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ANALYSIS OF THE QUALITY OF OUTPATIENT SERVICES IN THE GENERAL POLYCLINIC ON PATIENT SATISFACTION AT THE WATUBELAH COMMUNITY HEALTH CENTER USING THE SERVQUAL METHOD IN 2026

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Abstrak

Background: Community health centers are required to provide quality services to meet patient expectations and satisfaction. Service quality, measured through the SERVQUAL dimension (tangibles, reliability, responsiveness, assurance, and empathy), is a determining factor in patient satisfaction. At the Watubelah Community Health Center's General Clinic, the high volume of visits is still accompanied by complaints about the queuing system and waiting room facilities. This study aims to analyze the relationship between service quality and patient satisfaction at the Watubelah Community Health Center in 2026. Research Method: This study employed a quantitative analytical design with a cross-sectional approach. A total of 384 respondents were included as a sample determined using the Slovin formula. The research instrument used the SERVQUAL questionnaire (25 items) to measure perceptions and expectations across five dimensions of service quality. Data analysis was performed using univariate, bivariate (Chi-Square test), and multivariate (logistic regression) methods to identify the most dominant service dimensions affecting patient satisfaction ($\alpha = 0.05$). Research Results: Shows that all SERVQUAL dimensions (Tangible, Reliability, Responsiveness, Assurance, and Empathy) have a significant relationship to outpatient satisfaction with a significance value of 0.000 ($p < 0.05$). Multivariate analysis shows that the Reliability dimension is the most dominant factor influencing patient satisfaction. The regression model built is declared feasible (goodness of fit) with a Nagelkerke R Square value of 0.862, which means the model is able to explain 86.2% of the variation in patient satisfaction. Conclusion: The quality of service provided by Watubelah Community Health Center has a strong influence on patient satisfaction. It is recommended that the Community Health Center continue to maintain and improve service quality, particularly in terms of reliability, to ensure continued patient satisfaction.

Keyword: Service Quality, Patient Satisfaction, SERVQUAL, Outpatient, Community Health Center

Introduction

Community Health Centers (Puskesmas) are primary healthcare facilities that provide promotive, preventive, curative, rehabilitative, and palliative services in accordance with Ministry of Health Regulation No. 19 of 2024 [1]. They are also required to improve healthcare quality and health information systems based on Law No. 17 of 2023 [2]. In healthcare services, service quality is a major factor determining patient satisfaction, where satisfaction is achieved when the services provided consistently meet or exceed patient expectations [3]. The measurement of service quality is commonly conducted using the SERVQUAL method, which consists of five dimensions: tangible, reliability,

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responsiveness, assurance, and empathy [4]. Previous studies have shown that service quality has a significant relationship with patient satisfaction, with reliability being identified as one of the dominant factors [5].

However, empirical conditions at Watubelah Community Health Center indicate a gap between service quality and patient satisfaction, particularly in the general outpatient service, which has the highest number of patient visits. Data from 2024–2025 show fluctuations in patient visits that are not consistently followed by patient satisfaction levels, where the Community Satisfaction Index (IKM) remains in the good category but decreases during certain periods. Furthermore, patient surveys reveal complaints regarding the queuing system, long waiting times, limited waiting room facilities, and suboptimal queue information systems. These findings indicate a gap between patient expectations and actual services, especially in the responsiveness and tangible dimensions.

Theoretically, SERVQUAL emphasizes the balance of the five service quality dimensions; however, field conditions indicate that their implementation has not been optimal. In addition, previous studies have mostly focused on general service quality, specific dimensions, or have not specifically analyzed general outpatient services as the unit with the highest patient workload. Therefore, there is a research gap in studies that comprehensively integrate all SERVQUAL dimensions within the current community health center context.

Based on Ministry of Health Regulation No. 19 of 2024 and Regulation No. 34 of 2022 regarding healthcare facility accreditation, service quality and patient satisfaction are important indicators in evaluating community health center performance [1,6]. Therefore, a comprehensive evaluation is needed to identify service quality gaps and their impact on patient satisfaction. This study is entitled "Analysis of General Outpatient Service Quality on Patient Satisfaction at Watubelah Community Health Center in 2026", using the SERVQUAL approach to analyze the relationship between service quality and patient satisfaction and to determine the most influential service quality dimensions.

Methods

This study used a quantitative analytic observational method with a descriptive correlational design and a cross-sectional approach to analyze the relationship between outpatient general clinic service quality and patient satisfaction at Watubelah Public Health Center in 2026. The research was conducted at Watubelah Public Health Center, Jalan Tangkil Gede No. 5, Sumber District, Cirebon Regency, West Java, from January to March 2026. The study population consisted of all outpatient patients at Watubelah Public Health Center, with 9,727 patient visits in the second quarter of 2025 used as the reference population. A total of 384 patients were selected as samples using the Slovin formula and non-probability sampling with purposive sampling based on predetermined inclusion and exclusion criteria.

The research variables consisted of the independent variable, namely service quality based on the five SERVQUAL dimensions (tangible, reliability, responsiveness, assurance, and empathy), and the dependent variable, namely outpatient patient satisfaction. Data collection was conducted using a 25-item SERVQUAL questionnaire that had been tested for validity and reliability. The data consisted of primary data obtained through questionnaires and observations, as well as secondary data from patient visit records. Data processing included editing, coding, data entry, cleaning, SERVQUAL score calculation, and statistical analysis using SPSS.

Data analysis was performed using univariate analysis to describe research variables through descriptive statistics, bivariate analysis using the Chi-Square test with a significance level of 5% to determine the relationship between service quality and patient satisfaction, and multivariate analysis using logistic regression to identify the SERVQUAL dimension that had the greatest influence on patient satisfaction. This study also considered research ethics, including informed consent,

confidentiality of respondent data, and the use of data according to research objectives. The limitations of this study include the cross-sectional design, which cannot establish causal relationships, potential response bias from participants, and limited generalizability of findings to specific locations and periods.

Results

The study was conducted at Puskesmas Watubelah involving 384 outpatient respondents from the general polyclinic during January 29–March 14, 2026. Respondents were selected using purposive sampling based on predetermined inclusion criteria. Data were collected using the SERVQUAL questionnaire consisting of 25 items that measured patient perceptions and expectations across five dimensions: tangible, reliability, responsiveness, assurance, and empathy. The reliability test results showed that the instrument was feasible for use, with Cronbach's Alpha values of 0.813 for perception and 0.885 for expectation.

1. Respondent Characteristics

Characteristics	Category	n	%
Gender	Male	84	21,9
	Female	300	78,1
Region	Outside the region	85	22,1
	Watubelah	78	20,3
	Tukmudal	69	18,0
	Pasalakan	55	14,3
	Kenanga	49	12,8
	Kaliwadas	48	12,5

The majority of respondents were women (78.1%) and came from outside the area, with the Watubelah group being the largest.

2. Univariate Analysis

a. Service Quality

Tangible

Category	n	%
Good	309	80,5
Not Good	75	19,5

Reliability

Category	n	%
Good	317	82,6
Not Good	67	17,4

Responsiveness

Category	n	%
Good	289	75,3
Not Good	95	24,7

Assurance		
Category	**n**	**%**
Good	333	86,7
Not Good	51	13,3

Empathy		
Category	**n**	**%**
Good	314	81,8
Not Good	70	18,2

b. Patient Satisfaction

Tangible		
Category	**n**	**%**
Satisfied	267	69,5
Not Satisfied	117	30,5

Reliability		
Category	**n**	**%**
Satisfied	291	75,8
Not Satisfied	93	24,2

Responsiveness		
Category	**n**	**%**
Satisfied	239	62,2
Not Satisfied	145	37,8

Assurance		
Category	**n**	**%**
Satisfied	310	80,7
Not Satisfied	74	19,3

Empathy		
Category	**n**	**%**
Satisfied	278	72,4
Not Satisfied	106	27,6

3. Bivariate Analysis

Bivariate analysis was conducted to determine the relationship between SERVQUAL dimensions and patient satisfaction. The results showed that all SERVQUAL dimensions had a significant relationship with patient satisfaction with a p-value of 0.000 (<0.05).

Variable	p-value	Strength of Relationship
Tangible	0.000	0.744 (Strong)
Reliability	0.000	0.610 (Strong)
Responsiveness	0.000	0.736 (Strong)
Assurance	0.000	0.801 (Very Strong)
Empathy	0.000	0.765 (Strong)

All SERVQUAL dimensions showed strong to very strong relationships with patient satisfaction. This indicates that physical facilities, service reliability, responsiveness of healthcare workers, assurance provided by healthcare providers, and empathy in patient care contribute significantly to improving patient satisfaction.

4. Multivariate Analysis (Logistic Regression)

Goodness of Fit

Test	Value	Sig	Conclusion
Omnibus Test	394.405	0.000	Model is feasible
Hosmer-Lemeshow	6.700	0.569	Model fits the data
Nagelkerke R^2	0.862	-	86.2% variation explained

The logistic regression model was declared fit and capable of explaining 86.2% of the variation in patient satisfaction. The Omnibus test results showed a significance value of 0.000 (<0.05), indicating that all independent variables simultaneously had a significant effect on patient satisfaction. The Hosmer-Lemeshow test obtained a significance value of 0.569 (>0.05), indicating that the model had good compatibility with the observed data. The Nagelkerke R^2 value of 0.862 means that the SERVQUAL dimensions explain 86.2% of patient satisfaction, while the remaining percentage is influenced by other factors outside the research model.

Model Accuracy

Observation	Correct Prediction	Accuracy
Dissatisfied	92.7%	
Satisfied	93.9%	
Total	93.2%	Very High

The classification results showed that the logistic regression model had an overall accuracy rate of 93.2%. This indicates that the model has a very high ability to predict patient satisfaction levels, both in the satisfied and dissatisfied categories. Therefore, the model is considered practically appropriate for analyzing factors affecting patient satisfaction.

Dominant Variable		
Variable	**Sig**	**Exp(B)**
Reliability	0.000	6,336,442.9
Tangible	0.000	1,912,899.9
Responsiveness	0.000	1,083,621.4
Assurance	0.000	1,053,744.5
Empathy	0.000	548,073.9

The most dominant dimension affecting patient satisfaction was reliability.

Discussion

Service Quality Dimension: Tangible

The results showed that the tangible dimension was rated good by 80.5% of respondents, while 19.5% rated it as not good. This indicates that the physical aspects of healthcare services at Puskesmas Watubelah, including facilities, cleanliness, and supporting infrastructure, have generally met patient expectations. However, there are still differences between patient expectations and actual conditions, particularly regarding waiting room comfort and facility completeness. Therefore, continuous improvement of physical service aspects is needed to create a more comfortable healthcare environment and increase patient satisfaction.

Service Quality Dimension: Reliability

The reliability dimension was rated good by 82.6% of respondents, while 17.4% rated it as not good. This finding indicates that service reliability, such as accuracy of procedures, consistency of medical actions, and accuracy of service delivery, has been implemented properly. However, the presence of some patients who still experience service inconsistencies indicates the need for continuous improvement. Strengthening service standards and maintaining consistency in healthcare procedures are important to minimize quality gaps.

Service Quality Dimension: Responsiveness

The responsiveness dimension showed that 75.3% of respondents rated it good, while 24.7% rated it as not good. This indicates that most healthcare workers have provided responsive services. However, the high number of patient visits may affect service speed and response time. Therefore, optimization of service systems, queue management, and improvement of healthcare worker responsiveness are needed to reduce patient waiting time.

Service Quality Dimension: Assurance

The assurance dimension obtained the highest positive assessment, with 86.7% of respondents rating it good and 13.3% rating it as not good. This shows that healthcare workers are perceived as professional, competent, and able to provide a sense of safety and trust to patients. Nevertheless, improvements are still needed to ensure that all patients consistently experience confidence and security during healthcare services.

Service Quality Dimension: Empathy

The empathy dimension was rated good by 81.8% of respondents, while 18.2% rated it as not good. This demonstrates that healthcare workers have provided attention and concern toward patients. However, there is still room for improvement in interpersonal communication and personal approaches to ensure that healthcare services become more patient-centered and humanistic.

Bivariate Analysis

The analysis showed that all SERVQUAL dimensions had a significant relationship with patient satisfaction with a p-value of 0.000 (<0.05). The assurance dimension had the strongest relationship with a coefficient value of 0.801, followed by empathy (0.765), tangible (0.744), responsiveness (0.736), and reliability (0.610). These findings indicate that all dimensions of service quality contribute to patient satisfaction. However, assurance becomes an important factor because patients highly value trust, safety, and confidence in healthcare services.

Multivariate Analysis

Model Feasibility

The Omnibus test showed a significance value of 0.000 (<0.05), meaning that all independent variables simultaneously influenced patient satisfaction. The Hosmer-Lemeshow test produced a value of 0.569 (>0.05), indicating that the model had good suitability with the data. The Nagelkerke R Square value of 0.862 indicates that 86.2% of patient satisfaction variation can be explained by SERVQUAL dimensions, while the remaining variation is influenced by other factors outside the model.

Model Prediction Accuracy

The classification results showed that the logistic regression model achieved an accuracy level of 93.2%. This demonstrates that the model has excellent predictive ability in classifying patient satisfaction levels, both satisfied and dissatisfied categories. Therefore, the model is considered reliable for predicting patient satisfaction based on service quality dimensions.

Dominant Dimension

The partial analysis showed that all SERVQUAL dimensions significantly influenced patient satisfaction. However, the reliability dimension was identified as the most dominant factor based on the highest odds ratio value. This indicates that patients prioritize dependable services, including accuracy, consistency, timeliness, and compliance with healthcare procedures. The subsequent influential dimensions were tangible, responsiveness, assurance, and empathy. These findings suggest that improving healthcare service quality should focus primarily on strengthening reliability while maintaining improvements in other SERVQUAL dimensions.

Conclusion

Based on the results of the study conducted on outpatients at Watubelah Public Health Center in 2026, it can be concluded that the respondents were predominantly female (78.1%), with the largest distribution coming from outside the working area (22.1%), followed by Watubelah, Tukmudal, Pasalakan, Kenanga, and Kaliwadas. The univariate analysis showed that all SERVQUAL service quality dimensions were perceived as good, with the assurance dimension having the highest percentage (86.7%), followed by reliability (82.6%), empathy (81.8%), tangible (80.5%), and responsiveness (75.3%). Correspondingly, patient satisfaction levels were also high across all dimensions, with the highest satisfaction found in assurance (80.7%) and the lowest in responsiveness (62.2%). The bivariate analysis showed that all service quality dimensions had a significant and strong relationship with patient satisfaction (p=0.000; all coefficients >0.60), with assurance showing the strongest relationship (0.801). Furthermore, the multivariate analysis indicated that the logistic regression model had excellent goodness of fit, with a Nagelkerke R Square value of 86.2% and a prediction accuracy of 93.2%. All dimensions significantly influenced patient satisfaction, with reliability identified as the most dominant factor.

Based on these findings, Watubelah Public Health Center is recommended to maintain and improve the reliability dimension as the most influential factor affecting patient satisfaction, particularly by improving service timeliness, consistency of procedures, and accuracy of information provided to patients. In addition, improvements in other dimensions such as tangible, responsiveness, assurance, and empathy should continue to be implemented proportionally because all dimensions have been proven to contribute significantly to patient satisfaction. The health center is also encouraged to conduct regular evaluations through routine patient satisfaction surveys to monitor changes in public perceptions and enable immediate improvements when a decline in service quality is identified. This research is expected to serve as an academic reference for educational institutions and provide scientific experience for researchers in developing data analysis skills and applying the SERVQUAL method in healthcare services.

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