

Determinants of patient satisfaction in health center services in Indonesia

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ABSTRACT

Patient satisfaction is a crucial indicator in assessing the quality of health services in Community Health Centers (Puskesmas). As the primary healthcare providers at the community level in Indonesia, Puskesmas play a vital role in ensuring accessible, affordable, and comprehensive health services. High patient satisfaction not only reflects the effectiveness of healthcare delivery but also influences patient adherence to medical recommendations, trust in the healthcare system, and overall public health outcomes. Therefore, understanding the factors that determine patient satisfaction is essential for improving service quality and formulating effective healthcare policies. Quality health services in Community Health Centers are one of the main indicators in increasing patient satisfaction. This study aims to analyze the determinants of patient satisfaction with Community Health Center services in Indonesia using secondary data from the 2017 Health Manpower Research (Risnakes). The research design uses a quantitative approach with Spearman Rank correlation analysis to see the relationship between independent variables, such as speed of service, friendly attitude of officers, communication, patient rights, and quality of health service facilities, to the dependent variable, namely patient satisfaction. The results showed that speed of service had the most dominant influence on patient satisfaction ($r = 0.792$; $p < 0.05$), followed by quality of service facilities ($r = 0.473$; $p < 0.05$) and the right to choose health services ($r = 0.283$; $p < 0.05$). Other factors, such as friendliness of officers, communication, and confidentiality of patient information, showed a weak but significant relationship. Overall, the independent variables contributed 99% to the dependent variable. This study emphasizes the importance of improving the efficiency of services and physical facilities in Community Health Centers to improve patient satisfaction. These findings are expected to be a reference in formulating better health service policies in Indonesia.

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INTRODUCTION

Patient satisfaction is a crucial indicator in assessing the quality of health services in Community Health Centers (Puskesmas). As the primary healthcare providers at the community level in Indonesia, Puskesmas play a vital role in ensuring accessible, affordable, and comprehensive health services (Peraturan Menteri Kesehatan RI No 43 tahun 2019, 2019). High patient satisfaction not only reflects the effectiveness of healthcare delivery but also influences patient adherence to medical recommendations, trust in the healthcare system, and overall public health outcomes (Vanchapo & Magrifoh, 2022). Therefore, understanding the factors that determine patient satisfaction is essential for improving service quality and formulating effective healthcare policies.

The Community Health Center is a technical implementing unit of the district / city service located in the sub-district that organizes public health efforts (UPM) and individual health efforts (UKP) by prioritizing promotive and preventive efforts, is obliged to strive for, provide, and organize quality services in meeting the community's needs for quality health services (Leo et al., 2023); (Kusumo et al., 2023); (Isnaini & Wahyudi, 2024). One indicator of the success of individual health services in the community health center is patient satisfaction which aims to create a healthy community health center work area, with a community that has healthy behavior including awareness, willingness, and ability to live healthily; able to access quality health services; live in a healthy environment; and have optimal health levels, both individuals, families, groups, and communities (Nuraeni et al., 2024); (Harahap et al., 2023).

Indonesia is in 3rd position with the largest population in the world which requires an increase in the health services provided (Nababan et al., 2024). Indonesia has 10,292 community health centers in 2021, there are 6,091 non-inpatient community health centers and 4,201 outpatient community health centers. The number increased by 0.9% with an increase of 89 units from 2020, as many as 10,203 units had midwives, namely 41.66% and the fewest were dentists (2.16%) only 44.25% of health centers had 5 types of health promotion and prevention personnel, an increase from 2018 which reached 40% (Kementerian Kesehatan Republik Indonesia, 2022); (Kementerian Kesehatan RI, 2020). The large number of health centers has not been able to meet patient satisfaction during the service, coupled with the still quite low number of health workers in health centers (Wartiningsih & Setyawan, 2023). Patient satisfaction is an important key to improving quality care in health services to build good health, so it is necessary to build good health services in every health institution (Yuliana; Marchamah, 2024); (Ummah, 2019). Evaluating high service quality extends beyond merely treating the disease physically; it also encompasses the demeanor, expertise, and capabilities of personnel in delivering services, along with factors like communication, information, courtesy, timeliness, responsiveness, and the presence of sufficient physical infrastructure and environment. Furthermore, it includes elements pertaining to inadequate service quality, such as staff's punctuality, effectiveness in service delivery, and insufficient physical resources (Kusumo et al., 2023); (Khasanah & Oktiani, 2024). They hope to be given good service so that they have a high recovery rate (Wartiningsih & Setyawan, 2023).

The results of the (Sondakh et al., 2019) showed that 15% of the community expressed dissatisfaction with the health center services, dissatisfaction was caused by the availability of toilet water. In line with (Vanchapo & Magrifoh, 2022) Patient satisfaction in radiology showed patient complaints about slow service due to long queues and 16 patients (53%) of the 30 patients interviewed said they did not get a waiting chair during the examination queue. In addition, research (Murniaty et al., 2019) showed that service quality was positively and significantly directly related to patient satisfaction in the outpatient unit of the Mehalaan Health Center in 2022 ($0.000 > 0.05$) and patient satisfaction was positively and significantly directly related to interest in returning to the unit including the Health Center ($0.013 < 0.05$) (Faatin et al., 2022).

The level of satisfaction is very important and closely related to the level of patient return visits and can be used as a benchmark for health services, patient satisfaction is an indicator of the success of health services (Effendi, 2020). In this case, patient satisfaction describes the success of

health services in meeting needs (Wartiningsih & Setyawan, 2023). Failure to meet patient expectations can result in patient dissatisfaction and disappointment. Factors that influence patient satisfaction contribute to the formation of public impressions regarding the image of the Health Center (Gultom et al., 2022). The role of government policy is crucial in improving patient satisfaction in Puskesmas. Policies that strengthen human resource capacity, improve infrastructure, and enhance service efficiency are essential. The government has introduced several initiatives, such as the National Health Insurance (JKN) program, which aims to increase access to healthcare services. Additionally, policies focusing on digital transformation, such as the implementation of Electronic Medical Records (EMR) and telemedicine, contribute to service quality improvements. Ensuring that health workers receive adequate training and that facilities meet patient needs can further enhance patient satisfaction. These policy interventions should be continuously evaluated and adapted to address emerging challenges in community health services.

Quality health services in Community Health Centers are one of the main indicators in increasing patient satisfaction. This study aims to analyze the determinants of patient satisfaction with Community Health Center services in Indonesia using secondary data from the 2017 Health Manpower Research (Risnakes). The research design uses a quantitative approach with Spearman Rank correlation analysis to examine the relationship between independent variables, such as speed of service, friendly attitude of officers, communication, patient rights, and quality of health service facilities, with the dependent variable, namely patient satisfaction.

The results showed that speed of service had the most dominant influence on patient satisfaction ($r = 0.792$; $p < 0.05$), followed by quality of service facilities ($r = 0.473$; $p < 0.05$) and the right to choose health services ($r = 0.283$; $p < 0.05$). Other factors, such as friendliness of officers, communication, and confidentiality of patient information, showed a weak but significant relationship. Overall, the independent variables contributed 99% to the dependent variable.

This study emphasizes the importance of improving the efficiency of services and physical facilities in Community Health Centers to enhance patient satisfaction. These findings are expected to serve as a reference in formulating better health service policies in Indonesia.

RESEARCH METHOD

Research Design

This study uses a quantitative approach with a non-parametric method and Spearman Rank correlation analysis design to evaluate and measure the strength and direction of the relationship between the variables of the relationship between the independent variables and the dependent variable. The Spearman Rank correlation test was chosen because the data in this study were not normally distributed, as evidenced by the results of the normality test (p -value = 0.01 < 0.05). The variables tested include the speed of getting service, the friendly and polite attitude of health workers, communication between health workers and patients, the right to choose treatment/care, confidentiality of patient information, the right to choose health services, and the quality of health service locations, with patient satisfaction as the dependent variable. This study uses secondary data from the Health Workforce Research (Risnakes) conducted in 2017. This study aims to determine the level of determinants of patient satisfaction in Puskesmas services in Indonesia.

Relevance of Risnakes Data 2017

Risnakes 2017 is still relevant nationally because there has been no comprehensive research since. This study uses secondary data from Risnakes 2017 to analyze patient satisfaction at Puskesmas. However, since 2017, various policies have changed, such as digitalization of services and JKN reform. Therefore, the results of the study need to be compared with the latest data to be more in line with current conditions.

Validity and Reliability of Data

Risnakes 2017 data has been collected and tested by the Ministry of Health through a standardized methodology. However, to ensure compliance with the objectives of this study, validity and reliability tests were carried out again on the instruments used in the analysis of patient satisfaction. Validity tests were carried out to ensure that the variables used actually measure the factors that influence patient satisfaction. Reliability tests were carried out to ensure consistency of measurement results.

Location and Time of Research

This study was conducted in all Paskesmas in Indonesia. This study has been conducted since December 2024. This data received from Risnakes 2017 was further analyzed in January 2025.

Population and Sample

The population in this study refers to the population in the 2017 Risnakes, which was 9,699 health centers and 1000 patients (Ministry of Health, 2018). The samples were chosen through the simple random sampling method to guarantee that each health center has an equal opportunity to be selected as a sample. The initial step involved gathering population data from every health facility in Indonesia, utilizing information obtained from the Health Data and Information Center at the Ministry of Health, up to the conclusion of 2016. Additionally, the health center information was allocated according to provincial areas to guarantee proportional representation from every province. Out of the entire population of health centers, a total of 425 health centers and 597 respondents were identified as samples. This method is anticipated to yield study results that can reflect the status of health center services on a national level in Indonesia (Ministry of Health, 2018).

Data Collection Method

Data Type

This study uses secondary data. The secondary data used in this study are data from the 2017 Health Manpower Research (Risnakes) which was conducted to determine the relationship between patient satisfaction in health center services in Indonesia.

Research Instrument

The instrument used in this study is the Health Manpower Research Questionnaire (Risnakes) in 2017. The respondent questionnaire in this study was patient satisfaction in health center services with the technique used, namely the data analysis technique from the questionnaire. The questionnaire was used to determine the determinants of patient satisfaction in health center services.

Data Analysis Technique

This data analysis technique uses computer software, namely by using data entry, data processing and data analysis on the computer. This data analysis uses quantitative data including Spearman Rank Correlation analysis.

Selection of Variables

The variables in this study were selected based on the main factors that have been identified in the literature as determinants of patient satisfaction in health services, and referring to the Ministry of Health questionnaire. The variables tested included speed of service, attitude of health workers, communication, right to choose services, and quality of facilities, which reflect the main dimensions in the patient satisfaction model and health service standards. Although other factors such as drug availability and referral systems also play a role, this study focuses more on aspects that are directly related to the patient's experience in receiving services at the Puskesmas.

RESULTS AND DISCUSSIONS

Table 1. Patient characteristics data

Age	N	%
Under 25 Years	144	24.1 %
25-40 Years	212	35.5 %
41-55 Years	131	21.9 %
56 and above	110	18.4 %
Total	597	100 %
Gender	N	%
Male	192	32.2 %
Famale	405	67.8 %
Total	597	100 %
Last Education	N	%
Low Education		
Never Attended School	47	7.9 %
Did Not Finish Elementary School	73	12.2 %
Elementary School	166	27.8 %
Finish Junior High School	127	21.3 %
Higher Education		
Finish Senior High School	160	26.8 %
Finish D1/D2/D3	10	1.7 %
Finish D4/S1/S2/S3	14	2.3 %
Total	597	100 %
Employment Status	N	%
Not Working	286	47.9 %
Working	255	42.7 %
School	56	9.4 %
Total	597	100 %

Age table of respondents who are the research sample, in this study it can be seen that the majority of respondents are aged 25-40 years, namely 212 respondents (35.5%), then respondents aged between 41-55 years amounted to 131 respondents (21.9%) then respondents aged over 56 years and above amounted to 110 respondents ((18.4%) and respondents under 25 years old amounted to 114 people (24.1%). Gender table of respondents, in this study the majority of respondents were dominated by women amounting to 405 respondents (67.8%), and male respondents amounted to 192 respondents (32.2%). Table of respondents' last education, in this study respondents Never went to school amounted to 47 people (7.9%), respondents who Did Not Graduate Elementary School/MI amounted to 73 people (12.2%), respondents who Graduated Elementary School/MI amounted to 166 people (27.8%) respondents who Graduated Junior High School/MTS amounted to 127 people (21.3%), respondents who Graduated Senior High School/MA amounted to 160 people (26.8%), then respondents who Graduated D1/D2/D3 amounted to 10 people (1.7%) and respondents who Graduated PT D4/S1/S2/S3 amounted to 14 people (2.3%). It can be said that respondents who have low education are more, namely 413 people (69.2%) compared to respondents who have higher education as many as 184 people (30.8%). The employment status table of respondents in this study shows that the majority of respondents are not working, namely 286 people (47.9), then respondents who are working number 255 people (42.7%) and respondents who are still students number 56 people (9.4%).

Table 2. Spearman rank correlation test graph

	Coefficients ^a	Patient Satisfaction
Spearman's rho	Speed of Getting Service	0.792
		Sig. (2-tailed)
		0.01
	Friendly and polite attitude of health workers	0.216
		Sig. (2-tailed)
		0.01
	Communication between health workers and patients	0.214
		Sig. (2-tailed)
		0.01
	The right to choose treatment and care	0.225
	Sig. (2-tailed)	
	0.01	
Confidentiality of Patient Information	0.207	
	Sig. (2-tailed)	
	0.01	
Right to choose health services	0.283	
	Sig. (2-tailed)	
	0.01	
Quality of health service places	0.473	
	Sig. (2-tailed)	
	0.01	
	N	597

Description:

0.00 - 0.25: Very weak correlation or almost no relationship

0.26 - 0.50: Fairly strong correlation

0.51 - 0.75: Strong Correlation

0.76 - 0.99: Very strong correlation

1: Perfect correlation

The results of this study were analyzed based on five dimensions of SERVQUAL: Reliability: Speed of service has a very strong correlation with patient satisfaction ($r = 0.792$; $p < 0.05$). This shows that patients highly value the speed and consistency of the service they receive. Responsiveness: Although communication between health workers and patients has a weak relationship with patient satisfaction ($r = 0.214$; $p < 0.05$), the responsiveness of officers in providing services remains an important factor. Assurance: The confidentiality aspect of patient information is also part of the service guarantee, although its correlation with patient satisfaction is very weak ($r = 0.207$; $p < 0.05$). Empathy: The friendly and polite attitude of health workers has a correlation of 0.216 ($p < 0.05$), which shows that patients still expect a sense of security and certainty from the services received. The patient's right to choose treatment shows a very weak but significant correlation with patient satisfaction ($r = 0.225$; $p < 0.05$), indicating that respect for patient preferences still plays a role in service satisfaction. Tangibles: The standard of healthcare service facilities greatly affects patient satisfaction ($r = 0.473$; $p < 0.05$), highlighting the necessity for suitable and comfortable physical environments for patients.

Summary Test**Table 3.** Model summary^b

Model Summary ^b			
R	R Square	Adjusted Square	RStd. Error of the Estimate
.998a	.996	.996	2.752

It is known that the Adjusted R Square value is 0.996, so it can be concluded that the contribution of the influence of the Independent variable on the Dependent variable simultaneously together is 99%.

Simultaneous F Test

Table 4. Simultaneous f test

ANOVA ^a					
	Sum of Squares	df	Mean Square	F	Sig.
Regression	1157292.502	6	165327.500	21832.360	.000b
1 Residual	4460.255	589	7.573		
Total	1161752.757	596			

Based on the table above, the sig value is 0.01 < 0.05, so it can be concluded that the Independent variable has a significant simultaneous effect on the Dependent variable.

T Test (Hypothesis)

Table 5. T test (hypothesis)
Coefficients^a

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
	Speed of Service	.996	.003		
Courtesy and Politeness of Health Workers	1.279	.126	.030	10.172	0,01
Communication between Health Workers and Patients	.955	.098	.030	9.776	0,01
Right to Choose Treatment/Care	.944	.078	.033	12.146	0,01
Confidentiality of Patient Information	1.089	.082	.036	13.322	0,01
Right to Choose Health Services	.986	.051	.052	19.532	0,01
Quality of Health Service Facilities	1.048	.012	.238	87.698	0,01

According to the table provided, the significance value of 0.01 < 0.05, indicating that there is a notable effect between the Independent variables, such as the Speed of Service Delivery, the Friendly and Polite Behavior of Health Workers, Communication among Health Workers and Patients, the Right to Choose Treatment/Care, Confidentiality of Patient Information, the Right to Select Health Services, and the Quality of Health Service Facilities, on the Dependent variable, which is Patient Satisfaction.

Every one-unit enhancement in the officers' friendliness and politeness will elevate patient satisfaction by 1,279. This indicates that the cordiality and courtesy of healthcare professionals are crucial for enhancing patient satisfaction. Moreover, the confidentiality of patient information variable stands at 1,089. This indicates that preserving the confidentiality of patient information is a significant factor influencing satisfaction. Furthermore, the health services' quality, represented by a coefficient of 1.048, indicates that healthcare facilities also enhance patient satisfaction.

Additional factors, including Speed of Receiving Services (B = 0.996), Right to Select Health Services (B = 0.986), Right to Select Treatment/Care (B = 0.944), and Communication between Healthcare Providers and Patients (B = 0.955), also played a significant role in patient satisfaction.

Satisfaction reflects an individual's feelings derived from the products or services they receive. In healthcare, the patient is the customer, and their perception serves as the primary measure for evaluating service quality (Sondakh et al., 2019). Better service by patients, determined by the services provided can meet the needs of patients. Satisfaction starts from the first time a patient receives service until he leaves the Health Center (Wahidin & Makassar, 2024).

This patient satisfaction is in accordance with the SERVQUAL (Service Quality) theory developed by Parasuraman, Zeithaml, and Berry (1988). This theory defines service quality as reliability, responsiveness (responsiveness in providing services), assurance (ability to provide service guarantees), empathy (ability to understand customer desires), and tangibles (physical appearance of services) (Parasuraman et al., 2008).

1. Reliability, the reliability dimension is related to the ability of service officers to provide services in accordance with operational service standards accurately and quickly. The reliability of service officers in providing services to the community quickly, accurately, and easily (Alfani & Kuswanto, 2024). The results of the study showed that the speed of service has a very strong correlation with patient satisfaction ($r = 0.792$; $p < 0.05$). This shows that patients prioritize fast and timely services as the main indicator of their satisfaction. If services at the Health Center can provide services that meet patient expectations in a fast and accurate time, patient satisfaction will increase. This study is in line with that conducted by (Khoirunnisa & Ramadhika, 2024), who also found that speed of service has a significant effect on patient satisfaction in hospitals. In addition, research by (Paramesthi & Prayoga, 2023) shows that shorter waiting times in health services can increase patient satisfaction, because patients feel more appreciated and services are more effective.
2. Responsiveness, the responsiveness dimension is a response from service officers to help provide services to the community effectively and efficiently. In providing services to the community, of course, service officers must have a responsive attitude in the service process (Alfani & Kuswanto, 2024). In this study, the aspect of communication between health workers and patients had a weak but significant relationship with patient satisfaction ($r = 0.214$; $p < 0.05$). Although the contribution of this aspect is relatively small, it shows that good communication is still needed so that patients feel prioritized and get clear information regarding their health conditions. In line with research Based on the results of the (WHO, 2021) study, 70-80% of errors that occur in health services are caused by poor communication and lack of understanding of health team members. Good communication between health teams, both medical and non-medical, can reduce patient safety problems.
3. Assurance in health services includes politeness of officers, ability to provide a sense of security to patients, punctuality, and extensive knowledge of health services to increase patient trust (Ginting et al., 2024). The aspect of patient information confidentiality is also part of service assurance, although its correlation with patient satisfaction is very weak ($r = 0.207$; $p < 0.05$). Confidentiality of information remains an important factor in maintaining patient trust in the services provided. Maintaining the confidentiality of medical information is the basis of a trusting relationship between health workers and patients. Therefore, efforts are needed to ensure that patients' personal medical information remains confidential in accordance with applicable standards and procedures (Effendi, 2020);(Daeli et al., 2024).

In addition, in this study, the Right to choose treatment/care had a very weak but significant correlation with patient satisfaction ($r = 0.225$; $p < 0.05$). This shows that patients appreciate the freedom to choose treatment, although this factor is not the main priority in influencing their satisfaction. However, research shows that patients are often more focused on the end result than the treatment selection process. Therefore, although providing patients with treatment options is an important aspect of health care, the patient's primary focus remains on the effectiveness and outcome of the care received (Uinsu, 2022). In addition, the Right to Choose Health Services showed a fairly strong correlation with patient satisfaction, with a value of 0.283 ($p < 0.05$). This variable illustrates the importance of flexibility and accessibility of choices in improving the patient's experience in health facilities. Research at the Konawe Health Center showed that the better the right to choose health services was given, the higher the satisfaction of inpatients. Therefore, providing freedom to patients in choosing health services can be an effective strategy to improve satisfaction and quality of service (MANURUNG, 2020).
4. Empathy, in health services involves individual attention to the needs and conditions of patients such as the friendliness of officers and attention and understanding in listening to patient complaints creating a friendly and supportive environment (Ginting et al., 2024). The results of the study showed that the friendliness and politeness of health workers had a correlation of 0.216 ($p < 0.05$), which showed a weak but still significant relationship with

patient satisfaction. This shows that patients expect services that are not only professional but also attentive and empathetic. This study is in line with the results of research conducted by (Ihsanul, et al. 2019) that the politeness and friendliness of officers are significantly related to patient satisfaction. This is indicated by the significance value (0.003) which is less than 0.05. In this study, the politeness and friendliness of health center officers which are indicators of empathy are significantly related to patient satisfaction (Murniaty et al., 2019).

5. Tangibles (Physical Aspects) include cleanliness, comfort, and facilities available at the Health Center (Ginting et al., 2024). This research discovered that the quality of healthcare facilities significantly influences patient satisfaction ($r = 0.473$; $p < 0.05$). This indicates that a tidy and pleasant physical setting significantly influences the patient's experience when obtaining health services. Research at the Mopuya Health Center showed that good quality health services were significantly related to patient satisfaction. Therefore, improving the quality of physical facilities at health service facilities is an important factor in increasing patient satisfaction (Saputro & Fathiyah, 2022).
6. Consistency with previous studies, the findings of this study are in line with previous studies on patient satisfaction in health services. The main influencing factors are speed of service and quality of facilities. Research (Alfiyani et al., 2024) shows that speed of service has a direct impact on the perception of service quality at the Puskesmas, with patients preferring fast service even though interaction with health workers can be improved. In line with (Sarvina et al., 2023) also found that patients with faster service tend to be more satisfied than those who have to wait a long time. In addition to speed of service, quality of facilities is also an important factor in increasing patient satisfaction. A study by (Yulianto harinugroho et al., 2023) found that adequate physical facilities, including the availability of seating, cleanliness, and availability of clean water, greatly contribute to the level of patient comfort at the Puskesmas. In this study, the facility factor showed a positive relationship with patient satisfaction, with a stronger correlation compared to the medical personnel communication factor. Another study by (Putri et al., 2023) also confirmed that patients treated in more comfortable and clean facilities were more likely to give positive assessments of health services.

However, there are some significant differences with other studies, especially related to the aspect of communication between health workers and patients. In this study, communication was found to have a weak correlation with patient satisfaction. This result is contrary to the study (Dewi, 2023) which found that good communication between patients and health workers is the main factor that increases satisfaction. In the study, patients who felt more heard and given clear information about their health conditions tended to give higher satisfaction scores. This shows that although communication is considered important in the theory of patient satisfaction, in the context of Puskesmas in Indonesia, the speed of service and facilities are still more dominant.

In the context of health policy, this study is also in line with the results of a study by (Wahyudi & Harokan, 2024) which emphasizes the importance of implementing a digital queuing system in Community Health Centers to reduce patient waiting times and improve service efficiency. This study found that Community Health Centers that have implemented a digital system have a higher level of patient satisfaction compared to those that still use a manual system. This indicates that efforts to improve patient satisfaction depend not only on human resource factors, but also on the adoption of technology in health services. Another interesting aspect of this study is the role of government policy in improving the quality of services in Community Health Centers. A study by (Aquila Haya Tuzzahra et al., 2024) shows that the National Health Insurance (JKN) program has helped improve access to health services for the community, but there are still obstacles in terms of perceptions of service quality. Many patients feel that the services they receive are not optimal even though they have wider access to health facilities. This is in line with the results of this study, which show that accessibility is not always directly proportional to the level of

patient satisfaction. In addition, the findings in this study are also relevant to the study of patient experience in primary health care. Research by (Rufaidah & Nasruddin AM, 2024) highlighted that patients in urban and rural areas have different expectations of health services. In urban areas, patients demand more efficiency and speed of service, while in rural areas, more personal interactions with medical personnel are more valued. This may explain why in this study, the communication aspect has a smaller impact on satisfaction compared to the speed of service and facilities. Thus, this study shows that patient satisfaction at Puskesmas is influenced by various factors, most of which are in line with previous studies, but also show some differences depending on the context and location of the study. Speed of service and quality of facilities remain the main factors influencing patient satisfaction, while communication factors and health policies need to continue to be developed to improve the overall patient experience.

CONCLUSION

The policy implications of the findings of this study emphasize the need to improve the speed of service and the quality of facilities in Community Health Centers to improve patient satisfaction. Policies should focus on standardizing service times, optimizing health workers, and digitizing queues and medical records to be more efficient. In addition, the quality of facilities needs to be improved by ensuring cleanliness, comfort, and the availability of adequate facilities and infrastructure. Policies should also support service flexibility by giving patients the right to choose medical personnel or types of services according to their needs. Improving communication between health workers through training and providing clear information is an important aspect of patient satisfaction. In addition, patient privacy protection must be strengthened, especially in digital services. For the effectiveness of the policy, regular monitoring and evaluation of patient satisfaction is needed, as well as incentives for Community Health Centers that succeed in improving the quality of services. With the right policies, Community Health Centers can be more responsive, improve patient satisfaction, and provide quality services evenly.

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