
Analysis of Health Service Quality on Patient Satisfaction at Waetuno Health Center, Wakatobi Regency, Southeast Sulawesi Province

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ABSTRACT

Service quality is an important factor in shaping patient trust in health services. This study aims to analyze the relationship between service quality dimensions (reliability, responsiveness, tangibles, assurance, and empathy) and patient satisfaction at Waetuno Health Center, Wakatobi Regency, Southeast Sulawesi. The research used an analytical survey with a cross-sectional design and involved 164 respondents selected through simple random sampling. Data were analyzed using chi-square and logistic regression tests. The results showed significant relationships between all five service quality dimensions and patient satisfaction ($p < 0.05$). The most dominant factor influencing patient satisfaction was responsiveness, with an Odds Ratio (OR) of 23.369. The findings suggest that improving the responsiveness of health workers can significantly enhance patient satisfaction.

Keywords: *Patient Satisfaction; Service Quality; Responsiveness; Reliability; Tangibles; Assurance; Empathy*

INTRODUCTION

The quality of health services is an important factor in creating patient satisfaction. Along with increasing public awareness of the importance of health, the demand for fast, friendly, safe, and quality health services is also increasing. Puskesmas as the spearhead of basic health services must be able to provide quality services in order to create patient satisfaction and loyalty.

The problem studied in this study is how the relationship between the dimensions of service quality reliability, responsiveness, tangible evidence, empathy, and assurance with patient satisfaction at the Waetuno Health Center, Wakatobi Regency, Southeast Sulawesi Province.

Based on this description, this study aims to analyze the relationship between the five dimensions of health service quality (SERVQUAL) and patient satisfaction at the Waetuno Health Center, so that it can be the basis for efforts to improve the quality of health services in the region.

METHODS

This study uses an analytical survey design with a cross-sectional approach, which was carried out at the Waetuno Health Center, Wakatobi Regency, Southeast Sulawesi Province. The study population was 280 patients, with a sample of 164 people determined through a simple random sampling method.

The research instrument is in the form of a questionnaire that measures the five dimensions of health service quality (reliability, responsiveness, direct evidence, assurance, and empathy) based on the SERVQUAL model, as well as patient satisfaction as a bound variable. Data was collected through filling out questionnaires directly by respondents.

Data analysis was carried out in three stages, namely:

1. The Univariate analysis describes the frequency distribution of respondent characteristics and perceptions of each dimension of service quality.
2. Bivariate analysis uses the Chi-square test to see the relationship between each dimension of service quality and patient satisfaction.
3. Multivariate analysis uses multiple logistic regression to find out which variables are most dominant influencing patient satisfaction.

RESEARCH RESULTS

This study was carried out at the Waetuno Health Center, Wakatobi Regency with a total of 164 respondents, selected using a simple random sampling method from a total patient population of 280 people. The characteristics of the respondents showed that the majority were aged 26–35 years (39.6%), with the largest proportion being female (59.8%), and the level of education was dominated by junior high school (56.1%). These findings illustrate that most of the patients who access health services at the Waetuno Health Center are the productive and middle-educated age groups, which generally have a fairly high awareness of the quality of health services.

Table 1. Distribution of Respondents' Perception of the Dimension of Service Quality (Less Category)

Dimension of Service Quality	n	%
Reliability	102	62,2
Responsiveness	101	61,6
Direct Evidence (Tangibles)	97	59,1
Empathy	99	60,4
Assurance	96	58,5

Remarks: n is calculated from the proportion to the total of 164 respondents (rounded). Total respondents n = 164.

Based on univariate analysis, respondents' perception of the five dimensions of service quality showed that most respondents rated it as lacking in all indicators (Table 1). This indicates that there is still a gap between patient expectations and the performance of the services provided.

The results of the Chi-square test showed that all dimensions of service quality were significantly related to patient satisfaction ($p = 0.000$). Multiple logistic regression analysis then identified that the responsiveness variable was the most dominant factor with an OR value of 23.369, which means that patients who rated responsiveness as good had a 23 times greater chance of feeling satisfied than patients who rated responsiveness as lacking.

DISCUSSION

The results of this study confirm that the quality of health services has a direct influence on patient satisfaction. The five dimensions of service quality developed by Parasuraman, Zeithaml, and Berry (1990) in the SERVQUAL model are proven to be relevant in the context of basic health services at the Waetuno Health Center.

1. Reliability

Reliability includes consistency and timeliness of services, from administration, examinations, to drug administration. The results of the study show that most respondents consider reliability to be lacking. This can be caused by long waiting times for patients, delays in medical services, and limitations of health workers. This condition is in line with research by Wardiah (2021) at Dr. Rasidin Padang Hospital, which found that reliability is significantly related to patient satisfaction, but it is often an aspect that is underrated by patients.

2. Responsiveness

This dimension is proven to be the most dominant factor. Quick response, willingness of health workers to help patients, and speed in handling complaints are the main determinants of patient satisfaction. Patients pay great attention to the alertness of health workers, especially in emergency installations and drug services. The results of this study are consistent with the findings of Marina (2020) at Ferdinand Lumbantobing Hospital which confirms that responsiveness has a strong influence on inpatient satisfaction. This shows that public perception of service quality is greatly influenced by direct interaction and quick response of medical personnel.

3. Direct Evidence (Tangibles)

Physical aspects such as the cleanliness of the waiting room, the availability of facilities, the feasibility of medical equipment, and the comfort of the service room also affect patient satisfaction. The results of this study found that the majority of patients considered the tangible aspects to be inadequate. This is in line with the results of Nasrudin's (2021) research at the Paciran Lamongan Health Center, which shows that the main inhibiting factors for health services are the length of queues and limited facilities. Thus, even though the medical services provided are good, if the physical environment and facilities are not supportive, patient satisfaction remains low.

4. Empathy

The dimension of empathy is related to personal attention, patience, friendliness, and the willingness of health workers to understand patient complaints. This study found that most respondents felt that the empathy aspect was not optimal. This may be due to the high workload of health workers so as to reduce the quality of interpersonal communication. In fact, Suryawati's research (2004) emphasized that the attitude and behavior of health workers (friendly, communicative, caring) are the most influential factors on the perception of patient satisfaction.

5. Assurance

The assurance dimension is related to patient trust in the competence of health workers, the security of medical procedures, and the assurance of patient data confidentiality. The results of this study show that the assurance dimension is still felt to be lacking. This can be due to the limited number of specialist medical personnel and supporting equipment at the Health Center. However, research by Ariella and Patattan (2021) at Fatima Makale Hospital confirms that assurance still has a significant relationship with patient satisfaction, because the trust aspect is the main basis in health services.

In general, this study strengthens the theory that patient satisfaction is the result of a comparison between expectations and perceived performance. If the service performance meets or exceeds expectations, the patient will feel satisfied. On the other hand, if the service does not meet expectations, then dissatisfaction will arise.

The results of this study also confirm that in the context of health services in the region, especially Puskesmas, responsiveness is a key factor. This is because patients in general are more sensitive to waiting times, service alertness, and speed of response of officers compared to other aspects. Thus, the strategy to improve service quality must be focused on increasing the

responsiveness of health workers, accompanied by improving physical aspects, increasing empathy, and strengthening service quality assurance.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

This study shows that there is a significant relationship between the five dimensions of health service quality (reliability, responsiveness, tangibles, empathy, assurance) and patient satisfaction at the Waetuno Health Center. The most dominant variable affecting patient satisfaction is responsiveness, with an OR value = 23.369. Thus, the objectives of this study have been achieved.

Recommendations

Based on the results of the study, it is recommended to:

1. Puskesmas need to increase the responsiveness of health workers through communication training and quick services.
2. Provision of adequate facilities to support the quality of service.
3. Periodic evaluation of health services so that quality standards are maintained.
4. Further research is suggested to involve more external variables, such as organizational culture and the leadership of health workers.

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