Quadrant I were considered highly important but performed below average, indicating priority areas for improvement. These included healthcare workers' ability to explain patients' illnesses, provide opportunities for patients to ask questions, communicate effectively, understand patients' conditions, provide additional explanations when needed, and deliver services fairly. Quadrant II contained indicators that were both important and performed well, including responsiveness to patient complaints, sincerity, prioritizing patients' interests, friendliness, prompt service, and empathy, suggesting that these aspects should be maintained. Quadrant III comprised indicators with relatively low importance and below-average performance, including the completeness of medical equipment, comfort of waiting and examination rooms, prioritization of urgent care, confidence during service delivery, punctuality, patience, and comfort during interactions, indicating lower priorities for improvement. Meanwhile, Quadrant IV included

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cleanliness of medical equipment, neat appearance of healthcare workers, referral services, clarity of information, and operating hours, indicating that these aspects performed above patients' perceived level of importance. Details on the distribution of indicators across each science quadrant are presented in Table 3.

Table 3. Cartesian Quadrant Mapping Importance Performance Analysis

No.	Dimension	Statement	Quadrant
1.	Tangibles	Completeness of the medical equipment used	III
2.		Cleanliness of equipment used by staff	IV
3.		Neatness of staff appearance	IV
4.		Comfort of the waiting room	III
5.		Comfort of the examination room	III
6.	Reliability	Ability of health workers to make referrals if patients need them	IV
7.		Ability to prioritize immediate action	III
8.		Confidence of health workers when providing services	III
9.		Clarity of information provided regarding patient issues	IV
10.		Appropriateness of health center working hours	IV
11.	Responsiveness	Health workers' ability to explain patients' illnesses	I
12.		Opportunities given by health workers to patients to ask questions about their illnesses	I
13.		Health workers' ability to communicate with patients	I
14.		Health workers' punctuality in conducting examinations	III
15.		Health workers' speed in responding to patient complaints	II
16.	Assurance	Health workers' ability to understand patients	I
17.		Health workers' willingness to provide explanations if patients do not understand their illnesses	I
18.		The patience of health workers in providing services	III
19.		The comfort of health workers in interacting	III
20.		The fairness of health workers in providing services	I
No.	**Dimension**	**Statement**	**Quadrant**
21.	Empathy	The sincerity of health workers in serving patients	II
22.		The accuracy of health workers in prioritizing the interests of patients	II
23.		The friendliness of health workers in providing services	II
24.		Providing immediate service to patients	II
25.		The concern of health workers for patients	II

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Table 4. Customer Satisfaction Index

No.	Statement	Average Importance	Weighting Factors	Average Performance	Weighted Score
1.	Completeness of the medical equipment used	4.70	0.03956	4.06	0.16043
2.	Cleanliness of equipment used by staff	4.76	0.04003	4.14	0.16587
3.	Neatness of staff appearance	4.61	0.03881	4.27	0.16590
4.	Comfort of the waiting room	4.69	0.03944	3.93	0.15500
5.	Comfort of the examination room	4.70	0.03956	4.07	0.16098
6.	Ability of health workers to make referrals if patients need them	4.74	0.03991	4.19	0.16724
7.	Ability to prioritize immediate action	4.73	0.03979	4.11	0.16342
8.	Confidence of health workers when providing services	4.72	0.03967	4.05	0.16072
9.	Clarity of information provided regarding patient issues	4.76	0.04003	4.13	0.16550
10.	Appropriateness of health center working hours	4.74	0.03991	4.19	0.16724
11.	Health workers' ability to explain patients' illnesses	4.80	0.04038	4.11	0.16583
12.	Opportunities given by health workers to patients to ask questions about their illnesses	4.78	0.04018	4.09	0.16446
13.	Health workers' ability to communicate with patients	4.77	0.04010	4.07	0.16302
14.	Health workers' punctuality in conducting examinations	4.70	0.03956	4.02	0.15914
15.	Health workers' speed in responding to patient complaints	4.81	0.04049	4.16	0.16857
16.	Health workers' ability to understand patients	4.78	0.04018	4.10	0.16484
17.	Health workers' willingness to provide explanations if patients do not understand their illnesses	4.77	0.04014	3.93	0.15796
18.	The patience of health workers in providing services	4.76	0.04003	4.04	0.16159
19.	The comfort of health workers in interacting	4.73	4.73	4.08	0.16231
20.	The fairness of health workers in providing services	4.80	4.80	4.09	0.16542
21.	The sincerity of health workers in serving patients	4.84	4.84	4.26	0.17334
22.	The accuracy of health workers in prioritizing the interests of patients	4.80	4.80	4.20	0.16975
23.	The friendliness of health workers in providing services	4.79	4.79	4.14	0.16701
24.	Providing immediate service	4.80	4.80	4.17	0.16862

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No.	Statement	Average Importance	Weighting Factors	Average Performance	Weighted Score
	to patients				
25.	The concern of health workers for patients	4.78	4.78	4.13	0.16596
	Total	**118.88**	**1.00000**	**102.75**	**4.11**
	Customer Satisfaction Index				**0.82**

Table 4. shows that the customer satisfaction index value is 0.82. This value falls within 0.81-1.00, indicating that, in general, patient satisfaction with the quality of health services is in the very satisfied category.

DISCUSSION

The IPA method is a technique used to measure the level of importance and performance of each service attribute to determine the priorities for improvement, which are divided into four quadrants (Sihotang & Oktarina, 2022). Quadrant I is the priority that needs to be improved, quadrant II is the priority that needs to be stabilized, quadrant III is the priority that has been improved, and quadrant IV is the excessive priority.

Every aspect of performance in Quadrant I is considered important by patients. However, the performance of health services provided by community health centers still falls short of patient expectations. Therefore, all indicators in this quadrant need to be improved immediately. The indicators included in this quadrant are indicators of the ability of health workers to explain patients' illnesses, health workers are seen to provide comprehensive explanations of illnesses in accordance with their competence; indicators of the opportunity given by health workers to patients to ask questions about their illness, in fact, health workers provide opportunities for patients to ask questions, respond, and reconfirm what they are feeling; the indicator of the ability of health workers to communicate with patients, in reality health workers always provide validation by acknowledging and respecting patients' concerns about their illness; the indicator of the ability of health workers to understand patients, several respondents stated that health workers try to understand patients, but in the process there is a lack of friendliness and empathy. Some reasons for this attitude are workload, work stress, and motivation; indicators of health workers' willingness to provide explanations if patients do not understand their illness; in reality, health workers are convincing and provide explanations using language that is easy to understand; indicators of health workers' fairness in providing services; in fact, health workers are able to be fair in providing services to patients.

All aspects in Quadrant II are considered important by patients, but the performance of health services provided by the community health center has been above average, in line with patient expectations, or has almost satisfied patients. Therefore, all indicators in this quadrant need to be maintained. The indicators in this quadrant include the speed at which health workers respond to patient complaints. In fact, health workers respond quickly to patient complaints to provide the best service; they are sincere in serving patients. In reality, health workers provide services sincerely, as reflected in patients' descriptions of their visits to the Puskesmas. Every health worker appears happy when meeting patients; the indicator of the accuracy of health workers in prioritizing patient interests, the fact is that health workers are able to provide fast and responsive services to patient needs; the indicator of the friendliness of health workers in providing services, respondents' opinions indicate that there are health workers who have a sullen attitude and are difficult to approach; the indicator is that healthcare workers provide immediate service to patients. In reality, healthcare workers can provide immediate, cooperative

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service and strive to deliver efficient service. The indicator is that healthcare workers care about patients. In reality, healthcare workers care about providing the best service to patients, so that patients feel cared for and well served.

Indicators located in Quadrant III were perceived by patients as having relatively low importance and below-average performance, indicating that although improvements are still needed, these aspects are not considered immediate priorities. The findings suggest that physical facilities, such as the completeness of medical equipment and the comfort of waiting and examination rooms, were generally adequate to support healthcare delivery. Likewise, aspects related to healthcare workers' confidence, punctuality, patience, prioritization of urgent cases, and comfort during interactions were perceived as acceptable. However, because these attributes were assigned relatively lower importance by patients than interpersonal aspects of care, improvements in these areas are unlikely to produce substantial increases in overall patient satisfaction. This finding indicates that patient satisfaction is influenced not only by the availability of physical resources but also by how healthcare professionals communicate, demonstrate empathy, and respond to patients' individual needs.

Similarly, the indicators in Quadrant IV demonstrated performance levels that exceeded their perceived importance, including the cleanliness of medical equipment, healthcare workers' appearance, referral services, clarity of information, and operating hours. Although these attributes met or exceeded patients' expectations, further investment in these areas is unlikely to substantially improve patient satisfaction. Therefore, healthcare managers should consider reallocating resources toward attributes in Quadrant I, where improvements are expected to have a greater impact on meeting patients' needs and enhancing overall satisfaction.

In addition, this study uses the Customer Satisfaction Index to measure patient satisfaction. The Customer Satisfaction Index is a method used to determine the overall level of customer satisfaction with an approach that considers the level of importance and attributes measured (Sampurno & Sharif, 2020).

The results of the study show that the Customer Satisfaction Index for all aspects of patient satisfaction with the quality of health services is 0.82, indicating that most patients are very satisfied with the indicators of job satisfaction provided. This is supported by statements from several patients who said a service must have good overall quality.

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design captured patients' perceptions at a single point in time; therefore, causal relationships between healthcare service quality and patient satisfaction cannot be established. Second, patient satisfaction was assessed using self-administered questionnaires, which may be subject to response bias and social desirability bias. Third, the study was conducted in a single community health center, which may limit the generalizability of the findings to other primary healthcare settings with different organizational characteristics and patient populations. Finally, although the IPA and CSI methods successfully identified priority areas for service improvement, patient satisfaction is a multidimensional construct that may also be influenced by factors not examined in this study, such as socioeconomic status, educational level, health literacy, previous healthcare experiences, waiting time, health status, and individual expectations. Future studies are recommended to include multiple primary healthcare facilities, adopt longitudinal or mixed-method designs, and examine additional determinants of patient satisfaction to provide a more comprehensive understanding of healthcare service quality.

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CONCLUSION

The overall patient satisfaction level, as measured by the CSI, was 0.82, indicating that patients were generally very satisfied with the quality of healthcare services at the Sukakarya Community Health Center in Sukabumi City. This high level of satisfaction may be attributed to strong performance across several service quality dimensions, particularly healthcare workers' responsiveness, friendliness, empathy, sincerity in providing care, and prioritization of patients' needs, which were identified as strengths in the IPA analysis. Nevertheless, the findings also indicate that several communication-related aspects, including providing clear explanations, encouraging patients to ask questions, and understanding patients' concerns, remain priority areas for improvement. Therefore, maintaining the strengths of existing services while focusing on improving these priority indicators is essential to further enhance patient satisfaction and the overall quality of healthcare services.

RECOMMENDATIONS

Further research is recommended to explore strategies to improve the quality of health services that increase overall patient satisfaction. Researchers can prioritize aspects of health workers' communication and interpersonal skills, such as the ability to explain the patient's condition, provide opportunities to ask questions, show empathy, ensure patient understanding, and provide fair service. Further studies can also develop and test effective interventions to strengthen these competencies in health service practice.

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