

# Analysis of Inpatient Service Factors on Patient Satisfaction Level at Ngantang Community Health Center

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## ABSTRACT

The quality of healthcare services, particularly inpatient care at Community Health Centers (Puskesmas), is a key determinant of patient satisfaction. Although the Minimum Service Standards (SPM) target satisfaction above 95%, surveys in Indonesia show that satisfaction rates at Puskesmas remain in the range of 76–82%. This gap indicates the need for an in-depth evaluation of service factors. This study aims to analyze the relationship between five dimensions of service quality (Tangible, Assurance, Reability, Responsiveness, and Empathy) based on the SERVQUAL model with the level of satisfaction of inpatients at the Ngantang Community Health Center, Malang Regency. This study used a quantitative design with a correlation approach. The sample consisted of 39 inpatient respondents. Data analysis used univariate tests and Spearman's Rho correlation bivariate tests. The overall level of patient satisfaction was in the high category, where 90% (35 respondents) stated Satisfied. The results of the bivariate correlation test showed that only the Assurance variable had a statistically significant relationship with the level of patient satisfaction, with a p value of 0.032. Meanwhile, the dimensions of Tangible (p = 0.626), Reability (p = 0.843), Responsiveness (p = 0.301), and Empathy (p = 0.874) did not have a significant relationship with patient satisfaction (p > 0.05). There is a significant positive relationship between service assurance and inpatient satisfaction. This dimension, which encompasses the competence, friendliness, and credibility of staff, is a key factor that needs to be prioritized in efforts to improve service quality.

**Keywords:** service quality, SERVQUAL, assurance, patient satisfaction, inpatient care

## INTRODUCTION

Patient satisfaction is one of the main indicators in assessing the quality of health services provided by health facilities, including Community Health Centers (Puskesmas). This satisfaction plays a crucial role in increasing patient trust in the services provided and influencing patients' decisions to return to services in the future. In the context of inpatient care, the quality of care provided by nurses, doctors, and other medical personnel has a significant influence on patient satisfaction levels (Shan et al., 2016; Purwiningsih et al., 2023; Widyaputri et al., 2025). Inpatient services at Community Health Centers (Puskesmas) are expected to provide optimal service quality to achieve patient

satisfaction at least in accordance with national standards (Harefa, 2025) (Suwandi et al., 2025).

According to the World Health Organization (WHO), Minimum Service Standards (SPM) are provisions regarding the type and quality of basic services which are Mandatory Government Affairs that every citizen has the right to obtain at a minimum. According to the Regulation of the Ministry of Health of the Republic of Indonesia in 2016 concerning Minimum Service Standards for patient satisfaction, which is above 95%, the level of patient satisfaction in Indonesia in 2022 only reached 76-82%, a relatively low figure which indicates that many patients are less or dissatisfied with the services received (Purwiningsih et al., 2023).

The achievement of the indicator "Percentage of Districts/Cities Implementing SPM" in 2023 was 82.18% of the target of 100%. This achievement is compared to the achievement in This report includes the Community Satisfaction Index (IKM) as an indicator of health service performance. In 2023, the IKM of East Java Province was recorded at 82%. This report includes the Community Satisfaction Index (IKM) for health services at the Community Health Center. In 2019, the IKM was recorded at 73.77. The Public Satisfaction Index for public services of the Malang Regency Health Office for Ngantang District was 90.17 in 2022 and 92.58 for (complaints about facilities and infrastructure were low at 0.36) for 2023. The study, by examining satisfaction derived from interviews, researchers found various indications of dissatisfaction from patients about inpatient services. Complaints obtained based on the results of a preliminary study on April 17, 2025, including 5 people (26.3%) complained about limited facilities in inpatient care, 3 people (15.7%) complained about the slow administrative process, 4 people (21%) complained about the waiting room being lacking, a total of 12 people (63.16%) complained about services from 19 respondents.

Quality healthcare is a health service that is needed, in this case, it will be determined by the patient/consumer or the community and is affordable by the community's purchasing power (Purwiningsih et al., 2023; Nurjanti, 2025). Patient satisfaction will be determined by the fact that the service provided can meet the patient's needs and expectations, using the patient's perspective on the service received (satisfaction or disappointment, including the length of service time). If a patient feels dissatisfied with the healthcare service received, the patient will decide to move to another community health center that can provide better service, so that dissatisfied patients will file a complaint with the

community health center. Complaints that are not immediately addressed will result in decreased patient satisfaction (Suwandi et al., 2025). The quality of medical services provided during hospitalization also greatly influences patient perception and satisfaction, which can have a direct impact on their recovery (Harma & Ishak, 2025). Quality healthcare is an important indicator for improving public health. To assess service quality, there are several dimensions of service quality that serve as a reference. There are five main dimensions of service quality in order of relative importance, namely (1) Tangibles (2) Empathy (3) Reliability (4) Responsiveness (5) Assurance (Marzuq & Andriani, 2022). Preparing and implementing clear and efficient standard procedures (SOPs) is also a solution. Therefore, researchers are interested in taking the title "Analysis of inpatient service factors on patient satisfaction levels at the Ngantang Community Health Center" Ngantang Community Health Center was chosen as the research location because it has a high quality value but low facilities and infrastructure values for the Malang Regency area, to find out more clearly the condition of patient satisfaction will conduct a survey at the Ngantang Community Health Center to find out in general the Level of Patient Satisfaction with Inpatient Services at the Ngantang Community Health Center in 2025.

In the Inpatient environment, especially in Community Health Centers, patients are in a vulnerable condition so that interpersonal factors become very prominent. Inpatient care refers to services provided to patients who are admitted to a health facility for ongoing care, monitoring, diagnosis, or treatment (Hapsari et al., 2023). Research shows that the Assurance dimension, which includes the credibility and professionalism of health workers, is a strong predictor of patient satisfaction, because it guarantees a sense of security and confidence in the care they receive (Rahmatia et al., 2025).

Despite extensive studies examining the relationship between service quality and patient satisfaction using the SERVQUAL model, most existing research has been conducted in hospital settings and outpatient services. To measure and analyze the quality of intangible services, the SERVQUAL (Service Quality) Model framework is used. This model divides service quality into five crucial dimensions (Abu-Rumman & Qawasmeh, 2022). This study offers novelty by specifically analyzing inpatient satisfaction within a community health center setting and by demonstrating that assurance is the only SERVQUAL dimension significantly associated with patient satisfaction. These findings provide new empirical evidence that, in primary inpatient care, patient satisfaction is

primarily shaped by healthcare workers' competence, credibility, and ability to create a sense of safety, rather than by physical facilities or procedural aspects. Therefore, this study contributes to refining service quality improvement strategies in primary healthcare by emphasizing assurance as the key priority dimension.

## METHOD

This study uses a quantitative design with an analytical correlation approach. This design was chosen to analyze the relationship between the five dimensions of SERVQUAL service quality and patient satisfaction levels. The study was conducted at the Ngantang Community Health Center (UPT Puskesmas), Malang Regency. The study population was all inpatients at the Ngantang Community Health Center. The sampling technique resulted in 39 respondents as the unit of analysis. Respondents were predominantly female, aged 17–25 years, and had a high school/vocational high school education background. Data were collected using a structured questionnaire after respondents provided Informed Consent.

The questionnaire used was the SERVQUAL and PSQ18 service models. The research instrument measured five dimensions of service quality (Tangible, Assurance, Reability, Responsiveness, Empathy) with Patient Satisfaction Level as the dependent variable. Data were analyzed univariately to describe frequencies and percentages, and bivariately using the Spearman's Rho Correlation statistical test. A relationship is declared statistically significant if the probability (p) value obtained is less than 0.05 (alpha = 0.05).

## RESULTS

Based on the results of this study, the results obtained based on the characteristics of the respondents can be seen in the table below:

**Table 1 Overview of Respondent Characteristics**

Variable	Category	Frequency	
		n	%
Gender	Man	17	43.5
	Woman	22	56.6
Age	<17	4	10.5
	17-25	11	28.0
	26-35	7	18.0

Variable	Category	Frequency	
		n	%
	36-45	7	18.0
	46-55	4	10.5
	56-65	4	10.5
	>65	2	4.5
Education	Elementary School	11	28.0
	Junior high school	7	18.0
	High School/Vocational School	12	31.0
	S1	9	23.0
Marital status	Marry	21	53.5
	Not yet	9	23.0
	Widow	5	13.0
	Widower	4	10.5
Work	Farmer	8	20.5
	Laborer	9	23.0
	Self-employed	10	25.5
	Doesn't work	9	23.0
	Civil Servants/Armed Forces	3	8.0

Based on Table 1 shows that most of the respondents are female, namely 22 people (56.5%), and a small number of respondents are male, namely 17 people (43.5%). For the age group, almost all are 17-25 years old, namely 11 respondents (28%) and a small number of age groups are >65 years old, namely 2 respondents (4.5%). The most education level is almost all high school graduates with 12 respondents (31%) and a small number have graduated from junior high school with 7 respondents (18%). Marital status is mostly married with 21 respondents (53.5%) and the marital status is a small number of widowers with 4 respondents (10.5%). Employment status is almost half are self-employed with 10 respondents (25.5%) and the employment status of a small number is civil servants/ABRI with 3 respondents (8%).

### Univariate Analysis

Description of Service Variables (Tangible, assurance, reliability, responsiveness, empathy)

**Table 2. Service Variables**

Variable	Category	Frequency	
		n	%
Tangible	Very bad	0	0
	Not good	1	2.5
	Pretty good	13	33.0
	Good	17	44.0
	Very Good	8	20.5

Variable	Category	Frequency	
		n	%
Assurance	Very bad	0	0
	Not good	1	2.5
	Pretty good	8	20.5
	Good	26	67.0
	Very Good	4	10.0
Reliability	Very bad	0	0
	Not good	2	5.0
	Pretty good	15	38.5
	Good	20	51.5
	Very Good	2	5.0
Responsive	Very bad	0	0
	Not good	0	0
	Pretty good	11	28.0
	Good	24	62.0
	Very Good	4	10.0
Empathy	Very bad	0	0
	Not good	1	2.5
	Pretty good	19	48.75
	Good	19	48.75
	Very Good	0	0

Based on Table 2, it shows that patient perceptions of tangible services (physical evidence), where almost half of patient perceptions are good, namely 17 respondents (44%) and there are no respondents (0%) in the very bad category. patient perception of Assurance services, where patient perceptions are mostly in the good category with 26 respondents (67%), and no respondents (0%) are in the very bad category. patient perception of Reability services, where patient perceptions are mostly in the good category with 20 respondents (51.5%), and no respondents (0%) are in the very bad category. patient perception of Responsive services, where patient perceptions are mostly in the good category with 24 respondents (62%), no respondents (0%) are in the very bad and bad categories. patient perception of Empathy services, where patient perceptions are almost half in the good and quite good categories with 19 respondents (48.75%) in the good category, 19 respondents (48.75%) in the quite good category, and no respondents (0%) are in the very bad category.

Description of Independent Variables (patient satisfaction)

**Table 3. Distribution Based on Patient Satisfaction**

<b>Satisfaction</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
Very dissatisfied	0	0
Not satisfied	0	0
Quite satisfied	2	5
Satisfied	35	90
Very satisfied	2	5
<b>Total</b>	<b>39</b>	<b>100</b>

Based on Table 3, it shows that the perception of patient satisfaction with the quality of service, where the perception of satisfaction is almost entirely satisfied with 35 respondents (90%) and there are no respondents (0%) in the very dissatisfied and dissatisfied categories.

#### **Bivariate Analysis**

**Table 4. Bivariate Analysis of the Relationship Between Service Quality Dimensions and Patient Satisfaction Using Spearman's Rho Test**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>		<b>p-value</b>
		<b>n</b>	<b>%</b>	
Tangible	Very bad	0	0	0.626
	Not good	1	2.5	
	Pretty good	13	33	
	Good	17	44	
	Very Good	8	20.5	
Assurance	Very bad	0	0	0.032*
	Not good	1	2.5	
	Pretty good	8	20.5	
	Good	26	67	
	Very Good	4	10	
Reliability	Very bad	0	0	0.843
	Not good	2	5	
	Pretty good	15	38.5	
	Good	20	51.5	
	Very Good	2	5	
Responsive	Very bad	0	0	0.301
	Not good	0	0	
	Pretty good	11	28	
	Good	24	62	
	Very Good	4	10	
Empathy	Very bad	0	0	0.874
	Not good	1	2.5	
	Pretty good	19	48.75	

Variable	Category	Frequency		p-value
		n	%	
	Good	19	48.75	
	Very Good	0	0	

\*Significant at  $p < 0.05$

The results of the bivariate analysis using Spearman's rho correlation test are presented in Table 4. The analysis examined the relationship between service quality dimensions (tangible, assurance, reliability, responsiveness, and empathy) and patient satisfaction among inpatients at the Ngantang Community Health Center.

The findings show that only the assurance dimension had a statistically significant relationship with patient satisfaction, with a p-value of 0.032 ( $p < 0.05$ ). This result indicates that higher levels of perceived assurance are significantly associated with higher patient satisfaction.

In contrast, the other service quality dimensions did not demonstrate statistically significant relationships with patient satisfaction. The tangible dimension showed a p-value of 0.626, reliability 0.843, responsiveness 0.301, and empathy 0.874 ( $p > 0.05$ ). These results indicate that variations in tangible, reliability, responsiveness, and empathy perceptions were not significantly associated with patient satisfaction levels in this study.

Overall, the bivariate analysis confirms that assurance is the only service quality dimension significantly related to inpatient satisfaction, while the remaining dimensions do not show a significant association.

## DISCUSSION

### The Relationship Between Tangibles and Patient Satisfaction

The findings of this study indicate that the tangible dimension of service quality was not significantly associated with inpatient satisfaction at the Ngantang Community Health Center. This suggests that physical facilities, equipment, and the appearance of healthcare personnel are perceived as basic requirements rather than determining factors of satisfaction. Once minimum standards of cleanliness, comfort, and adequacy are fulfilled, improvements in physical aspects may no longer substantially influence patients' satisfaction levels.

This result supports the concept of “hygiene factors,” where tangible elements prevent dissatisfaction but do not actively enhance satisfaction when expectations are already met. Previous studies have shown similar patterns in primary healthcare settings, particularly in rural areas, where patients tend to prioritize interpersonal and professional aspects of care over physical infrastructure (Batbaatar et al., 2017; Sianturi et al., 2025). Also reported that tangible dimensions demonstrated minimal influence on patient satisfaction once acceptable facility standards had been achieved (Jameel et al., 2025).

Although tangibles were not a significant determinant of satisfaction in this study, maintaining adequate physical facilities remains essential to ensure patient comfort and safety. Community health center management should continue to maintain infrastructure quality while allocating more strategic attention to service dimensions that have a greater impact on patient satisfaction.

### **The Relationship Between Assurance and Patient Satisfaction**

This study demonstrates that assurance is the only service quality dimension that shows a significant association with inpatient satisfaction. Assurance reflects healthcare workers’ competence, courtesy, credibility, and ability to instill a sense of safety and trust in patients. In inpatient settings, patients are often in vulnerable physical and emotional conditions, making trust in healthcare providers a critical factor influencing their overall satisfaction.

The prominence of assurance highlights the importance of professional competence and effective communication in primary inpatient care. Patients tend to feel more satisfied when healthcare workers demonstrate confidence, clear explanations, and ethical behavior, which reinforces patients’ perceptions of safety and reliability. This finding aligns with previous research indicating that assurance is a dominant predictor of patient satisfaction in inpatient services, particularly within community health centers (Batbaatar et al., 2017; Yeboah & Amponsah, 2025).

Studies conducted in hospital settings have similarly emphasized the role of assurance in shaping patient satisfaction. Research show that patients’ trust in healthcare workers’ expertise and professionalism significantly influenced satisfaction outcomes and perceived service quality (Aiken et al., 2018; Alrubaiee & Alkaa’ida, 2011). These consistent findings suggest that assurance plays a central role across different levels of healthcare services.

Based on these findings, the Ngantang Community Health Center should prioritize strategies aimed at strengthening assurance, such as continuous professional development, communication skills training, and ethical service practices. Enhancing transparency in medical procedures and fostering respectful interactions can further strengthen patient trust and satisfaction.

### **The Relationship Between Reliability and Patient Satisfaction**

The results of this study indicate that reliability was not significantly associated with inpatient satisfaction. Reliability refers to the ability of healthcare providers to deliver services accurately, consistently, and as promised. Although reliability is a fundamental aspect of service quality, it may be perceived by patients as an expected standard rather than a factor that differentiates satisfaction levels.

From the perspective of service-dominant logic, reliability can be viewed as a prerequisite for value creation rather than a direct contributor to satisfaction (Vargo & Lusch, 2016). Patients often assume that healthcare services will be delivered correctly and consistently; therefore, reliability alone may not enhance satisfaction unless failures occur.

This finding is consistent with previous studies reporting no significant relationship between reliability and patient satisfaction in inpatient settings (Batbaatar et al., 2017). When technical and procedural standards are consistently met, patients may shift their focus toward interpersonal and trust-related aspects of care.

Despite its lack of significant association with satisfaction in this study, reliability remains a critical foundation of healthcare services. Community health centers should continue to ensure adherence to clinical and administrative standard operating procedures to maintain service credibility and patient trust.

### **The Relationship Between Responsiveness and Patient Satisfaction**

Responsiveness was not found to be significantly related to inpatient satisfaction in this study. Responsiveness refers to the willingness and promptness of healthcare workers in assisting patients and addressing their needs. In inpatient settings, patients may have adapted expectations regarding response times due to the complexity of medical care and the structured nature of inpatient services.

The limited influence of responsiveness on satisfaction may also be explained by patients' difficulty in evaluating technical response speed in healthcare contexts.

According to service-dominant logic, value is co-created through interactions, and patients may focus more on outcomes and perceived competence rather than operational speed (Vargo & Lusch, 2016). As a result, responsiveness may be perceived as less salient in determining satisfaction among inpatients.

This finding aligns with previous studies conducted in hospital environments, which reported that responsiveness did not significantly predict patient satisfaction (Alrubaiee & Alkaa'ida, 2011; Batbaatar et al., 2017). Previous studies have indicated that responsiveness may have a weaker influence on inpatient satisfaction when patients perceive the overall quality of care and clinical outcomes as acceptable, suggesting that timely responses alone are insufficient to enhance satisfaction without strong professional competence and trust (Batbaatar et al., 2017; Yeboah & Amponsah, 2025).

Although responsiveness was not a significant determinant of satisfaction, maintaining timely and attentive service remains important. Efficient workflows, appropriate staff allocation, and clear communication can help sustain positive patient perceptions and prevent dissatisfaction.

### **The Relationship Between Empathy and Patient Satisfaction**

The results of this study indicate that empathy was not significantly associated with inpatient satisfaction. Empathy involves providing individualized attention, understanding patients' emotions, and demonstrating genuine concern. While empathy is an important element of patient-centered care, in inpatient settings patients may prioritize clinical competence and treatment outcomes over emotional engagement.

This finding is consistent with previous research showing that empathy has a stronger influence on outpatient satisfaction than inpatient satisfaction (Aiken et al., 2018; Batbaatar et al., 2017). Several studies have shown that empathy tends to have a weaker influence on inpatient satisfaction compared to clinical competence and assurance, as hospitalized patients often prioritize safety, treatment effectiveness, and professional credibility over emotional engagement (Aiken et al., 2018; Batbaatar et al., 2017).

From the perspective of resource matching theory, empathy may not fully align with patients' immediate needs in inpatient care, where physical recovery and safety are the primary concerns (Jameel et al., 2025). Consequently, empathetic behaviors may contribute more to long-term perceptions of care quality and institutional image rather than immediate satisfaction outcomes.

Nevertheless, fostering empathy among healthcare workers remains important for building patient loyalty and improving the overall image of healthcare facilities. Training programs focused on communication, active listening, and emotional sensitivity can help enhance empathetic interactions without detracting from clinical priorities.

## **CONCLUSION**

This study concludes that the Assurance dimension has a significant relationship with inpatient satisfaction ( $p = 0.032$ ). This finding indicates that health workers' competence, credibility, and ability to provide a sense of security play an important role in shaping patient satisfaction. In contrast, the Tangible ( $p = 0.626$ ), Reliability ( $p = 0.843$ ), Responsiveness ( $p = 0.301$ ), and Empathy ( $p = 0.874$ ) dimensions were not significantly associated with inpatient satisfaction at the Ngantang Community Health Center. Therefore, efforts to improve service quality should prioritize strengthening the Assurance dimension to enhance inpatient satisfaction.

## **LIMITATION**

This study has several limitations that should be considered when interpreting the findings. First, the study was conducted with a relatively small sample size and limited to inpatients at a single community health center. As a result, the findings may not be generalizable to other healthcare settings, such as hospitals or community health centers in different regions.

Second, the cross-sectional design of the study limits the ability to establish causal relationships between service quality dimensions and patient satisfaction. The findings reflect patient perceptions at a single point in time and may be influenced by temporary conditions during hospitalization. Third, data were collected using self-reported questionnaires, which may be subject to response bias, including social desirability bias.

Despite these limitations, this study provides valuable insights into service quality dimensions that influence inpatient satisfaction in primary healthcare settings. Future research is recommended to involve larger samples, multiple healthcare facilities, and longitudinal designs to further explore causal relationships and enhance the generalizability of the findings.

## REFERENCES

- Abu-Rumman, A., & Qawasmeh, R. (2022). Assessing international students' satisfaction of a Jordanian university using the service quality model. *Journal of Applied Research in Higher Education*, 14(4), 1742–1760. <https://doi.org/10.1108/JARHE-05-2021-0166>
- Aiken, L. H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2018). Patient satisfaction with hospital care and nurses in England: An observational study. *BMJ Open*, 8(1). <https://doi.org/10.1136/bmjopen-2017-019189>
- Ali, J., Jusoh, A., Idris, N., & Nor, K. M. (2024). Healthcare service quality and patient satisfaction: a conceptual framework. *International Journal of Quality and Reliability Management*, 41(2), 608–627. <https://doi.org/10.1108/IJQRM-04-2022-0136>
- Alrubaiee, L., & Alkaa'ida, F. (2011). The Mediating Effect of Patient Satisfaction in the Patients' Perceptions of Healthcare Quality – Patient Trust Relationship. *International Journal of Marketing Studies*, 3(1). <https://doi.org/10.5539/ijms.v3n1p103>
- Batbaatar, E., Dorjdagva, J., Luvsannyam, A., Savino, M. M., & Amenta, P. (2017). Determinants of patient satisfaction: A systematic review. *Perspectives in Public Health*, 137(2), 89–101. <https://doi.org/10.1177/1757913916634136>
- Hapsari, K., Sariatmi, A., & Kartini, A. (2023). Inpatient satisfaction with hospital services in Indonesia: A systematic review. *Interdisciplinary Social Studies*, 3(2), 10–22. <https://doi.org/10.55324/iss.v3i2.563>
- Harefa, A. S. (2025). Kualitas Pelayanan Dan Kepuasan Pasien: Tinjauan Literatur Tentang Hubungannya Dalam Pelayanan Kesehatan. *Jurnal Penelitian Keperawatan Kontemporer*, 5(5), 517–534. <https://doi.org/10.59894/jpkk.v5i5.1122>
- Harma, A., & Ishak, S. (2025). The Influence of Health Service Quality on Patient Satisfaction: A Study at Bontonmpo 2 Primary Health Center. *Jurnal EduHealth*, 16(03 SE-Articles), 1478–1484. <https://ejournal.seaninstitute.or.id/index.php/health/article/view/7303>
- Jameel, A., Sahito, N., Guo, W., & Khan, S. (2025). Assessing patient satisfaction with practitioner communication: patient-centered care, hospital environment and patient trust in the public hospitals. *Frontiers in Medicine*, 12, 1544498.
- Marzuq, N. H., & Andriani, H. (2022). Hubungan Service Quality terhadap Kepuasan Pasien di Fasilitas Pelayanan Kesehatan: Literature Review. *Jurnal Pendidikan Tambusai*, 6(2 SE-Articles of Research), 16382–16395. <https://doi.org/10.31004/jptam.v6i2.5077>
- Nurjanti, L. (2025). Marketing Phenomena and Marketing Strategies in the Field of Healthcare Services and Their Impact to the Marketing Performance and Consumer Satisfaction. *Journal of Business and Econometrics Studies*, 2(2), 1–30. <https://doi.org/10.61440/jbes.2025.v2.55>
- Parasuraman, A. P., Zeithaml, V., & Berry, L. (1988). SERVQUAL A Multiple-item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*, 64, 12–40.
- Purwiningsih, D. D., Ika Barokah Suryaningsih, & Viera Wardhani. (2023). Pengaruh Healthcare Service Quality terhadap Kepercayaan (Trust) Melalui Kepuasan Pasien pada Puskesmas di Kabupaten Jember. *Jurnal Kesehatan Komunitas*, 9(3), 532–541. <https://doi.org/10.25311/keskom.vol9.iss3.1559>
- Rahmatia, S., Basri, M., Ismail, I., Adi, S., Nasrullah, N., & Ahmad, A. (2025). Service

- quality in hospital inpatient care: SERVQUAL model approach. *Health SA Gesondheid*, 30. <https://doi.org/10.4102/hsag.v30i0.3055>
- Shan, L., Li, Y., Ding, D., Wu, Q., Liu, C., Jiao, M., Hao, Y., Han, Y., Gao, L., Hao, J., Wang, L., Xu, W., & Ren, J. (2016). Patient satisfaction with hospital inpatient care: Effects of trust, medical insurance and perceived quality of care. *PLoS ONE*, 11(10). <https://doi.org/10.1371/journal.pone.0164366>
- Sianturi, L., Ahmad Hafizullah Ritonga, & Rahmad Gurusinga. (2025). Factors of Health Service Quality Dimensions Related to Patient Satisfaction. *Jurnal Kesmas Dan Gizi (Jkg)*, 8(1), 271–280. <https://doi.org/10.35451/zrwy6m39>
- Suwandi, S., Hikma, N., Yudit, Y., Sudirman, S., & Yani, A. (2025). Literature Review: The Effect of Puskesmas Accreditation Status on Patient Satisfaction with Service Quality as an Intervening Variable. *Devotion : Journal of Research and Community Service*, 6(5), 460–467. <https://doi.org/10.59188/devotion.v6i5.25461>
- Vargo, S. L., & Lusch, R. F. (2016). Institutions and axioms: an extension and update of service-dominant logic. *Journal of the Academy of Marketing Science*, 44(1), 5–23. <https://doi.org/10.1007/s11747-015-0456-3>
- Widyaputri, A. A. A. W., Sriatmi, A., & Budiyaniti, R. T. (2025). Quality of Service and Satisfaction Level of Non-National Health Insured Inpatients at K Referral Center Hospitals. *Journal of Public Health for Tropical and Coastal Region*, 8(2), 151–159. <https://doi.org/10.14710/jphtcr.v8i2.26356>
- Yeboah, J. G., & Amponsah, K. T. (2025). The mediating role of service innovation in the relationship between customer orientation and patient satisfaction. *BMC Health Services Research*, 25(1). <https://doi.org/10.1186/s12913-025-12794-7>