THE EFFECT OF HEALTH SERVICE QUALITY ON THE LEVEL OF SATISFACTION OF INPATIENTS AT BHAYANGKARA TK.II HOSPITAL BALIKPAPAN

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ABSTRACT

Quality healthcare services are a key factor in determining patient satisfaction levels, especially for hospitals competing to provide the best services. This study aims to analyze the impact of healthcare service quality on inpatient satisfaction at Bhayangkara Level II Hospital Balikpapan. The study employs a quantitative method with a descriptive approach. The research sample consists of 115 inpatients selected using a purposive sampling technique. The results indicate that physical evidence and reliability do not have a significant impact on patient satisfaction, with significance values greater than 0.05. Meanwhile, responsiveness, assurance, and empathy have a positive and significant effect on patient satisfaction, with significance values less than 0.05. This finding confirms that patient satisfaction is more influenced by healthcare workers' responsiveness, service assurance, and empathetic interactions with patients rather than physical facilities or procedural reliability. Therefore, improving healthcare service quality at Bhayangkara Level II Hospital Balikpapan should focus on enhancing communication, healthcare workers' skills, and providing a sense of security to patients to increase their satisfaction.

KEYWORDS

Service Quality; Patient Satisfaction; Inpatient Care

INTRODUCTION

The healthcare industry in Indonesia is growing rapidly with promising prospects, making competition among healthcare providers increasingly fierce. Hospitals need to improve the quality of their services to attract and retain patients, especially as an increasingly educated public demands better and faster services (Setianingsih & Susanti, 2021). Patient satisfaction is the leading indicator of hospital service quality, which is influenced by the competence of medical personnel in providing services. Patient satisfaction reflects the quality of service and contributes to hospital profitability because satisfied patients tend to be loyal and recommend the service to others (Sembiring & Sinaga, 2022). Therefore, maintaining patient satisfaction is an important strategy for increasing hospital competitiveness.

Health development in Indonesia aims to improve the health of the community to create a healthy, quality, and productive society. Through continuous services, health efforts are needed individually and communally (Aji, 2022). The quality of hospital services can be improved internally or through accreditation as a quality regulation mechanism set by the government. Quality services positively correlate with patient satisfaction, which affects the level of visits and the image of the hospital (Surachman & Agustina, 2023). Various factors determine patient satisfaction, including the friendliness of medical personnel, communication effectiveness, minimal waiting times, and optimal facilities and therapies. Conversely, inadequate services can lead to dissatisfaction that impacts the hospital's reputation in the eyes of the public (Najib, 2022).

A preliminary study of 10 inpatients at Bhayangkara Tk. II Hospital in Balikpapan aimed to identify existing problems. The study was conducted through interviews and the distribution of

questionnaires to patients. The study results show that hospital facilities are still inadequate, health workers are unfriendly, the registration process takes a long time, the service flow does not follow procedures, and health workers are not responsive to patient complaints. This patient dissatisfaction is likely to contribute to fluctuations in patient visits to the hospital. The following is the data on the number of inpatients in the last five years.

Table 1. Data on the Number of Inpatients

Year	Number of Inpatients
2019	5.133
2020	2.826
2021	2.852
2022	5.628
2023	8.673

To overcome these problems, Bhayangkara Tk. II Hospital Balikpapan needs to maintain and improve the quality of health services because the quality of service reflects the perception of patients on the suitability of the services received with their expectations. The level of perfection of health services in meeting the needs of patients is the leading indicator in assessing the quality of services—the more in line with patient's expectations, the better the quality of services provided.

Based on data analysis from the SI-PUAS application, a satisfaction survey system, the community satisfaction index (CSI) at the Bhayangkara Tk. II Hospital in Balikpapan for the 2021-2023 period shows the following results:

Table 2. Patient Satisfaction Survey at Bhayangkara Tk.II Hospital in Balikpapan

Year	Satisfaction Survey Scores
2021	87,5%
2022	85%
2023	86%

The satisfaction survey results show the quality and performance of services at Bhayangkara Tk. II Hospital in Balikpapan is considered good, but there are still complaints from service recipients regarding the limitations of health facilities, the competence of medical personnel in technical and communication aspects, and service flow procedures. As an agency under the coordination of the East Kalimantan Regional Police, this hospital is tasked with providing health services for members of the National Police, National Police civil servants, their families, and the general public, emphasizing professionalism and a police medical approach to support National Police operations.

Based on Indonesian Law No. 44 of 2009 concerning hospitals, every hospital must provide health services to the entire community (Andayani, 2021). In addition to serving the general public, Bhayangkara Tk. II Hospital in Balikpapan must also ensure service quality that meets patients' expectations to increase their satisfaction (Herman et al., 2022).Existing patient complaints indicate the need for more effective and responsive service improvements, as hospital quality depends heavily on patient satisfaction. In achieving service standards oriented toward patient satisfaction, five main aspects determine the perception of service quality: physical evidence (tangible), reliability, responsiveness, assurance, and empathy (Mukharrim et al., 2022). Patient satisfaction arises when the service received meets or exceeds their expectations, while the mismatch between expectations and the reality of the service can lead to dissatisfaction.

Research by (Bakri et al., 2022) shows that indicators of health service quality, such as reliability, responsiveness, empathy, trust, and physical evidence, generally significantly affect patient satisfaction at "S." Hospital. However, the variables of tangible and assurance did not show a significant effect on patient satisfaction at the hospital. Based on fluctuations in the number of inpatients, there are indications of patient dissatisfaction at Bhayangkara Tk. II Hospital in Balikpapan, so the hospital should consider this study to improve services, especially for inpatients. Therefore, a study entitled "The Effect of Health Service Quality on the Level of Satisfaction of Inpatient Patients at Bhayangkara Tk. II Hospital in Balikpapan" was conducted to obtain a clearer picture of patient satisfaction with the services provided.

MATERIALS AND METHODS

This study uses a quantitative descriptive design that aims to describe phenomena that occur in society (Sugiyono, 2019b). The research design is designed to understand the relationship between the variables studied, using purposive sampling techniques to determine respondents based on specific criteria. The respondents in this study were inpatients at Bhayangkara Tk. II Hospital in Balikpapan who met the inclusion criteria and were willing to be respondents. The independent variables in this study include tangible evidence, reliability, responsiveness, assurance, and empathy, while the dependent variable is patient satisfaction. The research sample was calculated using the Slovin formula, with 115 respondents (Sugiyono, 2019a). A questionnaire instrument was used to measure the research variables covering five service quality dimensions, with a Likert scale as the measuring tool. The data obtained were analyzed using the Statistical Package for the Social Sciences (SPSS) with multiple linear regression methods to test the relationship between service quality and patient satisfaction (Creswell, 2017).

In the data collection process, the researcher followed research ethics procedures, which included informed consent, anonymity, and data confidentiality. Prior to the implementation of the research, the researcher obtained recommendations from Universitas Strada Indonesia and permission from the hospital (Ghozali, 2018). Respondents were given consent forms and provided with information regarding the purpose and objectives of the research before filling out the questionnaire. Data processing is carried out through the stages of editing, coding, scoring, and tabulating to ensure the accuracy of the research results (Sugiyono, 2021). The results of the data analysis are expected to provide an overview of the level of patient satisfaction with the services provided at Bhayangkara Tk. II Balikpapan Hospital is to be considered by the hospital in improving the quality of health services.

RESULTS

Bhayangkara Hospital Balikpapan was originally a general polyclinic in the 1960s that served police families, then developed into a level IV hospital in 2001 and was inaugurated in 2003. As the need for health services increased, the hospital was upgraded to level III in 2015 and finally level II in 2022. The hospital obtained full accreditation from LAFKI in 2023, confirming the quality of its services according to Ministry of Health standards. With the vision of becoming a capable, trusted, and professional hospital, the hospital supports police duties and serves the community with professionalism, transparency, and accountability. The hospital also continues to improve the quality of services by strengthening human resources and infrastructure to provide optimal services that are patient safety-oriented.

Table 3. Characteristics of Respondents

Category	Criteria	Frequency	Persentation (%)
Gender	Male	60	52
	Female	55	48
Age	>20	2	3
	20 - 30	47	41
	31 - 40	40	34
	41 - 50	21	18
	>50	5	4
Education	High School	51	44
	S1	64	56

Based on the table above, the majority of respondents are male (52%), and the largest age group is in the 20-30 age range (41%), followed by 31-40 years (34%). Regarding education, most respondents have a bachelor's degree (56%), while the other 44% are high school graduates. This shows that inpatients at Bhayangkara Tk. II Hospital in Balikpapan are dominated by productive-age individuals with a relatively high level of education, which can affect their expectations of the quality of health services:

Descriptive Statistics

	Mean	Std. Deviation	N
Patient Satisfaction	18.63	3.535	115
Tangible	22.47	6.331	115
Reliability	13.28	4.021	115
Responsiveness	17.68	1.647	115
Asurance	20.26	2.144	115
Empathy	19.55	5.797	115

Figure 1. Descriptive Statistics
Source: SPSS (2025)

The data analysis results show that patient satisfaction has an average value of 18.63 with a standard deviation 3.535. From the aspect of service quality, the physical evidence dimension obtained the highest average, namely 22.47 with a standard deviation of 6.331, followed by assurance with an average of 20.26 and a standard deviation of 2.144, as well as empathy with an average of 19.55 and a standard deviation of 5.797. The responsiveness dimension was recorded as having an average of 17.68 with a standard deviation of 1.647, while reliability had an average of 13.28 and a standard deviation of 4.021. This data illustrates that physical evidence has the highest value in patients' perceptions of service. In contrast, reliability tends to have a lower average value than other dimensions. This shows that improving reliability can be a concern in improving overall patient satisfaction.

The Kolmogorov-Smirnov test was used in this study to test the normality of the data and ensure that the analyzed data had a normal distribution before further statistical tests were carried out. This test aims to evaluate the extent to which research variable data, such as patient satisfaction, physical evidence, reliability, responsiveness, assurance, and empathy, are normally distributed in the population. Using this test, it can be determined whether the data meet the normality assumption required in parametric statistical analysis. The results of this normality test will determine the following data

analysis method: if the data is normally distributed, the analysis can continue with a parametric test. In contrast, a non-parametric test will be used if it is not normally distributed. The following is the result of the Kolmogorov-Smirnov test, which shows the data distribution in this study.

One-Sample Kolmogorov-Smirnov Test

		Unstandardized Residual
N		115
Normal Parameters[a,b]	Mean	.0000000
	Std. Deviation	1.83513073
Most Extreme Differences	Absolute	.054
	Positive	.049
	Negative	-.054
Test Statistic		.054
Asymp. Sig. (2-tailed)[c]		.200[d]
Monte Carlo Sig. (2-tailed)[e]	Sig.	.551
	99% Confidence Interval — Lower Bound	.539
	99% Confidence Interval — Upper Bound	.564

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

d. This is a lower bound of the true significance.

e. Lilliefors' method based on 10000 Monte Carlo samples with starting seed 2000000.

Figure 2: Kolmogorov-Smirnov Normality Test
Source: SPSS (2025)

Based on Figure 2, the significance value of Asymp.Sig (2-tailed) is 0.200, which is greater than 0.05. This result indicates that the decision-making criteria in the Kolmogorov-Smirnov normality test normally distribute the data. Thus, the normality assumption in the regression model has been met for the variables of physical evidence, reliability, responsiveness, assurance, empathy, and patient satisfaction.

Before conducting the multicollinearity test, it is necessary to ensure that the data in this study meet the regression assumptions, one of which is the absence of a strong linear relationship between the independent variables. Multicollinearity occurs when two or more independent variables have a high correlation, which can cause inaccuracies in regression analysis. If multicollinearity is found in the model, the regression coefficient estimation becomes unstable, and it is difficult to determine the effect of each variable on the dependent variable. Therefore, a multicollinearity test is carried out to identify whether there is a very strong relationship between the independent variables by looking at the Tolerance and Variance Inflation Factor (VIF) values. If the VIF value is less than 10 and the Tolerance is more than 0.1, it can be concluded that there is no multicollinearity in the regression model. The following are the results of the multicollinearity test in this study.

Coefficients[a]

Model	Collinearity Statistics	
	Tolerance	VIF
Tangible	.595	1.681
Reliability	.128	7.794
Responsiveness	.988	1.012
Asurance	.993	1.007
Empathy	.139	7.184

a. Dependent Variable: Kepuasan Pasien

Figure 3. Multicollinearity Test
Source: SPSS (2025)\

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Based on the results of the multicollinearity test shown in Figure 3, the Variance Inflation Factor (VIF) value for the variables of physical evidence, reliability, responsiveness, assurance, and empathy shows a figure of less than 10, while the tolerance value is more than 0.1. Based on these criteria, the regression model in this study does not experience multicollinearity problems, so no relationship between the independent variables is too strong.

This test is carried out to evaluate whether the independent variables in the model have a uniform variance (homoscedasticity) or vary (heteroscedasticity). Heteroscedasticity can be identified through the pattern of distribution of dots in the regression calculation results. The assumption of homoscedasticity is fulfilled if the dots are randomly scattered without a specific pattern. On the other hand, heteroscedasticity can affect the regression model's accuracy if there is a specific pattern in the distribution. The results of the heteroscedasticity test analysis in this study are shown in Table 5.
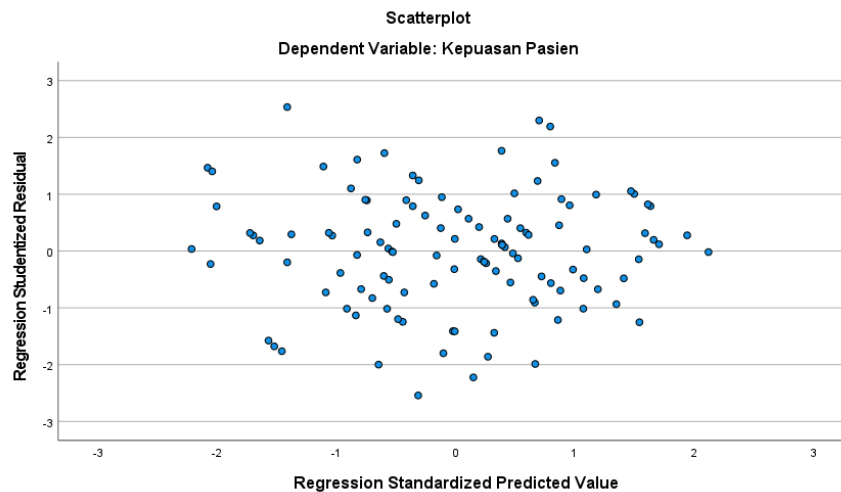

Figure 4. Heteroscedasticity Test
Source: SPSS (2025)

The results of the heteroscedasticity test analysis show that the data points are scattered above and below the number 0 without any particular pattern. The data distribution is not concentrated on only one side, either above or below, so it can be concluded that the regression model does not experience heteroscedasticity. This shows that the variance of the independent variable is constant, fulfills the homoscedasticity assumption and the regression model used can be considered valid for further analysis.

Coefficients³

| Model | Unstandardised Coefficients | | Standardised Coefficients | | |
	B	Std. Error	Beta	t	Sig.
1 (Constant)	.288	.104		2.779	.006
Tangiable	-.048	.031	-.048	-1.556	.120
Reliability	.030	.030	.038	1.022	.307
Responsiveness	.174	.033	.202	5.254	.000
Asurance	.226	.055	.190	4.074	.000
Empathy	.525	.049	.567	10.780	.000

a. Dependent Variable: Y

Figure 5. Partial t-test
Source: SPSS (2025)

Based on the T-test results, the physical evidence variable has a t-value of -1.556 with a significance level of 0.120, which is greater than 0.05, so it can be concluded that this variable does not have a positive and significant effect on patient satisfaction. The reliability variable also shows similar results with a t-value of 1,022 and a significance of 0.307 (> 0.05), so it does not significantly affect patient satisfaction. On the other hand, the responsiveness variable has a t-value of 5,254 with a significance of 0.000 (<0.05), which means that this variable affects patient satisfaction. The guarantee

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variable shows a t-count of 4.074 with a significance level of 0.000, indicating a positive and significant effect on patient satisfaction. In addition, the empathy variable has the highest t-count value, which is 10,780, with a significance of 0.000, indicating that this variable also significantly affects patient satisfaction.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	121.743	5	24.349	329.938	.000[b]
	Residual	30.257	410	.074		
	Total	152.000	415			

a. Dependent Variable: Y
b. Predictors: (Constant), X5, X1, X2, X3, X4

Figure 6. Simultaneous F Test
Source: SPSS (2025)

Based on the analysis results in the figure, the calculated F value of 329,938 is greater than the F table of 2.30, with a significance level of p-value of 0.001, which is less than 0.05. Because the calculated F value is greater than the F table (329,938 > 2.30) and the significance is below 0.05 (0.000 < 0.05), it can be concluded that the hypothesis stating that the variables of physical evidence, reliability, responsiveness, assurance, and empathy simultaneously have a positive effect on patient satisfaction is acceptable.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.895[a]	.801	.799	.272

a. Predictors: (Constant), X5, X1, X2, X3, X4

Figure 7. Test of Coefficient of Determination R2
Source: SPSS (2025)

The figure above shows that the regression model has an Adjusted R Square value of 0.799 or 79.9%. The independent variables can explain the patient satisfaction variable (Y): physical evidence, reliability, responsiveness, assurance, and empathy. This value indicates that the independent variables contribute 79.9% to patient satisfaction overall, while the remaining 20.1% is influenced by other factors not included in this research model. The regression model in this study is written as follows:

Y = 0,288 + (-0,048)X1 + 0,030X2 + 0,174X3 + 0,226X4 + 0,525X5

The constant of 0.288 shows that without the influence of the independent variables, patient satisfaction remains at 0.288. The physical evidence variable (X1) has a regression coefficient of -0.048, indicating that a decrease of one unit in this variable will reduce patient satisfaction by 0.048, so it does not have a positive effect. On the other hand, reliability (X2) with a coefficient of 0.030, responsiveness (X3) of 0.174, and assurance (X4) of 0.226 have a positive influence on patient satisfaction. The variable with the most significant impact is empathy (X5), with a regression coefficient of 0.525, indicating that each one-unit increase in empathy provides a 0.525 increase in patient satisfaction. These results confirm that empathy is the most dominant factor influencing patient satisfaction, while physical evidence does not contribute positively.

DISCUSSION

1. The Effect of Service Quality (Physical Evidence) on Inpatient Patient Satisfaction

The results of this study indicate that of the total respondents, 50 felt delighted with the existing physical evidence, and 39 felt satisfied. In comparison, 13 people expressed dissatisfaction, and two felt very dissatisfied. Based on statistical tests, the t-value is -1.556 with a significance level of 0.120 (> 0.05), which means that physical evidence has no significant effect on patient satisfaction at Bhayangkara Tk. II Hospital in Balikpapan. Thus, improvements in facilities and infrastructure do not necessarily have a direct impact on increased patient satisfaction. Physical evidence in this study includes facilities, medical equipment, and the appearance of health workers. According to (Putri et al., 2023), low service quality is often due to a lack of adequately functioning medical equipment. (Mulia & Semara, 2024) also state that comfort is not directly related to service quality. However, it can affect patient satisfaction, for example, in the aspects of waiting rooms and the completeness of room facilities.

Research (Muhammad Anzar et al., 2023) at the Kendari City Regional Hospital shows that patients are more focused on recovery than the available facilities, while research (Kismanto & Suryo Murtopo, 2023) finds that the availability of adequate facilities is related to patient satisfaction levels. However, dissatisfaction can occur if physical evidence is not supported by good responsiveness from health workers. (Rani, 2024) emphasizes that physical evidence is one dimension of service quality that reflects the quality of hospital facilities. This study's results align with (Syahdilla et al., 2023), who also found that physical evidence has no significant effect on patient satisfaction. Therefore, facility improvements must be accompanied by improved medical team coordination to optimize services. Most of the patients in this hospital are members of the Indonesian National Police and their families, as well as JKN participants who have received referrals and may feel dissatisfied because they have no other options for obtaining health services.

2. Effect of Service Quality (Reliability) on Inpatient Satisfaction

From the research results, 61 respondents felt very satisfied with the reliability aspect, 34 respondents felt satisfied, 5 respondents were not satisfied, and 4 respondents were very dissatisfied. The statistical test results show that the t-value is 1.022 with a significance level of 0.307 (> 0.05), which means that reliability has no significant effect on patient satisfaction at Bhayangkara Tk. II Hospital in Balikpapan. In other words, even if the reliability of services improves, patient satisfaction may not necessarily increase.. (Febrianti, 2020) states that most patients trust the accuracy and speed of health workers' services, while (Aswin Dina, 2020) emphasizes that reliability is the hospital's ability to provide services as promised. Patients feel more satisfied if health workers provide fast, accurate, and empathetic services.

This finding differs from research (Rahmatilla et al., 2023), which found that reliability significantly affects patient satisfaction. Service reliability reflects the hospital's credibility and how well medical personnel can provide services without error. Reliability in service consists of two main aspects: the hospital's ability to provide services as promised and the extent to which medical personnel can avoid errors in service procedures. Health workers at the Bhayangkara Tk. II Hospital in Balikpapan has performed well in examining patients and recording medical records. However, limited consultation time is often an obstacle for patients in obtaining more detailed health information. Therefore, routine training for health workers is needed to improve service reliability and provide infrastructure to support a zero-defect service program.

3. The Effect of Service Quality (Responsiveness) on Inpatient Patient Satisfaction

Based on the study's results, 62 respondents felt very satisfied with the responsiveness of health workers, 30 respondents felt satisfied, 11 respondents felt dissatisfied, and no respondents felt very dissatisfied. The statistical test results show a t-value of 5.254 with a significance level of 0.000 (<0.05), meaning responsiveness significantly affects patient satisfaction at Bhayangkara Tk. II Hospital in Balikpapan. This indicates that the better the responsiveness of health workers in providing fast and responsive services, the higher the patient satisfaction. (Febrianti, 2020) states that patients' perceptions of health workers' responsiveness are influenced by the stimuli received through the services provided.

Health workers' responsiveness reflects their readiness to help patients and provide information quickly and accurately. As health technology and information develop, patients' expectations of fast

service also increase (Olvin et al., 2023). Although responsiveness is not the only significant factor affecting patient satisfaction, it remains an important factor in the patient's experience during treatment. Doctors and nurses who are responsive in providing information and helping patients will increase their satisfaction. Therefore, hospitals must ensure that medical personnel have good communication skills to provide more responsive services to patients.

4. The Effect of Service Quality (Assurance) on Inpatient Patient Satisfaction

The results showed that 67 respondents were very satisfied with health service assurance, 34 were satisfied, 3 were unsatisfied, and no were dissatisfied. The statistical test results showed a t-value of 4.074 with a significance level of 0.000 (<0.05), which means that assurance has a positive and significant effect on patient satisfaction. (Setianingsih & Susanti, 2021) state that assurance in health services relates to the knowledge and skills of health workers in building patient trust. (Aji, 2022) adds that health workers' knowledge must be based on applicable medical standards so that patients feel confident and safe during treatment.

Patient trust in health services depends on the knowledge of medical staff, friendliness, and clarity of the information provided. Research (Surachman & Agustina, 2023) confirms that assurance includes aspects of courtesy, credibility of medical personnel, and a sense of patient security. However, the results of this study differ from those of another study (Sembiring & Sinaga, 2022), which states that not all patients are satisfied with the assurance aspect. Hospitals need to improve the quality of medical personnel and build patient trust through professional and procedurally appropriate services so that the quality of services can meet patient expectations.

5. Effect of Service Quality (Empathy) on Inpatient Patient Satisfaction

The results showed that 64 respondents were very satisfied with the empathy of health workers, 33 respondents were satisfied, and 7 respondents were dissatisfied. The statistical test results show a t-value of 10.780 with a significance level of 0.000 (<0.05), meaning that empathy significantly affects patient satisfaction. (Haeruddin et al., 2021) state that empathy reflects the attitude of medical personnel in providing patient care in a friendly and patient manner. Patients are more satisfied if they feel cared for and respected by the health workers who serve them.

Research (Susanto et al., 2021) shows empathy correlates with patient satisfaction. The main factor causing dissatisfaction is the short service time, making patients feel less cared for. (Rahmaddian & Irwadi, 2023) also found that patients who receive services with empathy tend to have a higher level of satisfaction. Therefore, hospitals must ensure that health workers have good communication skills and can build closer patient relationships to increase their satisfaction.

CONCLUSIONS

The results showed that the quality of service related to physical evidence and reliability did not significantly affect the satisfaction of inpatients at Bhayangkara Tk. II Hospital in Balikpapan, with a significance value greater than 0.05 for each. On the other hand, the responsiveness, assurance, and empathy variables showed a positive and significant effect on patient satisfaction, with a significance value of less than 0.05. These results indicate that the responsiveness of health workers, the trust given to patients, and empathy in service are the main factors influencing patient satisfaction in this hospital. Therefore, improving service quality needs to focus on these aspects to improve patient experience and satisfaction during treatment.

As a recommendation, Bhayangkara Tk. II Balikpapan Hospital is advised to continue improving the empathy of health workers, responsiveness in providing services, and building patient trust through professional service guarantees. The communication skills of medical personnel also need to be improved because they are a significant factor in creating patient satisfaction. In addition, health workers are expected to maintain the quality of their relationship with patients so that they feel more comfortable and tend to choose this hospital service over other health facilities. For further research, it is recommended that a more in-depth and specific study be conducted on the relationship between service quality and inpatient satisfaction, especially in the Balikpapan area, in order to gain a more comprehensive understanding of how to improve the quality of health services.

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