

Determinants of Patient Satisfaction with Health Services

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ABSTRACT

Introduction: Health services play a crucial role in improving public health, particularly through primary healthcare centers. Patient satisfaction serves as a key indicator of service quality and is influenced by several factors, including performance, facilities, and communication. However, dissatisfaction remains an issue in many healthcare settings.

Objective: This study aimed to identify the factors associated with patient satisfaction at the Tiuh Tohou Health Center, Tulang Bawang Regency in 2024.

Method: A quantitative analytical survey with a cross-sectional design was used. The population included all patients treated at the health center in 2024 (n=310), from which 175 were selected using purposive sampling. Data were analyzed using the chi-square test to determine relationships between variables.

Result: The results showed that performance, facilities, and communication were significantly associated with patient satisfaction. Poor performance increased dissatisfaction likelihood by 48 times ($p=0.000$; $OR=48.417$), poor facilities by 2.5 times ($p=0.004$; $OR=2.577$), and poor communication by 20 times ($p=0.000$; $OR=20.063$). Most patients were over 35 years old, male, had a high school education, were self-employed, and reported dissatisfaction with services received.

Conclusion: Patient dissatisfaction at the Tiuh Tohou Health Center is significantly influenced by poor staff performance, inadequate facilities, and ineffective communication. These findings highlight the need for targeted improvements in health worker performance, infrastructure, and patient-provider communication to enhance satisfaction levels and service quality.

Keywords: communication, facilities, patient satisfaction, performance

Introduction

Health services refer to efforts conducted either individually or collectively within an organizational framework aimed at maintaining and improving health, preventing and treating diseases, and restoring the health of individuals, families, groups, or communities (Effendi, 2020). To achieve these objectives, it is essential that the health services provided to the public are optimal and of high quality.

According to the World Health Organization (WHO), poor-quality health services result in approximately 5.7 to 8.4 million deaths annually in low- and middle-income countries, accounting for up to 15% of total deaths in these regions. Among patients who require medical attention, 60% of deaths are attributed to inadequate services, while 40% result from underutilization of the healthcare system (WHO, 2020). This highlights the urgent need for comprehensive improvements in healthcare delivery, particularly in resource-limited settings.

In Indonesia, the quality of healthcare services is evaluated through seven key dimensions adapted from WHO standards: effectiveness, safety, patient-centeredness, timeliness, efficiency, equity, and integration (Ministry of Health of the Republic of Indonesia, 2022). Enhancing these dimensions is crucial to increasing the competitiveness of health services and meeting the growing public demand for high-quality care in both government and private healthcare facilities (Widiasari, 2019).

Improving health services involves identifying existing problems, one of which is the evaluation of patient satisfaction. Patient perceptions and experiences serve as critical input in forming effective healthcare policies and resource allocation strategies. High levels of patient satisfaction are often linked to responsiveness to patient needs, including the ability to choose healthcare providers, schedule appointments, and participate in treatment decisions (Afrashtehfar et al., 2020).

Legal frameworks such as UUD No. 17 and Government Regulation No. 28 of 2024 regulate the technical aspects of health efforts, service delivery, healthcare personnel management, service facility operations, and the resilience of pharmaceutical and medical device supply chains through a total of 1,072 articles.

Primary Health Care (PHC) forms the foundational level of the healthcare system, yet its importance is often underestimated. Numerous studies underscore the effectiveness, efficiency, and cost-saving benefits of PHC services. Ensuring the sustainability and performance of PHC requires multi-stakeholder engagement, particularly from government bodies.

Patient satisfaction is a critical performance indicator in healthcare. It reflects the extent to which healthcare services meet or exceed patient expectations. At the health center level, patient satisfaction hinges on the quality of care provided. However, in many instances, services fall short of patient expectations, leading to substandard satisfaction levels (Afriani et al., 2023).

The Indonesian Ministry of Health has established a national benchmark for patient satisfaction, with a minimum standard set at 95%. Services falling below this threshold are considered non-compliant with national standards, indicating poor service quality and leading to increased patient dissatisfaction (Ministry of Health, 2023).

A pre-survey conducted by researchers on November 15, 2024, at the Tiuh Tohou Health Center in Tulang Bawang Regency involved interviews with 20 patients. The results revealed that only 4 patients reported satisfactory service, while 16 expressed dissatisfaction due to issues such as staff discipline, service timeliness, fairness, medical equipment

cleanliness, availability of ambulances and wheelchairs, limited bed capacity, and lack of politeness and friendliness from healthcare personnel (Tiuh Tohou Health Center Profile, 2022 & 2023).

Objective

This study aimed to identify the factors associated with patient satisfaction at the Tiuh Tohou Health Center, Tulang Bawang Regency in 2024.

Method

This study employed a quantitative research approach using an analytical survey design with a cross-sectional design framework. The population consisted of all patients who received treatment at the Tiuh Tohou Health Center, Tulang Bawang Regency, in 2024, totaling 310 individuals. A sample of 175 patients was selected using a purposive sampling technique, based on predefined inclusion criteria. Data were analyzed using the chi-square test to determine the association between variables.

Result

The results of the study show a statistically significant relationship between performance, facilities, and communication factors with patient satisfaction at the Tiuh Tohou Health Center, Tulang Bawang Regency in 2024. The data are summarized in the following table:

Table.1 Factors associated with Patient Satisfaction (2024)

Factor	Satisfaction Level	Dissatisfied n (%)	Satisfied n (%)	Total n (%)	p-Value	OR (95% CI)
Performance	Poor	83 (87.4%)	12 (12.6%)	95 (100.0%)	0.000	48.417 (19.735–118.783)
	Good	10 (12.5%)	70 (87.5%)	80 (100.0%)		
Facility	Poor	59 (64.1%)	33 (35.9%)	92 (100.0%)	0.004	2.577 (1.399–4.745)
	Good	34 (41.0%)	49 (59.0%)	83 (100.0%)		
Communication	Poor	79 (81.4%)	18 (18.6%)	97 (100.0%)	0.000	20.063 (9.268–43.432)
	Good	14 (17.9%)	64 (82.1%)	78 (100.0%)		

The analysis using the chi-square test indicated that performance significantly affected patient satisfaction. Among respondents who rated performance as poor, 87.4% were dissatisfied, while 87.5% of those who rated performance as good were satisfied. This relationship was statistically significant ($p = 0.000$) with an odds ratio (OR) of 48.417, indicating that poor performance increases the likelihood of dissatisfaction by approximately 48 times compared to good performance.

In terms of facility factors, 64.1% of patients who assessed the facilities as poor were dissatisfied, whereas 59.0% of those who perceived the facilities as good were satisfied. The relationship between facilities and satisfaction was also statistically

significant ($p = 0.004$), with an OR of 2.577, suggesting that inadequate facilities increase the risk of dissatisfaction by approximately 2.5 times.

Regarding communication, 81.4% of patients who experienced poor communication were dissatisfied, in contrast to 82.1% satisfaction among patients who experienced good communication. This relationship was statistically significant ($p = 0.000$), with an OR of 20.063, indicating that poor communication increases the likelihood of dissatisfaction by approximately 20 times compared to good communication.

These findings underscore that the performance of health workers, the adequacy of facilities, and the quality of communication are strongly associated with patient satisfaction at the Tiuh Tohou Health Center.

Discussion

Work is a fundamental activity that individuals engage in to meet basic needs such as food, clothing, and education. These basic necessities are non-negotiable and often require financial means, which are typically earned through employment. Anaroga (2019) defines work as the utilization of both physical and mental processes to achieve productive goals. Therefore, an individual's occupation significantly influences their lifestyle and access to resources, including healthcare.

The findings of this study indicate that certain patient characteristics, particularly education and occupation, are significantly associated with patient satisfaction. The results of the data analysis revealed p -values of 0.000 for education and 0.001 for occupation, both of which are below the 0.05 threshold, indicating statistically significant relationships. Patients with lower educational attainment may have limited access to health information and a limited understanding of the importance of medical procedures. Additionally, patients with busy work schedules may have fewer opportunities to visit the health center, which could further impact their perceptions and satisfaction with healthcare services.

Patient satisfaction serves as a primary indicator of the quality of a health service institution. Satisfaction arises when healthcare performance meets or exceeds patient expectations, whereas dissatisfaction occurs when services fall short (Anaroga, 2019). Health worker performance is thus a critical determinant of satisfaction; when healthcare providers deliver competent and responsive care, patients are more likely to report high satisfaction levels. Conversely, substandard performance contributes to dissatisfaction and decreased trust in the health system.

The study further identified communication as a key factor affecting patient satisfaction. Most patients reported dissatisfaction with the communication provided by health workers. This dissatisfaction may stem from the low educational levels and older age of patients, which limit their ability to receive and understand important health information. However, the results of the bivariate analysis revealed inconsistencies; some patients reported dissatisfaction despite receiving good communication, and others reported satisfaction even when communication was poor.

These mixed outcomes suggest that patient satisfaction is multifactorial. For instance, patients who received good communication but were dissatisfied may have been influenced by other variables such as long waiting times, unclean medical equipment, and inadequate healthcare facilities. On the other hand, patients who

received poor communication but were satisfied often cited factors such as fast service, affordable costs, and adequate infrastructure as contributing to their satisfaction.

These findings underscore that while communication plays a significant role in shaping patient satisfaction, other service quality dimensions—including timeliness, cleanliness, and facility availability—also contribute substantially. The analysis supports the conclusion that poor communication by healthcare providers greatly increases the likelihood of patient dissatisfaction. Conversely, good communication tends to enhance patient satisfaction, provided it is supported by other positive service factors.

Conclusion

This study found that most patients at the Tiuh Tohou Health Center, Tulang Bawang Regency in 2024 were over 35 years old, male, had a high school education, and worked as self-employed. The majority of these patients reported dissatisfaction with the health services received. The factors significantly associated with patient dissatisfaction included poor performance of health workers, inadequate facilities, and ineffective communication. These findings highlight the critical need for improvements in service quality, especially in the areas of staff performance, infrastructure, and communication practices. Enhancing these aspects can lead to greater patient satisfaction and overall service quality at community health centers.

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Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

Ethical consideration

Not applicable.

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