

The Relationship Between Service Excellence And The Level Of Satisfaction Among Maternity Patients At Bunda Fatimah Marelan Primary Clinic

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ABSTRACT

According to the World Health Organization (WHO) in 2025, Indonesia's maternal mortality ratio was approximately 189 deaths per 100.000 live births. The leading cause of maternal mortality was hemorrhage, accounting for more than one-quarter (27%) of maternal deaths. Hypertensive disorders of pregnancy, particularly eclampsia, as well as sepsis, embolism, and complications of unsafe abortion, also contributed substantially to maternal deaths. This study aimed to determine the relationship between service excellence and the level of satisfaction among maternity patients at Bunda Fatimah Marelan Primary Clinic in 2026. This study employed an analytical survey design with a cross-sectional approach and was conducted from February to July 2026 at Bunda Fatimah Marelan Primary Clinic. The study population consisted of all 35 women who gave birth at the clinic. A total sampling technique was used, resulting in a sample of 35 respondents. Primary data were collected and analyzed using univariate and bivariate analyses, with the chi-square test used to examine the relationship between variables. The results showed a significant relationship between service excellence and the level of satisfaction among maternity patients at Bunda Fatimah Marelan Primary Clinic, with a p-value of 0.001 ($p < 0.05$). In conclusion, there was a significant relationship between service excellence and the level of satisfaction among maternity patients at Bunda Fatimah Marelan Primary Clinic. Midwives are encouraged to use these findings as a basis for evaluating and improving the quality of maternity care by consistently implementing the principles of service excellence.

Keywords: Service Excellence, Healthcare Services, Maternity Patients.

INTRODUCTION

Midwifery services are part of the duties and responsibilities of professional midwifery practice within the health care system, aiming to improve maternal and child health and, ultimately, promote the health of families and communities. Midwives are committed to providing safe, patient-centered, and high-quality care in accordance with professional standards to improve maternal and infant satisfaction. Patients can be regarded as customers whose satisfaction is an important indicator of service quality. Customers are the recipients of the services provided, and they are the ones who determine the quality of service they expect, as well as communicate what services they need and how their needs should be met. Maternal and neonatal health is

one of the important determinants of maternal health status. In carrying out their professional practice, midwives are required to continuously improve the quality of their services by keeping up with developments in science and technology through education and training relevant to their professional responsibilities.

Patient care is closely related to the performance of midwives. In some circumstances, the performance of midwives may result in conflicts between patients and midwives, which can affect patient satisfaction. When the performance or service skills of midwives fall below patients' expectations, patients may feel disappointed. Conversely, when the performance or service provided meets their expectations, patients are likely to feel satisfied. Patient satisfaction can be measured by determining whether patients are satisfied or dissatisfied with the services received (Sukriani & Arizal, 2025).

Several factors may be considered by patients when evaluating health services, including timeliness, reliability, technical competence, expectations, quality, and reasonable costs. A service is considered satisfactory when midwives are able to fulfill the needs and expectations of patients. Patient satisfaction is one of the objectives of improving the quality of health services. Measuring patient satisfaction is therefore essential because it provides information regarding the extent to which the quality of health services provided meets patients' expectations. When midwifery care provided by midwives is consistently appropriate, professional, and of good quality, patients are more likely to feel satisfied with the services received (World Health Organization. 2019).

According to the findings of Magley M and Hinson MR, as reported by the World Health Organization (WHO) in 2021, the level of satisfaction with hospital and clinical health services in Indonesia was 81%, indicating that patients were satisfied with the services provided. A national survey of health services in Indonesia reported that 70% of services were considered satisfactory, while 35% were considered less satisfactory. Data from North Sumatra Province in 2024 indicated that the quality of midwifery services was 40.1%. Meanwhile, data from the Medan City Health Office in 2023 showed that the quality of midwifery services was 35.2% (World Health Organization. 2019).

Patient satisfaction is influenced by various factors, including service quality, empathy and caring attitudes, physical aspects of service such as staff appearance and cleanliness, assurance of patient safety provided by health workers, emotional factors, the speed of health service delivery, and service costs. As one of the health professionals involved in midwifery services,

midwives are required to understand, be capable of, and be willing to provide optimal care to pregnant women in order to achieve the expected outcomes and patient satisfaction. The success of health services can be measured by the level of patient satisfaction, which is achieved when the health services provided meet patients' needs and expectations. Based on this background, it can be concluded that patient satisfaction is achieved when patients' expectations are adequately fulfilled (Suarayasa, 2020).

Patient satisfaction is experienced after patients compare their experiences with the services they have received. Problems related to health services in hospitals are the responsibility of health service providers. To address health service problems, appropriate guidelines should be available to ensure that health services are delivered according to established standards. When health services are provided professionally and effectively, they are likely to generate a positive level of satisfaction among patients. Therefore, the quality of health services can be assessed by examining patients' satisfaction after receiving health care (Ambas, J., et al, 2025).

The World Health Organization (WHO) in 2022 stated that maternal deaths refer to deaths resulting from complications during pregnancy or childbirth. The maternal mortality ratio (MMR) in Indonesia remains relatively high compared with the global target. The latest estimates commonly used, based on data from recent years and continuing to serve as a reference approaching 2025, indicate that Indonesia's MMR is approximately 189 deaths per 100.000 live births. This figure indicates that, although there has been a decline compared with previous periods, Indonesia continues to face challenges in ensuring equitable access to maternal health services, particularly in the management of complications during pregnancy and childbirth, the availability of trained health professionals, and the quality of health facilities (Prasastin & Rahmah, 2025).

WHO has set a target for every country to reduce the maternal mortality ratio to below 70 deaths per 100.000 live births. Therefore, Indonesia still requires significant efforts to achieve this target. The leading cause of maternal death is hemorrhage, accounting for more than one-quarter (27%) of maternal deaths. Hypertensive disorders of pregnancy, particularly eclampsia, as well as sepsis, embolism, and complications of unsafe abortion, also contribute substantially to maternal mortality (Prasastin & Rahmah, 2025).

The high maternal mortality ratio does not merely reflect clinical problems but is also closely related to the quality of health services and the level of patient satisfaction. Suboptimal services, such as delays in treatment, ineffective communication between health workers and patients,

and a lack of empathy in midwifery care, may reduce pregnant women's trust and satisfaction with health facilities. Such conditions may contribute to delays in seeking medical assistance or non-adherence to recommendations provided by health professionals, which may ultimately increase the risk of complications leading to maternal death (Suarayasa, 2020).

Conversely, high-quality, responsive, and patient-centered services can improve satisfaction, encourage timely utilization of health services, and contribute to reducing maternal mortality. Therefore, efforts to reduce maternal mortality should not focus solely on medical aspects but should also include improvements in service quality and the overall patient experience (Ambas, J., et al, 2025).

High-quality normal childbirth care is a form of childbirth service that prioritizes patient safety and maintains sterility and cleanliness throughout the stages of labor, including the first stage, second stage, third stage involving placental delivery, and fourth stage involving postpartum monitoring. The objective of normal childbirth care is to protect women's survival and improve the health status of mothers and infants. Childbirth care should be provided in accordance with established midwifery service standards. However, the continued occurrence of maternal and infant mortality indicates that not all childbirth services have provided optimal care (Anggraheni, N. P., Diniyah, K., & Soimah, N, 2026).

High-quality services also aim to prevent unnecessary legal claims in the future. When service providers deliver high-quality services, their professional image and reputation are likely to improve. Satisfied customers are also more likely to recommend the service provider to others. Indirectly, this becomes an effective form of promotion that does not require additional costs while providing significant benefits to the service provider (Rospia, 2025).

Service standards are closely related to quality. According to Goetsch and Davis, quality is a dynamic condition associated with products, services, people, processes, and environments that meet or exceed the expectations of those who require them. Providing excellent service is not merely a matter of ensuring that patients are satisfied with the services they receive or improving the image of health professionals and health facilities. It also represents an effort to help patients obtain the support and access necessary to achieve recovery. This is an indicator of the quality of health services and highlights the need to continuously improve health services in terms of access, quality, and overall service standards (Prasastin & Rahmah, 2025).

The maternal mortality ratio can serve as an indicator of the quality of childbirth services provided in hospitals, clinics, community health centers, and independent midwifery practices. Maternal mortality can be reduced when health services provided to the community are of high quality and meet established standards. This is consistent with research conducted by Austin et al. (2024), which found that improvements in the health service system can contribute to reductions in maternal and infant mortality, improvements in maternal and infant health, reductions in disability and discomfort, and improvements in community satisfaction with existing health services (Anggraheni, N. P., Diniyah, K., & Soimah, N, 2026).

Research conducted by Sagita and Septiyani (2019) assessed five aspects of health service quality: the relationship between midwives and patients, reliability, responsiveness, assurance, and empathy. The study involved a sample of 56 participants. The results showed that 78.28% of patients reported moderate satisfaction, 7.30% reported high satisfaction, and 2.38% reported low satisfaction with postpartum services, particularly in relation to the responsiveness of midwives in addressing patients' complaints. The implications of this study indicate that patient satisfaction with postpartum services provided by midwives was at a moderate level and needs to be further improved to achieve a higher level of satisfaction with health services (Rospia, 2025).

Based on research conducted by Susilawati and Nilakesuma (2021), there was a relationship between service quality and satisfaction with childbirth services. Satisfaction with childbirth services refers to the feelings of consumers, in this case postpartum mothers, after comparing the outcomes they received with their expectations. When the outcomes meet their expectations, mothers are likely to feel satisfied. Satisfied mothers are those who perceive value from the supplier, producer, or service provider. This value may come from the product, service, system, or emotional experience. If customers perceive value in product quality, satisfaction occurs when they receive a high-quality product. If comfort is the value they seek, satisfaction occurs when the service provided is genuinely comfortable. If low cost is the value expected by customers, they will be satisfied when the provider offers a competitive price (Dwi, A, 2025).

Based on a preliminary survey conducted at the clinic in January 2026 among 10 women who had given birth and had been treated during the previous month, six mothers stated that the staff were friendly and communicative. Four mothers stated that the information provided was not yet completely clear. Seven mothers felt that the midwives responded sufficiently quickly when

assistance was needed. Three mothers complained about insufficient explanations regarding the procedures performed. Six mothers stated that they were satisfied with the services provided, while four mothers reported being fairly satisfied but indicated that several aspects still needed improvement. A brief interview revealed that the aspects most influencing satisfaction were the attitude and friendliness of the staff, the speed of service, the clarity of information, and the comfort of the delivery room.

The preliminary survey also identified several problems, including suboptimal effective communication between health workers and women in labor, some mothers feeling that information regarding medical procedures was insufficiently clear, and variations in mothers' perceptions of the quality of services received. These findings indicate a possible relationship between service excellence and the level of satisfaction among women giving birth at the clinic.

METHODS

This study employed an analytic survey with a cross-sectional approach. The study was conducted at Bunda Fatimah Marelan Primary Clinic in 2026. The study population consisted of all women who gave birth at Bunda Fatimah Marelan Primary Clinic, totaling 35 participants, all of whom were included as the study sample using a total sampling technique. Data were collected using primary data obtained directly at Bunda Fatimah Marelan Primary Clinic in 2026 through a structured questionnaire. The collected data were subsequently analyzed using the chi-square statistical test.

RESULTS

Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics at Bunda Fatimah Marelan Primary Clinic

Characteristic	n	%
Age		
<20 years	1	2.9
20-35 years	31	88.6
>35 years	3	8.6
Parity		
Primipara	17	48.6
Scundipara	13	37.1
Multipara	5	14.3
Education		
Basic	4	11.4
Secondary	20	57.1

Higher 11 31.4

The table above shows that, of the 35 respondents who gave birth at Bunda Fatimah Marelan Primary Clinic, 1 respondent (2.9%) was aged <20 years, 31 respondents (88.6%) were aged 20–35 years, and 3 respondents (8.6%) were aged >35 years. By parity, 17 respondents (48.6%) were primiparous, 13 (37.1%) were secundiparous, and 5 (14.3%) were multiparous. By education, 4 respondents (11.4%) had a junior high school education, 20 (57.1%) had a senior high school education, and 11 (31.4%) had a college/university education.

Univariate Analysis

Table 2. Frequency Distribution of Excellent Service and Satisfaction Level at Bunda Fatimah Marelan Primary Clinic

Variable	n	%
Excellent Service		
Good	23	65.7
Poor	12	34.3
Satisfaction Level		
Very satisfied	9	25.7
Satisfied	15	42.9
Less satisfied	9	25.7
Dissatisfied	2	5.7

Table 2 shows that, of the 35 respondents, the excellent service provided at Bunda Fatimah Marelan Primary Clinic was rated good by the majority, 23 respondents (65.7%). As for the satisfaction level of women who gave birth, most reported being satisfied, 15 respondents (42.9%), while 2 respondents (5.7%) reported being dissatisfied.

Bivariate Analysis

Table 3. Cross-Tabulation of Service Excellence and Satisfaction Levels Among Women in Labor at Bunda Fatimah Marelan Primary Clinic

No	Service Excellence	Satisfaction Level								Jumlah		P-value
		Very Satisfied		Satisfied		Less Satisfied		Dissatisfied				
		f	%	f	%	f	%	f	%	f	%	
1	Good	9	25.7	14	40.0	0	0	0	0	23	65.7	0.001
2	Poor	0	0	1	2.9	9	25.7	2	5.7	12	34.3	
Total		9	25.7	15	42.9	9	25.7	2	5.7	35	100	

Based on the table above, the analysis of the relationship between service excellence and satisfaction levels among women in labor at Bunda Fatimah Marelan Primary Clinic showed that 23 respondents (65.7%) rated the service excellence as good. Of these, 9 respondents (25.7%) were very satisfied, while 14 respondents (40.0%) were satisfied.

Meanwhile, 12 respondents (34.3%) rated the service excellence as poor. Among these respondents, 1 (2.9%) was satisfied, 9 (25.7%) were less satisfied, and 2 (5.7%) were dissatisfied.

The results of the chi-square statistical test showed a p -value of 0.001 ($p < 0.05$), indicating a statistically significant relationship between service excellence and satisfaction levels among women in labor at Bunda Fatimah Marelan Primary Clinic.

DISCUSSION

Excellent Service and Maternal Satisfaction Levels Among Women in Labor at Bunda Fatimah Marelan Primary Clinic

Of the 35 respondents, 23 (65.7%) rated the excellent service at Bunda Fatimah Marelan Primary Clinic as good and 12 (34.3%) as poor. A majority of favorable ratings is consistent with other studies of childbirth care: 83.8% of mothers at the Kolang Community Health Center rated service quality as high (Octavia, Y. T et al., 2024), and reliability, tangibles, competence, and responsiveness were each significantly associated with maternal satisfaction at an independent midwife practice in Medan (Ridesman et al., 2024). What deserves attention, however, is the other side of the figure. If the remaining respondents in the Kolang study are read as non-high ratings, roughly 16% of mothers were not fully positive, whereas at this clinic the figure is more than twice as high. About one in three mothers did not experience the service as excellent, a gap that is worth explaining rather than averaging away.

The SERVQUAL framework helps in reading this result. In childbirth care, tangibles are seen in the cleanliness and completeness of the delivery room, reliability in care that follows standards, responsiveness in how quickly the midwife attends to the mother, assurance in clinical competence and the feeling of safety, and empathy in attention and psychological support during labor (Azmiatussahliah et al., 2025). Service is judged excellent when perceived performance meets or exceeds what the mother expected. Because this study recorded only an overall service-excellence score, it cannot show which dimension pushed the 12 respondents into the poor category. The explanation below therefore combines the respondent profile, the

preliminary survey conducted at the same clinic, and the usual operating conditions of a primary clinic, and it should be read as an informed interpretation rather than a tested finding.

The preliminary survey offers the most direct clue. Among 10 mothers interviewed in January 2026, four said the information given was not yet completely clear, three complained about insufficient explanation of the procedures performed, and four were only fairly satisfied. The aspects mothers said mattered most were staff attitude and friendliness, speed of service, clarity of information, and comfort of the delivery room. The share of mothers reporting unclear information in January (40%) is close to the share rating service as poor in the main study (34.3%), even though the samples and instruments differ. This similarity suggests that the shortfall is a recurring feature of how care is delivered rather than a one-off incident, and it points more toward communication and comfort than toward clinical procedures, which mothers did not raise as a concern.

Three mechanisms plausibly link these concerns to the 34.3%. The first is communication under workload. A primary clinic usually runs with a small team of midwives who handle labor, antenatal and postpartum visits, and family planning at the same time. When a delivery is in progress or several patients arrive together at peak hours, a midwife's attention is divided: explanations become shorter, procedures are carried out without being narrated, and a mother's call may wait. Therapeutic communication, which is meant to reduce anxiety and make each procedure understandable (Devi et al., 2023), is among the first things compressed under time pressure, even when the midwife is friendly and technically competent. The second is waiting time and the mother's sense of time. A woman in active labor experiences a delay of a few minutes very differently from a patient at a routine visit. If there is no clear sign that someone is monitoring her, a short wait is perceived as being left alone, and responsiveness is rated down. The third is the physical environment. In a small clinic, delivery and recovery spaces are limited, and room temperature, toilet cleanliness, and privacy when a room is shared are tangibles that mothers notice directly and that are known to influence satisfaction (Suhardi et al., 2022).

The respondent profile adds another layer. Almost half of the respondents (48.6%) were primiparous. These mothers have no earlier birth experience against which to calibrate their expectations, tend to be more anxious, and often need more explanation and reassurance for the same procedure than multiparous mothers. In addition, 31.4% had higher education, which may mean easier access to information and higher expectations of clear explanations. When

expectations are high and communication is brief, the gap between expected and perceived service widens, which is precisely the condition under which service is rated poor. Because parity and education were not cross-tabulated with the service rating, this remains a hypothesis that future analysis should test.

Satisfaction Levels of Women in Labor at Bunda Fatimah Marelan Primary Clinic

Satisfaction was distributed as very satisfied 9 (25.7%), satisfied 15 (42.9%), less satisfied 9 (25.7%), and dissatisfied 2 (5.7%). Overall, 68.6% of mothers were satisfied or very satisfied, which is lower than the 75.7% reported at the Kolang Community Health Center (Octavia et al., 2024) and the 82.8% reported among women in labor in the Padang City health center area (Dahlan A, 2020). Differences in setting, instrument, and sample size mean these figures are only a rough benchmark, but they suggest that satisfaction at this clinic is somewhat below that of comparable facilities. Following Kotler and Keller's definition, satisfaction results from comparing perceived performance with expectations (Purba, D. W., et al. 2026), so a smaller share of satisfied mothers signals a wider expectation–performance gap, not necessarily poorer clinical care.

The 68.6% who were satisfied or very satisfied can be linked to what mothers themselves valued in the preliminary survey: six of ten described the staff as friendly and communicative, and seven of ten felt that midwives responded quickly enough when help was needed. The researchers also assume that the freedom given to husbands to accompany their wives in the delivery room contributes to this result. These elements correspond to the principles of mother-friendly care, in which companionship, privacy, and respectful communication reduce anxiety and meet mothers' psychological expectations (Devi et al., 2023). The clinic therefore appears to perform well where the midwives' personal approach carries the service.

The composition of the unsatisfied group is also informative. Mothers who were less satisfied (25.7%) outnumbered those who were dissatisfied (5.7%) by more than four to one. Dissatisfaction typically follows a clear failure, whereas “less satisfied” describes service that was acceptable but fell short of expectations in particular aspects. This pattern suggests that the shortcomings at this clinic lie more in comfort, information, and attentiveness than in care that mothers perceived as unsafe, which agrees with the preliminary survey, where mothers who were only fairly satisfied still said that several aspects needed improvement. It also points to an opportunity. Patient loyalty depends on satisfaction (Junita, 2026), so mothers who are “less satisfied” are the group most at risk of choosing another facility for their next delivery, yet

relatively inexpensive improvements in communication and comfort may have the largest effect on them.

The Relationship Between Excellent Service and Satisfaction Levels of Women in Labor at Bunda Fatimah Marelan Primary Clinic

The cross-tabulation shows a sharp separation between the two groups. All 23 mothers who rated service as good were satisfied (14; 40.0%) or very satisfied (9; 25.7%), and none was less satisfied or dissatisfied. Among the 12 mothers who rated service as poor, 11 (91.7%) were less satisfied (9; 25.7% of all respondents) or dissatisfied (2; 5.7%), and only one (2.9%) was satisfied. Every less satisfied or dissatisfied mother in the sample therefore came from the poor-service group. The chi-square test confirmed a significant association ($p < 0.001$).

This separation is consistent with the expectation–perception logic of SERVQUAL: when the five dimensions are delivered well, the gap between expected and received service narrows and mothers feel satisfied, whereas failures in these dimensions widen the gap and lower satisfaction (Azmiatussahliah et al., 2025). Similar associations have been reported at an independent midwife practice (Ridesman et al., 2024), at community health centers (Octavia et al., 2024; Sihotang et al., 2025), and in a study of mother-friendly midwifery care (Dahlan, 2020). The comparison with Sihotang et al. (2025) is particularly useful. In that study the assurance dimension was not significantly related to satisfaction, while tangibles, responsiveness, reliability, and empathy were. A plausible reading is that mothers take clinical competence and safety for granted and form their satisfaction mainly from what they can see and feel: how quickly someone comes, how clearly things are explained, and how comfortable the room is. These are the same aspects raised by mothers in this clinic’s preliminary survey, which supports the interpretation that poor ratings, and the dissatisfaction that follows from them, are concentrated in communication, responsiveness, and comfort.

The strength of this association should nonetheless be interpreted with care. Service excellence and satisfaction were reported by the same mothers, at the same time, on the same questionnaire, so part of the association may reflect a halo effect: a mother who is unhappy with her birth experience for any reason is likely to rate every aspect of service lower, and vice versa. The near-complete separation between the groups, with no mother in the good group being unsatisfied, is also unusual enough to suggest that the two constructs overlap conceptually. The cross-sectional design and the small sample, which produced several empty or very small cells in Table 3, further limit the precision of the test. The results therefore support

a strong association at this clinic, but they do not show that improving service excellence will by itself raise satisfaction, nor which dimension should be improved first.

Even with these cautions, the findings carry practical messages for the clinic. Because the poor-service group accounts for all of the unsatisfied mothers, improvement efforts can be targeted rather than general. Based on the likely sources discussed above, priority actions include a short, standardized explanation given to every mother at admission and before each major procedure, with extra time for primiparous mothers; a designated midwife who answers calls when the primary midwife is attending a delivery at peak hours; an estimated waiting time communicated for procedures; and basic attention to the delivery and recovery rooms, such as temperature, toilet cleanliness, and privacy screens when rooms are shared. A routine patient-experience survey with dimension-level questions would also let the clinic identify which aspect drives poor ratings, something the present study could not do. These steps fit the broader view that consistent, high-quality service builds trust and encourages mothers to return and to recommend the facility (Junita, 2026).

In this study, most women in labor who received good excellent service said they were satisfied or even very satisfied with the service they received. This shows that the midwives at Bunda Fatimah Marelan Primary Clinic have been able to provide service that matches patients' needs, through effective communication, a friendly attitude, attention during the birthing process, and fast, professional service. These conditions provide a sense of safety and comfort and increase the mother's trust during labor. Nevertheless, some respondents were still found to be less satisfied or dissatisfied with the service they received. This shows that the implementation of excellent service has not yet been felt equally by all patients. These differences in perception may be influenced by patients' high expectations of the service, previous experiences, individual characteristics, or certain aspects of service that did not meet expectations, such as waiting time, communication, or the attention given by healthcare staff.

The results of the study show that the better the implementation of excellent service, the higher the satisfaction level of women in labor. Excellent service is service delivered professionally, prioritizing patients' needs, expectations, comfort, safety, and good communication. In midwifery care, excellent service includes not only the midwife's technical skills but also a friendly attitude, empathy, alertness, the ability to give clear information, and respect for the mother's rights and needs during labor. Service that meets patients' expectations will form a positive perception, thereby increasing satisfaction with the health service received.

In the researcher's assumption, the significant relationship between excellent service and the satisfaction level of women in labor shows that service quality is one of the main factors determining patient satisfaction. Based on these theories, the results of this study are logical because most women in labor who received good excellent service also had a high level of satisfaction. This shows that service that is fast, friendly, communicative, empathetic, and in line with professional standards is able to meet the expectations of women in labor. Conversely, service that is not yet optimal explains why some mothers are still less satisfied. Thus, the implementation of excellent service is an important factor in improving the quality of midwifery care and the satisfaction of women in labor at Bunda Fatimah Marelan Primary Clinic. Therefore, Bunda Fatimah Marelan Primary Clinic needs to continue to maintain and even improve the implementation of excellent service through improving healthcare workers' competence, training in effective communication, strengthening empathy, and periodic evaluation of service quality. In this way, the service provided will better match patients' expectations, increase the satisfaction of women in labor, and strengthen public trust in the health facility.

CONCLUSION

Based on the excellent service at Bunda Fatimah Marelan Primary Clinic, the service was rated good for 23 people (65.7%) and poor for 12 people (34.3%). Based on the satisfaction level of women in labor at Bunda Fatimah Marelan Primary Clinic, 9 people (25.7%) were very satisfied, 15 people (42.9%) were satisfied, 9 people (25.7%) were less satisfied, and 2 people (5.7%) were dissatisfied. There is a relationship between excellent service and the satisfaction level of women in labor at Bunda Fatimah Marelan Primary Clinic, with a value of $p = 0.000 < 0.05$. It is hoped that the results of this study can serve as material for evaluation by healthcare workers in improving the quality of service to women in labor through the consistent application of the principles of excellent service.

LIMITATION

This study has several limitations. First, the number of respondents was small (35 people) and came from a single clinic, so the results cannot be generalized. Second, the cross-sectional design shows only relationships between variables, not cause and effect. Third, the data were obtained through subjective questionnaires, which may introduce bias. Fourth, other variables that may influence satisfaction, such as parity, age, and education, were not controlled.

REFERENCES

- Ambas, J., Rahman, E., Siswati, S., Tahir, A., dkk. (2025). *Manajemen pelayanan sektor publik (teori dan praktek layanan publik di rumah sakit)*. Mega Press Nusantara.
- Anggraheni, N. P., Diniyah, K., & Soimah, N. (2026). Gambaran mutu pelayanan kebidanan dan tingkat kepuasan ibu nifas di Puskesmas Sleman tahun 2025. *Borneo Nursing Journal*, 8(1), 2985–2993.
- Azmiatussahliyah, A., Utami, T. N., & Fitriani, A. D. (2025). Faktor yang mempengaruhi mutu pelayanan keperawatan terhadap tingkat kepuasan pasien di rawat inap penyakit dalam RSUD Pirngadi Kota Medan. *Jurnal Kesehatan Amanah*, 9(2), 222–232.
- Dahlan, A. (2020). Hubungan mutu pelayanan bidan dalam memberikan asuhan sayang ibu terhadap tingkat kepuasan ibu bersalin. *Journal of Social Economics Research*, 2(1), 6–22.
- Devi, T. E. R., Ernawati, N., dkk. (2023). *Buku ajar komunikasi konseling dalam pelayanan kebidanan*. PT Literasi Nusantara Abadi Grup.
- Doni, L. P., & Andi, M. A. (2025). *Manajemen pelayanan yang baik dengan kepuasan pasien yang tinggi*. Nuansa Fajar Cemerlang.
- Dwi, A. (2025). *Pengaruh service quality, object development, dan service excellent terhadap visitor satisfaction pariwisata pantai dalam perspektif bisnis Islam (Studi pada pengunjung Pantai Rio By The Beach di Kabupaten Lampung Selatan)* [Skripsi, Universitas Islam Negeri Raden Intan Lampung].
- Ginting, S. E., Santoso, R. S., & Rostyaningsih, D. (2024). Kualitas pelayanan kesehatan pada Puskesmas Rembang 1. *Journal of Public Policy and Management Review*, 13(3), 502–523.
- Junita, A. (2026). *Analisis pengaruh patient trust dan brand image terhadap loyalitas pasien melalui kepuasan pasien di RSUD Tenriawaru Kabupaten Bone* [Tesis, Universitas Hasanuddin].
- Octavia, Y. T., Saragih, F. L., Syapitri, H., & Kusuma, S. (2024). Hubungan kualitas pelayanan persalinan dengan kepuasan ibu bersalin tahun 2024. *Jurnal Online Keperawatan Indonesia*, 7(2), 55–68.
- Prasastin, O. V., & Rahmah, A. S. N. (2025). *Buku ajar: Manajemen mutu pelayanan kesehatan I*. Penerbit Widina.
- Purba, D. W., dkk. (2026). *Studi kepuasan pasien rawat inap di rumah sakit*. Dunia Penerbitan Buku.

- Ridesman, R., Pasaribu, R. S., Sembiring, M., Simamora, L., & Hutahaeen, N. (2024). Hubungan pelayanan service excellent dengan tingkat kepuasan pasien ibu bersalin di PMB Pera Kota Medan. *Jurnal Medika Nusantara*, 2(3), 199–209.
- Rospia, E. D. (2025). Hubungan mutu layanan kebidanan dengan kepuasan ibu nifas. *Jurnal Kesehatan Abdurahman*, 14(1), 32–40.
- Sihotang, R. O., Sianipar, Y. G., & Barus, M. B. (2025). Hubungan mutu pelayanan KIA dengan kepuasan ibu bersalin secara normal. *Jurnal Ilmu Kesehatan Kebidanan Nusantara*, 2(1), 22–29.
- Suarayasa, K. (2020). *Strategi menurunkan angka kematian ibu (AKI) di Indonesia*. Deepublish.
- Suhardi, Y., Zulkarnaini, Z., Burda, A., Darmawan, A., & Klarisah, A. N. (2022). Pengaruh harga, kualitas pelayanan dan fasilitas terhadap kepuasan pelanggan. *Jurnal STEI Ekonomi*, 31(2), 31–41.
- Sukriani, B. W., & Arizal. (2025). *Komunikasi dalam praktik kebidanan*. Polkesraya Press.
- World Health Organization. (2019). *Maternal mortality*. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>