



## Quality Of Health Services With Outpatient Satisfaction Level

Riszeki Fitria

Bina Sehat PPNI University,  
INDONESIA

Sri Sudarsih\*

Bina Sehat PPNI University,  
INDONESIA

Mohammad Qais Rezvani

Kurukshetra University,  
INDIA

Noor Fatima

Islamic International Medical College,  
PAKISTAN

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\* Corresponding author:

Sri Sudarsih, Bina Sehat PPNI University, Indonesia. ✉ [srisudarsih.ws@gmail.com](mailto:srisudarsih.ws@gmail.com)

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**Abstract**

**ABSTRACT**

**Background of study:** The need for high-quality health center services is growing, and in order to satisfy patients and the community, the service function must be enhanced to be more effective and efficient.

**Aims and scope of paper:** This study aimed to determine the relationship between the quality of health services and the level of satisfaction of outpatients

**Methods:** This type of research uses an analytical observational method and the design used is a cross-sectional study. The sampling technique used consecutive sampling, with 44 participants selected based on the researcher's criteria. The instrument used in this study was a questionnaire. Data analysis used the Spearman Rho test.

**Result:** The results of the study showed that almost all respondents considered the quality of service sufficient, namely 37 people (84.1%), and more than 50% of respondents felt satisfied, namely 25 people (56.8%). The results of the Spearman Rho test showed a p value =  $0.001 < \alpha = 0.05$  with a correlation coefficient value of 0.499, which means there is a relationship between mutual service and patient satisfaction.

**Conclusion:** Patients will be happier when they receive higher-quality care. In keeping with the fundamental goal of healthcare, which is to meet patients' needs, high-quality services have a favorable effect on patients' rehabilitation.

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## INTRODUCTION

Customer satisfaction with service quality can be defined as perception of received with expectation of service desired. One way to determine if someone is satisfied with a service is to compare opinions about the service they received with their expectations (Fitria et al., 2020). The Community Health Center's patients expect high-quality care in terms of not only their physical recuperation from illness but also their satisfaction with the attitudes, expertise, and abilities of the staff members who provide it as well as the availability of suitable infrastructure and facilities that can offer comfort. Because of the growing demand for high-quality services, service operations must be enhanced to be more successful and efficient while also satisfying patients and the community. Despite numerous obstacles in the form of human resources and increasingly advanced medical technology, the community health center's vital role in serving the community must continue to deliver the highest quality of care (Etlidawati, 2017). Patient dissatisfaction can be caused by several factors, including communication failures between patients and staff, time inefficiencies, poor product or service quality, costs that do not meet expectations, and substandard

healthcare services. Patient satisfaction will have a positive impact on healthcare units (Maulana, 2016).

In Indonesia and other developing nations, patient dissatisfaction with nursing services remains an issue. 70% of patients at one Indonesian health center expressed dissatisfaction with nurse care, according to data on patient satisfaction. According to data from a health center in one of the ASEAN nations in 2016, 79% of patients were satisfied, although the benchmark was >80% with 4-5 complaints per month. The minimum service standard for health centers, outpatient satisfaction in Indonesia is  $\geq 90\%$  (Widiasari et al., 2019).

The results of Andriani (2018) study at the Pandaran Health Center in Semarang City found that people who were interested in using health center health services at general polyclinics were 48%, while those who were not interested in using health center health services at general polyclinics were 52%. According to this study, interest is influenced by the quality of health services in terms of the services of officers who are responsible for what is promised, showing that in the respondent group, the percentage of respondents who were not interested in utilizing services at general polyclinics (65.4%) was greater than the percentage of respondents who were interested in utilizing services (33.3%). Providing fast and precise services shows that in the general polyclinic service group, the percentage of respondents who were not interested in utilizing general polyclinic services (71.2%) was greater than the percentage of respondents who were interested in utilizing general polyclinic services (31.2%). The results (Andoko et al., 2018) showed that reliability was related to patient satisfaction. Most respondents stated that reliability of health services at the Puriala Health Center was poor, namely 47 respondents (47.0%). Satisfaction with health services at the Puriala Health Center with respondents who stated that they were less than satisfied was 70 respondents (70.0%). In Indonesia, Central Maluku had a 42.8% patient satisfaction rate, while West Sumatra had a 44.4% rate (Patodo et al., 2020).

Good service quality has a positive and significant association with the degree of patient satisfaction and will boost satisfaction among service users (patients). The number of visits to hospitals and other health service facilities is impacted by patient satisfaction with regard to health services. A patient may get unsatisfied if they have to wait for an extended period of time, the "provider" is unfriendly, or his abilities are inadequate. The public's view of the hospital is shaped by the patient satisfaction element (Adtrizah et al., 2020).

Efforts to improve patient satisfaction include the quality of healthcare services, which is a determining factor in patient satisfaction levels. Achieving the highest level of public health through healthcare efforts requires high performance from healthcare workers themselves (Widiasari et al., 2019).

## METHOD

This type of research uses an analytical observational method and the design used is a cross-sectional study. The sampling technique of this study used Consecutive sampling with a total sample of 44 people. The sample was selected based on inclusion criteria, namely patients who had received services, patients aged >15 years to <50 years. The independent variable in this study is the quality of health services and the dependent variable is the level of patient satisfaction. In this study, the instrument used was a questionnaire consisting of 21 statements about the quality of health services and 15 questions about the level of patient satisfaction. This study was conducted at the LP Health Center. Data analysis in this study used the SPSS for Windows software program version 25.0, with the Spearman Rho test.

## RESULTS AND DISCUSSION

Tabel 1. Respondent Characteristics

Characteristics	F	%
<b>Gender</b>		
Male	5	11,4
Female	39	88,6
<b>Age (in years)</b>		
15-25	8	18,2

26-35	33	75,0
36-45	3	6,8
<b>Education</b>		
Elementary School	0	0
Junior High School	0	0
Senior High School	39	88,6
Higer Education	5	11,4
<b>Job</b>		
Doesn't Work	35	79,5
Work	9	20,5
Total	44	100

Table 1 shows that almost all respondents were female, namely 39 people (88.6%), most respondents were aged 26-35 years, namely 33 people (75%), almost all respondents had a high school education, namely 39 people (88.6%), and almost all respondents were unemployed, namely 35 people (79.5%).

Table 2. Frequency Distribution of Service Quality and Patient Satisfaction

Service Quality and Patient Satisfaction	F	%
<b>Service Quality</b>		
God	0	0
Enough	37	84,1
Less	7	15,9
<b>Patient Satisfaction</b>		
Very satisfied	0	0
Satisfied	25	56,8
Less satisfied	19	43, 2
Total	44	100

Table 2 shows that almost all respondents considered themselves quite satisfied with health services, namely 37 respondents (84.1%) and the majority of respondents were satisfied with health services, namely 25 respondents (56.8%).

Table 3. Relationship between Service Quality and Patient Satisfaction

Service Quality	Patient Satisfaction						Total		p value
	Very satisfied		Satisfied		Less Satisfied		f	%	
	f	%	f	%	f	%			
Good	0	0	0	0	0	0	0	0	0,001
Enaough	0	0	25	67,6	12	32,4	37	100	
Less	0	0	0	0	7	100	7	100	
Amount	0	0	25	56,8	19	43, 2	33	100	

Table 3 shows that most respondents who assessed the quality of service as sufficient felt satisfied with the health services, namely 25 respondents (67.6%), and all respondents who assessed the quality of service as lacking felt dissatisfied with the health services, namely 7 people (32.4%). The results of the Spearman Rho test show that  $p\text{value} = 0.001 < \alpha = 0.05$  with a coefficient correlation value of 0.499, which means that there is a relationship between the quality of service and patient satisfaction where the better the quality of service, the more satisfied the patient will be.

### **a. Service Quality**

The results of the study showed that almost all respondents considered the quality of service sufficient, namely 37 people (84.1%) and those who considered the quality of service lacking were 7 people (15.9%). The results of this study are supported by research (Muis, 2017). which shows that the quality of health services at the Kongbeng District Health Center, East Kutai Regency is 66.15% and this is included in the fairly good category.

One of the key elements in the use of health care is service quality. Evaluation of high-quality service goes beyond the physical recovery of the illness; it also takes into account the officers' demeanor, expertise, and abilities in providing services, as well as their communication, information, politeness, timeliness, responsiveness, and the availability of suitable facilities and a physical setting. The quality of a service is determined by five primary factors: form/appearance (physical), assurance, responsiveness, responsiveness, and empathy (Eninurkhatun et al., 2017).

Respondents considered the quality of service sufficient because the assessment on the responsiveness dimension was lacking while on other dimensions it was better. The quality of service is sufficient because of the tangibles dimension where respondents agree that the condition of the health service place is kept clean and beautiful, the cleanliness and tidiness of the health workers, being patient in dealing with patient complaints, serving patients according to the patient's emergency, service procedures that do not inconvenience patients, being fair in providing services meaning not differentiating between one patient and another, being treated the same, no one is special, providing services according to procedures.

Respondents who considered the quality of service to be lacking because the officers were less responsive in dealing with patient complaints, officers were less responsive in coming quickly when needed, the waiting time for service was too long, officers did not carry out timely treatment, officers were also less responsive in serving patients who came. Respondents felt that the officers were less thorough in providing services to patients and did not provide information about the patient's illness, officers only provided information when requested by the patient. The completeness and availability of the equipment and medicines needed were still lacking, officers did not serve patients politely and friendly and were less good at communicating with patients, even when serving patients, officers joked with colleagues and did not provide clear information on the patient's condition. Respondents also considered the equipment incomplete, because level 1 health facilities are primary service facilities for the community so that they can continue to get affordable health services.

### **b. Patient Satisfaction**

The results of the study showed that the majority of respondents were satisfied, namely 25 people (56.8%), and respondents who were less satisfied were 19 people (43.2%). This is in accordance with research conducted by (Susanti, 2020) which shows that the majority of respondents are satisfied with the health services at the Suka Makmur Health Center (64.3%). Nurses at the Suka Makmur Health Center already know and understand and carry out their roles as good nurses. This means that the health services provided are safe and patient-focused.

Opinions and evaluations of the effectiveness of services rendered by public service providers lead to service satisfaction. In general, the existence of consistency between the performance of goods and services obtained and the performance of goods and services that customers expected can be understood as contentment. A number of factors can contribute to the development of patient dissatisfaction, including ineffective time management, poor product or service quality, pricing and cost that do not meet expectations, and a failure to communicate between patients and officers. Patient discontent with health care can be caused by a variety of circumstances, one of which is subpar service quality (Maulana, 2016).

According to the study's findings, the majority of respondents expressed satisfaction. This is due to the fact that the services offered meet the respondents' expectations, resulting in identical scores between the services they expected and the reality they received. Respondents are satisfied because the officers are responsive when patients need them, easy to contact, work together with patients and families in solving problems, are able to work in a team both with fellow officers and with other medical teams in solving patient health problems, in providing services to patients quickly and accurately, willing to listen to patient complaints, not being indifferent, honest between thoughts and actions, responsible for actions and maintaining respondent confidentiality.

Respondents who were dissatisfied were caused by feeling that the services provided were not in accordance with what was expected, such as officers paying less attention to patient complaints, respondents felt that officers did not cooperate enough with patients and families in solving their family problems even though they could do that for other patients, officers' responses were not fast enough in providing nursing services, requiring longer waiting times because officers often chatted with colleagues while carrying out their duties even though they did not discuss work problems or complaints and health problems faced by patients. Respondents felt that officers were less attentive to the needs and expectations of patients, did not listen to their complaints, were less polite to patients, patients' families, fellow officers' team, and other health teams, especially if the patient knew the health officer, officers also did not respect patients, patients' families, fellow officers' team, and other health teams, were less responsible for their actions.

### **c. Relationship between Service Quality and Patient Satisfaction**

The results of the study showed that most respondents who considered the quality of service sufficient felt satisfied with the service, namely 25 people (67.6%), and all respondents who considered the quality of service less felt less satisfied with the service, namely 25 people (67.6%). The results of the Spearman Rho test showed that  $p\text{value} = 0.001 < \alpha = 0.05$  with a coefficient correlation value of 0.499, which means that there is a relationship between service quality and patient satisfaction where the better the quality of service, the more satisfied the patient will be.

Research (Etlidawati, 2017) supports the findings of this study by demonstrating that there is a correlation between patient satisfaction and the quality of health services at Puskesmas I Sokaraja. The results of the analysis of the Chi Square statistical test obtained a p value of 0.000, where  $p \leq 0.05$ , then  $H_0$  is rejected.

The Community Health Center's patients expect high-quality care in terms of not only their physical recuperation from illness but also their satisfaction with the staff's demeanor, expertise, and abilities as well as the availability of comfortable infrastructure and facilities. As service quality rises, the service function must be enhanced to be more successful and efficient while also satisfying patients and the community. According to the nature of basic health services, which is to satisfy the requirements and demands of health service consumers, high-quality services have a favorable effect on patient recovery (Etlidawati, 2017).

Respondents who assess the quality of service as sufficient will be satisfied with the health services of the Health Center because they feel that the services provided are sufficient to meet their expectations to get the services needed according to their illness. Respondents who assess the quality of service as sufficient but are less satisfied may be caused by having high expectations for health services from the Health Center, while the Health Center is a primary health care facility with costs that are affordable for the community with minor illnesses, so patients cannot expect too much about the quality of service. Respondents who assess the quality of service as less and less satisfied are caused by feeling that the services provided are not good and do not meet the respondents' expectations, although the respondents' expectations are not high, but with less

service, the respondents feel that the officers do not care about the patients which makes the patients feel dissatisfied.

**Implications:**

Improved health service quality directly correlates with increased patient satisfaction, aligning with the fundamental goal of healthcare to meet patient needs, thereby positively impacting patient recovery. Community health centers are crucial in serving the public and must consistently deliver excellent care despite challenges in human resources and evolving medical technology. Patient satisfaction is a key factor influencing the number of visits to healthcare facilities, underscoring the importance of continuous efforts to enhance service quality as a primary driver of patient contentment. Achieving the highest level of public health necessitates high performance from healthcare workers.

**Research Contribution:**

This study demonstrates a significant relationship between the quality of health services and outpatient satisfaction, specifically finding that better service quality leads to higher patient satisfaction. The research supports previous findings that reliability is related to patient satisfaction. It highlights that while most respondents considered service quality "sufficient," deficiencies were noted in responsiveness, leading to dissatisfaction among some patients. The study also provides current data on patient satisfaction levels in an Indonesian health center, showing that a majority of respondents were satisfied (56.8%).

**Limitations:**

The study utilized an analytical observational method with a cross-sectional design, which provides a snapshot in time and does not establish causality. The sample size was relatively small, with a total of 44 participants. The study was conducted at a single health center (LP Health Center), which may limit the generalizability of the findings to other healthcare settings. The sampling technique used was consecutive sampling. The primary instrument used in this study was a questionnaire, which can be subject to response bias.

**Suggestions:**

Healthcare providers, particularly at community health centers, should prioritize improving the responsiveness dimension of service quality, as this was identified as a lacking area. This includes prompt attention to patient complaints, quick response times, and efficient service delivery to reduce waiting times. Officers should ensure thoroughness in providing services and proactively offer information about a patient's illness, rather than only when requested. Efforts should be made to ensure the completeness and availability of necessary equipment and medicines. Healthcare professionals should maintain politeness, friendliness, and good communication with patients and their families, avoiding non-work-related conversations during duty. Addressing factors causing dissatisfaction, such as inadequate attention to patient complaints, lack of cooperation with patients and families, and officers being less attentive to patient needs and expectations, is also crucial. Future research could explore these relationships with a larger sample size and across multiple health centers to enhance generalizability. Longitudinal studies could be conducted to understand the impact of service quality improvements on patient satisfaction over time. Qualitative research methods could be employed to gain deeper insights into patient experiences and expectations regarding service quality.

**CONCLUSION**

Patient satisfaction and service quality are correlated; the better the service quality, the happier the patient will be with the medical care they receive. According to the nature of basic health services, which

is to meet patients' requirements, high-quality services have a favorable effect on patients' ability to recover.

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### AUTHOR CONTRIBUTION STATEMENT

RF preparing the initial draft of the manuscript, compiling the research manuscript, data collection and data analysis, SS compiling initial drafts of manuscripts, compiling research manuscripts, providing suggestions or input, compiling articles.

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