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Impact of service quality on patient satisfaction at Alalak Health Center, Banjarmasin

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Abstract

This study aims to examine the impact of service quality on patient satisfaction at the Alalak Health Center in Banjarmasin. Service quality is measured through five dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The research employs a correlational quantitative approach with data collected from 80 patients using questionnaires. Data analysis was conducted using SPSS, including instrument testing, classical assumption testing, multiple linear regression analysis, and hypothesis testing. The results show that, simultaneously, all five dimensions of service quality have a significant effect on patient satisfaction. Partially, reliability, responsiveness, assurance, and empathy significantly influence patient satisfaction, while tangibles do not show a significant effect. Among these, empathy is identified as the most dominant factor influencing satisfaction. The coefficient of determination (R^2) indicates that 40.2% of patient satisfaction is explained by the service quality variables. The findings highlight the importance of continuously maintaining and improving service quality in all circumstances. The success of a public health service unit such as a community health center is determined not only by the number of patients served but also by the quality of its service delivery.

Keywords: service quality, patient satisfaction, health center, public service

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1. Introduction

Public health centers (Puskesmas) serve as the primary and most affordable healthcare service providers for the Indonesian population. As public health service institutions, Puskesmas are expected to deliver optimal healthcare, especially to communities with limited access to private health services. Their existence plays a vital role in addressing the community's basic health needs, particularly in areas where healthcare facilities are lacking.

In practice, public service delivery often faces various challenges, one of which is service quality that does not meet public expectations. At Puskesmas Alalak Banjarmasin, for instance, several complaints have been raised by patients, including the absence of a standby doctor, unavailable dental treatment facilities, and delays in BPJS referral letter processing. These issues indicate a discrepancy between public expectations and actual service delivery, which can negatively impact patient satisfaction.

Patient satisfaction is a key benchmark in evaluating service performance. According to Kotler and Keller (2018), satisfaction arises when perceived performance meets or exceeds expectations. In the context of public health, patient satisfaction reflects how well services align with community expectations, especially in terms of accessibility, responsiveness, and quality of care.

Service quality itself is commonly assessed through five main dimensions: tangibles, reliability,

responsiveness, assurance, and empathy (Parasuraman et al. in Hardiyansyah, 2014). Each dimension plays a vital role in shaping patients' perceptions of the services they receive.

Research by Hidayat (2022) at Puskesmas Cisolok, Sukabumi, showed that although service quality was rated as good, patient satisfaction remained moderate. This indicates that certain expectations were not met, despite overall service quality. This is relevant to the current condition at Puskesmas Alalak, where similar dissatisfaction arises despite available facilities.

Engkus (2019), in his study at Puskesmas Cibitung, found a strong relationship between service quality and patient satisfaction, emphasizing the importance of consistently improving service delivery. These findings support the need for evaluating the extent to which service quality influences satisfaction at Puskesmas Alalak.

A study by Sari (2020) at Puskesmas Urug, Tasikmalaya, confirmed that all five dimensions of service quality significantly affect patient satisfaction. The most dominant factors were tangibles and responsiveness. This finding is highly relevant, given that physical infrastructure and response time are two major concerns raised by patients at Puskesmas Alalak.

Arianto (2018) emphasized that the quality of service must be timely and fulfill the needs of service users, especially in the health sector. In line with this, Zeithaml, Berry, and Parasuraman (in Hardiyansyah, 2014) defined service quality as the ability to match performance with customer expectations, which is a useful lens for analyzing Puskesmas performance.

According to Tjiptono (2020), health services fall under the domain of service marketing, which is distinct due to the intangibility and variability of services. Therefore, continuous quality improvement and patient-oriented strategies are essential in healthcare.

Based on the gap between expectations and reality at Puskesmas Alalak and supported by the results of previous studies, this research aims to analyze the influence of service quality (tangibles, reliability, responsiveness, assurance, and empathy) on patient satisfaction. The research will explore: (1) whether the five service quality variables simultaneously affect patient satisfaction, (2) whether each variable partially affects satisfaction, and (3) which variable has the most dominant influence.

2. Research Design and Method

Type of research

This study employs a correlational research design, which involves systematic data collection aimed at identifying and analyzing the relationship and strength of association between two or more variables. Understanding the level of association among variables is essential, as it allows researchers to direct their focus toward the intended research objectives. Correlational research uses measurement instruments to determine whether, and to what degree, a statistically measurable relationship exists among the variables being studied.

Population and sample

The population in this study includes all patients who received services at Puskesmas Alalak between February and March 2024. According to Sugiyono (2011), the population refers to a generalization area consisting of objects or subjects with specific qualities and characteristics defined by the researcher. From this population, a sample was selected by using a commonly accepted rule in quantitative research, which suggests using five to ten times the number of indicators per variable. Based on this guideline, the sample size in this study ranged from 40 to 80 patients who met the determined criteria and were considered representative of the overall population.

Operational definition of variables

The operational definitions of the variables are derived from several expert sources. According to Arianto (2018), service quality is understood as the focus on fulfilling customer needs and expectations in a timely and accurate manner. This concept applies to all types of services delivered while clients are interacting with the institution. Meanwhile, Zeithaml, Berry, and Parasuraman (as cited in Tjiptono, 2014) categorize service quality into five dimensions: tangibles (including physical facilities, equipment, employees, and communication tools), reliability (the ability to provide promised services dependably and accurately), responsiveness (willingness of staff to help customers and provide prompt service), assurance (competence, courtesy, and trustworthiness of staff), and empathy (ease of communication, individual attention, and understanding of patients' needs).

Patient satisfaction, on the other hand, is defined in the Decree of the Minister of Administrative and Bureaucratic Reform No. Kep/25/M/PAN/M.2014. It refers to the opinions and evaluations of service recipients regarding the performance of public service providers. This satisfaction is assessed through several aspects, including satisfaction with access to health services, which is reflected in the patients' perceptions of the availability and ease of accessing health services both during regular visits and emergencies. Satisfaction with the quality of services concerns the perceived technical competence of healthcare providers and the health improvements experienced by patients. Satisfaction with the service process is related to interpersonal communication and the attentiveness of medical personnel. Meanwhile, satisfaction with the overall healthcare system encompasses the adequacy of physical facilities, the appointment and queuing systems, responsiveness of staff, and complaint handling mechanisms.

Data collection and analysis techniques

Data collection in this research involved several techniques, including observation, interviews, documentation, and questionnaires. The questionnaire was constructed using a five-point Likert scale, which allowed respondents to express their level of agreement with each statement by selecting one of the following responses: Strongly Agree (SS), Agree (S), Neutral (N), Disagree (TS), and Strongly Disagree (STS).

For the data analysis, the study employed SPSS software to perform a series of analyses. These included instrument testing (validity and reliability testing), classical assumption testing (such as normality, multicollinearity, and heteroscedasticity tests), multiple linear regression analysis, and hypothesis testing, which comprised the t-test, F-test, and the coefficient of determination (R^2). These steps were taken to ensure the data were both statistically sound and relevant to the research objectives.

3. Results and Discussion

Statistical Result

Instrument testing

According to Sugiyono (2018), a research instrument is a tool used to measure observed social phenomena. Instrument testing consists of two main types: validity testing and reliability testing.

Validity testing aims to assess whether the questionnaire used is appropriate for collecting respondent data. A questionnaire is considered valid if the significance value of the correlation test is less than 0.05. The results of the validity test showed that all 14 statement items had significance values below 0.05, indicating that all items in the questionnaire are valid and suitable for data collection.

Reliability testing is conducted to measure the consistency of the questionnaire, ensuring it can be used repeatedly to assess the same variables. A questionnaire is considered reliable if the Cronbach's Alpha coefficient exceeds 0.60. In this study, the reliability test showed that the Cronbach's Alpha value for all 14 items was 0.878, indicating a high level of internal consistency and confirming that the instrument is

reliable.

Classical assumption testing

The normality test aims to determine whether the questionnaire data are normally distributed. Data are considered normally distributed if the Asymp. Sig. value is greater than 0.05. The test result showed an Asymp. Sig. (2-tailed) value of 0.167 > 0.05, indicating that the data follow a normal distribution.

The multicollinearity test assesses whether multicollinearity exists among independent variables in the regression model. Multicollinearity is considered absent if the tolerance value is greater than 0.10 and the Variance Inflation Factor (VIF) is less than 10.00. The test results showed that all variables had tolerance values above 0.10 and VIF values below 10.00, suggesting no multicollinearity.

The heteroscedasticity test checks whether the residuals of the regression model have a constant variance. If the significance value of the residuals is greater than 0.05, the data are considered to have homoscedasticity. The test showed that the significance value for the residuals of the "Product Quality" variable was above 0.05, with VIF values below 10.00, indicating no signs of heteroscedasticity in the model.

Multiple linear regression analysis

Multiple linear regression analysis is used to examine the relationship between independent and dependent variables and to produce a regression model as follows:

$$Y' = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + e$$

Where:

Y' = Predicted value of the dependent variable (patient satisfaction)

X_1–X_5 = Independent variables

a = Constant (value of Y when all X = 0)

b = Regression coefficients

e = Error term

The results of the multiple linear regression analysis are summarized in the following Table 1.

Table 1. Summary of Multiple Linear Regression Results

Dependent Variable	Independent Variable	Regression Coefficient	t-value	Sig.	Std. Coefficient (Beta)
Patient Satisfaction	Tangibles	0.152	0.625	0.534	0.054
	Reliability	0.547	2.992	0.004	0.256
	Responsiveness	0.291	2.329	0.022	0.187
	Assurance	0.354	1.978	0.050	0.165
	Empathy	0.545	4.866	0.002	0.409
Constant: 1.323	F-value: 12.646	R^2: 0.402			

The resulting regression equation is:

$$Y' = 1.323 + 0.152X_1 + 0.547X_2 + 0.291X_3 + 0.354X_4 + 0.545X_5$$

This equation can be interpreted as follows. The constant value (1.323) indicates the level of patient satisfaction if all independent variables are equal to zero. The regression coefficient for tangibles is 0.152, suggesting a positive relationship between tangible service elements and patient satisfaction. The coefficient for reliability is 0.547, indicating a strong and positive influence on patient satisfaction. The coefficient for responsiveness is 0.291, also showing a positive correlation. The coefficient for assurance is 0.354, reflecting a positive influence on satisfaction. The coefficient for empathy is 0.545, indicating a significant positive effect and suggesting that empathy is one of the dominant factors

influencing patient satisfaction.

Hypothesis testing

Hypothesis testing is conducted to assess the strength of the evidence obtained from the sample and to determine whether to accept or reject the proposed hypotheses. The first hypothesis tested whether the independent variables (tangibles, reliability, responsiveness, assurance, and empathy) have a simultaneous significant effect on patient satisfaction. The F-test result showed a value of 12.646 with a significance level of 0.000 ($p < 0.05$), indicating that the model is statistically significant and the independent variables collectively influence patient satisfaction.

The second hypothesis tested whether each independent variable has a partial significant effect on patient satisfaction. The p-values for reliability (0.004), responsiveness (0.022), assurance (0.050), and empathy (0.002) are all below the 0.05 threshold, confirming their individual significance. However, the tangibles variable had a p-value of 0.534, indicating that it does not significantly affect patient satisfaction on its own.

The third hypothesis examined whether empathy is the dominant influencing variable. Based on the standardized coefficient (Beta) values, empathy had the highest Beta score (0.409), confirming that it has the strongest individual impact on patient satisfaction.

The coefficient of determination (R^2) value of 0.402 implies that 40.2% of the variation in patient satisfaction can be explained by the five service quality dimensions studied, while the remaining 59.8% is influenced by other variables not included in this research.

Discussion

The results of this study indicate that patient satisfaction at Alalak Community Health Center (Puskesmas Alalak) in Banjarmasin is supported by various service quality dimensions. One significant factor is the quality of the physical facilities, which includes cleanliness, the availability of adequate medical equipment, and effective communication systems—all of which enhance the service experience.

Furthermore, the competence of the healthcare staff is crucial. This refers to the ability of the personnel to perform their tasks effectively in line with their roles and expertise, which directly contributes to the quality of service provided to patients seeking treatment.

Responsiveness is another critical factor, referring to the willingness and ability of staff to assist patients promptly and address their concerns. This can be seen in the speed of service delivery, the clarity of the information provided, and the efficiency in responding to patient needs.

Patients expect healing and accurate diagnoses. Therefore, medical staff must be able to provide the right treatments and medications, tailored to each condition, and avoid prescribing drugs that may cause side effects or additional health issues.

Finally, empathy plays a central role in ensuring patient satisfaction. This includes the ability of healthcare workers to understand and respond to patients' needs with compassion. Staff who are friendly, polite, respectful, and communicate effectively can greatly enhance the overall patient experience and satisfaction.

4. Conclusions

The quality of service—which includes physical appearance, reliability, responsiveness, assurance, and empathy—significantly influences the level of patient satisfaction at Puskesmas Alalak Banjarmasin. Therefore, service quality must be consistently maintained and continuously improved under any circumstances. The success of a public service unit such as a community health center is determined not

only by the number of people it can serve but also by how well the service delivery process is carried out. Sustaining high service standards is essential to building public trust and achieving optimal health outcomes for the community.

Reference

Serial/journal article (online with DOI):

Ahmad, H. (2022). Pengaruh kualitas pelayanan terhadap kepuasan pasien pada Puskesmas Cisolok Kabupaten Sukabumi. *Jurnal Ilmiah Ilmu Administrasi Negara*, *7*(1). https://doi.org/10.37949/jdp

Arianto, N. (2018). Pengaruh kualitas pelayanan terhadap kepuasan dan loyalitas pengunjung dalam menggunakan jasa Hotel Rizen Kedaton Bogor. *Jurnal Pemasaran Kompetitif*, *1*(2), 83–101. https://doi.org/10.32493/jpkpk.v1i2.856

Basu, S., & Irawan. (2008). *Manajemen pemasaran modern*. Liberty: Yogyakarta.

Engkus. (2019). Pengaruh kualitas pelayanan terhadap kepuasan pasien Puskesmas Cibitung Kabupaten Sukabumi. *Jurnal Governansi*, *5*(2), 1–8. https://doi.org/10.30997/jgs.v5i2.1956

Hardiyansyah. (2014). *Kualitas pelayanan publik*. Gava Media: Yogyakarta.

Sari, I. K. (2020). Pengaruh kualitas pelayanan terhadap kepuasan pasien pada Puskesmas Urug Kecamatan Kawali Kota Tasikmalaya. *Jurnal Ilmiah Ilmu Administrasi Negara*, *7*(1). https://dx.doi.org/10.25157/dinamika.v7i1.3431

Kotler, P., & Keller, K. L. (2018). *Manajemen pemasaran* (Edisi ke-12, Jilid 1). PT. Indeks: Yogyakarta.

Lupiyoadi, R. (2013). *Manajemen pemasaran jasa* (Edisi ke-3). Salemba Empat: Jakarta.

Pohan, I. S. (2007). *Jaminan mutu layanan kesehatan: Dasar-dasar pengertian dan penerapan*. EGC.

Sinambela, L. P. (2010). *Reformasi pelayanan publik*. Bumi Aksara: Jakarta.

Sugiyono. (2011). *Metode penelitian kuantitatif dan kualitatif*. Alfabeta: Bandung.

Tjiptono, F. (2014). *Manajemen jasa*. Andi Offset: Yogyakarta.

Tjiptono, F., & Diana, A. (2020). *Pemasaran*. Andi Offset: Yogyakarta.

Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan.

Keputusan Menteri Pendayagunaan Aparatur Negara Nomor 25 Tahun 2004 tentang Pedoman Umum Penyusunan Indeks Kepuasan Masyarakat Unit Pelayanan Instansi Pemerintah.

Keputusan Menteri Pendayagunaan Aparatur Negara Nomor 26 Tahun 2014 tentang Survey Kepuasan Publik.