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ASSESSMENT OF HEALTH SERVICES AND PATIENT SATISFACTION AT PURWODADI 2 PUBLIC HEALTH CENTER USING MINIMUM SERVICE STANDARDS (SPM)

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Abstract

Background: Community Health Center performance is determined by meeting Minimum Service Standards (SPM) and ensuring patient satisfaction. The cumulative SPM data from January to June 2025 at Purwodadi 2 Community Health Center shows that achievement ranges between 34.6% to 53.7% (Mothers 46.5%, Children 47.9%, Hypertension/Diabetes 53.7%, Tuberculosis 52.1%, HIV 34.6%). Integrating both indicators is required for a comprehensive review. The purpose of this study is to assess patient satisfaction and health-care outcomes at Purwodadi 2 Community Health Center using Minimum Service Standards (SPM). **Methods**: The quantitative descriptive study made use of purposive sampling. A sample of 100 patients was taken. Primary data were collected in September 2025 via a satisfaction questionnaire, while secondary data were gathered from cumulative SPM reports from January to June 2025. The data analysis included frequency distribution, average scores, and a comparative descriptive analysis of SPM achievement per service and average patient satisfaction. Data from 2024 and 2025 were compared to see how service achievement had evolved. **Results**: Cumulative SPM data indicate diversity between services, with Hypertension/Diabetes achieving the greatest rate (53.7%) and HIV having the lowest (34.6%). Achievement increased across all services when compared to the same period in 2024, with hypertension/diabetes services showing the greatest gain (+4.8%). According to patient rating statistics, overall satisfaction in the Satisfied category (score 4.38) is highest for HIV (4.73) and lowest for Hypertension/Diabetes (3.99). A comparative research reveals no consistent relationship between SPM achievement and patient satisfaction. **Conclusion**: The evaluation found no consistent relationship between SPM accomplishment and patient satisfaction levels. While patients experienced ideal service quality, service coverage expansion still requires improvement. Improved queue management and drug availability are critical to increase coverage while maintaining quality.

Keywords: Evaluation, Patient Satisfaction, Health Services, Community Health Centers, Minimum Service Standards

Introduction

Community Health Centers (Puskesmas) are required as a first-level health care center to provide quality basic services to the community. Service quality can be determined by meeting Minimum Service Standards (SPM) and how the community perceives service receivers (1). SPM in the health sector encompasses services for pregnant women, childbirth, babies, toddlers, chronic diseases (hypertension/diabetes), TB, and HIV. Evaluation of SPM success is required to ensure service aims

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are fulfilled, whilst evaluation of patient happiness offers insight into the perceived quality of treatment (2–4). Integrating these two evaluations is required to provide a more complete view of Community Health Center effectiveness (5,6).

The cumulative SPM data from January to June 2025 at Purwodadi 2 Community Health Center demonstrates continued progress: maternal care at 46.5%, children at 47.9%, hypertension/diabetes at 53.7%, tuberculosis at 52.1%, and HIV at 34.6%. Most indicators have attained almost half of the annual target. Meanwhile, in the previous year, the Purwodadi 2 Community Health Center's Community Satisfaction Index (IKM) was 84.83, indicating good performance (7). Although the previous year's IKM was satisfactory, this study was undertaken to assess the consistency of service quality over the present period and to examine the gap between quantitative achievements (SPM) and qualitative perceptions (patient satisfaction). SPM data showed that service coverage had achieved 50% for the majority of services by mid-year, showing progress toward the year-end goal. Meanwhile, patient evaluation data showed that service quality for those who had already been serviced was satisfactory (8). The aim of this study is to assess patient satisfaction and health service outcomes at Purwodadi 2 Community Health Center using Minimum Service Standards (SPM). This study identifies SPM outcomes, assesses patient satisfaction levels, and compares the two descriptively.

Methods

This study used a quantitative descriptive design and was conducted in September 2025 at the Purwodadi 2 Health Centre. The goal of quantitative descriptive research is to systematically characterize the events under study using facts and numerical data (9). In the structure of this study, a quantitative descriptive method was utilized to assess the achievement of Minimum Service Standards (SPM) and the degree of patient satisfaction, as well as to compare the two variables descriptively without statistical causality testing. The study population consisted of all individuals who received health treatments based on the SPM markers. The Slovin algorithm was used to calculate the minimum sample size of 100 respondents, with a 10% error rate. The sample composition included 30 maternal service patients, 25 pediatric service patients, 25 hypertension/diabetes patients, 10 tuberculosis patients, and 10 HIV patients. This composition was chosen based on the representativeness of all services, the need for statistical analysis with at least ten respondents per group, and the availability of respondents throughout the study period. Purposive sampling was used using the following inclusion criteria: (1) patients who got care in accordance with the SPM indicators, and (2) willing to sign an informed consent form (10).

The research instrument was a patient satisfaction questionnaire created by the researcher (non-standard) using service features from minimum service standards and customer satisfaction theory. Before being used, the questionnaire was piloted on 30 patients at Toroh 2 Community Health Center to ensure its validity (Product Moment analysis) and reliability (Cronbach's Alpha). The validity test revealed that all items were legitimate (r-count > r-table), while the reliability test yielded a Cronbach's Alpha coefficient of 0.85, confirming the instrument's reliability. The primary data were obtained from 100 respondents at the Purwodadi 2 Community Health Center using a Likert scale of 1-5 to assess staff friendliness, cost certainty, environmental comfort, staff competency, service procedures, and punctuality (11). Secondary data were gathered from Purwodadi 2 Health Center's official cumulative SPM report for the period January to June 2025. For analysis purposes aligned with respondent categories, the available SPM Indicators are grouped into five service categories: (1) Maternal Services (combined Pregnant Women, Women Giving Birth, and Newborns), (2) Child Services (combined Toddlers and Elementary School Age), (3) Hypertension/Diabetes Services (combined Hypertension/Diabetes Mellitus), (4) Tuberculosis Services, and (5) HIV Services. To give a more comprehensive view of achievements in the middle of the year, the SPM data were combined from

January to June 2025 (Quarter I and II). Data analysis includes: (1) a univariate study of frequency distribution and average scores to describe respondent characteristics, SPM accomplishments, and patient satisfaction levels. (2) Conduct a comparative descriptive study to compare SPM achievements (in percentage) to average patient satisfaction for each type of service. SPM data represents aggregate service level data, whereas happiness data reflects individual data, hence no inferential statistical association testing was undertaken. This study employed comparative descriptive analysis to examine and illustrate patterns between quantitative SPM performance and qualitative patient satisfaction performance using trend tabulation and interpretation. The comparative descriptive approach enables researchers to present systematic comparisons of two variables without presuming a causal relationship (12). The satisfaction categories are: 4.21-5.00 (Very Satisfied), 3.41-4.20 (Satisfied), 2.61-3.40 (Enough), 1.81-2.60 (Less), and 1.00-1.80 (Very Less) (13). The data was analyzed using SPSS (14).

Results

3.1 Distribution of Cumulative SPM Achievements from January to June 2025

Based on the Purwodadi 2 Community Health Center's performance report, the attainment of the Cumulative Minimum Service Standards (SPM) for 2025 varies by service type. SPM data has been divided into five service types based on the research objective. Table 1 shows the whole distribution of SPM accomplishment.

Table 1. Distribution of Minimum Service Standards (SPM) Achievements at Purwodadi 2 Health Center Cumulative January to June 2025

Type of Service	Number of Targets	Absolute Achievement	Achievement %
Maternal Care	1,964	914	46.5
Child Care	9,401	4,499	47.9
Hypertension/Diabete	1,287	7,999	53.7
TBC	152	255	52.1
HIV (VCR)	139	493	34.6
Total	27,190	14,161	52.1

Source: Secondary data Cumulative SPM Report January to June 2025

Table 2. Comparison of SPM Achievements of Purwodadi 2 Health Center in 2024 and 2025 (Cumulative from January to June)

Type of Service	Achievement in 2024 (%)	Achievemen in 2025 (%)	Difference (%)
Maternal Care	43.2	46.5	+3.3
Child Care	45.1	47.9	+2.8
Hypertension/ Diabetes	48.9	53.7	+4.8
TBC	49.5	52.1	+2.6
HIV (VCR)	32.1	34.6	+2.5

Source: Secondary data from the Cumulative SPM Report of Purwodadi 2 Health Centers for 2024 and 2025

Table 2 shows an increase in SPM accomplishment across all service types compared to the same period last year. The greatest rise was in Hypertension/Diabetes services, with a 4.8% increase, followed by Maternal Care (3.3%), Child Care (2.8%), Tuberculosis (2.6%), and HIV (2.5%). Despite this rise, HIV service achievement remains the lowest among all services, both in 2024 and 2025.

3.2 Distribution of Respondent Characteristics

This survey included 100 respondents, divided by service type. The complete distribution of respondent attributes is shown in Table 3.

Table 3. Distribution of respondent characteristics based on service type

Type of Service	Number of Respondents	Percentage (%)
Maternal Care	30	30
Child Care	25	25
Hypertension/Diabetes	25	25
TBC	10	10
HIV (VCR)	10	10
Total	100	100

Source: Primary Data, September 2025

3.3 Frequency Distribution of Patient Satisfaction Levels Based on Service Aspects

Overall patient satisfaction was in the Satisfied category with an average score of 4.38. The frequency distribution per service aspect is presented in Table 4.

Table 4. Frequency distribution of patient satisfaction levels based on service aspects

Service Aspects	Average Score	Category
Staff friendliness	4.83	Very satisfied
Cost certainty	4.64	Very satisfied
Environmental comfort	4.57	Very satisfied
Staff competence	4.43	Very satisfied
Service procedures	4.28	Satisfied
Timeliness	3.82	Satisfied
Average	4.38	Satisfied

Source: Primary Data, September 2025

3.4 Frequency distribution of patient satisfaction levels per type of service

Satisfaction levels per service type varied between 3.99 and 4.73. HIV services showed the highest satisfaction levels, while Hypertension/Diabetes services showed the lowest. The complete distribution is presented in Table 5.

Table 5. Patient Satisfaction Level Per Service Type

Type of service	n	Average score	Category
Maternal	30	4.36	Satisfied
Child	25	4.60	Very satisfied
Hypertension/Diabetes	25	3.99	Satisfied
TBC	10	4.51	Very satisfied
HIV	10	4.73	Very satisfied
Total	**100**	**4.38**	**Satisfied**

Source: Primary Data, September 2025

Because SPM data is aggregated at the service level, and satisfaction data is individual, a comparative descriptive analysis was performed by comparing SPM achievement (%) and average satisfaction per kind of service, as shown in Table 6.

Table 6. Comparative Analysis of SPM Achievement and Patient Satisfaction per Service Type

Type of service	Number of respondents (n	SPM Achievement (%)	Average satisfaction score	Satisfaction category	Keterangan Pola
HIV	10	34.6	4.73	Very satisfied	Low achievement, high satisfaction
TBC	10	52.1	4.51	Very satisfied	High achievement, high satisfaction
Child Care	25	47.9	4.60	Very satisfied	Moderate achievement high satisfaction
Maternal Care	30	46.5	4.36	Satisfied	Moderate achievement moderate satisfaction
Hypertension/ Diabetes	25	53.7	3.99	Satisfied	High achievement, low satisfaction
Total/ Average	100	52.1	4.38	Satisfied	Inconsistent regularity

Source: Secondary Data (cumulative SPM January to June 2025) and Primary Data on Patient Satisfaction, September 2025

Table 7. Comparison of SPM Achievement and Average Patient Satisfaction per Service Type

Service	SPM Achievement (%)	Average Satisfaction	Satisfaction category
HIV	34.6	4.73	Very satisfied
TBC	52.1	4.51	Very satisfied
Child	47.9	4.60	Very satisfied
Maternal	46.5	4.36	Satisfied
Hypertension/Diabetes	53.7	3.99	Satisfied

Source: Secondary Data (cumulative SPM January to June 2025) and Primary Data on Patient Satisfaction, September 2025

Table 7 shows no clear association between SPM achievement and patient satisfaction. HIV services had the lowest achievement (34.6%) but the greatest satisfaction rate (4.73). In contrast, Hypertension/Diabetes services had the highest SPM accomplishment (53.7%) but the lowest satisfaction score (3.99). This suggests that quantitative performance (service coverage) and qualitative performance (receiver satisfaction) are independent.

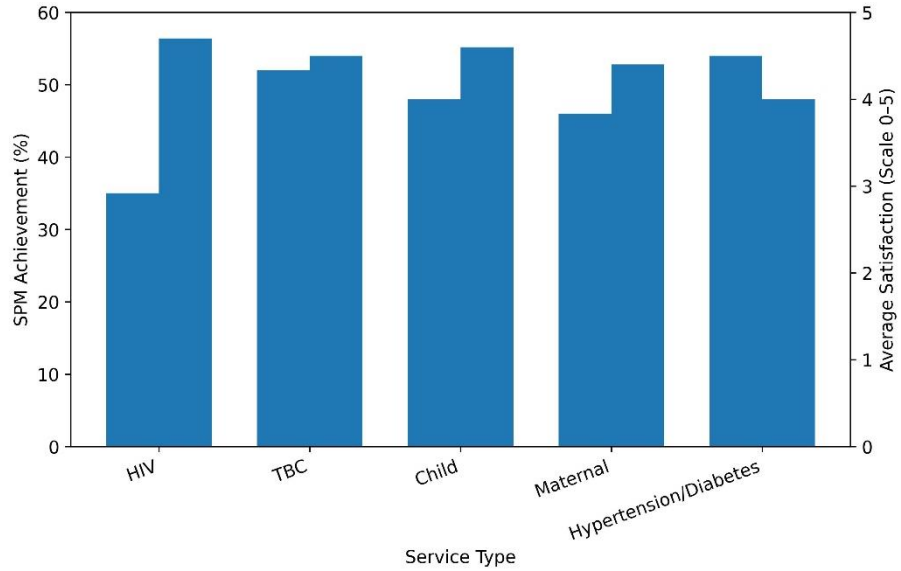


Figure 1. Comparison of SPM Achievement and Patient Satisfaction per Service Type

Figure 1 depicts a comparison of SPM achievement and patient satisfaction levels by service type. The graph plainly shows an uneven pattern between the two variables. The service with the highest SPM achievement (Hypertension/Diabetes: 53.7%) had the lowest satisfaction rate (3.99), whereas the service with the lowest SPM achievement (HIV: 34.6%) had the highest satisfaction rate (4.73). This graphic supports the conclusion that the quantitative and qualitative performance of health services at Purwodadi 2 Community Health Center are independent.

Discussions

The evaluation results provide a detailed summary of Purwodadi 2 Community Health Center's performance as of mid-2025. The key finding of this study is that there is no consistent relationship between SPM achievement and patient satisfaction. This suggests that high patient satisfaction is not always associated with service coverage achievement. There are two complementary performance dimensions. The cumulative SPM achievement from January to June varies by service, with Hypertension/Diabetes at 53.7% (the highest) and HIV at 34.6% (the lowest). By the middle of the year, most had met half of their annual goals. However, the total patient satisfaction level achieved the Satisfied category (score 4.38), suggesting that the quality of services offered to patients has been satisfactory. High levels of satisfaction with staff friendliness (4.83), cost certainty (4.64), and environmental comfort (4.57) represent extremely significant social capital for the Community Health Center. Patients' high satisfaction with these characteristics provides a solid foundation for creating trust and encouraging active community participation in health programs. These elements form the foundation of patient-centered care.

However, areas for improvement are becoming more apparent: timeliness (3.82) was the lowest-performing feature, falling solely into the Satisfaction group. Service methods (4.28) also fell into the Satisfaction category. These two characteristics frequently constitute obstacles in expanding service coverage. Queue delays might limit the number of patients served each day, hence affecting SPM achievement. Several factors contribute to the inconsistent association between SPM and patient satisfaction. First, patients who have successfully obtained services tend to judge the quality of care positively, regardless of how many of the target group have yet to be reached. Second, SPM metrics are based on quantitative coverage, whereas patient satisfaction is influenced more by qualitative elements such as interpersonal and personal interactions (15).

High satisfaction in the Maternal (4.36) and Child (4.60) services, which received the most responses, suggests that these essential services are functioning properly. Despite meeting a Minimum Service Standard (SPM) of 47.9%, the Child service was rated Very Satisfied. Similarly, in the Hypertension/Diabetes service (3.99), although having the highest SPM accomplishment (53.7%), the quality of treatment for patients served was only Satisfied. This suggests that the focus of improvement for this service should be on outreach methods and early detection in the community, as well as improving the patient experience at the Community Health Centre. The most significant finding in this study was the high level of satisfaction with TB (4.51) and HIV (4.73) services, which outperformed satisfaction with basic care. These findings are consistent with the research, which shows that an intense approach to specialized services has been effective in providing a good service experience (16). Overall, these results point to a clear conclusion: Purwodadi 2 Community Health Centre has effectively established a high-quality, patient-centered care environment. The goal is to translate this quality strength into more equitable access for the entire target population, with a focus on improving queue management and service procedures (17).

The study's findings have strategic significance for the growth of Indonesia's primary healthcare system, particularly in light of the introduction of Universal Health Coverage. The disparity between quantitative performance indicators and perceived service quality highlights the need for a balanced scorecard approach to evaluating Community Health Center performance that is not only focused on meeting numerical targets but also includes the patient experience dimension as a critical component of service quality (18). Furthermore, initiatives for increasing service coverage must take into account health system capacity to ensure that quantitative expansion does not degrade care quality, a phenomena that frequently occurs during the acceleration phase of meeting SPM targets (19). In the context of chronic disease services such as hypertension and diabetes, which have high SPM achievement but low satisfaction, a shift from disease-centered to patient-centered care is required, emphasizing continuity of service, patient education, and self-management empowerment, as recommended by the WHO noncommunicable disease service framework (20). Integrating health information technology, such as online appointment systems, regular check-up reminders, and telemedicine, can be innovative solutions for improving service efficiency and expanding access without dramatically increasing healthcare staff' burden.

Conclusion

The evaluation obtained no consistent connection between meeting Minimum Service Standards (SPM) and patient satisfaction at Purwodadi 2 Health Center. The descriptive comparison revealed that services with low SPM achievement (HIV: 34.6%) had the most satisfaction (4.73), whereas services with the highest SPM achievement (Hypertension/Diabetes: 53.7%) had the lowest satisfaction (3.99). Annual Target achievement Process: Purwodadi 2 Community Health Center (Puskesmas Purwodadi 2)'s cumulative SPM accomplishment for January-June 2 varied by service, with most services achieving roughly 50% of the target by mid-year. The highest achievement was for hypertension/diabetes services (53.7%), while the lowest was for HIV services (34.6%). Optimal Service Quality: Overall, patient satisfaction was classified as Satisfied (score 4.38). This suggests that the quality of service experienced by patients who successfully accessed the Puskesmas was satisfactory. The key strengths are the staff's friendliness (4.83), cost certainty (4.64), and environmental comfort (4.57). Performance Dynamics: There is an interesting relationship between quantitative (SPM coverage) and qualitative (patient satisfaction) performance. Although service quality has been ideal for patients served, efforts to increase coverage and reach more target populations, particularly HIV services, must continue to be addressed. Timeliness (3.82) is an important factor that should be improved to accommodate this enhanced coverage. TB and HIV services received the highest

satisfaction ratings of 4.51 and 4.73, respectively. This suggests that the intensive service approach for special groups was successful and can be used as a model for developing further services.

Recommendation

Based on the research results and conclusions obtained, several strategic recommendations can be put forward as follows:

A. For the Manager of Purwodadi 2 Health Center:

1. Optimizing Queue Management and Waiting Times:
   a. Implementing appointment systems for chronic services (e.g., hypertension/diabetes, maternity and child health) to minimize wait times and increase service certainty.
   b. Conducting regular evaluations of service flows to detect and simplify bottlenecks that cause patient congestion.
2. Increasing the effectiveness of service procedures:
   a. Simplifying complex administrative procedures.
   b. Improving coordination among service units to accelerate service flow.
3. Fostering a Service Excellence Culture:
   a. Prioritizing friendliness, clinical competence, and cost transparency as non-negotiable norms.
   b. Documenting best practices from healthcare professionals with consistently high satisfaction ratings and applying them into internal learning.

B. For Further Research:

1. To thoroughly examine the barriers in target populations that Community Health Center services have not yet touched, a qualitative study technique is advised.
2. Additional study can be planned with a wider coverage area (e.g., at the district level involving many Community Health Centers) for small, specialized service populations (such TB and HIV) in order to get a sufficient sample size and more generalizable results.
3. To guide the creation of an exceptional service model that other service types can use, future studies can look into the factors that contribute to high satisfaction with HIV and TB services.

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