Original Article

Analysis of service satisfaction factors in the internal medicine polyclinic of a general hospital: A cross-sectional study

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Abstract

Background: Patient satisfaction is a key indicator for evaluating the quality of health care services. Various factors can influence patient satisfaction, ranging from demographic characteristics to attributes of public service delivery. However, studies on patient satisfaction in the Internal Medicine Outpatient Clinic at Kepahiang District General Hospital remain limited.

Objective: This study aimed to analyze the factors associated with the level of patient satisfaction with services in the Internal Medicine Outpatient Clinic at Kepahiang District General Hospital in 2025.

Methods: This research employed a quantitative analytic design with a cross-sectional approach. A total of 98 respondents were selected through purposive sampling. Data were collected using a structured questionnaire that had been tested for validity and reliability. Data analysis included chi-square tests for bivariate associations and multiple logistic regression for multivariate analysis with a significance level of $\alpha = 0.05$.

Results: The findings revealed that all service-related variables—requirements, procedures, service completion time, costs/fees, service product specifications, staff competence, staff behavior, complaint handling, and facilities and infrastructure—were significantly associated with patient satisfaction ($p < 0.05$). The dominant factors influencing patient satisfaction were staff competence and staff behavior, both of which were strongly related to patients' experiences in receiving care.

Conclusion: Patient satisfaction is influenced by the synergy of all service aspects; therefore, quality improvement efforts must be comprehensive, integrative, and sustainable. This study recommends that hospitals strengthen the competence of health care providers, improve facilities and infrastructure, and simplify administrative processes to enhance patient satisfaction.

Background

Access to high-quality health services is a fundamental right of every individual and serves as a critical indicator of the success of a national health system (Muzayanah, 2020). The quality of health care is determined not only by technical aspects but also by patients' subjective perceptions, which reflect their overall experiences during service encounters. Patient satisfaction is influenced by multiple factors, including the quality of communication with medical staff, the timeliness of service delivery, and the adequacy of available facilities (Darzi et al., 2023). Consequently, patient satisfaction has become an integral component of hospital management, as it is closely linked to institutional reputation and community trust (Suliati et al., 2025; Sulviana et al., 2024).

The World Health Organization (WHO) has emphasized Indonesia's commitment to expanding health care coverage to reach approximately 430 million people by 2025 (Kemenkes RI, 2025). This expansion must be accompanied by improved service quality, which can be measured through patient satisfaction (Enjellin Anathasia & Mulyanti, 2023; Misi, Kustiani, & Astuti, 2025). A global study by Putri et al. (2024) revealed substantial variations across countries, with Sweden reporting 92.37% patient satisfaction compared to only 40.4% in Kenya. In Southeast Asia, more than half of patients (55%) reported dissatisfaction with health services. These findings underscore that enhancing service quality remains a pressing challenge in many developing countries, including Indonesia.

At the national level, a survey conducted by BPJS Kesehatan involving 17,280 respondents showed that 81% of patients were satisfied with health services, with satisfaction levels reaching 80% in public hospitals and 83% in private hospitals (Shilvira et al., 2023). Nevertheless, local studies have identified specific areas requiring improvement. For instance, research at RSUD dr. M. Yunus Bengkulu reported weaknesses in service speed, clarity of medical procedures, and mechanisms for replacing damaged medications (RSUD dr. M. Yunus

Bengkulu, 2023). Similarly, a study at RSUD Harapan dan Doa in Bengkulu City using the SERVQUAL model revealed significant gaps between patient expectations and perceptions, particularly in the dimensions of tangibles, assurance, empathy, and responsiveness (Tasliah Utama et al., 2021).

As a district referral hospital, RSUD Kepahiang is required to deliver services that meet public service standards. However, the 2024 Community Satisfaction Survey (SKM) highlighted persistent complaints regarding infrastructure, waiting times, staff friendliness, service schedules, and environmental cleanliness (RSUD Kepahiang, 2024). These findings suggest that despite ongoing services, there remain gaps between patients' expectations and their actual experiences. Furthermore, the Internal Medicine Outpatient Clinic, which records the highest number of visits at the hospital, still lacks comprehensive empirical data on patient satisfaction, thereby limiting policymakers in implementing evidence-based service improvements.

Patient demographic characteristics such as age, gender, and education level also play a significant role in shaping perceptions of health care. Previous studies indicated that patients with higher education levels tend to have greater expectations regarding service quality (Rahmawati et al., 2022). Age influences health priorities and care needs, while gender differences are often associated with variations in communication with medical personnel and satisfaction with services (Sasmita et al., 2021). Hence, demographic factors must be taken into account when analyzing patient satisfaction, as they reflect diverse preferences and experiences among health service users.

Beyond demographics, public service attributes are critical determinants of satisfaction. These attributes include service requirements, procedures, completion time, costs, service specifications, staff competence, staff behavior, complaint handling, feedback mechanisms, and facilities (PermenPAN-RB, 2017). When these aspects are poorly implemented, patients are likely to perceive services as unsatisfactory despite technically appropriate medical care. Conversely, transparent, efficient, friendly, and well-supported services foster trust and patient loyalty (Nurlina et al., 2020).

Declining patient visits in several Indonesian hospitals, such as RS Dr. R. Ismoyo Kendari, have been linked to shortages of medical personnel, inadequate facilities, and unprofessional staff attitudes (Indah Arif et al., 2023). This illustrates that hospital service sustainability depends on both technical and non-technical aspects of service delivery. Therefore, a comprehensive evaluation of demographic characteristics and public service attributes is essential to fully understand the determinants of patient satisfaction, particularly in high-demand units such as the Internal Medicine Outpatient Clinic.

High patient satisfaction not only ensures hospital sustainability but also contributes to overall public health improvement (Jumarni et al., 2023). Satisfied patients are more likely to revisit, provide positive recommendations, and enhance the hospital's reputation. Conversely, dissatisfaction can reduce patient visits, damage institutional credibility, and hinder government efforts to expand access to health care. Hence, research on patient satisfaction must be prioritized as part of quality improvement strategies in public health facilities.

Based on the above considerations, this study aims to analyze patient satisfaction with services in the Internal Medicine Outpatient Clinic.

Methods

Study Design

This study employed a quantitative analytic design with a cross-sectional approach, in which both independent and dependent variables were measured simultaneously at a single point in time. This design was selected because it is appropriate for exploring associations between demographic characteristics, public service attributes, and patient satisfaction in an efficient manner (Setia, 2016). The study was conducted from May to June 2025 at the Internal Medicine Outpatient Clinic of Kepahiang District General Hospital. This location was chosen as it represents the unit with the highest patient visits in the hospital, thereby reflecting the overall quality of public services delivered.

Sampling

The study population consisted of all patients who received health services at the Internal

Medicine Outpatient Clinic of Kepahiang District General Hospital during 2025, totaling 5,641 patients. The sample was determined using purposive sampling with specific criteria aligned with the study objectives. The minimum sample size was calculated using Slovin's formula with a 10% margin of error, resulting in 98 respondents. Inclusion criteria were patients aged ≥18 years, who had received services at least once in the clinic, were able to communicate effectively, and consented to participate. Exclusion criteria included patients in emergency conditions that prevented interviews and those with cognitive impairments.

Instruments

Data were collected using a structured questionnaire developed based on public service indicators outlined in the Regulation of the Ministry of Administrative and Bureaucratic Reform (PermenPAN-RB) No. 17 of 2017 on the Guidelines for Developing the Community Satisfaction Index. The questionnaire comprised three sections: (1) demographic characteristics of respondents (age, gender, and education level); (2) public service attributes, including service requirements, procedures, completion time, costs/fees, service specifications, staff competence, staff behavior, complaint handling and feedback, and facilities; and (3) patient satisfaction with outpatient services.

Data Collection

Data collection was carried out between May and June 2025 through face-to-face interviews using the structured questionnaire. Trained enumerators conducted the interviews after receiving instruction on the research objectives, communication techniques, and data collection procedures to minimize information bias. Prior to the interview, respondents were provided with an explanation of the study's objectives, benefits, and procedures, and verbal informed consent was obtained. Each interview lasted approximately 15–20 minutes. To ensure data quality, questionnaires were checked for completeness immediately following the interviews.

Data Analysis

Data were analyzed using SPSS software. Univariate analysis was performed to describe the frequency distribution of demographic characteristics and public service attributes. Bivariate analysis was conducted using the chi-square test to examine associations between independent variables and patient satisfaction, as this test is appropriate for categorical data. Multivariate analysis was subsequently performed using multiple logistic regression with the backward likelihood ratio (LR) method to identify the most influential variables on patient satisfaction. Results were presented as odds ratios (ORs) with 95% confidence intervals (CIs) at a significance level of $\alpha = 0.05$..

Ethical Considerations

This study adhered to ethical principles in health research, including respect for autonomy, non-maleficence, beneficence, and justice. Respondents were informed about the purpose and benefits of the study, and confidentiality of personal data was strictly maintained. Participation was voluntary, with verbal informed consent obtained prior to data collection. As this was a non-interventional study posing no risk to participants, formal approval from an ethics committee was not required. However, the study obtained official permission from Kepahiang District General Hospital (No. B.400.7/1709/RSUD/20225) and from the Office of Investment and One-Stop Integrated Services (DPMPTSP) (No. 500.16.7/090/I-Pen/dpmtsp/VI/2025).

Results

The independent variables (demographic characteristics of respondents, including age, gender, and education; service requirements; procedures; service completion time; costs/fees; service product specifications; staff competence; staff behavior; complaint handling; feedback; and facilities) and the dependent variable (patient satisfaction at the Internal Medicine Outpatient Clinic of Kepahiang District General Hospital in 2025) were analyzed at three levels.

Univariate analysis was performed to generate frequency distributions and percentages of the study variables. Bivariate analysis was conducted to examine associations between independent and dependent variables using the chi-square test. A variable was considered statistically significant if the p-value was less

than or equal to the predetermined significance level (α = 0.05). Subsequently, multivariate analysis was performed using multiple logistic regression to identify the independent variables most strongly associated with the dependent variable.

Table 1 presents the frequency distribution of patient satisfaction, age, gender, and education level based on the univariate analysis results.

Table 1. Frequency Distribution of Respondents by Demographic Characteristics, Service Attributes, and Patient Satisfaction (n = 98)

Variables	Category	n	(%)
Age	Young	94	55,1
	Old	4	44,9
Gender	Male	25	25,5
	Female	73	74,5
Education Level	Low	9	9,2
	High	89	90,8
Patient Satisfaction	Poor	45	45,9
	Good	53	54,1
Service Requirements	Poor	45	45,9
	Good	53	54,1
Service Procedures	Poor	41	41,8
	Good	57	58,2
Service Completion Time	Poor	20	20,4
	Good	78	79,4
Service Costs/Fees	Poor	42	42,9
	Good	56	57,1
Service Product Specifications	Poor	41	41,8
	Good	57	58,2
Staff Competence	Poor	47	48
	Good	51	52
Staff Behavior	Poor	43	43,9
	Good	55	56,1
Complaint Handling, Suggestions, and Feedback	Poor	19	19,4
	Good	79	80,6
Facilities and Infrastructure	Poor	12	12,2
	Good	86	87,8
Total		98	100

Based on the frequency distribution of respondents (n = 98), the majority were in the younger age group (55.1%), female (74.5%), and had a higher level of education (90.8%). Overall, more than half of the respondents rated the quality of services as good, particularly in aspects such as service completion time (79.4%), complaint handling (80.6%), and facilities and infrastructure (87.8%). However, several dimensions—including service requirements (45.9% rated as poor), service procedures (41.8% rated as poor), and staff competence (48% rated as poor)—still showed relatively high proportions of negative assessments. These findings highlight disparities in service quality, indicating that while most respondents perceived certain dimensions as satisfactory, technical and administrative aspects remain in need of substantial improvement.

To further examine the relationship between service components and patient satisfaction, a bivariate analysis was performed using the chi-square test. This analysis aimed to determine whether each component of health service delivery—such as service requirements, procedures, service completion time, costs/fees, service product specifications, staff competence, staff behavior, complaint handling, and facilities—was significantly associated with the level of patient satisfaction. The results of the analysis are presented in Table 2.

Table 2. Association Between Service Components and Patient Satisfaction in the Internal Medicine Outpatient Clinic

Variables	Category	Patient Satisfaction				p-value
		Poor (n)	(%)	Good(n)	(%)	
Service Requirements	Poor	37	37,8	8	8,2	0,000
	Good	12	12,2	41	41,8	
Service Procedures	Poor	38	38,8	3	3,1	0,000
	Good	11	11,2	46	46,9	
Service Completion Time	Poor	18	18,4	2	2	0,000
	Good	31	31,6	47	48	
Service Costs/Fees	Poor	35	35,7	7	7,1	0,000
	Good	14	14,3	42	42,9	
Service Product Specifications	Poor	38	38,8	3	3,1	0,000
	Good	11	11,2	46	46,9	
Staff Competence	Poor	42	42,9	5	5,1	0,000
	Good	7	7,1	44	46,9	
Staff Behavior	Poor	39	39,8	4	4,1	0,000
	Good	10	10,2	45	45,9	
Complaint Handling, Suggestions, and Feedback	Poor	15	15,3	4	4,1	0,011
	Good	34	34,7	45	45,9	
Facilities and Infrastructure	Poor	11	11,2	1	1	0,006
	Good	38	38,3	48	49	

The results presented in Table 2 indicate that all components of service delivery were significantly associated with patient satisfaction ($p < 0.05$). This finding suggests that patient satisfaction in the Internal Medicine Outpatient Clinic is not determined by a single factor, but rather by the interplay of multiple service dimensions, including administrative, technical, and interpersonal aspects. The significant associations across all variables imply that improvements in any individual component—such as simplifying service requirements, streamlining procedures, enhancing staff competence, or strengthening complaint handling mechanisms—could contribute to an overall increase in patient satisfaction. Conversely, deficiencies in one or more components may reduce patients' positive experiences despite strengths in other areas. These results highlight the need for hospitals to adopt a comprehensive and integrative approach in quality improvement initiatives, ensuring that administrative efficiency, technical performance, and interpersonal communication are addressed simultaneously to optimize patient satisfaction.

Table 3. Final Results of Multivariate Analysis

Variable	B	Sig. (p-value)	Exp (B)
Staff behavior	2,540	0,002	12,680
Staff competence	-19,365	0,000	23,885
Constant	-17,365		

Based on Table 3, the results of logistic regression analysis showed that the variables of staff competence and staff behavior had a significant influence on patient satisfaction. The regression equation obtained was $z = -17.365 + 3.173$ (staff competence) $+ 2.540$ (staff behavior). The probability of patient satisfaction with these two variables was 0.262%, indicating that although statistically significant, other factors may play a more dominant role in determining overall patient satisfaction. The Nagelkerke R Square value of 0.780 demonstrated that the two independent variables contributed 78.0% to patient satisfaction, while the remaining 22.0% was explained by other factors not examined in this study. These findings emphasize the importance of enhancing staff competence and behavior as key determinants in improving the quality of health care services.

Discussion

The findings of this study indicate that all service variables were significantly associated with patient satisfaction at the Internal Medicine Outpatient Clinic of Kepahiang District General Hospital in 2025. These variables included service requirements, service procedures, service completion time, service costs/fees, service product specifications, staff competence, staff behavior, complaint handling, and facilities. This confirms that patient satisfaction reflects the overall quality of services rather than a single aspect alone (Enjellin Anathasia & Mulyanti, 2023). Each service indicator contributes collectively to shaping patients' perceptions of health care quality (Nurlin et al., 2022), which is consistent with satisfaction theories emphasizing the importance of holistic service quality (Woo & Choi, 2021). Thus, quality improvement cannot be pursued in a fragmented manner; hospitals must integrate strategies across all service dimensions to enhance patient satisfaction.

Service requirements were found to have a significant association with patient satisfaction. Clear, simple, and transparent requirements made patients feel more comfortable during administrative processes (Misbahuddin et al., 2021). Conversely, complicated requirements often led to dissatisfaction, even when the quality of medical care was adequate (Rismaniar et al., 2022). This finding aligns with public service principles that emphasize accessibility and openness (Yati et al., 2020). Simplified administration also expedites service flow and reduces the burden on patients (Garad, 2019). Therefore, improving service requirements should be a management priority, with consistent regulation expected to increase patients' trust in health services.

Service procedures also showed a significant relationship with patient satisfaction. Clear procedures helped patients better understand service pathways and reduced confusion (Septian, 2021). In contrast, inconsistent procedures diminished patients' trust in the services provided (TR et al., 2022). Previous studies reported that transparent procedures increase comfort and public trust in hospital services (Garad, 2019). Regular evaluation and updates of SOPs are therefore necessary to meet patients' evolving needs (Rismaniar et al., 2022). This reinforces the importance of hospital accountability in delivering effective services (Yati et al., 2020), positioning clarity of procedures as a key determinant of patient satisfaction.

Service completion time was another factor significantly influencing patient satisfaction. Faster service delivery was associated with higher levels of satisfaction (Laksono et al., 2024), while long waiting times often generated complaints and lowered perceived service quality (Limbong et al., 2023). This is consistent with previous findings that timeliness is an essential indicator of service quality (Sumarno & Pamularsih, 2019). Patients perceive time efficiency as a form of respect for their presence and needs (Rismaniar et al., 2022). Thus, managing waiting times should be prioritized in service quality improvement. The use of digital queue systems may offer a solution to streamline service delivery.

Service costs/fees were also significantly associated with patient satisfaction. Transparent fees instilled a sense of security and trust in hospital services (Yati et al., 2020), while unclear or unreasonable charges increased the likelihood of dissatisfaction (Rismaniar et al., 2022). This supports earlier research emphasizing affordability as a key factor in health service quality (Garad, 2019). Standardized fees provide patients with a sense of fairness (Tamara & Paramatra, 2024). Hence, hospital pricing policies should be fair, transparent, and easily understood (Indah Arif et al., 2023). Effective communication of cost structures can strengthen patients' trust in health institutions.

Service product specifications were also found to be significantly related to patient satisfaction. The alignment of services with quality standards enhances patients' trust and loyalty (Asti et al., 2024), while unclear service specifications may generate doubts and reduce satisfaction (Wansaga et al., 2020). Hospitals must therefore establish and disseminate clear service specifications (Misbahuddin et al.,

2021). This finding aligns with public service regulations that emphasize service clarity (Permenpan RI, 2017). High-quality service specifications can also foster long-term patient loyalty (Sari et al., 2024).

Staff competence and behavior were both significantly associated with patient satisfaction. Competence reflects health workers' ability to provide care in accordance with medical standards (Rismaniar et al., 2022), while staff behavior—including friendliness, empathy, and patience—creates positive patient experiences (Yati et al., 2020). Previous studies emphasized the role of interpersonal interactions in shaping patient satisfaction (Garad, 2019). Therefore, health worker training should focus not only on clinical skills but also on interpersonal communication (Septian, 2021). This supports satisfaction theories that identify interpersonal quality as a determinant of patient satisfaction (Woo & Choi, 2021).

Complaint handling and facilities also demonstrated significant associations with patient satisfaction. Prompt and appropriate complaint handling indicated hospital responsiveness to patient needs (Fatonah & Palupi, 2021), while patients whose complaints were properly addressed reported higher levels of satisfaction (Waine et al., 2020). Similarly, the availability of adequate facilities enhanced patients' comfort (Ibrahim & Puspitasari, 2023). These findings are consistent with studies showing that well-equipped hospitals improve patient satisfaction (Pamungkas & Kurniasari, 2019). Investment in infrastructure and complaint management systems should therefore be prioritized (Asti et al., 2024).

Overall, this study confirms that patient satisfaction is the result of the synergy among all service aspects. All variables examined showed significant associations, indicating that patients evaluate service quality across multiple dimensions simultaneously (Rismaniar et al., 2022). Hence, strategies to improve quality must be comprehensive and holistic (Yati et al., 2020). Partial improvements in one area will be ineffective without consistency across all components (Garad, 2019). These findings provide an empirical foundation for hospitals to develop evidence-based policies (Enjellin Anathasia & Mulyanti, 2023). The implementation of such strategies is expected to enhance both patient satisfaction and loyalty, thereby ensuring sustainable health service quality.

Conclusion and Recommendation

The results of this study demonstrated that all service components—including service requirements, service procedures, service completion time, service costs/fees, service product specifications, staff competence, staff behavior, complaint handling, and facilities—were significantly associated with patient satisfaction at the Internal Medicine Outpatient Clinic of Kepahiang District General Hospital in 2025. These findings emphasize that patient satisfaction is not influenced by a single factor alone, but rather represents the comprehensive outcome of interactions across multiple service components. Staff competence and behavior exerted a particularly strong influence as they are directly linked to patients' care experiences, while administrative aspects, costs, and facilities provided essential support for overall service quality. Therefore, improving health care quality requires comprehensive, integrated, and continuous efforts to achieve optimal patient satisfaction.

Declaration of conflict of interest
The authors declare no competing interests.

Declaration on the Use of AI
No AI tools were used in the preparation of this manuscript.

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