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SERVICE WAITING TIME AND POSTPARTUM MOTHERS' SATISFACTION IN PRIMARY HEALTHCARE: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: The postpartum period is very important in efforts to reduce maternal mortality because most postpartum complications occur during this period. One way to improve the quality of health services at facilities is to reduce wait times. Long wait times can affect patients' perceptions of service quality and reduce patient satisfaction. This study aims to analyze the correlation between service waiting time and maternal satisfaction during postpartum visits at the Pasundan Health Center in Samarinda City.
Methods: The research used a quantitative, cross-sectional approach. The research sample consisted of 191 postpartum mothers selected through convenience sampling. Data were collected using patient satisfaction questionnaires and observation sheets recording patient arrival and discharge times, and analyzed using the Fisher Exact test with a significance level of 0.05.
Results: The results showed that most of the mothers who received services in the waiting time ≤60 minutes were satisfied with the services provided (89.2%); on the other hand, in respondents with a waiting time of > 60 minutes, most of them stated that they were not satisfied with the service. The results of the Fisher Exact test showed a p-value of 0.001 ($p<0.05$), indicating a significant correlation between service waiting time and postpartum mothers' satisfaction.
Conclusion: Service waiting time has a significant correlation with maternal satisfaction at postpartum visits. Efforts to improve service efficiency, the queue system, and the quality of health workers' communication are needed to enhance patient satisfaction and the quality of postpartum services in primary health facilities.
Keywords: mothers, patient satisfaction, service waiting time

INTRODUCTION

Maternal Mortality Rate (MMR) is an important indicator that reflects the health condition of the mother and the effectiveness of the Mother and Child program, with mortalities occurring during pregnancy up to 42 days after delivery (Cresswell et al., 2025). Based on WHO and ASEAN data, MMR remains high globally and in Indonesia, although it decreased from 303 to 230 per 100,000 live births in 2022 (Cresswell et al., 2025). The main causes of maternal mortality include postpartum complications such as bleeding(Sattar & Greer, 2002), infection(Yu et al., 2021), and hypertension (Ushida et al., 2021), as well as indirect factors from the mother's medical history. The postpartum period is crucial because around 60% of maternal fatalities happen after labor, especially in the first 24 hours(Cresswell et al., 2025).

One of the important indicators in assessing the quality of health services is patient satisfaction(Husain Akbar & Tegar Jaya, 2017). Patient satisfaction is an indicator of the quality of health services because it reflects the alignment between patients' expectations

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and the support they receive (Permatasari & Rajebta, 2025). Research shows that patient satisfaction is strongly influenced by the quality of interaction between health workers and patients and the efficiency of the service process (Setyawan et al., 2020). In the framework of health service quality proposed by Avedis Donabedian, the quality of service is influenced by three main components, namely structure, process, and results. Service waiting time is included in the process component, which describes the efficiency of health services and can affect the patient's experience during service delivery (Reinissa & Indrawati, 2019).

Service waiting time is one of the factors that often lead to patient complaints in health facilities. Long waiting times can cause discomfort, reduce trust in health workers, and lead to negative assessments of service quality (Kyarisiima et al., 2024; Seif et al., 2025). On the other hand, fast and efficient service can improve the patient experience and encourage satisfaction with the services received. Research across various countries shows that waiting time is an important determinant of patient satisfaction in primary and hospital care. Patients who wait too long tend to have a negative perception of the quality of service and lower health facilities(Kyarisiima et al., 2024).

In Indonesia, the Ministry of Health has set a requirement for the waiting time for outpatient services through the national indicator of health service quality, limiting it to a maximum of 60 minutes from the time the patient registers for health services (MENKES, 2022). However, in practice, some health facilities still struggle to meet these standards. This condition can affect the patient's perception of the health services provided.

Several previous studies have shown that service wait times are significantly correlated with patient satisfaction levels. Research conducted by Wijayanti (2024) found that patients with shorter waiting times had higher satisfaction levels than those with longer waiting times (Wijayanti & Rejeki, 2024). Other studies have also highlighted the importance of healthcare service efficiency in shaping patients' experiences and perceptions of care quality. (Vasilevski et al., 2021; Wilson et al., 2021). These findings suggest that waiting time is an important component of the overall healthcare experience and may influence patients' satisfaction with the services they receive.

However, postpartum mothers constitute a distinct population whose healthcare needs and service experiences may differ from those of the general outpatient population. The postpartum period is a critical period of physical and psychosocial adaptation following childbirth, during which women require ongoing assessment, information, reassurance, and support. Postpartum care also involves attention to both maternal and newborn health, including maternal recovery, breastfeeding, emotional well-being, and the identification of potential complications. The World Health Organization emphasizes that a positive postnatal experience requires care that is responsive to the needs of women and their newborns and that provides consistent information, reassurance, and support from healthcare providers (World Health Organization, 2022). Therefore, factors influencing satisfaction among postpartum mothers may not necessarily be equivalent to those observed among general outpatient populations.

Previous research suggests that waiting time may influence satisfaction with maternal and postpartum healthcare services. Long wait times may erode patients' confidence and satisfaction, while timely, responsive services may contribute to a more positive healthcare experience. (Seif et al., 2025) stated that long wait times decreased patient confidence, and found 32% of patients were less satisfied with waiting for more than an hour(M et al., 2020). Fast, standards-compliant service is essential to maintaining quality and patient satisfaction. In maternal health services, the quality of service is not only measured by clinical outcomes, but also by mothers' experience and satisfaction during care. Improving the quality of midwifery services has been shown to increase trust and utilization of

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maternal health services (Homer et al., 2022). Responsive service, short wait times, and good communication from health workers can enhance mothers' positive experience during the postpartum period (Anderson et al., 2007; Bergh et al., 2022).

Despite the growing body of research on waiting time and patient satisfaction, an important knowledge gap remains regarding whether and to what extent service waiting time is associated with satisfaction, specifically among postpartum mothers receiving care in primary healthcare settings. Most existing evidence has focused on general outpatient populations or broader maternal healthcare experiences. In contrast, evidence specifically examining the relationship between waiting time and postpartum mothers' satisfaction at the primary healthcare level remains limited. Furthermore, evidence from Samarinda, Indonesia, is scarce.

The Pasundan Health Center was chosen as the research location because it has adequate facilities and is easily accessible in Samarinda City. Although the health center is included in the top 10, postpartum visits remain low, totaling 269 out of the target of 404 in 2023. This shows that achieving optimal service coverage poses challenges. However, with its strategic location and good facilities, this health center has great potential to improve service quality. Based on this description, it is important to understand the factors that affect maternal satisfaction in utilizing postpartum services at health centers. One factor suspected to influence is the waiting time for services. Therefore, this study aims to analyze the correlation between service waiting time and maternal satisfaction during postpartum visits at the Pasundan Health Center in Samarinda City.

RESEARCH METHOD

This study uses a quantitative, cross-sectional approach to determine the correlation between service waiting time and postpartum mothers' satisfaction at the Pasundan Health Center. The research was conducted from March to May 2025. The study population consisted of postpartum mothers who were recorded as having their first postpartum visit (KF1). Based on secondary data obtained from Pasundan Health Center, the total Population was 384 postpartum mothers. The minimum sample size was calculated using the LEMESHOW formula for a known population. Assuming a 95% confidence level (Z=1.96), a proportion of 50% (P=0.50), and a margin of error of 5% (d=0.05), the minimum required sample size was 191 respondents. The research sample consisted of 191 respondents who were selected using the accidental sampling technique by considering the inclusion criteria, namely mothers in the postpartum period (0-42 days), having a baby of a maximum age of two months, having received postpartum services at a health center, and willing to become respondents by signing an informed consent. The use of accidental sampling may introduce selection bias because respondents who were available and willing to participate may differ from postpartum mothers who were not present at the health facility or who declined to participate. Therefore, the representativeness of the sample and the generalizability of the findings to the broader postpartum population may be limited. The findings should consequently be interpreted within the context of the study population and healthcare setting.

The inclusion criteria in this study were mothers in the postpartum period (0–42 days), with a baby up to 2 months old, who had received postpartum services at the health center, and who were willing to participate as respondents by providing informed consent. The Exclusion criteria were respondents who did not complete the questionnaire. Data were collected using questionnaires and waiting-time recording forms.

The independent variable was service waiting time, measured using a standardized waiting time recording form. Waiting time was defined as the total duration from the time the patient arrived at the healthcare facility and took a queue number at the registration

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desk until the completion of the healthcare service, including receiving prescribed medication and being ready to leave the healthcare facility. The measurement was conducted directly by the researcher. The researcher recorded the time the patient arrived at the healthcare facility and obtained a queue number at the registration desk. The ending time was recorded when the patient had completed the healthcare service, received the prescribed medication, and was ready to leave the healthcare facility. The total waiting time was calculated in minutes as the difference between the recorded start and end times. In this study, service waiting time was operationally defined as the total duration of the outpatient service process, from obtaining a queue number until receiving medication and completing the visit, in accordance with the operational measurement applied at the study site.

The 60-minute cut-off was based on the Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2022 concerning National Quality Indicators for Health Services, which establishes a maximum outpatient waiting time of 60 minutes as one of the quality indicators for healthcare services. Accordingly, waiting time was categorized into two groups: <60 minutes (meeting the standard) and ≥60 minutes (not meeting the standard). For statistical analysis, waiting time was treated as a binary categorical variable. To minimize measurement bias, the same operational definitions and standardized recording procedures were applied consistently to all respondents. The researcher directly observed and recorded the start and end times for each respondent using the same time-recording procedure throughout the data collection period.

The dependent variable is postpartum mothers' satisfaction, assessed from their perceptions of the experience at the health center, including service quality, price, emotional response, atmosphere, characteristics, location, facilities, communication, and visual design. Satisfaction was measured using a 16-item questionnaire with a five-point Likert scale. Total score range 16 to 80. Based on the predetermined categorization, respondents with a total score of 49-80 were classified as satisfied, while those with a score of 16-48 were classified as less satisfied.

The research instrument has been tested for validity and reliability. The questionnaire's validity and reliability were assessed prior to the main data collection. The validity test was conducted among 19 postpartum mothers at Puskesmas Juanda Samarinda using the Pearson Product-Moment correlation test. All 16 questionnaire items were found to be valid, with correlation coefficients ranging from 0.548 to 0.820, exceeding the critical r value of 0.455. The reliability test showed a Cronbach's alpha coefficient of 0.922, indicating high internal consistency of the questionnaire. This Study has received ethical approval under the number No. 011/DIII/KEPKSTIKesSaptaBakti2025. Participation was voluntary, and informed consent was obtained from all respondents before data collection. Respondents were informed of the study's purpose and procedures, and of their right to decline participation or withdraw from the study at any time without consequences. Confidentiality and anonymity were maintained by using respondent codes and not reporting personally identifiable information in the research results.

Data analysis was performed using univariate and bivariate analyses. Univariate analysis was conducted to describe the characteristics of the respondents and the distribution of the study variables using frequencies and percentages. Bivariate analysis was conducted to examine the association between service waiting time and postpartum mothers' satisfaction. Both variables were analyzed as binary categorical variables. The Chi-square test was used to assess the association between service waiting time and postpartum mothers' satisfaction. The expected cell frequencies were assessed before applying the Chi-square test to ensure that its assumptions were met. When the assumptions

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of the Chi-square test were not satisfied, Fisher's Exact Test was used. Statistical significance was determined at $p < 0.05$.

RESULTS

Based on data collected from 191 respondents at the Pasundan Health Center, the results are presented in Table 1 below.

Table 1. Respondent Characteristics

Variable	Frequency (n)	Percentage (%)
Age		
<20 Years	2	1
20-30 Years	146	7.4
31-40 Years	37	19.4
>40 Years	6	3.1
Education		
Finishing Elementary School	5	2.6
Junior High School/MTS Graduation	9	4.7
Graduating from high school/vocational/MA	143	74.9
End DIPLOMA	19	9.9
End S1/S2/S3	15	7.9
Jobs		
Private Employees	9	4.7
Self-employed	11	5.8
Not Working (IRT)	171	89.5
Postpartum Visit		
1 Time	24	12.6
2 Times	62	32.5
3 Times	104	54.5
>3 times	1	0.5

Table 1. shows that most of the respondents were aged 20–30 years (76.4%). Based on education level, the majority of respondents had a last education in high school/vocational school (74.9%). Most of the respondents were housewives (89.5%). Based on the number of postpartum visits, the majority of respondents (54.5%) have had 3 visits.

Table 2. Descriptive Statistics of Waiting Time for Postpartum Maternal Health Services

	Mean	Median	Minimum value	Maximum value	Standar Deviasi
Service Waiting Time	32.40	25.00	10	85	25.00

Table 2. shows that, based on the data obtained, the Independent Service Waiting Time variable indicates that 164 respondents had a Service Waiting Time of <60 minutes. This shows that the services at the Pasundan Health Center have met the Ministry of Health's maximum service standard of <60 minutes for outpatient services. Fast wait times reflect efficient service, and this is one of the key factors supporting patient satisfaction. However, 14.1% of respondents still experience a waiting time of ≥60 minutes, which could negatively affect perceptions of service.

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Table 3. The Correlation Between Service Wait Time and Patient Satisfaction

Variable		Patient Satisfaction				Amount		*p-value*
		Sattisfaction		Less Satisfied				
		N	%	N	%	N	%	
Service Waiting Time	<60 Minute	148	89.2	18	10.8	166	100	0.001
	≥60 Minute	4	16.0	21	84.0	25	100	
Total		152	79.6	39	20.4	191	100	

Based on Table 3., there is a significant correlation between the waiting time for services and the level of satisfaction of postpartum mothers during visits to the Pasundan Health Center. Of the total 191 respondents, the majority of mothers who received services with a waiting time <60 minutes (89.2%) expressed Satisfaction, and 18 respondents reported feeling Less satisfied. On the other hand, among mothers with a waiting time of ≥60 minutes, 4 respondents (16.0%) reported satisfaction, while 21 respondents (84.0%) reported dissatisfaction.

A preliminary statistical analysis was conducted using the Chi-Square test to determine whether there was a significant correlation between service wait time and patient satisfaction levels. However, after the assumption test was carried out, it was found that the conditions for using *the Chi-Square* test were not met, as the expected count was <5. Alternatively, Fisher's Exact Test is performed, which is more appropriate for categorical data with small sample sizes or when the Chi-Square requirements are not met. Fisher's Exact Test yielded a p-value of 0.001. Because this value is smaller than the set significance level ($\alpha = 0.05$), it can be concluded that there is a statistically significant correlation between service waiting time and postpartum patient satisfaction at the Pasundan Health Center.

DISCUSSION

The study found a significant correlation between service waiting time and postpartum mothers' satisfaction at the Pasundan Health Center in Samarinda City. Most mothers who received services with a wait time of less than 60 minutes were satisfied with the services provided. This finding indicates that the timeliness and efficiency of healthcare service delivery are important components of the postpartum care experience. Although waiting time represents only one aspect of healthcare quality, prolonged waiting may negatively influence mothers' perceptions of service responsiveness and overall satisfaction. In contrast, mothers who were more than 60 minutes tended to show lower levels of satisfaction. These findings show that the efficiency of health services is an important factor in shaping patients' perceptions of service quality. The short wait time allows patients to receive services more quickly, thereby reducing discomfort during the health service process. From the perspective of the health care system, waiting time is a component of the care process that affects the patient's experience. According to the health service quality model developed by Avedis Donabedian, the quality of service is influenced by three main components, namely structure, process, and results. Service waiting time is part of the process component that reflects the efficiency of the health service system. An efficient service process can produce better outcomes, including increased patient satisfaction with the services received.

The findings of this study align with several previous studies, which show that waiting time for services is a major determinant of patient satisfaction. Previous study shows that the quality of patient experience in maternal health services is greatly influenced by service efficiency, including the length of waiting time before patients receive health services(Ivany & Lane, 2021). Long waiting times can cause discomfort, increase patient stress levels, and decrease the perception of the quality of health services provided. Other

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studies have also shown that patients who receive health services with shorter waiting times tend to be more satisfied than those who wait longer. A study found that waiting time is one of the most frequently asked questions by patients in primary health care facilities (Bergh et al., 2022). This condition shows that the efficiency of the health service system strongly influences the patient's experience during care. The longer the waiting time for services, the higher the likelihood of patients experiencing dissatisfaction with the services provided (Esan et al., 2022; Seif et al., 2025).

In the context of maternal health services, patient satisfaction plays an important role in increasing service utilization (Ayalew et al., 2021). Mothers who are satisfied with the services they receive tend to have a higher level of trust in health workers and are more willing to return to use health services at the next visit (Noviyani & Viwattanakulvanid, 2024a). This is very important, especially during the postpartum period, because monitoring the mother's health after childbirth is an important effort in early detection of postpartum complications. Prolonged waiting times may reduce postpartum mothers' satisfaction by increasing physical and emotional discomfort and creating perceptions of poor service responsiveness and efficiency. Conversely, timely and responsive services may enhance mothers' trust in healthcare providers and their willingness to return for subsequent visits. This is particularly important during the postpartum period, when continued monitoring is essential for the early detection of complications. Therefore, improving the quality and efficiency of postpartum services at primary healthcare facilities may increase healthcare utilization and improve maternal health outcomes (Homer et al., 2022; Reinissa & Indrawati, 2019).

Although waiting time services have been shown to have a significant correlation with postpartum mother satisfaction, patient satisfaction is not solely determined by waiting time. Several other factors, such as health workers' attitudes, the quality of communication between health workers and patients, the comfort of the waiting room, and the availability of service facilities, can also affect patient satisfaction (Bergh et al., 2022). Patients who receive services with a friendly attitude, clear communication, and a comfortable service environment tend to remain satisfied, even when they have to wait longer. This shows that the quality of interaction between health workers and patients is also an important component in improving the patient experience during health service delivery. In addition, the quality of health recommendations and infrastructure also plays an important role in increasing patient satisfaction (Reinissa & Indrawati, 2019). Adequate service facilities, comfortable waiting rooms, and a well-organized service system can increase positive perceptions of patients(Noviyani & Viwattanakulvanid, 2024b). If this condition is acceptable to pregnant women, it will increase maternal satisfaction and enable sustainable postpartum visits (Tandung et al., 2025).

Therefore, efforts to improve the quality of health services at health centers do not focus solely on accelerating service times; they also need to address the quality of interactions between health workers and patients and the comfort of service facilities. Clear information about expected wait times can help manage mothers' expectations and reduce uncertainty during the service process. For postpartum mothers, efficient service delivery should be accompanied by responsive communication and respectful care to ensure that improvements in waiting time do not compromise the quality of clinical interactions. Improving the queue system, optimizing service flows, enhancing health workers' communication competence, and providing comfortable waiting rooms can be effective strategies to increase patient satisfaction. With fast, friendly, and professional service, it is hoped that postpartum mothers' satisfaction will increase, encouraging the sustainable use of maternal health services.

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From a public health perspective, reducing waiting times may strengthen the quality and responsiveness of primary healthcare services. Positive experiences with postpartum care may encourage mothers to continue using maternal and child health services and to seek appropriate care when needed. Therefore, waiting time should be considered as one component of broader quality improvement strategies in primary healthcare facilities. Health system managers and policymakers may use waiting-time indicators alongside patient satisfaction measures to identify service delivery gaps and develop targeted quality improvement interventions. Such efforts may contribute to more accessible, responsive, and patient-centered maternal and child healthcare services.

This research has several limitations. First, cross-sectional research designs cannot establish a direct causal relationship between service wait times and patient satisfaction. Second, the research was conducted at only one health service facility, so the results could not be generalized to all health centers in other regions. Therefore, further research is recommended to use a broader research design and multiple healthcare facilities to provide more comprehensive evidence.

CONCLUSION

Based on the study's results, there is a significant correlation between service waiting time and postpartum satisfaction at the Pasundan Health Center: the faster service is provided, the higher the level of patient satisfaction tends to be. However, patient satisfaction is not only affected by wait times, but also by other factors such as the attitude of the officers, the comfort of the waiting room, and the quality of communication during the service. Therefore, it is important for Puskesmas not only to accelerate the flow of services but also to improve the quality of interaction between health workers and supporting facilities, so that the patient experience becomes more comfortable and enjoyable. With comprehensive improvements to the queue system, friendly and informative service, and a good waiting room atmosphere, it is hoped that the satisfaction of postpartum mothers can continue to be optimally improved.

RECOMMENDATIONS

This study recommends that health service facilities, especially the Pasundan Health Center, can improve service efficiency by optimizing waiting time management through improving the queue system, setting more effective service schedules, and improving coordination between health workers so that patient waiting time can be minimized and postpartum mothers' satisfaction with health services can increase. In addition, it is recommended for future researchers to conduct research with a wider scope by adding other variables that have the potential to affect patient satisfaction, such as the quality of communication of health workers, the availability of service facilities, and the health service management system, to provide a more comprehensive picture of the factors that affect maternal satisfaction during the postpartum period.

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