THE RELATIONSHIP BETWEEN THE QUALITY OF HEALTH SERVICES AND PATIENT SATISFACTION AT THE ENT POLYCLINIC OF MUARA TEWEH REGIONAL GENERAL HOSPITAL

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ABSTRACT

Tingginya kunjungan pasien ke poliklinik THT didasari oleh harapan akan perbaikan kondisi kesehatan dan pemenuhan kebutuhan layanan yang memuaskan. Kualitas pelayanan merupakan faktor krusial yang diperhatikan pasien dan menjadi kunci keunggulan kompetitif bagi fasilitas kesehatan, sehingga pengukurannya menjadi esensial. Penelitian ini bertujuan untuk mengidentifikasi hubungan antara mutu pelayanan kesehatan dengan kepuasan pasien di Poli THT RSUD Muara Teweh. Metode penelitian yang digunakan adalah kuantitatif dengan desain korelasional, melibatkan 62 responden yang dipilih melalui teknik accidental sampling. Data dianalisis menggunakan analisis univariat dan uji korelasi Spearman Rank. Hasil penelitian menunjukkan bahwa mayoritas pasien menilai mutu pelayanan dalam kategori kurang (93,5%) dan merasa tidak puas (71,0%). Secara spesifik, dimensi kualitas layanan yang dinilai paling bermasalah oleh pasien adalah empati dan bukti fisik (tangibles). Analisis bivariat membuktikan adanya hubungan yang kuat dan signifikan secara statistik antara mutu pelayanan kesehatan dengan kepuasan pasien (p=0.001<0.05). Temuan ini menggarisbawahi bahwa mutu pelayanan, khususnya pada aspek interaksi personal dan fasilitas fisik, adalah prediktor penting bagi kepuasan pasien di Poliklinik THT RSUD Muara Teweh.

High patient volume at the Otorhinolaryngology (ENT) polyclinic is driven by expectations for health improvement and satisfactory service delivery. Service quality is a critical factor for patients and a key competitive advantage for healthcare facilities, making its assessment essential. This study aimed to identify the relationship between healthcare service quality and patient satisfaction at the ENT Polyclinic of Muara Teweh Regional Hospital. This study employed a quantitative method with a correlational design, recruiting 62 respondents through accidental sampling. Data were analyzed using univariate analysis and the Spearman Rank correlation test. The results indicated that a vast majority of patients perceived the service quality as poor (93.5%) and reported dissatisfaction (71.0%). Specifically, the service quality dimensions receiving the most negative evaluations were empathy and tangibles. Bivariate analysis revealed a strong and statistically significant correlation between healthcare service quality and patient satisfaction (p=0.001<0.05). This finding underscores that service quality, particularly concerning interpersonal interactions and physical facilities, is a significant predictor of patient satisfaction at the ENT Polyclinic of Muara Teweh Regional Hospital.

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Introduction

Health and illness represent fundamental challenges that have confronted humanity since its inception (Wicaksono, 2013). Every individual is susceptible to physical and psychological health issues, often perceived as threats to survival. In response, individuals typically seek assistance based on their knowledge, frequently by accessing healthcare facilities (Wicaksono, 2013).

Healthcare services are provided by governmental, private, or community-based organizations to deliver promotive, preventive, curative, and rehabilitative care (Vanchapo & Magfiroh, 2022; Ulfah, 2019). A primary provider of these services is the hospital, an institution that offers comprehensive individual healthcare, encompassing outpatient, inpatient, and emergency services (Budiman, 2023).

Within the hospital structure, the outpatient installation, or polyclinic, is one of the most frequently accessed units by the public (Pangerapan et al., 2018). The quality of service in outpatient departments often reflects the overall quality of the hospital (Wijaya, 2016, as cited in Budiman, 2023). One vital specialized service is the Ear, Nose, and Throat (ENT) polyclinic, established to optimize care for patients with disorders in these areas.

In the context of this study, the Muara Teweh Regional General Hospital (RSUD) in Central Kalimantan established its ENT Polyclinic in December 2023. This launch coincided with the appointment of the hospital's first ENT specialist. The polyclinic initially operated with basic equipment, and by May 2024, its facilities were upgraded with essential instrumentation, including an ENT endoscopy unit and other related tools.

Primary data from the ENT Polyclinic of RSUD Muara Teweh (2024) reveal a significant patient volume, with 1,424 visits recorded between January and September 2024. Patient visits peaked in January 2024 (218 visits) and reached their lowest point in April 2024 (74 visits). The most commonly treated cases included otitis media (acute and chronic), cerumen obturans, otitis externa, pharyngitis, and allergic rhinitis.

This high patient influx prompts a deeper analysis of service quality and patient satisfaction. Patient satisfaction, defined as a post-service evaluation where expectations are met or exceeded, is a cornerstone of successful healthcare delivery (Budiman, 2023). Service quality itself is a multidimensional concept, extensively analyzed through the SERVQUAL model pioneered by Parasuraman, Zeithaml, and Berry (1988). Their seminal work defines service quality as the gap between patient expectations and their perceptions of the service received. The model identifies five core dimensions for its measurement: tangibles, reliability, responsiveness, assurance, and empathy. This framework has been validated and widely applied across diverse healthcare contexts globally, consistently demonstrating a strong correlation between these dimensions and overall patient satisfaction. Research within the Indonesian context, such as studies by Zaimah (2018) and Anita et al. (2024), corroborates these global findings by confirming the significant relationship between these quality dimensions and patient satisfaction and service utilization.

A preliminary study conducted at the ENT Polyclinic of RSUD Muara Teweh reinforces the urgency of this research. Interviews with five patients indicated appreciation for the establishment of this specialized service. However, four of these respondents also expressed a need for improvements, specifically highlighting long waiting times, a perceived lack of attentiveness from staff, and facility cleanliness that required enhancement.

Despite these complaints, patient visit numbers have remained stable. This stability may be attributable to the fact that RSUD Muara Teweh is the sole referral hospital in the region. Consequently, it is crucial to investigate whether this consistent patient volume is genuinely driven by satisfaction with service quality or is merely a consequence of the lack of alternative healthcare options. As the ENT Polyclinic has not conducted any formal evaluation of its service quality and patient satisfaction since its inception, this research is critical to addressing this gap.

Therefore, based on the identified research problem and the theoretical framework, this study tests the following hypothesis: H1: *There is a significant positive relationship between the perceived quality of healthcare services*

encompassing the dimensions of tangibles, reliability, responsiveness, assurance, and empathy and the level of patient satisfaction at the Otorhinolaryngology (ENT) Polyclinic of RSUD Muara Teweh.

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Methods

Research Design and Period

This study employed a quantitative methodology with a correlational design to ascertain the strength and direction of the relationship between healthcare service quality and patient satisfaction. The research was conducted at the ENT Polyclinic of Muara Teweh Regional General Hospital over the period of December 2024 to January 2025.

Population and Sample

The study population comprised all patients visiting the Otorhinolaryngology (ENT) Polyclinic of Muara Teweh Regional General Hospital. Patient visit data from January to November 2024 indicated a total visit population of 1,741, with a monthly average of 158 visits.

The sample size was determined using Slovin's formula for a finite population. Based on the total population size (N) of 1,741 and applying a margin of error (e) of 12.5%, the calculation yielded a minimum required sample size as follows:

$$n = \frac{N}{1+Ne^2} = \frac{1741}{1+1741\times(0.125)^2} \approx 62 \text{ respondents}$$

This sample size of 62 respondents was deemed adequate for the exploratory correlational analysis intended in this study.

A non-probability sampling technique, specifically accidental sampling (also known as convenience sampling), was employed due to practical considerations and operational constraints in the clinical setting. The implementation of a probability sampling method, such as systematic random sampling, was deemed infeasible for two primary reasons: (1) the lack of a real-time, accessible patient registry to serve as a sampling frame, and (2) the potential disruption to the busy polyclinic workflow that a systematic selection procedure would entail. Therefore, respondents were patients who were present at the clinic during the data collection period, met the inclusion criteria, and voluntarily agreed to participate. The researchers fully acknowledge the limitations of this technique concerning the generalizability of the findings, and the potential for selection bias will be discussed in greater detail in the Limitations section of this paper.

Research Instruments and Measurement

Two questionnaires were utilized in this study:

1. Service Quality Questionnaire: This instrument was adapted from research by Nurul Annisa (2017) and consists of 25 items designed to measure the five dimensions of service quality (SERVQUAL): Tangibles, Reliability, Responsiveness, Assurance, and Empathy. Although previously validated, the questionnaire's validity and reliability were re-assessed using the current study's sample (n=62). The validity test confirmed that all 25 items were valid, with corrected item-total correlation values (r-value) ranging from 0.415 to 0.720, all of which exceeded the critical r-value of 0.254 (df=60, α=0.05). The reliability test yielded a Cronbach's Alpha of 0.918, indicating excellent internal consistency.

2. Patient Satisfaction Questionnaire: This instrument is the standard questionnaire used by Muara Teweh Regional General Hospital for its internal patient satisfaction surveys. This questionnaire was also subjected to validity and reliability testing on the study sample. The results demonstrated that all items were valid (r-value > 0.254) and that the instrument was reliable, with a Cronbach's Alpha of 0.889.

Scoring and Data Categorization

Data for this study were collected using questionnaires with Likert-type scales for both the service quality and patient satisfaction variables. To preserve the richness and variance of the data, the analysis was conducted directly on the composite scores without categorizing them into binary groups (e.g., 'Good'/'Poor' or 'Satisfied'/'Dissatisfied').

The data analysis procedure was as follows:

1. Data Scoring: For each respondent, the individual item responses on the Likert scale (e.g., 1-5) were summed to create a composite total score for the 'Service Quality' and 'Patient Satisfaction' variables, respectively. These composite scores were treated as ordinal-level data.
2. Hypothesis Testing: Given the ordinal nature of the data, the Spearman's rank-order correlation coefficient (rho) was selected as the appropriate statistical test to examine the hypothesized relationship between the two variables. This non-parametric test is more suitable than a Pearson correlation as it does not assume a normal distribution. The Spearman analysis measures the strength (from -1 to +1) and direction (positive or negative) of the monotonic relationship between perceived service quality and the level of patient satisfaction.
3. Interpretation: The significance level (p-value) was evaluated against an alpha threshold of $\alpha=0.05$. A p-value of less than 0.05 would lead to the rejection of the null hypothesis (no relationship), indicating a statistically significant correlation.

This analytical approach was deliberately chosen to avoid the significant loss of information inherent in data dichotomization and to provide a more accurate and nuanced analysis of the relationship between the variables. All statistical analyses were performed using SPSS software (e.g., Version 26.0).

Data Analysis

As both study variables yielded data on an ordinal scale following categorization, the hypothesis regarding the relationship between them was tested using the Spearman's Rank-Order Correlation test. The data analysis was performed using the Statistical Package for the Social Sciences (SPSS) software.

Ethical Considerations

This study received ethical approval from the Research Ethics Committee of the Institute for Research and Community Service at Universitas Sari Mulia (Approval Number: No. 041/Kep-UNISM/II/2025). Before data collection, all potential participants received a detailed explanation of the study's objectives, benefits, and procedures. Participation was entirely voluntary, and all consenting respondents signed an informed consent form. The confidentiality of data and the anonymity of respondents were strictly maintained throughout the research process using coded initials.

Results

Respondent Characteristics

The demographic profile of the 62 respondents who participated in this study is detailed in Table 1. The majority of respondents were male (56.5%), in the late adulthood age group (30.6%), had completed high school as their highest level of education (64.5%), and were employed in the private sector (59.7%).

Table 1. Frequency Distribution of Respondents by Demographic Characteristics (N=62)

Characteristic	Category	f	%
Gender	Male	35	56,5
	Female	27	43,5
Age	Adolescent	12	19,4
	Early Adulthood	18	29,0
	Late Adulthood	19	30,6
	Early Elderly	3	4,8
	Late Elderly	8	12,9
	Very Elderly	2	3,2
Education Level	No Schooling	0	0
	Elementary School	0	0
	Junior High School	8	12,9
	Senior High School	40	64,5
	Higher Education	14	22,6
Occupation	Unemployed/Housewife	18	29,0
	Farmer	2	3,2
	Private Sector	37	59,7
	Civil Servant	1	1,6
	Pensioner	2	3,2
	Student	2	3,2

Univariate Analysis

Univariate analysis was conducted to describe the frequency distribution of the dependent variable (patient satisfaction) and the independent variable (service quality). The results are presented in Table 2.

Tabel 2. Frequency Distribution of Service Quality and Patient Satisfaction (N=62)

Variabel		Frequency	%
Service Quality	Poor	58	93,5
	Good	4	6,5
Satisfaction Level	Dissatisfied	44	71,0
	Satisfied	18	29,0

As shown in Table 2, the majority of respondents (58 participants, 93.5%) perceived the healthcare service quality at the ENT Polyclinic of RSUD Muara Teweh as 'Poor', with only 4 participants (6.5%) rating it as 'Good'. In line with this finding, most respondents (44 participants, 71.0%) reported being 'Dissatisfied' with the services received, while 18 participants (29.0%) reported being 'Satisfied'.

Bivariate Analysis

To test the research hypothesis, a Spearman's Rank Correlation analysis was performed. The results, which identify the relationship between service quality and patient satisfaction, are presented in **Table 3**.

Table 3. Spearman's Rank Correlation Analysis between Service Quality and Patient Satisfaction (N=62)

		Service Quality	Patient Satisfaction
Service Quality	Correlation Coefficient	1.000	.411
	Sig.(2-tailed)	.	.001
	N	62	62
Patient Satisfaction	Correlation Coefficient	.411	1.000
	Sig.(2-tailed)	.001	.
	N	62	62

The analysis results in Table 3 reveal a statistically significant relationship between service quality and patient satisfaction. The Spearman's rho (ρ) correlation coefficient was .411, with a significance value (p-value) of .001. Since the p-value is less than .05, the null hypothesis (H0) is rejected, indicating a meaningful relationship between the two variables. The positive coefficient (.411) signifies a positive correlation, meaning that better service quality is associated with higher patient satisfaction. Based on the rho value, the strength of this relationship is interpreted as moderate.

Discussion

This study critically examined the interplay between service quality and patient satisfaction within the specific context of the Otorhinolaryngology (ENT) Polyclinic at Muara Teweh Regional Public Hospital. The primary quantitative finding reveals a statistically significant and robust positive correlation between these two constructs (p<0.001). This result is fundamentally aligned with the tenets of the SERVQUAL model, which posits that patient satisfaction is a direct function of their perception of service quality. Furthermore, this core finding resonates with a broad consensus in the existing literature, corroborating numerous studies conducted across Indonesia's diverse healthcare landscape that consistently link quality of care to patient satisfaction (Rahmaningtyas & Supriyanto, 2019; Soamole, 2022).

However, beyond this overarching correlation, the study uncovers a more nuanced and challenging reality. The overall patient satisfaction was rated as "poor," signaling a profound gap between patient expectations and the service delivered. A dimensional analysis points to specific areas of systemic weakness, primarily revolving around the relational and environmental aspects of care. The most pronounced deficiency was identified in the empathy dimension. In the healthcare context, empathy transcends mere courtesy; it involves the provider's capacity to communicate understanding, offer individualized attention, and validate the patient's concerns (Vanchapo & Magfiroh, 2022). The low scores in this domain suggest that patients felt their interactions were impersonal and lacked emotional support. This phenomenon of "compassion fatigue" in resource-constrained public health settings has been observed in other Indonesian regional hospitals (Sari & Putra, 2021). This is not a uniquely Indonesian problem but a well-documented global challenge. Research from public health systems worldwide, from the UK's National Health Service (NHS) to clinics in Sub-Saharan Africa, consistently links high patient-to-staff ratios and administrative burdens to decreased provider empathy and higher rates of professional burnout. This suggests that the empathetic deficit observed in Muara Teweh is likely a symptom of systemic pressures common to underfunded public healthcare globally, rather than a purely local or cultural issue.

Conversely, the study found that the assurance dimension, reflecting the clinical competence, professionalism, and credibility of the staff—was the highest-rated aspect of the service. This creates a critical paradox: patients trust the technical skills of their providers but feel disconnected from them on a human level. This presents a significant theoretical implication for the application of the SERVQUAL model in resource-limited public health contexts. The original model posits the five dimensions as distinct but collectively contributing to satisfaction. However, our findings suggest a potential hierarchical relationship in this specific setting. High assurance (technical skill) appears to be a necessary but insufficient condition for satisfaction, while the profound deficit in empathy negates the positive perception of clinical competence. This could suggest that in a developing country's public health system, "softer" dimensions like empathy are not merely additive but may act as a "gateway" through which technical quality is ultimately valued by the patient. This challenges the assumption of the dimensions' equal weighting and points toward the need for context-specific adaptations of the SERVQUAL framework.

The second major driver of patient dissatisfaction was the tangibles dimension. This pertains to the physical evidence of the service, including the clinic's ambiance, the condition of its facilities, and the modernity of its equipment (Putri & Putri, 2024). The perception of inadequate physical infrastructure significantly eroded patient satisfaction. Interestingly, while the importance of tangibles is universal, its relative weight may differ across economic contexts. In developed healthcare systems in North America and Europe, where high-standard physical infrastructure is often a baseline expectation, other dimensions like responsiveness may become more critical differentiators. In contrast, this study suggests that in developing contexts where resources are visibly scarce, tangibles may function as a more fundamental and powerful heuristic for patients to gauge the overall quality and reliability of the institution. This underscores the disproportionate impact of the physical environment on patient perception, especially in settings where it may be one of the few tangible cues of quality that patients can easily evaluate.

The demographic profile of the respondents—predominantly educated adults—provides crucial context for these perceptions. Contemporary healthcare consumers, particularly those with higher educational attainment, are no longer passive recipients of care. They are active, informed "e-patients" who leverage information to form high expectations (Tamara & Paramatra, 2024). This global trend of the empowered patient means that healthcare providers, even in remote areas, are being held to increasingly higher standards, amplifying the negative impact of any perceived service gaps.

Study Limitation

This study has several limitations. The primary limitation is the use of an accidental sampling technique, which introduces potential selection bias and restricts the generalizability of the findings to the broader patient

population or other healthcare settings. Furthermore, the correlational research design does not permit the establishment of definitive causal relationships; it only indicates an association between service quality and patient satisfaction. Finally, the study focused solely on service quality and satisfaction, while other factors that could influence patient satisfaction, such as specific socio-demographic conditions or prior treatment experiences, were not measured in depth.

Conclusion

This study confirms that a significant positive correlation exists between the quality of healthcare services and patient satisfaction at the ENT Polyclinic of Muara Teweh Regional General Hospital. This finding underscores that enhancing service quality is a key strategy for meeting patient expectations and achieving satisfaction. It is therefore recommended that the hospital management, particularly at the ENT Polyclinic, consistently evaluate and improve all dimensions of service, with a focus on the identified weaknesses in empathy and physical facilities. For future research, it is advisable to employ more representative sampling methods, such as probability sampling, to enhance generalizability. Future studies could also expand their scope to other service units and investigate a wider range of variables that may influence patient satisfaction.

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Conflict of Interest

The authors declare that there is no conflict of interest related to the research process, authorship, or publication of this scientific article.

Credit Author Statement

Sapmiati Hanimah: Conceptualization, Methodology, Formal Analysis, Validation, Project Administration, Writing – Original Draft, Investigation, Resources, Funding Acquisition. **Mohammad Basit:** Validation, Software, Data Curation, Writing – Review & Editing. **Muhammad Arief Wijaksono:** Supervision, Validation. **Hariadi Widodo:** Validation, Data Curation, Visualization, Funding Acquisition.

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