

Original Article

Analysis of patient satisfaction with electronic medical record services at general hospital: A cross-sectional study

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Abstract

Background

Patient satisfaction is a critical indicator for evaluating the quality of healthcare services, including electronic medical record (EMR) services in hospitals. As one of the main healthcare providers in Ogan Komering Ilir Regency, Tugu Jaya Regional General Hospital has not yet provided specific data regarding patient satisfaction in its registration unit.

Objective

This study aimed to analyze factors associated with patient satisfaction with electronic medical record services in the registration unit.

Methods

A quantitative study with a cross-sectional design was conducted. The study population consisted of all patients registered at the hospital registration unit between January and April 2025. A total of 93 respondents were selected using purposive sampling based on inclusion and exclusion criteria. Data were collected through a structured questionnaire that had been tested for validity and reliability. Data analysis was performed using univariate analysis, bivariate analysis with Chi-square test, and multivariate analysis with multiple logistic regression.

Results

The findings indicated that education, tangibles, empathy, and assurance were significantly associated with patient satisfaction ($p < 0.05$). Multivariate analysis revealed that tangibles (OR=3.93; 95% CI: 1.44–10.74) and assurance (OR=3.61; 95% CI: 1.15–11.31) were the dominant predictors of patient dissatisfaction.

Conclusion

Patient satisfaction with electronic medical record services in the registration unit of general hospital was significantly influenced by the dimensions of tangibles, empathy, and assurance, with tangibles identified as the dominant factor. Efforts to improve patient satisfaction should prioritize enhancing physical facilities, fostering empathetic attitudes, and strengthening trust through professional and reliable services.

Background

Patient satisfaction is an important indicator for evaluating the quality of healthcare services. WHO data in 2021, which collected more than six million responses from 25 countries, showed substantial regional disparities, with Scandinavian countries reporting satisfaction rates above 90% and several Asian and African countries remaining below 40%. In Indonesia, the Ministry of Health set the minimum patient satisfaction standard in healthcare facilities at 95%, but the national achievement in 2022 was only 93.5%. At the South Sumatra level, Siti Fatimah Regional Hospital reported an outpatient satisfaction index of 85%, categorized as very good. RSUD Tugu Jaya itself showed an increasing trend in its satisfaction index, from 80.5% in 2022 to 82% in 2024, although no specific data were available for the registration unit. Patient visit data for the period 2022–2025 showed fluctuations, indicating the

need for an evaluation of service quality. This condition underlines the importance of examining factors that specifically influence patient satisfaction.

The tangible dimension includes the physical aspects of service such as cleanliness, comfort, availability of facilities, and staff appearance. Various studies have shown that tangibles play an important role in shaping patients' positive perceptions of healthcare services. Well-maintained facilities provide a sense of safety and comfort, which in turn increases satisfaction. In the registration unit, tangibles include a clean waiting room, adequate seating, good lighting, and properly functioning equipment. This factor serves as the first impression for patients before receiving further medical services. Studies by Saputra (2024) and Novitasari et al. (2023) showed that tangibles are often the dominant factor influencing patient satisfaction. Therefore, evaluating the

tangible dimension at RSUD Tugu Jaya is a strategic step to improve service quality.

Reliability refers to the ability of healthcare facilities to provide consistent, accurate, and dependable services. In electronic medical record services, reliability includes data accuracy, system stability, and timeliness of information provision. Systems that often experience disruptions or delays can reduce patients' trust in services. Previous studies have shown that although reliability is important, its influence on satisfaction may vary depending on the service context. In facilities with good technology, reliability is often considered a minimum standard, so other factors may be more dominant in shaping satisfaction. However, when reliability is poor, its impact on satisfaction can be significant. Therefore, measuring reliability at RSUD Tugu Jaya remains relevant to ensure consistent service quality.

Responsiveness is the ability of staff to respond quickly and appropriately to patients' needs and questions. In the registration unit, this includes the speed of queues, the readiness of staff to assist the administrative process, and the ability to provide information clearly. Services that are slow or staff who are less responsive can cause frustration and reduce satisfaction. Studies by Taftazani et al. (2015) and Hasanah (2023) showed that responsiveness contributes to patient experience, although in some cases its influence is not significant if technical factors and facilities are already adequate. Responsiveness becomes important when the number of patients is high and waiting times are long. Therefore, evaluating this dimension is important to ensure that registration services remain efficient despite increased workload.

Assurance reflects the level of patient confidence in the ability, knowledge, and professionalism of staff. In electronic medical record services, assurance is related to the belief that patient data are managed securely and that the registration process is carried out according to procedures. Studies by Mutiara (2023) and Astuti et al. (2020) showed that assurance is significantly associated with patient satisfaction because it involves a sense of safety and trust in services. Competent staff who are able to provide clear explanations can increase patient trust. In the registration unit, assurance is not only related to technical skills but also to professional attitudes of staff. Strengthening

assurance means enhancing patient confidence in the service system provided.

Empathy is the ability of staff to understand and respond to patients' emotional needs. Although electronic medical record services are more administrative in nature, interactions that demonstrate empathy remain important in building positive relationships. A study by Sugiansi et al. (2022) emphasized that empathy can increase patient comfort and reduce anxiety, especially among new or elderly patients. Friendly attitudes, willingness to listen to complaints, and patience in answering questions are important indicators of empathy. In the registration unit, empathy can influence patients' initial perceptions of the hospital's overall service quality. Therefore, the empathy dimension remains relevant to be measured and improved at RSUD Tugu Jaya.

Based on this background, this study aims to analyze the influence of tangible, reliability, responsiveness, assurance, and empathy dimensions on patient satisfaction in the registration unit of RSUD Tugu Jaya, Ogan Komering Ilir Regency. This analysis is expected to identify the dominant factors affecting patient satisfaction.

Methods

Study Design

This study employed a quantitative design with a cross-sectional approach, in which data were collected at a single point in time to describe population characteristics and identify relationships among variables within that period. This design was appropriate for evaluating the relationship between service quality dimensions—including tangibles, empathy, responsiveness, assurance, and reliability—and patient satisfaction. The study was conducted in the Registration Unit of General Hospital during May–June 2025.

Sampling

The study population consisted of all patients registered at the Registration Unit of RSUD Tugu Jaya between January and April 2025, totaling 1,326 patients. The sample size was determined using Slovin's formula with a margin of error of 10%, resulting in 93 respondents. Inclusion criteria included new patients aged ≥ 18 years who received services in the Registration Unit

during the study period. Exclusion criteria comprised patients in critical or weakened conditions. A purposive sampling technique was applied to ensure that selected respondents met the specific characteristics required to achieve the study objectives.

Instruments

The research instrument was a structured questionnaire measuring independent variables (tangibles, empathy, responsiveness, assurance, reliability, age, sex, education) and the dependent variable (patient satisfaction). Each indicator was assessed using an ordinal scale with categories based on mean/median scores. Validity testing was conducted using Pearson's correlation with an r-table value of 0.203 (df =

91, $\alpha = 0.05$), showing that all items had r-calculated values greater than r-table. Reliability testing was performed using Cronbach's Alpha, with all variables showing values above 0.6, indicating that the instrument was reliable.

Data Collection

Primary data were collected through face-to-face interviews using a validated and reliable questionnaire. Secondary data were obtained from hospital documents to provide a general overview of RSUD Tugu Jaya. The data collection process involved providing explanations to respondents, obtaining informed consent, and administering the questionnaire directly.

Table 1. Frequency Distribution Based on Respondent Characteristics

Variables	Frequency (n)	Percentage (%)
Age		
Young	57	61,3
Old	38	38,7
Sex		
Male	44	47,3
Female	49	52,7
Education		
Low	54	58,1
High	39	41,9
Service Satisfaction		
Dissatisfied	30	32,3
Satisfied	63	67,7
Tangibles		
Poor	26	28
Good	67	72
Empathy		
Poor	18	19,4
Good	75	80,6
Responsiveness		
Not responsive	16	17,2
Responsive	77	82,8
Assurance		
Poor	18	19,4
Good	75	80,6
Reliability		
Poor	16	17,2
Good	77	82,8
Total	93	100

Data Analysis

Data analysis was conducted in several stages. Univariate analysis was used to describe the frequency distribution and percentage of each variable. Bivariate analysis was conducted using the Chi-Square test to examine relationships

between independent and dependent variables, with a p-value ≤ 0.05 considered statistically significant. Multivariate analysis was performed using multiple logistic regression to identify the most dominant factors influencing patient satisfaction. Data processing included editing,

coding, entry, tabulation, and cleaning using SPSS software.

Ethical Consideration

This study adhered to ethical principles for research involving human participants, which included: (1) Autonomy, ensuring voluntary participation without coercion; (2) Informed consent, providing complete information regarding the purpose, procedures, benefits, and risks of the study prior to participation; (3) Anonymity, maintaining the confidentiality of respondents' identities by assigning special codes; (4) Confidentiality, ensuring that data were used solely for research purposes; (5) Justice, guaranteeing fair distribution of benefits and risks; and (6) Beneficence and non-maleficence, ensuring that the benefits of the study outweighed any potential risks.

Results

Univariate analysis was performed to present the frequency distribution of patients' age, sex, education, service satisfaction, tangibles, empathy, responsiveness, assurance, and reliability, as shown in Table 1.

Table 1 shows that among the 93 respondents, the majority were young (61.3%), female (52.7%), and had a low level of education (58.1%). A total of 67.7% of respondents reported being satisfied with the services at the registration unit of RSUD Tugu Jaya. Most respondents rated the dimensions of tangibles (72%), empathy (80.6%), responsiveness (82.8%), assurance (80.6%), and reliability (82.8%) as good. In contrast, the proportion of respondents rating each dimension as less satisfactory ranged from 17.2% to 28%.

Table 2. Analysis of Patient Satisfaction with Electronic Medical Record Services in the Registration Unit of a Regional General Hospital

Variables	Service Satisfaction				Total		Pvalue	PR (95% CI)
	Dissatisfied		Satisfied					
	n	%	n	%	n	%		
Age								
Young	17	29,8	40	70,2	57	100	0,53	-
Old	13	36,1	23	63,9	36	100		
Sex								
Male	14	31,8	30	68,2	44	100	0,93	-
Female	16	32,7	33	67,3	49	100		
Education								
Low	22	40,7	32	59,3	54	100	0,039	1,99 (0,99-3,99)
High	8	20,5	31	79,5	39	100		
Tangibles								
Poor	15	57,7	11	42,3	26	100	0,001	2,58 (1,49-4,49)
Good	15	22,4	52	77,6	67	100		
Empathy								
Poor	14	50	14	50	28	100	0,02	2,10 (1,15-3,82)
Good	16	24,6	49	75,4	65	100		
Responsiveness								
Not responsive	8	8,6	8	8,6	16	100	0,09	-
Responsive	22	23,7	55	59,1	77	100		
Assurance								
Poor	11	61,1	7	38,9	18	100	0,004	2,41 (1,41-4,12)
Good	19	25,3	56	74,7	75	100		
Reliability								
Poor	8	50	8	50	16	100	0,09	-
Good	22	28,6	55	71,4	77	100		

Table 2 shows that there was no significant association between age ($p=0.53$) and sex ($p=0.93$) with patient satisfaction toward electronic medical record services. In contrast,

education level was significantly associated with satisfaction ($p=0.04$), with patients having higher education being 1.99 times more likely to feel satisfied compared to those with lower

education. Furthermore, the dimensions of tangibles ($p=0.001$), empathy ($p=0.02$), and assurance ($p=0.004$) were also significantly associated with patient satisfaction. Patients who rated these three aspects as poor were more likely to feel dissatisfied, with odds ratios

of 2.58 (tangibles), 2.10 (empathy), and 2.41 (assurance), respectively. Meanwhile, no significant association was found between responsiveness ($p=0.09$) and reliability ($p=0.09$) with patient satisfaction.

Table 3. Logistic Regression Analysis of Predictors of Patient Satisfaction with Electronic Medical Record Services in the Registration Unit of a General Hospital

Variable	pValue	OR	95,0% C.I. for EXP(B)	
			Lower	Upper
Tangible	0,01	3,93	1,44	10,74
Assurance	0,03	3,61	1,15	11,31

Table 3 presents the logistic regression analysis, indicating that two variables significantly influenced patient satisfaction with electronic medical record services in the registration unit of RSUD Tugu Jaya, Ogan Komering Ilir Regency, in 2025, namely tangibles and assurance. The tangible variable had a p-value of 0.01 with an odds ratio (OR) of 3.93 (95% CI: 1.44–10.74), suggesting that patients who rated the physical aspects of service as poor were 3.93 times more likely to feel dissatisfied compared to those who rated them as good. Meanwhile, the assurance variable showed a p-value of 0.03 with an OR of 3.61 (95% CI: 1.15–11.31), indicating that patients who lacked confidence in the competence and professionalism of staff were 3.61 times more likely to feel dissatisfied with the services received.

The logistic regression model obtained in this study was $Z = -3.844 + 1.369(\text{tangible}) + 1.285(\text{assurance})$. When all independent variables were in good condition (coded as zero), the Z value was -3.844. Based on the logistic probability formula, the probability of patient dissatisfaction was 0.979 or 97.9%. The Cox & Snell R Square value of 0.151 and the Nagelkerke R Square value of 0.211 indicated that the model explained approximately 21.1% of the variation in patient satisfaction. In addition, the Hosmer and Lemeshow test result of 0.993 (>0.05) suggested a good model fit. Thus, tangibles and assurance can be considered important predictors that should be prioritized in efforts to improve the quality of electronic medical record services in hospitals.

Discussion

The results of this study indicate variations in the relationship between service quality dimensions and patient satisfaction with electronic medical record services in the registration unit. Several variables, such as tangibles, empathy, assurance, and education, were found to be significantly associated with satisfaction, while age, sex, responsiveness, and reliability did not demonstrate significant associations. These findings suggest that both technical and non-technical factors play different roles in shaping patients' perceptions of healthcare services. In practice, patient satisfaction is influenced by the interaction between the physical quality of services, staff attitudes, and the ease of processes experienced. Demographic factors such as age and sex did not appear to be major determinants of satisfaction. In contrast, dimensions directly linked to service experience emerged as stronger predictors. These findings point to the recommendation that service improvement efforts should focus on aspects directly perceived by patients.

The analysis of the relationship between age and patient satisfaction showed that age did not affect satisfaction with electronic medical record services. Patients across different age groups tended to share similar expectations, namely fast, accurate, and courteous services. A study by Kuntoro and Istiono (2017) at Kretek Bantul Health Center reported similar results, in which technical aspects of service were more influential than age. This indicates that

healthcare providers need to maintain consistent service quality across all age groups. Ensuring equitable quality will guarantee that both young and older patients feel satisfied. Age is therefore not a significant differentiator in assessing the quality of electronic registration services. Service improvements should instead focus on aspects that can be universally experienced by all patients without discrimination (Sulviana et al., 2024; Suliati et al., 2025).

The analysis of the relationship between sex and patient satisfaction also revealed no significant effect. Both male and female patients evaluated service quality primarily based on direct experience rather than gender identity. Research conducted at the Dental Clinic of Hermina Hospital Manado by Sagay (2023) and at Clinic X Palembang by Mutiara et al. (2023) support this conclusion. These studies confirmed that sex does not influence patient satisfaction across various healthcare services. More dominant factors include the quality of interactions, speed of service, and facility comfort. This finding emphasizes that electronic medical record registration services should be inclusive and equitable. Ensuring equality in service delivery guarantees that all patients feel respected.

Unlike age and sex, education level was significantly associated with patient satisfaction in electronic medical record services. Patients with higher education tended to have greater expectations and were more critical of service shortcomings. In contrast, patients with lower education levels may have been more easily satisfied due to simpler expectations. This finding aligns with studies by Kurniati (2022) and Kuntoro and Istiono (2017), which reported education as a determinant of satisfaction. These results suggest the importance of tailored communication strategies for patients with different educational backgrounds. Services that can meet the expectations of highly educated patients while maintaining the satisfaction of those with lower education will be more effective. Hospitals must ensure that information delivery is clear and professional to meet the needs of all groups.

Tangibles were found to have a significant relationship with patient satisfaction and emerged as the most dominant factor. Tangible aspects include cleanliness, facility comfort, availability of medical equipment, and staff appearance. Studies by Novitasari et al. (2023) and Purwitasari et al. (2023) confirmed that the physical condition of services strongly influences patient perceptions. Well-maintained facilities create a sense of safety and comfort, ultimately enhancing the patient experience. High-quality tangible elements help build patient trust in service quality. Facility maintenance and infrastructure investment are therefore essential for hospitals. Improving tangibles has a direct impact on both patient satisfaction and loyalty.

Empathy also showed a significant relationship with patient satisfaction in electronic medical record services. The ability of staff to understand and respond to patient concerns fosters a sense of being valued. Sugiansi et al. (2022) and Enjellah et al. (2025) similarly highlighted that humanistic interactions improve patient comfort. Although electronic registration services rely on technology, personal interaction remains important. Empathy helps reduce patient anxiety and strengthens their connection with service providers. This finding serves as a reminder that healthcare services involve not only technical procedures but also interpersonal relationships. Enhancing staff communication skills will therefore reinforce the empathy dimension.

Assurance was significantly associated with patient satisfaction, underscoring the importance of trust in staff competence and professionalism. Positive evaluations of assurance were linked to a greater sense of safety during service delivery. Studies by Mutiara (2023) and Astuti et al. (2020) also reported that assurance plays a critical role in building patient confidence in service quality. This dimension includes staff competence, clarity of information, and professional attitudes. High assurance increases trust and minimizes patient doubts. In the context of electronic medical records, assurance is particularly crucial, as patients must be confident in the security and accuracy of their

data. Hospitals should ensure that staff receive proper training to maintain high assurance standards.

Meanwhile, responsiveness and reliability did not show significant associations with patient satisfaction. Responsiveness, referring to the speed of addressing patient needs, appeared less influential compared to technical and facility-related factors. Similarly, reliability, which concerns service consistency, was not a major determinant in this context. Hasanah (2023) and Sugiarsi et al. (2022) reported that technical factors, such as system speed and ease of access, were more critical in determining patient satisfaction. This does not mean that responsiveness and reliability are unimportant, but rather that their contribution is smaller relative to tangibles, empathy, and assurance. Service improvement should thus prioritize dimensions that directly shape patient experience. Integrating technical improvements with the strengthening of significant dimensions will result in more satisfactory services.

Conclusion and Recommendation

This study demonstrated that most patients were satisfied with electronic medical record services in the registration unit of RSUD Tugu Jaya. Bivariate analysis revealed that patient satisfaction was significantly associated with education level, tangibles, empathy, and assurance. In contrast, age, sex, responsiveness, and reliability were not significantly related to satisfaction. Multivariate logistic regression identified tangibles and assurance as the dominant predictors of patient satisfaction.

The hospital is recommended to improve service quality in the dimensions of tangibles and assurance, such as enhancing physical facilities in the registration unit and strengthening staff competence and professionalism. Regular training on effective communication and excellent service delivery is needed for all staff to foster a more humanistic and trustworthy service environment. In addition, routine evaluations of the electronic medical record system should be conducted to align with patients' needs and expectations.

Future studies are encouraged to explore other variables not examined in this research that may contribute to a more comprehensive understanding of patient satisfaction.

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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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