

Original Article

Analysis of factors affecting the quality of health service satisfaction in schizophrenic patients at outpatient mental health in Ernaldi Bahar hospital: A cross-sectional study

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Abstract

Background: Quality healthcare services in hospital settings must comply with established standards to ensure patient safety and satisfaction. Noncompliance with these standards may lead to dissatisfaction and potential malpractice. However, there is limited research assessing patient satisfaction with the quality of healthcare services among schizophrenic patients at the outpatient mental health unit of Ernaldi Bahar Hospital, South Sumatra Province.

Objective: This study aimed to analyze the factors affecting patient satisfaction with the quality of healthcare services among schizophrenia patients at the outpatient mental health clinic of Ernaldi Bahar Hospital.

Methods: This quantitative research employed a cross-sectional design. The study population comprised 7,463 patients who visited the outpatient mental health unit of Ernaldi Bahar Hospital between January and March 2025. Using purposive sampling, 100 respondents were selected. Data were collected in May 2025 through a structured questionnaire and analyzed using univariate, bivariate, and multivariate logistic regression tests.

Results: The results revealed that several variables were significantly associated with patient satisfaction: education level ($p = 0.068$; OR = 0.462; 95% CI: 0.200–1.067), tangibles ($p = 0.034$; OR = 2.428; 95% CI: 1.062–5.552), assurance ($p = 0.000$; OR = 5.802; 95% CI: 2.076–16.217), and responsiveness ($p = 0.098$; OR = 2.595; 95% CI: 0.817–8.243). The dominant influencing factors were assurance and responsiveness, indicating that patients valued the reliability and promptness of service.

Conclusion: There is a significant relationship between education level, tangibles, assurance, and responsiveness with patient satisfaction among schizophrenic patients receiving outpatient care. Assurance and responsiveness were the most dominant predictors of satisfaction. Enhancing responsiveness—particularly in promptly addressing patient complaints, requests, and emotional needs—alongside maintaining assurance through professional competence and empathy, can improve overall service quality and satisfaction.

Background

The World Health Organization (2017) reported that approximately 450 million people worldwide suffer from mental disorders. Globally, Years Lived with Disability (YLDs) attributable to mental disorders account for 14.4% of the total burden of disease. The Southeast Asian region shows a similar pattern, where YLDs from mental disorders reach 13.5%. The World Federation of Mental Health (WFMH), as part of WHO, emphasized that mental health problems should no longer be viewed individually but must be addressed through macro- and system-level interventions. Therefore, practical knowledge of mental health should also be understood by the community. According to WHO (2020), around 379 million people globally experience mental disorders, with approximately 20 million suffering from schizophrenia. The global prevalence of patients

with violent behavior is estimated at 24 million, and more than 50% of these individuals remain untreated.

In Indonesia, mental disorders are a major cause of disability, contributing up to 13.4% (Ministry of Health, 2019). The 2018 Basic Health Research (Riskesdas) data revealed that the prevalence of emotional mental disorders, characterized by symptoms of depression and anxiety, reached 6.1% among individuals aged 15 years and older. Meanwhile, the prevalence of severe mental disorders, such as schizophrenia, was around 400,000 cases, equivalent to 1.7 per 1,000 population. The Law of the Republic of Indonesia No. 36 of 2009 concerning Health defines health as a state of physical, mental, spiritual, and social well-being that enables individuals to live productively both socially and economically. This definition illustrates that health is a holistic concept encompassing all

dimensions of human life. Hence, mental health constitutes an integral component of overall health—there is no health without mental health.

Hospitals serve as public institutions providing comprehensive healthcare services. Law No. 44 of 2009 defines hospitals as healthcare institutions offering individual health services comprehensively through inpatient, outpatient, and emergency care. Hospitals deliver diagnostic, therapeutic, and rehabilitative services to the public. As public service institutions, hospitals bear the responsibility of ensuring quality care that meets the health needs of the community (Dewi et al., 2020). In accordance with the Regulation of the Minister of Administrative and Bureaucratic Reform No. 14 of 2017 concerning Guidelines for Public Satisfaction Surveys, the government urges all public institutions to provide services in line with citizens' expectations and needs.

Riskesdas (2018) reported that the prevalence of severe mental disorders (schizophrenia/psychosis) in South Sumatra Province was 1.1 per 1,000 population. The South Sumatra Provincial Health Office (2022) recorded that 95% of patients receiving treatment for severe mental disorders were diagnosed with schizophrenia. Palembang City had the highest number of schizophrenia or psychosis cases in the province, with 1,767 recorded patients. The 2023 performance report from the Palembang City Health Office noted that 3,610 individuals with severe mental disorders received healthcare services.

Data from Ernaldi Bahar Psychiatric Hospital in Palembang revealed that schizophrenia is the most common diagnosis among inpatients. Mental health services are currently provided in a tiered system from community-based care focusing on psychosocial rehabilitation to hospital-based curative services. Unlike the custodial approach of the past, modern psychiatric hospitals now emphasize holistic and rehabilitative care that prepares patients to reintegrate into society.

As primary stakeholders, the community and patients of Ernaldi Bahar Hospital play a crucial role in determining whether healthcare services meet their expectations and needs. The hospital's Public Satisfaction Survey (IKM) Team conducts regular evaluations based on the

Regulation of the Minister of Administrative and Bureaucratic Reform No. 14 of 2017. The IKM data at Ernaldi Bahar Hospital indicate a fluctuating but generally improving trend. In 2023, the IKM score was 84.43 in the first quarter, slightly decreased to 83.27 in the second, then rose to 85.83 and 86.07 in the third and fourth quarters, respectively. In 2024, the IKM score increased to 87.40 in the first quarter, dipped to 86.30 in the second, and rose again to 88.47 and 88.07 in the third and fourth quarters. In 2025, the first quarter recorded an improvement to 89.30, followed by a minor decline to 88.87 in the second quarter.

These quantitative indicators provide a strong foundation for analyzing trends and patterns in patient satisfaction and service quality over time. The fluctuations suggest dynamic factors influencing healthcare quality—both internal (e.g., human resources, management, facilities) and external (e.g., policies, patient volume). The overall upward trend reflects positive managerial interventions aimed at improving service quality. Evaluating which interventions have proven effective and which require revision can guide Ernaldi Bahar Hospital in developing data-driven quality improvement strategies.

As a psychiatric hospital, Ernaldi Bahar must ensure that service quality extends beyond medical care to include psychosocial support, communication, and empathy. This multidimensional nature of service delivery requires a deeper and more comprehensive assessment of patient perceptions. The IKM serves as an official metric of public satisfaction, representing the direct experiences of patients and families and thus providing valuable insight into perceived service quality.

South Sumatra Province, particularly Palembang City, has one of the highest rates of mental disorders in Indonesia. In 2024, the number of mental health visits increased by 3.62% compared to the previous year. In 2023, a total of 30,533 outpatient visits for mental disorders were recorded in South Sumatra Province, while Ernaldi Bahar Psychiatric Hospital alone reported 31,640 visits in 2024. Between January and March 2025, the hospital recorded 7,463 outpatient visits.

According to Hutama (2022), Spearman correlation analysis demonstrated that all five

dimensions of service quality—responsiveness ($r = 0.888$), tangibility ($r = 0.342$), reliability ($r = 0.209$), assurance ($r = 0.271$), and empathy ($r = 0.598$)—were significantly associated with patient satisfaction ($p < 0.05$). Similarly, Fitri (2025) noted that psychiatric hospital services were generally excellent under normal circumstances, but patient surges following legislative elections caused overloads that reduced performance in tangibility and reliability indicators, leading to discomfort and slower service. Despite these challenges, the hospital remains committed to improving service quality through streamlined service flows, clear information delivery, and prompt complaint handling.

Ensuring high-quality mental health services in outpatient units is therefore essential to maintaining patient satisfaction, which in turn enhances treatment adherence among individuals with schizophrenia. Accordingly, this study aims to analyze the factors influencing satisfaction with the quality of healthcare services among schizophrenia patients in the outpatient mental health unit of Ernaldi Bahar Hospital, South Sumatra Province.

Methods

Study Design

This study employed a quantitative analytical survey design with a cross-sectional approach. The cross-sectional design is an observational study method that analyzes data collected at a single point in time across a defined population sample. This approach allows researchers to identify associations between independent and dependent variables without establishing causality.

Sampling

The study was conducted at the Outpatient Mental Health Unit of Ernaldi Bahar Psychiatric Hospital, South Sumatra Province, in May 2025. The study population comprised 7,463 patients who visited the outpatient unit between January and March 2025. The sample size was determined using the Slovin formula and selected through a purposive sampling technique, resulting in 99 respondents, which were rounded to 100 participants.

The inclusion criteria were: (1) patient companions (family members or caregivers) accompanying schizophrenia patients for outpatient visits; (2) companions who agreed to participate in the study; and (3) companions who were willing and able to complete the questionnaire. The exclusion criteria included: (1) patients who were restless or uncooperative; (2) patients receiving priority or fast-track services; (3) companions who were illiterate; and (4) companions unwilling to participate or complete the questionnaire.

Instruments

The conceptual framework of this study was based on the SERVQUAL model, consisting of 41 items that compare patients' expectations and perceptions of healthcare service quality. The dependent variable was patient satisfaction, while the independent variables included age, gender, education level, and the five SERVQUAL dimensions—tangibles, reliability, assurance, empathy, and responsiveness.

Data were obtained from both primary and secondary sources through a structured questionnaire divided into two sections: Section I: patients' expectations regarding outpatient services. Section II: patients' actual perceptions of outpatient services.

Validity testing showed that all 14 items had correlation coefficients (r -calculated) greater than 0.30 with $p < 0.05$, indicating that all items were valid. Reliability testing yielded a Cronbach's alpha of 0.951, suggesting that the instrument demonstrated excellent internal consistency and required no further revision..

Data Collection

Before distributing the questionnaire, the researcher explained the study's objectives and procedures to all potential participants. Respondents who agreed to participate were provided with an informed consent form to sign. The researcher then distributed the questionnaires and remained nearby throughout the completion process to ensure understanding and data accuracy.

Data Analysis

The collected data were analyzed using univariate, bivariate, and multivariate statistical methods. Univariate analysis was conducted to describe the frequency distribution of each

variable. Bivariate analysis was used to test the relationship between two variables using the Chi-square test. A p-value ≤ 0.05 indicated a statistically significant association. Multivariate analysis was performed using logistic regression to identify the dominant factors influencing patient satisfaction. Variables with p-values ≤ 0.05 in the bivariate analysis were included in the regression model. In the logistic regression model, all variables were treated as essential predictors to estimate adjusted odds ratios (Exp[B]) simultaneously. The adjusted OR values indicated the strength and direction of associations between independent variables and patient satisfaction, controlling for other variables in the model (Hastono, 2006).

Ethical Considerations

This study adhered to ethical research principles by obtaining informed consent from

all participants prior to data collection. Respondents were assured of confidentiality, voluntary participation, and the right to withdraw from the study at any time without penalty.

Results

Univariate analysis is a statistical technique used to describe or explain the characteristics of each variable individually. The main purpose of this analysis is to determine the frequency distribution of each variable studied, including both independent and dependent variables. Data are presented in the form of frequency distribution tables and percentages to identify the dominant categories of respondents for each variable.

Table 1. Frequency Distribution of Respondents at Ernaldi Bahar Psychiatric Hospita

Variables	Frequency (n)	Percentage (%)
Age		
Young (< 46 years)	52	52
Old (≥ 46 years)	48	48
Gender		
Male	46	46
Female	54	54
Education		
Low (< Junior High School)	37	37
High (\geq Senior High School)	63	63
Tangible (Physical Evidence)		
Dissatisfied	38	38
Satisfied	62	62
Reliability		
Dissatisfied	12	12
Satisfied	88	88
Assurance		
Dissatisfied	26	26
Satisfied	74	74
Empathy		
Dissatisfied	8	8
Satisfied	92	92
Responsiveness		
Dissatisfied	15	15
Satisfied	85	85
Patient Satisfaction		
Dissatisfied	47	47
Satisfied	53	53

A total of 52 respondents (52%) were categorized as young (<46 years old). The majority of respondents in this study were

female, accounting for 54 individuals (54%). Most respondents (63%) had a higher level of education (senior high school or above), while

the remaining 37% had a lower level of education. Regarding service quality dimensions, the majority of respondents expressed satisfaction with the tangible (physical evidence) aspect (62%). As many as 88 respondents (88%) reported being satisfied with the reliability of services. A total of 74 respondents (74%) were satisfied with the assurance dimension. The level of satisfaction

with the empathy dimension was very high, with 92% of respondents expressing satisfaction. Most respondents were also satisfied with the responsiveness of healthcare staff (85%). Overall, the results showed that the majority of respondents were satisfied with hospital services (53%), although the proportion of dissatisfied respondents remained relatively high (47%).

Table 2. Analysis of Patient Satisfaction at Ernaldi Bahar Psychiatric Hospital

Variables	Patient Satisfaction				Total		Pvalue	OR (95% CI)
	Dissatisfied		Satisfied					
	n	%	n	%	n	%		
Age								
Young (< 46 years)	24	46,2	28	53,8	52	100	0,860	0,93 (0,42-2,04)
Old (≥ 46 years)	23	47,9	25	52,1	48	100		
Gender								0,90 (0,41-1,99)
Male	21	45,7	25	54,3	46	100	0,803	
Female	26	48,1	28	51,9	54	100		
Education								0,46 (0,20-1,06)
Low (< Junior High School)	13	35,1	24	64,9	37	100	0,048	
High (≥ Senior High School)	24	54	29	46	63	100		
Tangible (Physical Evidence)								2,42 (1,06-5,55)
Dissatisfied	23	60,5	15	39,5	38	100	0,034	
Satisfied	24	38,7	38	61,3	62	100		
Reliability								1,68 (0,49-5,70)
Dissatisfied	7	58,3	5	41,7	12	100	0,402	
Satisfied	40	45,5	48	54,5	88	100		
Assurance								5,80 (2,07-16,21)
Dissatisfied	20	76,9	6	26	26	100	0,000	
Satisfied	27	36,5	47	74	74	100		
Empathy								1,14 (0,26-4,83)
Dissatisfied	4	50	4	50	8	100	0,859	
Satisfied	43	46,7	49	53,5	92	100		
Responsiveness								2,59 (0,81-8,24)
Dissatisfied	10	66,7	5	33,3	15	100	0,098	
Satisfied	37	43,5	48	56,5	85	100		

The bivariate analysis revealed that age had no significant relationship with patient satisfaction ($p = 0.860$; $OR = 0.932$; 95% CI: 0.424–2.045). Similarly, gender showed no significant association ($p = 0.803$; $OR = 0.905$; 95% CI: 0.411–1.990). Education level, however, demonstrated a statistically significant relationship with patient satisfaction ($p = 0.048$; $OR = 0.462$; 95% CI: 0.200–1.067), indicating that respondents with lower educational attainment were less likely to feel satisfied with the services provided compared to those with higher education. The tangible (physical evidence) dimension also showed a significant association with patient satisfaction ($p = 0.034$;

$OR = 2.428$; 95% CI: 1.062–5.552), suggesting that respondents dissatisfied with physical facilities or equipment were 2.4 times more likely to report overall dissatisfaction. Meanwhile, the reliability dimension did not show a statistically significant correlation ($p = 0.402$; $OR = 1.680$; 95% CI: 0.495–5.702). The assurance dimension exhibited the strongest relationship with satisfaction ($p = 0.000$; $OR = 5.802$; 95% CI: 2.076–16.217), meaning that respondents who were dissatisfied with service assurance were 5.8 times more likely to be dissatisfied overall. In contrast, the empathy dimension did not demonstrate a significant association ($p = 0.859$; $OR = 1.140$; 95% CI:

0.269–4.834), indicating nearly equal levels of satisfaction between respondents satisfied and dissatisfied with empathy. The responsiveness dimension showed a marginal association with satisfaction ($p = 0.098$; OR = 2.595; 95% CI: 0.817–8.243), implying that respondents dissatisfied with staff responsiveness were

about 2.6 times more likely to express overall dissatisfaction. In mental health care settings, responsiveness is particularly important as it reflects the timeliness, attention, and sensitivity of staff in addressing patient needs and emotional well-being.

Table 3. Multivariate Logistic Regression Analysis of Patient Satisfaction at Ernaldi Bahar Psychiatric Hospital

Variable	B	S.E.	Wald	df	Sig.	Exp(B)	95% CI
Education	0,932	0,554	2,825	1	0,093	2,539	0,857 – 7,523
Tangible	-0,747	0,523	2,039	1	0,153	0,474	0,170 – 1,321
Assurance	-2,070	0,692	8,952	1	0,003	0,126	0,033 – 0,490
Responsiveness	-0,879	0,807	1,187	1	0,276	0,415	0,085 – 2,019
Constat	0,675	0,440	2,351	1	0,125	1,964	–

The results of the multivariate logistic regression analysis showed that only the assurance variable had a statistically significant effect on patient satisfaction ($p = 0.003$). The Exp(B) value of 0.126 indicates that patients who were dissatisfied with the assurance aspect were 87.4% less likely to feel satisfied compared to those who were satisfied. Meanwhile, the variables education, tangible, and responsiveness did not show statistical significance but were retained in the model as candidate predictors due to their theoretical relevance and contribution to model stability.

The multivariate logistic regression model was statistically valid and demonstrated an acceptable level of fit. A lower value of the –2 Log Likelihood indicated improved model fit, while the Omnibus Test of Model Coefficients confirmed that the model as a whole was statistically significant. The Nagelkerke R^2 value of 0.280 suggested that the model could explain 28% of the variation in patient satisfaction—an adequate explanatory power for research in the social and health sciences. Furthermore, the Hosmer and Lemeshow Test yielded a p -value greater than 0.05, confirming that the model's predictions were consistent with the observed data. The model's classification accuracy rate of 69% indicated a reasonably good predictive performance.

In conclusion, among all variables analyzed, assurance (service guarantee) emerged as the most dominant factor influencing patient satisfaction at Eraldi Bahar Psychiatric Hospital, Palembang. This finding underscores the importance of patients' trust and confidence in healthcare providers, particularly in ensuring competence, reliability, and a sense of safety during mental health care services.

Discussion

The results of the analysis indicated no statistically significant relationship between age and patient satisfaction. Similarly, no significant associations were found for gender, reliability, and empathy dimensions. In contrast, education level, tangible (physical evidence), assurance, and responsiveness dimensions showed significant relationships with patient satisfaction.

These findings suggest that differences in age do not necessarily shape patients' perceptions of the services they receive. This may be due to the standardized quality of care applied to all patients, regardless of age. The psychiatric care model, which emphasizes personalized and continuous interaction (continuity of care), also contributes to the formation of patient perceptions based on cumulative experiences rather than age alone. This aligns with the study

of Suryani (2021), who reported that age had no significant influence on patient satisfaction in healthcare facilities because service standards are generally uniform across age groups. Similarly, Rahman et al. (2020) found that satisfaction is more strongly determined by communication and staff attitudes than by demographic variables such as age. Yuliana and Ahmad (2019) also noted that although older patients may tend to express higher satisfaction, the difference is not statistically consistent.

Nevertheless, age remains an important consideration both physiologically and operationally. Younger patients tend to have higher activity levels and expectations for faster, more efficient service, while older patients may require more supportive approaches due to health vulnerabilities. Therefore, even if statistical results show no significance, service delivery should remain age-sensitive to ensure a humanistic and responsive approach.

In general, psychiatric outpatient services at Ernaldi Bahar Hospital are provided equally to all patients without gender-based discrimination. This may explain why perceived service quality did not significantly differ by gender. Patients evaluated communication quality, staff friendliness, and service speed universally, regardless of gender. Studies by Kurniawati (2020) and Prabowo et al. (2018) also concluded that gender is not a strong predictor of service satisfaction, as perceptions are shaped more by direct interaction between patients and healthcare staff. In mental health care, gender equity is a fundamental principle that strengthens therapeutic relationships. Nonetheless, hospitals should continue ensuring gender-sensitive services, particularly in aspects of privacy, communication, and complaint management, to maintain psychological comfort and security for all patients.

The relationship between education level and satisfaction can be explained by expectation theory, which posits that individuals with higher education tend to have greater expectations of the services they receive. When these expectations are unmet, dissatisfaction tends to increase. Conversely, individuals with lower

education may have more realistic expectations, making them more easily satisfied. Safitri and Indrawati (2019) supported this finding, reporting that higher education levels make patients more critical in evaluating healthcare services. However, Lestari (2020) found that in psychiatric care, education is not always the main determinant since patients prioritize psychological comfort and relationships with medical staff. Although education was not a dominant factor, hospitals should adapt communication and service approaches to patients' educational backgrounds, using clear and accessible language to enhance understanding.

The tangible (physical evidence) dimension represents the first impression patients receive when accessing hospital services. Wulandari (2022) emphasized that tangibles play an essential role in shaping initial expectations of service quality. Similarly, Supriyadi and Nugroho (2020) demonstrated that physical comfort and facility completeness significantly influence patient satisfaction, especially in outpatient settings. In psychiatric services, the physical environment has a major psychological impact. Herawati and Kartika (2021) highlighted that a calm and supportive atmosphere promotes therapeutic engagement, whereas discomfort may trigger stress or exacerbate mental health symptoms. Therefore, hospitals must consistently maintain and improve the physical quality of facilities to support recovery-oriented care.

According to Hartono et al. (2020), reliability is a key indicator of service quality because it reflects patient trust in the hospital system. However, in psychiatric services, reliability often manifests through interpersonal communication rather than technical precision. Widodo (2018) stated that for patients with mental disorders, emotional closeness and the feeling of being heard are more meaningful than procedural accuracy. Although reliability was not statistically significant in this study, it remains essential as the foundation for trustworthy and consistent service delivery.

The assurance dimension emerged as the most dominant factor influencing satisfaction.

Saputra and Amelia (2020) reported that assurance is the most critical aspect in establishing a sense of security and building patient trust, particularly in psychiatric care. This is consistent with Yuliani and Hasanah (2019), who found assurance to be the primary determinant of satisfaction in mental health services. These findings imply that hospitals should continuously strengthen professionalism and staff competence through regular training and education in therapeutic communication and service ethics to enhance patient trust (Suliati et al, 2025).

Although empathy did not show a statistically significant relationship with satisfaction, 92% of respondents reported being satisfied with this dimension. This result may have been affected by limited response variation only eight respondents expressed dissatisfaction creating a “ceiling effect” where most responses cluster at the highest satisfaction level, reducing statistical sensitivity. Handayani (2021) emphasized that empathy plays an essential role in reducing anxiety and improving patient cooperation during treatment. Similarly, Susanti et al. (2019) found that empathy enhances therapeutic engagement and treatment success among psychiatric outpatients. Despite its lack of statistical significance, empathy must remain a core element of humanistic and compassionate care (Aristian et al, 2025 & Harokan & Suryani, 2025).

Regarding responsiveness, 85% of respondents expressed satisfaction with staff responsiveness, which includes the ability to respond promptly to complaints, answer questions, and provide timely assistance. In mental health settings, prompt responses are crucial to maintaining patients’ emotional stability and psychological comfort. Wijaya and Hidayat (2020) identified responsiveness as a key indicator of institutional readiness to meet patient needs. Marlina et al. (2021) also reported that responsive service significantly improves patients’ positive perceptions and loyalty. Therefore, even though responsiveness was not statistically significant in this study, improving it remains essential for enhancing overall service quality at Ernaldi Bahar Hospital.

Conclusion and Recommendation

The bivariate analysis showed no significant relationship between age, gender, reliability, and empathy with patient satisfaction. In contrast, education level, tangible, assurance, and responsiveness were significantly associated with satisfaction. The multivariate analysis identified assurance as the most dominant factor influencing patient satisfaction, serving as the key determinant of positive perceptions toward hospital services.

Eraldi Bahar Psychiatric Hospital should maintain and strengthen the assurance dimension through continuous training and professional development to enhance staff competence, communication skills, and the sense of safety perceived by patients. Future research should adopt a longitudinal design to explore changes in patient perception over time and incorporate additional psychological or social factors that may influence satisfaction particularly within the context of mental health care.

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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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