

From Suggestion-Box Feedback to Empirical Evidence: SERVQUAL Dimensions Associated with Healthcare Service Quality at Namrole Public Health Center

(Dari Umpan Balik Kotak Saran menuju Bukti Empiris: Dimensi SERVQUAL yang Berhubungan dengan Mutu Pelayanan Kesehatan di Puskesmas Namrole)

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Abstract

Primary healthcare services in Indonesia are largely delivered through Public Health Centers (Puskesmas), where maintaining high service quality is essential for responsive and patient-centred care. Recurring concerns identified through suggestion-box feedback at Namrole Public Health Center provided an initial indication of potential service-quality gaps and motivated their empirical assessment. This study aimed to examine the associations between the five SERVQUAL dimensions—responsiveness, reliability, assurance, empathy, and tangibles—and perceived healthcare service quality at Namrole Public Health Center, South Buru Regency. An analytical survey with a cross-sectional design was conducted among 79 respondents selected using accidental sampling. Data were analysed to determine the association between each SERVQUAL dimension and perceived healthcare service quality. Responsiveness, reliability, assurance, empathy, and tangibles were all significantly associated with perceived healthcare service quality ($p < 0.05$). These findings suggest that service-quality improvement should focus on timely responses to patients, dependable service delivery, assurance in healthcare interactions, empathetic care, and adequate physical facilities. Overall, the study demonstrates that the five SERVQUAL dimensions represent important service attributes associated with patients' perceptions of healthcare quality at Namrole Public Health Center, providing empirical evidence to support targeted improvements in primary healthcare delivery.

Keywords: healthcare service quality; SERVQUAL; suggestion-box feedback; primary healthcare; public health center

I. Introduction

Health is a fundamental human need and an essential component of social welfare. Achieving optimal population health requires not only curative interventions but also accessible, equitable, effective, and sustainable healthcare delivery [1], [2]. In Indonesia, primary healthcare is largely delivered through Public Health Centers (Puskesmas), which serve as frontline institutions providing community-based health services at the sub-district level [3], [4]. Puskesmas facilities have a strategic role in the national health system by integrating basic clinical care with health promotion, disease prevention, community empowerment, and other public health functions [5]. Consequently, the quality of services delivered through these facilities is closely related to patient experience, public trust, and perceptions of healthcare performance [6], [7].

Namrole Public Health Center, located in South Buru Regency, Maluku Province, is one of the primary healthcare facilities serving the local population [8]. As a frontline public service institution, the health center is expected to provide clinically appropriate, responsive, reliable, and patient-centred services [9], [10]. Preliminary feedback documented through its suggestion box, however, indicated recurring concerns regarding several aspects of service delivery [11], [12]. These concerns included the friendliness and communication of healthcare personnel, empathetic interaction with patients, waiting-room comfort, availability of medical equipment and medicines, administrative delays, and the availability of medical personnel during scheduled service hours [13]. Collectively, these concerns provide an important empirical signal that patients' experiences of service delivery warrant systematic assessment.

Healthcare service quality is multidimensional because patients evaluate not only clinical outcomes but also how services are delivered and experienced. A widely applied framework for examining these dimensions is SERVQUAL, which conceptualises service quality through five dimensions: responsiveness, reliability, assurance, empathy, and tangibles [15], [16]. Responsiveness reflects the willingness and ability of personnel to provide timely assistance; reliability refers to the consistent and accurate delivery of promised services; assurance encompasses professional competence, courtesy, credibility, and the ability to inspire trust; empathy represents individualised attention and care; and tangibles refer to observable aspects of service delivery, including physical facilities, equipment, cleanliness, and staff appearance [17],[18].

The SERVQUAL dimensions provide a relevant analytical framework for Namrole Public Health Center because the concerns documented through suggestion-box feedback correspond closely with several dimensions of patients' service experiences. Complaints related to delayed services and staff availability may reflect responsiveness and reliability, whereas concerns regarding communication and interpersonal care are closely related to assurance and empathy. Similarly, the adequacy of waiting areas, medical equipment, and other visible facilities corresponds to the tangibles dimension. Examining these dimensions empirically can therefore help determine which aspects of service delivery are associated with patients' perceptions of healthcare service quality [16].

Although healthcare service quality has been extensively investigated, empirical evidence from primary healthcare facilities in island and peripheral settings remains comparatively limited. This gap is particularly relevant to South Buru Regency, where healthcare delivery may operate under contextual constraints related to the availability of health personnel, physical infrastructure, medicines, and administrative capacity [14], [15].

Evidence generated in such settings is important because service-quality challenges and priorities may differ from those observed in larger urban healthcare systems. By linking locally documented service concerns with a structured SERVQUAL-based assessment, this

study moves beyond descriptive complaint reporting toward an empirical evaluation of service-quality dimensions in an island primary healthcare context [16]. Accordingly, this study aims to examine the associations between the five SERVQUAL dimensions—responsiveness, reliability, assurance, empathy, and tangibles—and perceived healthcare service quality at Namrole Public Health Center, South Buru Regency. The study is expected to provide locally grounded empirical evidence that can assist health-center management and local health authorities in identifying priority areas for improving primary healthcare service delivery.

II. Methods

2.1 Research Design

This study employed an analytical cross-sectional survey design to examine the associations between the five SERVQUAL dimensions—responsiveness, reliability, assurance, empathy, and tangibles—and perceived healthcare service quality at Namrole Public Health Center. The predictor and outcome variables were assessed during the same study period [19], [20]. Given the cross-sectional design, the analyses were intended to identify statistical associations rather than causal relationships.

2.2 Study Setting, Population, and Sampling

The study was conducted at Namrole Public Health Center, Namrole District, South Buru Regency, Maluku Province, Indonesia. Data collection was conducted from October 2024 to February 2025. The study population comprised patients who received healthcare services at Namrole Public Health Center during the study period. Based on the health center's service records, the accessible population comprised 370 service users. A total of 79 eligible respondents participated in the study.

Respondents were recruited using accidental sampling, a non-probability sampling technique in which eligible service users encountered during the data-collection period were invited to participate. Respondents were eligible if they had directly received healthcare services at Namrole Public Health Center, were able to complete the questionnaire, and agreed to participate in the study.

2.3 Study Variables and Operational Definitions

The predictor variables comprised the five SERVQUAL dimensions: responsiveness, reliability, assurance, empathy, and tangibles. Responsiveness represented the willingness and ability of healthcare personnel to provide timely assistance and respond to patients' needs. Reliability referred to the consistent and accurate delivery of healthcare services. Assurance encompassed the competence, courtesy, professionalism, and credibility of healthcare personnel in creating patient confidence and trust. Empathy represented individualised attention, understanding, and care provided to patients. Tangibles referred to observable aspects of service delivery, including physical facilities, medical equipment, staff appearance, cleanliness, and supporting infrastructure.

The outcome variable was perceived healthcare service quality. For the bivariate analyses, each SERVQUAL dimension and perceived healthcare service quality were treated as categorical variables and classified as “good” or “poor” based on respondents' questionnaire assessments [21].

2.4 Research Instrument

Data were collected using a structured questionnaire designed to assess respondents' perceptions of the five SERVQUAL dimensions—responsiveness, reliability, assurance,

empathy, and tangibles—and overall perceived healthcare service quality. The questionnaire used dichotomous response options (“Yes” and “No”) [22], [23]. The completed questionnaires were reviewed before data entry to ensure that the responses required for analysis were available. The resulting responses were subsequently coded and classified according to the study variables for statistical analysis.

2.5 Data Processing

Completed questionnaires were reviewed for completeness before coding and data entry. Data processing comprised editing, coding, data entry, verification, and cleaning to identify incomplete responses, coding inconsistencies, and potential data-entry errors. Statistical processing and analyses were performed using IBM SPSS Statistics, version 17.0.

2.6 Statistical Analysis

Descriptive analysis was used to summarise respondent characteristics and the distribution of the study variables. Bivariate analyses were subsequently conducted to examine the association between each SERVQUAL dimension and perceived healthcare service quality using 2×2 contingency tables.

Fisher's Exact Test was applied when the assumptions for the Pearson Chi-square test were not adequately met because of small expected cell frequencies [24]. Accordingly, Fisher's Exact Test was used to examine the associations of responsiveness, reliability, assurance, and tangibles with perceived healthcare service quality. For the association between empathy and perceived healthcare service quality, the Chi-square test with continuity correction was applied because the expected cell frequencies permitted this analysis.

All statistical tests were two-sided, and statistical significance was established at $\alpha = 0.05$. A p-value < 0.05 was considered statistically significant. Given the cross-sectional and bivariate nature of the analyses, statistically significant findings were interpreted as associations and not as evidence of causal effects or independent determinants [24].

2.7 Ethical Considerations

Before data collection, respondents were informed about the purpose of the study, the voluntary nature of participation, and the confidentiality of their responses. Informed consent was obtained from each respondent before questionnaire administration. Respondents were informed of their right to decline participation or withdraw from the study without consequences. Participant information was treated confidentially and used solely for research purposes.

III. Results and Discussion

Respondent characteristics are important for describing the demographic profile of the study participants and for providing contextual information regarding the users of healthcare services at Namrole Public Health Center. In this study, 79 respondents were selected using accidental sampling. Respondents were grouped into four age categories: 20–29 years, 30–39 years, 40–50 years, and over 50 years. As shown in Table 1, the largest proportion of respondents was in the 20–29-year age group, comprising 29 respondents or 36.7% of the total sample. The remaining respondents were distributed across the 30–39-year age group, with 17 respondents or 21.5%; the 40–50-year age group, with 16 respondents or 20.3%; and the over-50-year age group, with 17 respondents or 21.5%.

Table 1. Respondents by age group at the health center

Age	N	Percentage
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20 – 29 years	29	36.7%
30 – 39 years	17	21.5%
40 – 50 years	16	20.3%
> 50 years	17	21.5%
<i>Total</i>	79	100.0%

Source: Field Data (2025)

3.1 Relationship between responsiveness and quality of health services at *Puskesmas Namrole*

The relationship between responsiveness and healthcare service quality at Namrole Public Health Center was analysed using a 2×2 cross-tabulation. Responsiveness was categorized into “good” and “poor” based on respondents’ perceptions of staff readiness, speed, and willingness to respond to patient needs and complaints. Healthcare service quality was also categorized into “good” and “poor” based on respondents’ overall assessment of the services received. The results showed that among respondents who perceived responsiveness as good, 50 respondents or 83.3% also perceived healthcare service quality as good, while 10 respondents or 16.7% perceived service quality as poor. Conversely, among respondents who perceived responsiveness as poor, 11 respondents or 57.9% still perceived service quality as good, whereas 8 respondents or 42.1% perceived service quality as poor. These findings indicate that a higher proportion of good service quality assessments was found among respondents who perceived staff responsiveness positively.

Table 2. Relationship between Responsiveness and Service Quality

Responsiveness	Service Quality				Total		<i>p-value</i>
	Good		Poor				
	N	%	N	%	N	%	
Good	50	83.3	10	16.7	60	75.9	0.030
Poor	11	57.9	8	42.1	19	24.1	
Total	61	77.2	18	22.8	79	100	

Source: Processed data (2025)

The Fisher’s Exact Test produced a *p*-value of 0.030, which is lower than the significance level of 0.05. Therefore, the null hypothesis was rejected, and the alternative hypothesis was accepted. This result indicates a statistically significant relationship between responsiveness and healthcare service quality at Namrole Public Health Center. Substantively, this finding suggests that responsiveness is an important dimension of healthcare service quality. In primary healthcare settings, responsiveness reflects the extent to which health workers are able to provide timely assistance, respond to patient complaints, explain service procedures, and reduce unnecessary delays. Patients tend to evaluate service quality more positively when they feel that their needs are addressed promptly and respectfully. In contrast, slow responses, unclear information, or delayed handling of complaints may lead to dissatisfaction and reduce public trust in health services [25].

This finding is consistent with previous research conducted at Bhayangkara Hospital, Tebing Tinggi, which also found a significant relationship between responsiveness and service quality, with a *p*-value of 0.041. The consistency of these findings reinforces the argument that responsiveness is a critical component of patient-centered healthcare services. However, the presence of 10 respondents who perceived responsiveness as good but still assessed service quality as poor indicates that responsiveness alone is not sufficient to determine overall service quality. Other dimensions, such as reliability, assurance, empathy, tangibles, administrative efficiency, medicine availability, and facility adequacy, may also influence patients’ overall evaluations. Therefore, improvement efforts at Namrole Public Health Center should not only focus on increasing the speed

of staff responses but also on strengthening the integration of responsiveness with other service quality dimensions. Practical interventions may include improving queue management, ensuring staff availability during service hours, providing clearer information to patients, strengthening complaint-handling mechanisms, and enhancing communication skills among health workers.

3.2 The Relationship between Reliability and Healthcare Service Quality at Namrole Public Health Center

Reliability in this study refers to the ability of health workers to provide accurate, consistent, and dependable services in accordance with established procedures and service schedules. This dimension includes punctuality of service delivery, consistency in handling patient needs, accuracy of information, and the ability of health workers to fulfil service commitments. The relationship between reliability and healthcare service quality was analysed using a 2×2 cross-tabulation and tested statistically using Fisher's Exact Test.

As presented in Table 3, among respondents who perceived reliability as good, 56 respondents or 81.2% also perceived healthcare service quality as good, while 13 respondents or 18.8% perceived service quality as poor. Meanwhile, among respondents who perceived reliability as poor, 5 respondents or 50.0% perceived service quality as good, and 5 respondents or 50.0% perceived service quality as poor. These findings indicate that respondents who perceived the service as reliable were more likely to assess healthcare service quality positively.

Table 3. Relationship between Reliability and Service Quality

Reliability	Service Quality				Total		<i>p-value</i>
	Good		Poor				
	N	%	N	%	N	%	
Good	56	81.2	13	18.8	69	87.3	0.043
Poor	5	50.0	5	50.0	10	12.7	
Total	61	77.2	18	22.8	79	100	

Fisher's exact test. Source: Processed data (2025).

The Fisher's Exact Test produced a *p*-value of 0.043, which is lower than the significance level of 0.05. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted. This result indicates a statistically significant association between reliability and perceived healthcare service quality between reliability and healthcare service quality at Namrole Public Health Center. Substantively, this finding suggests that reliability is an important component of perceived healthcare service quality. In primary healthcare services, reliability reflects the consistency of service schedules, accuracy of procedures, certainty of medical personnel availability, and the ability of staff to provide services according to established standards. Patients are more likely to trust health facilities when services are delivered consistently, appointments are honoured, information is accurate, and staff are able to handle complaints according to standard operating procedures [26].

This finding is consistent with previous research conducted at Bungatan Health Center, which reported a significant relationship between reliability and patient satisfaction with health services, with a *p*-value of 0.02. The consistency of these findings reinforces the argument that reliability plays a central role in shaping patient perceptions of service quality. However, the presence of 13 respondents who perceived reliability as good but still assessed service quality as poor indicates that reliability alone does not fully account for patients' overall perceptions of service quality. Other dimensions, including responsiveness, assurance, empathy, tangibles, medicine availability, administrative efficiency, and facility adequacy, may also influence patient assessment. Therefore, Namrole Public Health Center should continue strengthening service reliability through clear service schedules, consistent implementation of standard operating procedures, timely availability of health

workers, accurate patient information, and improved monitoring of service delivery. Strengthening these aspects can help increase patient trust and improve the overall quality of healthcare services [27].

3.3 The Relationship between Assurance and Healthcare Service Quality at Namrole Public Health Center

Assurance refers to the knowledge, competence, courtesy, professionalism, and credibility of health workers in creating a sense of safety and trust among patients. In this study, the relationship between assurance and healthcare service quality was analysed using a 2×2 cross-tabulation and tested statistically using Fisher's Exact Test. Assurance was categorized into "good" and "poor," while healthcare service quality was also categorized into "good" and "poor."

As shown in Table 4, among respondents who perceived assurance as good, 50 respondents or 84.7% also perceived healthcare service quality as good, while 9 respondents or 15.3% perceived service quality as poor. Meanwhile, among respondents who perceived assurance as poor, 11 respondents or 55.0% perceived service quality as good, and 9 respondents or 45.0% perceived service quality as poor. These results indicate that respondents who perceived a higher level of assurance were more likely to assess healthcare service quality positively.

Table 4. Relationship Between Assurance and Service Quality

Assurance	Service Quality				Total		<i>p-value</i>
	Good		Poor				
	N	%	N	%	N	%	
Good	50	84.7	9	15.3	59	74.7	0.012
Poor	11	55.0	9	45.0	20	25.3	
Total	61	77.2	18	22.8	79	100	

Source: Processed data (2025)

The Fisher's Exact Test produced a *p-value* of 0.012, which is lower than the significance level of 0.05. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted. This result indicates a statistically significant relationship between assurance and healthcare service quality at Namrole Public Health Center. Substantively, this finding suggests that assurance is an important dimension associated with perceived healthcare service quality. In primary healthcare settings, assurance is reflected in the ability of health workers to provide clear information, maintain patient confidentiality, demonstrate professional competence, communicate politely, and create a sense of safety during service delivery. Patients tend to evaluate services more positively when they trust the competence of health personnel and feel confident that their health problems are handled properly.

This finding is consistent with previous research on the relationship between healthcare service quality and BPJS patient satisfaction, which reported a significant relationship with a *p-value* of 0.001. This consistency reinforces the argument that assurance plays an important role in shaping patient trust and satisfaction. However, the presence of 9 respondents who perceived assurance as good but still assessed service quality

as poor indicates that assurance alone is not sufficient to determine overall service quality. Other aspects, such as timeliness of services, staff availability, administrative efficiency, medicine availability, and physical facilities, may also influence patient evaluations. Therefore, Namrole Public Health Center should strengthen assurance by improving staff professionalism, ensuring patient confidentiality, providing clear and understandable health information, maintaining courteous communication, and ensuring that health workers are available according to service schedules. Strengthening these aspects can increase patient trust and contribute to better healthcare service quality [28].

3.4 The Relationship between Empathy and Healthcare Service Quality at Namrole Public Health Center

Empathy is a service quality dimension that reflects the ability of health workers to provide individual attention, listen to patient complaints, understand patient needs, and deliver services in a caring and respectful manner. In this study, the relationship between empathy and healthcare service quality was analysed using a 2×2 cross-tabulation. The statistical test used was the Chi-square test with continuity correction, which is appropriate for categorical data arranged in a 2×2 contingency table.

As shown in Table 5, among respondents who perceived staff empathy as good, 43 respondents or 87.8% also perceived healthcare service quality as good, while 6 respondents or 12.2% perceived service quality as poor. Meanwhile, among respondents who perceived staff empathy as poor, 18 respondents or 60.0% perceived service quality as good, and 12 respondents or 40.0% perceived service quality as poor. These findings indicate that respondents who perceived a higher level of empathy were more likely to assess healthcare service quality positively.

Table 5. Relationship between Empathy and Service Quality

Empathy	Service Quality				Total		<i>p-value</i>
	Good		Poor				
	N	%	N	%	N	%	
Good	43	87.8	6	12.2	49	62	0.010
Poor	18	60.0	12	40.0	30	38	
Total	61	77.2	18	22.8	79	100	

Source: Processed data (2025)

The Chi-square test with continuity correction produced a *p*-value of 0.010, which is lower than the significance level of 0.05. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted. This result indicates a statistically significant relationship between empathy and healthcare service quality at Namrole Public Health Center. Substantively, this finding suggests that empathy is an important component of perceived healthcare service quality. In primary healthcare services, empathy is reflected in the willingness of health workers to listen carefully, communicate respectfully, understand patient conditions, provide personal attention, and treat patients with dignity. Patients tend to evaluate services more positively when they feel heard, respected, and emotionally supported during the care process [29].

This finding is consistent with previous research on the relationship between healthcare service quality and patient satisfaction, which found a significant relationship between empathy and patient satisfaction, with a *p*-value of 0.020. The consistency of these

findings reinforces the importance of patient-centered communication and interpersonal care in improving perceived service quality. However, the presence of 6 respondents who perceived empathy as good but still assessed service quality as poor indicates that empathy alone is not sufficient to determine overall service quality. Other issues, such as complicated administrative procedures, staff availability, doctor attendance, waiting time, medicine availability, and adequacy of facilities, may also influence patient evaluations. Similarly, the 18 respondents who perceived empathy as poor but still assessed service quality as good suggest that some patients may prioritize other aspects, such as treatment effectiveness, affordability, or service accessibility. Therefore, Namrole Public Health Center should strengthen empathy-based service delivery through communication training, patient-centered care practices, improved complaint-handling mechanisms, and consistent reinforcement of respectful service behaviour among health workers. Strengthening empathy can enhance patient trust, improve satisfaction, and support overall healthcare service quality [29].

3.5 The Relationship between Tangibles and Healthcare Service Quality at Namrole Public Health Center

Tangibles refer to the physical aspects of healthcare service delivery, including the appearance of facilities, cleanliness, medical equipment, waiting room comfort, staff appearance, information boards, and other supporting infrastructure. In this study, respondents' perceptions of tangibles were analysed in relation to healthcare service quality using a 2×2 cross-tabulation. Fisher's Exact Test was used because the data were categorical and arranged in a 2×2 contingency table [28].

As presented in Table 6, among respondents who perceived tangibles as good, 51 respondents or 83.6% also perceived healthcare service quality as good, while 10 respondents or 16.4% perceived service quality as poor. Meanwhile, among respondents who perceived tangibles as poor, 10 respondents or 55.6% perceived service quality as good, and 8 respondents or 44.4% perceived service quality as poor. These findings indicate that respondents who perceived the physical facilities and supporting infrastructure positively were more likely to assess healthcare service quality as good.

Table 6. Relationship between Tangibles and Perceived Healthcare Service Quality

Tangible	Service Quality				Total		<i>p-value</i>
	Good		Poor				
	N	%	N	%	N	%	
Good	51	83.6	10	16.4	61	77.2	0.023
Poor	10	55.6	8	44.4	18	22.8	
Total	61	77.2	18	22.8	79	100	

Source: Processed data (2025)

The Fisher's Exact Test produced a *p*-value of 0.023, which is lower than the significance level of 0.05. Therefore, the null hypothesis was rejected and the alternative hypothesis was accepted. This result indicates a statistically significant relationship between tangibles and healthcare service quality at Namrole Public Health Center. Substantively, this finding suggests that tangibles are an important component of perceived healthcare service quality. In primary healthcare facilities, patients often evaluate service quality not only through clinical outcomes but also through visible service attributes, such as room

cleanliness, availability of seating, adequacy of medical equipment, clarity of service information, comfort of the waiting area, and availability of medicines. Physical facilities can shape patients' first impressions and influence their confidence in the quality of services provided [28].

This finding is consistent with previous research on outpatient satisfaction at BLUD Langsa City Hospital, which found a significant relationship between facilities and patient satisfaction, with a p-value of 0.034. The consistency of these findings reinforces the argument that physical evidence and service infrastructure are important determinants of patient perception in healthcare settings. However, the presence of 10 respondents who perceived tangibles as good but still assessed service quality as poor indicates that adequate physical facilities alone are not sufficient to ensure positive service quality perceptions. Other dimensions, such as responsiveness, reliability, assurance, empathy, administrative efficiency, staff availability, and waiting time, may also influence patients' overall evaluation. Conversely, the 10 respondents who perceived tangibles as poor but still assessed service quality as good may have placed greater emphasis on interpersonal service, treatment effectiveness, affordability, or accessibility [30].

Therefore, Namrole Public Health Center should maintain and improve the quality of physical facilities while integrating facility improvements with broader service management reforms. Priority actions may include improving waiting room comfort, ensuring the availability of basic medical equipment and medicines, maintaining cleanliness, providing clear service information, and improving patient flow within the health center.

IV. Conclusion

This study found that all five SERVQUAL dimensions—responsiveness, reliability, assurance, empathy, and tangibles—were significantly associated with perceived healthcare service quality at Namrole Public Health Center, South Buru Regency. Respondents who reported more favourable perceptions of these service dimensions were also more likely to report positive overall assessments of healthcare service quality. These findings reinforce the multidimensional nature of primary healthcare service quality and highlight the importance of timely responses, consistent service delivery, professional assurance, empathetic and patient-centred care, and adequate physical facilities. Accordingly, service improvement at Namrole Public Health Center should adopt an integrated approach that addresses all five SERVQUAL dimensions rather than focusing on a single aspect of care. Strengthening staff responsiveness, service consistency, professional communication, interpersonal care, and facility management may help improve patients' service experiences, strengthen trust, and support more effective primary healthcare delivery. Given the cross-sectional design of this study, the observed relationships should be interpreted as associations rather than causal effects.

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