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Patient satisfaction with healthcare service quality at community health centers

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Abstract

Background: Healthcare service quality is a critical determinant of patient satisfaction, particularly at primary healthcare facilities such as community health centers. Patient satisfaction serves both as an indicator of service success and a reflection of care quality.

Purpose: To analysed the relationship between healthcare service quality and patient satisfaction at community health centers.

Method: A quantitative cross-sectional study was conducted using total sampling (n = 50 outpatients). Data were collected via a structured SERVQUAL-based questionnaire (tangibles, reliability, responsiveness, assurance, empathy) and a patient satisfaction scale. Bivariate analysis employed the Chi-Square test.

Results: A total of 80.0% of respondents rated service quality as good to very good, with empathy (42.0% very good) and assurance (38.0% very good) as the highest-rated dimensions. Overall patient satisfaction reached 82.0% (satisfied to very satisfied). Chi-Square analysis revealed a statistically significant relationship between service quality and patient satisfaction ($p = 0.000$).

Conclusion: Higher healthcare service quality was significantly associated with greater patient satisfaction. Continuous improvement, particularly in physical facilities and service responsiveness, is recommended.

Keywords: Healthcare Service Quality; Patient Satisfaction; Primary Healthcare.

INTRODUCTION

Healthcare service quality is a fundamental determinant of patient well-being and an essential component of effective health system governance. In primary care settings, where direct and repeated interactions between patients and healthcare providers are central, the quality of services shapes patients' perceptions, health outcomes, and continued utilization of care (Ng & Luk, 2019). Patient satisfaction, broadly defined as the degree to which the healthcare experience meets or surpasses individual expectations, is increasingly recognized as both an endpoint indicator and a quality proxy in health services research (Ferreira, Vieira, Pedro, Caldas, & Varela, 2023; Kotler, Keller, & Chernev, 2022).

Community health centers occupy a strategic role within Indonesia's tiered healthcare system. As the

principal point of first contact between the population and formal health services, Community health centers are mandated to deliver promotive, preventive, curative, and rehabilitative care. Consequently, service quality across its multiple dimensions physical environment, staff reliability, responsiveness, professional assurance, and empathic communication has direct implications for patients' trust, treatment adherence, and loyalty to the facility (Parasuraman, Zeithaml, & Berry, 2018; Mardaleta, Lubis, Diantimala, & Fahlevi, 2022). Recent policy reforms in Indonesia have further reinforced Community health centers as the foundation of the referral pyramid, heightening the importance of quality assurance at this level (Afiyah & Ayuningtyas, 2023).

Despite its strategic importance, Indonesian primary care continues to face notable quality

challenges, including prolonged waiting times, communication gaps between healthcare workers and patients, and resource constraints (Abdullah, Sulastiana, & Harding, 2023). These challenges have been linked to patient dissatisfaction and suboptimal utilization of Community health centers services. At Community health centers Salopa in Tasikmalaya Regency, preliminary observations revealed patient complaints related to waiting times, facility adequacy, and interpersonal communication factors with recognized potential to compromise satisfaction (Zhang, Ma, Zhou, Zhu, Wang, & Gong, 2023). Empirical literature consistently documents a significant association between healthcare service quality and patient satisfaction. The SERVQUAL framework developed, operationalized through five dimensions tangibles, reliability, responsiveness, assurance, and empathy remains the most widely applied instrument for measuring perceived service quality in healthcare contexts (Rahmatia, Basri, Ismail, Adi, Nasrullah, & Ahmad, 2025). Research applying this framework in Indonesian Community Health Center settings has shown that empathy and responsiveness dimensions are among the strongest predictors of satisfaction (Sultoni, Santoso, & Riawan, 2026).

RESEARCH METHOD

A quantitative cross-sectional design with a correlational analytic approach. Independent and dependent variables were measured simultaneously during a single data collection period. No intervention was administered. The study was conducted at Community Health Center Salopa, Salopa District, Tasikmalaya Regency, West Java, Indonesia, between November 2025 and February 2026. The target population comprised all outpatients attending during the data collection window. A total sampling

technique was applied; all 50 patients who attended during the three-day data collection period and met the inclusion criteria were enrolled. Inclusion criteria were: adult patients (≥ 18 years), able to read and respond independently, and providing written informed consent. Patients with cognitive impairments preventing self-completion were excluded.

Data were collected using a structured self-administered questionnaire comprising two main sections. Section A measured healthcare service quality using 20 items across five SERVQUAL dimensions (tangibles, reliability, responsiveness, assurance, and empathy; 4 items each). Section B assessed patient satisfaction using four items covering overall satisfaction, expectation fulfilment, intention to return, and willingness to recommend. All items were rated on a 4-point Likert scale (1 = Strongly Disagree to 4 = Strongly Agree). Service quality was categorized as Very Good, Good, or Poor; satisfaction was categorized as Very Satisfied, Satisfied, or Dissatisfied. Following institutional research approval and written permission from Community Health Center Salopa management, trained researchers approached eligible patients in the waiting area, explained the study purpose, and distributed questionnaires after obtaining written informed consent. The study adhered to the Declaration of Helsinki principles, ensuring voluntary participation, privacy, data confidentiality, and non-maleficence. No identifying information was included in the analysis. Data were processed and analysed using SPSS. Univariate analysis described frequency distributions of respondent characteristics, service quality categories, dimension-level ratings, and satisfaction levels. Bivariate analysis using the Chi-Square test (χ^2) examined the association between healthcare service quality and patient satisfaction, with statistical significance set at $p < 0.05$.

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RESEARCH RESULTS

Table 1. Respondent Characteristics (N = 50)

Variable	Results	p-value
Age (n/%) (Mean±SD) (Range) (Year)	(43.9±7.2) (26-55)	
26-45	21/42.0	
≥45	29/58.0	
Gender (n/%)		
Male	17/34.0	
Female	33/66.0	
Education (n/%)		
Junior High School	15/30.0	
Senior High School	25/50.0	
University	10/20.0	
Service Quality		
Very Good	18/36.0	0.000
Good	22/44.0	
Poor	10/20.0	
Satisfaction Category		
Very Satisfied	20/40.0	
Satisfied	21/42.0	
Dissatisfied	9/18.0	

The table shows the demographic characteristics of respondents, service quality, and patient satisfaction categories. The mean age of respondents was 43.9 ± 7.2 years, with an age range of 26–55 years. Most respondents were aged ≥ 45 years (58.0%), while 42.0% were aged 26–45 years. Based on gender, the majority of respondents were female (66.0%), whereas males accounted for 34.0%. Regarding education level, most respondents had completed senior high school education (50.0%), followed by junior high school (30.0%) and university education (20.0%). In terms of service quality assessment, 44.0% of respondents rated the service quality as good, 36.0% as very good, and 20.0% as poor. Regarding satisfaction category, most respondents were satisfied (42.0%), followed by very satisfied (40.0%) and dissatisfied (18.0%). Statistical analysis showed a significant relationship between service quality and patient satisfaction ($p = 0.000$).

DISCUSSION

This study found that 80.0% of outpatients rated healthcare service quality as good or very good, indicating that the facility's services broadly align with patient expectations. Among the SERVQUAL dimensions, empathy and assurance received the highest Very Good ratings findings consistent with the broader literature establishing these interpersonal dimensions as central to perceived quality in primary care (Shure, Gamachu, Mitiku, Deressa, Eyeberu, Mohammed, & Mussa, 2023). In the context of Indonesian Community Health Center, where direct and sustained patient-provider interaction is characteristic of the care model, empathic engagement and professional assurance have been shown to be especially influential in shaping patient perceptions (Mardaleta et al., 2022).

Tangibles and responsiveness dimensions recorded the highest proportions of Poor ratings (24.0% each). Responsiveness-related

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dissatisfaction was primarily associated with prolonged waiting times a well-documented challenge in outpatient primary care globally and specifically in (Zeithaml, 2021). Waiting time has been consistently identified as one of the most sensitive drivers of outpatient dissatisfaction, as patients perceive extended waits as indicative of organizational inefficiency and insufficient staffing (Zhang et al., 2023). Regarding tangibles, limitations in facility infrastructure, waiting area comfort, and general physical environment reflect common structural constraints in public primary care settings (Afiah & Ayuningtyas, 2023). These findings suggest that while demonstrates clear strengths in humanistic care dimensions, systemic improvements in operational management and physical infrastructure are necessary to achieve uniformly high service quality across all SERVQUAL dimensions.

The overall patient satisfaction rate of 82.0% (satisfied to very satisfied) reflects a generally positive service experience. This rate aligns with reported satisfaction ranges of 76–82% in Indonesian benchmarked against national Minimum Service Standards (Rahmatia et al., 2025). The proportion of Very Satisfied respondents (40.0%) suggests that services in several domains not only met but exceeded patient expectations consistent with model of satisfaction as a positive disconfirmation of expectations (World Health Organization, 2025). From a concept-analytic perspective, patient satisfaction in the healthcare context encompasses four core attributes: provider attitude, technical competence, accessibility, and efficacy (Ngoh, Tang, Chng, & Chong, 2022). The predominance of satisfaction in this sample indicates adequate performance across these attributes, particularly in provider attitude, which aligns with high empathy ratings. Physician empathy is a significant predictor of satisfaction in clinical consultations (Walsh, O'Neill, Hannigan, & Harmon, 2019). Nurse responsiveness and communication quality are the primary determinants of nursing care satisfaction (Obaidi, Rahmani, Khader, & Negarandeh, 2025).

The 18.0% dissatisfaction rate, while a minority, represents a clinically significant signal warranting attention. Persistent dissatisfaction gaps in primary care, even when small, tend to erode institutional trust and reduce service utilization over time (Zota,

Diamantis, Katsas, Karnaki, Tsiampalis, Sakowski, & Linos, 2023). In the context, where ongoing community engagement is essential to preventive health programs, unaddressed dissatisfaction has broader public health implications.

The statistically significant association between healthcare service quality and patient satisfaction ($p = 0.000$) constitutes the central finding of this study. The cross-tabulation pattern demonstrates a clear linear relationship: all respondents who rated quality as Very Good were either Very Satisfied or Satisfied, while the majority of those rating quality as Poor were Dissatisfied. This dose-response pattern robustly supports the SERVQUAL theoretical model's proposition that satisfaction is a direct function of the gap between expected and perceived service quality (Parasuraman et al., 2018).

These results converge with recent literature applying the SERVQUAL framework in Indonesian healthcare. In a cross-sectional study at Batara Siang Hospital Indonesia using the same SERVQUAL dimensions, found all five dimensions significantly influenced satisfaction, with empathy showing the strongest effect ($\beta = 0.629$) (Ranjana, Anantharaman, Palanisamy, Bincy, & Manoharan, 2023). A large cross-sectional study across 102 Community Health Center in Aceh Province, documented that service quality is a significant mediator of patient loyalty, with interpersonal service dimensions being particularly influential in primary care (Mardaleta et al., 2022).

The clinical and managerial implications of this significant association are substantial. Patient satisfaction resulting from high service quality has downstream consequences including greater treatment adherence, reduced healthcare-seeking delays, and sustained utilization of preventive services (Harniati, Masriadi, Rahman, Fadliyah, Arjang, & Ambar, 2026). A patient-centered care orientation as advocated in the Indonesian context provides an overarching framework for translating quality improvement into sustained satisfaction gains (Cipta, Andoko, Theja, Utama, Hendrik, William, & Lumbuun, 2024). This study has several methodological limitations. The cross-sectional design precludes causal inference regarding the direction of the quality-satisfaction relationship. The small sample ($n = 50$) from a single facility limits statistical power and generalizability. Total sampling

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during a three-day window may not capture seasonal variation in patient experiences. Social desirability bias is possible with self-administered questionnaires. Future studies should employ larger probability samples across multiple facilities, incorporate longitudinal designs, and integrate qualitative methods to capture the depth of patient experiences.

CONCLUSION

Healthcare service quality was rated positively by the majority of outpatients, with empathy and assurance identified as key interpersonal strengths. Overall patient satisfaction was predominantly in the satisfied to very satisfied range. A statistically significant positive relationship was demonstrated between service quality and patient satisfaction ($p = 0.000$). These findings indicate that holistic, continuous quality improvement encompassing human resource development, service responsiveness, and physical facility enhancement is essential for maximizing patient satisfaction and strengthening community trust in primary healthcare services.

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