

Analysis of the Influence of Facility Quality and Health Worker Service Quality on Outpatient Satisfaction at H. Padjonga Daeng Ngalle Regional General Hospital, Takalar

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ABSTRACT

The availability of adequate facilities and the quality of healthcare services are crucial determinants of patient satisfaction, particularly in outpatient care. H. Padjonga Daeng Ngalle Regional General Hospital still faces several infrastructural and service challenges, such as ceiling leaks during the rainy season and limited seating in waiting areas, which may reduce patient comfort. This study aimed to analyze the influence of facility quality and healthcare service quality on outpatient satisfaction at H. Padjonga Daeng Ngalle Regional General Hospital in 2025. A quantitative approach with a cross-sectional design was employed, involving 362 randomly selected respondents. Data were collected through a validated and reliable questionnaire and analyzed using the chi-square test with SPSS software. The results showed a significant relationship between facility quality ($p = 0.000$; $PR = 2.36$; 95% CI: 1.78–3.12) and healthcare service quality ($p = 0.000$; $PR = 2.91$; 95% CI: 2.04–4.15) with outpatient satisfaction ($p < 0.05$). These findings indicate that both facility and service quality substantially influence outpatient satisfaction. Therefore, hospital management should prioritize improving physical facilities, service systems, and healthcare personnel competence to enhance patient satisfaction sustainably.

Keywords: Patient Satisfaction, facility quality, healthcare service, outpatient care, cross-sectional

INTRODUCTION

Health is a fundamental aspect that determines the quality of life and human productivity. Improving public health is inseparable from the role of facilities and the quality of health services as key elements in the national health system. Adequate facilities are the main support for the implementation of promotive, preventive, curative, and rehabilitative efforts. Good facilities not only improve patient comfort and safety but also accelerate the recovery process and improve public perception of hospital services. The outpatient unit is also the first point of contact between a health facility and patients, serving as a showcase for all health services provided to the community.

Therefore, the care received in outpatient units reflects the quality of healthcare facilities and is reflected in patient satisfaction with the services provided ¹. According to Munawir (2018), there are six facility indicators: spatial consideration or planning, room layout, equipment/furniture, lighting and color schemes, graphic messages, and supporting elements ². Furthermore, family members are often involved in caring for patients in healthcare facilities with limited resources ³. Poor environmental conditions can harm nurses' well-being and ability to contribute to patient care ⁴.

In addition to facilities, the quality of healthcare services is a crucial factor in shaping patient satisfaction. Prompt service, empathy, and adherence to professional ethical standards reflect the professionalism of healthcare workers and determine the institution's image. Patient satisfaction is a crucial indicator of the success of hospital services, as it reflects the alignment between patient expectations and actual experiences (Parasuraman et al., 1988; Azwar, 2010). Improving service quality is crucial to attracting loyal customers, and failure to understand the importance of service quality, customer value, and satisfaction will likely result in customer loss ⁵. Meanwhile, patient satisfaction is recognized as an important component of human-centered healthcare ⁶. The perceived quality of healthcare services provides patient value, which determines the level of patient satisfaction. Patient value is a central concept where patients choose services that they perceive to provide the highest value among the various services offered ^{7,8}. This reflects patients' direct experience with the services they receive and influences their decision to use those services again in the future ⁹.

Patient satisfaction (PS) is a commonly used metric in healthcare to assess the quality of care provided by physicians. Monitoring physicians in this way can impact physicians' quality of life ¹⁰. However, improving the patient experience is not without challenges. Factors such as communication gaps, long wait times, inadequate cultural competency, and the increasing demands of diverse patient populations often hinder efforts to meet patient expectations ¹¹.

Since then, significant methodological advances have led to the development and validation of instruments to measure patient satisfaction ¹². It is now widely recognized that satisfaction measurement tools must be valid and reliable to ensure their usefulness in healthcare practice. Furthermore, measuring the extent to which patient-

centered care is delivered is crucial for ensuring accountability and driving quality improvement. Two essential components of patient-centered care are patient experience and satisfaction¹³.

Client feedback systems are increasingly important in patient-centered healthcare¹⁴. These systems provide opportunities for the public to interact with healthcare providers and policymakers and raise concerns about the performance of the healthcare system to improve quality, equity, and responsiveness in service delivery, thereby enhancing social accountability¹⁵. Providing feedback on patient experiences and addressing identified gaps will improve the performance of the healthcare system in meeting patient needs^{16, 17, 18}. The SERVQUAL theory identifies five key dimensions of patient satisfaction in healthcare: Tangibles, Reliability, Responsiveness, Assurance, and Empathy (Pramono 2018 in Amalina et al., 2021).

WHO survey data (2021) recorded the highest patient satisfaction rates in developed countries like Sweden (92.37%) and the lowest in India (34.4%), indicating a significant gap in service quality¹¹. In Indonesia, research by Amalina (2021) found that 48% of BPJS patients were dissatisfied with doctors' attention and communication. Meanwhile, a survey at the Haji Makassar Regional General Hospital recorded a patient satisfaction rate of 82.28%, still below the national standard of 90% or more¹⁹.

A similar situation was also found at the H. Padjonga Daeng Ngalle Takalar Regional General Hospital, a Type C hospital and the primary referral hospital in Takalar Regency. Several unsatisfactory aspects were identified, particularly related to limited facilities and infrastructure, as well as difficulties in accessing information. This demonstrates the crucial importance of patient satisfaction in healthcare services.

Based on data from the last three years, the number of outpatient visits increased from 69,844 patients in 2022 to 83,466 patients in 2024, indicating an increasing service burden. Although the overall patient satisfaction rate is above 80%, complaints still arise regarding limited physical facilities, such as leaks in the registration area, limited seating in the waiting room, and inconsistent appointment schedules. This situation highlights the need to evaluate the availability of facilities and the quality of healthcare services as key determinants of patient satisfaction.

Based on this phenomenon, this study was conducted to analyze the influence of the availability of healthcare facilities and services on outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital in 2025. This research is expected to provide empirical contributions to the development of healthcare service quality at the regional level, while also providing a basis for hospital management to improve service quality oriented toward patient satisfaction.

MATERIALS AND METHODS

This study used a quantitative approach with a descriptive design to analyze the effect of facility availability and healthcare services on outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital. The sampling technique used stratified random sampling, with strata based on the type of outpatient service (general practice, pediatric practice, internal medicine practice, surgery practice, and obstetrics practice). The number of respondents in each stratum was determined proportionally to the total number of patient visits at each practice. The sample size was determined using the Slovin formula with a 5% margin of error. Therefore, from a total of 83,466 patients, 362 respondents were obtained, representing the patient population. The research instrument used a questionnaire developed based on a modification of the SERVQUAL model (Parasuraman et al., 1988), adapted to the context of hospital healthcare. The questionnaire consisted of three variables: facility availability, healthcare services, and patient satisfaction, each measured on a 1–5 Likert scale (1 = strongly disagree, 5 = strongly agree).

RESULT

Table 1. Distribution of Respondents Based on the Age of Outpatients at H. Padjonga Daeng Ngalle Regional General Hospital, Takalar

Age (Years)	Number (n)	Percentage (%)
17-25 Years	56	15,5
26-35 Years	62	17,1
36-45 Years	89	24,6
46-55 Years	75	20,7
56-65 Years	57	15,7
66> Years	23	6,4
Total	362	100

Table 1 shows the distribution of respondents based on the age of outpatients at H. Padjonga Daeng Ngalle Regional General Hospital, Takalar. Out of 362 respondents, the majority were aged 36–45 years, totaling 89 respondents (24.6%), while the smallest group was those aged 66 years and above, totaling 23 respondents (6.4%).

Table 2. Distribution of Respondents Based on the Gender of Outpatients at H. Padjonga Daeng Ngalle Regional General Hospital, Takalar

Gender	Number (n)	Percentage (%)
Male	146	40,3
Female	216	59,7
Total	362	100

Table 2 shows the distribution of respondents based on the gender of outpatients at H. Padjonga Daeng Ngalle Regional General Hospital, Takalar. Out of 362 respondents, the majority were female, totaling 216 respondents (59.7%), while male respondents totaled 146 (40.3%).

Table 3. Distribution of Respondents Based on the Last Education Level of Outpatient Patients at H. Padjonga Daeng Ngalle Takalar Regional General Hospital

Educational Background	Number (n)	Percentage(%)
Elementary School Graduate	46	12,7
Junior High School Graduate	100	27,6
Senior High School/Vocational School Graduate	144	39,8
Bachelor's Degree Graduate	72	19,9
Total	362	100

Table 3 shows the distribution of respondents based on the last education level of outpatients at RSUD H. Padjonga Daeng Ngalle Takalar. Out of 362 respondents, the majority had completed Senior High School/Vocational School, totaling 144 respondents (39.8%), while the fewest were those who had completed Elementary School, totaling 46 respondents (12.7%).

Table 4. Distribution of Respondents Based on the Occupation of Outpatients at RSUD H. Padjonga Daeng Ngalle Takalar

Occupation	Number (n)	Percentage(%)
Civil Servant (PNS)	22	6,1
Private Employee	54	14,9
Farmer	145	40,1
Student/College Student	40	11,0
Unemployed	101	27,9
Total	362	100

Table 4. Distribution of Respondents Based on the Occupation of Outpatients at RSUD H. Padjonga Daeng Ngalle Takalar The distribution of respondents based on the occupation of outpatients at RSUD H. Padjonga Daeng Ngalle Takalar shows that the majority are farmers, totaling 145 respondents (40.1%), while the fewest are civil servants, totaling 22 respondents (6.1%).

Characteristics of Research Variables

Table 5. Distribution of Respondents Based on Outpatient Facilities at RSUD H. Padjonga Daeng Ngalle Takalar From 362 respondents, the majority stated that the facilities were in the good category, totaling 308 respondents (85.1%), while those who stated that the facilities were less good amounted to 54 respondents (14.9%).

Table 5. Distribution of Respondents Based on Outpatient Facilities at RSUD H. Padjonga Daeng Ngalle Takalar

Facilities	Number (n)	Percentage (%)
Good	308	85,1
Less Good	54	14,9
Total	362	100

Table 6. Distribution of Respondents Based on Health Worker Services for Outpatient Patients at RSUD H. Padjonga Daeng Ngalle Takalar

Health Worker Services	Number (n)	Percentage (%)
Good	315	87
Less Good	47	13
Total	362	100

Table 6. Distribution of Respondents Based on Health Worker Services for Outpatient Patients at RSUD H. Padjonga Daeng Ngalle Takalar From 362 respondents, the majority stated that the health worker services were in the good category, totaling 315 respondents (87%), while those who stated less good amounted to 47 respondents (13%).

Table 7. Distribution of Respondents Based on Patient Satisfaction Services for Outpatient Patients at RSUD H. Padjonga Daeng Ngalle Takalar

Patient Satisfaction	Number (n)	Percentage (%)
Good	305	84,3
Less Good	57	15,7
Total	362	100

Table 7. Distribution of Respondents Based on Outpatient Satisfaction at RSUD H. Padjonga Daeng Ngalle Takalar From a total of 362 respondents, the majority of patients stated that their satisfaction level was in the *good* category, with 305 respondents (84.3%), while those who stated it was *less good* were 57 respondents (15.7%).

Influence Between Variables

Table 8 shows that out of a total of 362 respondents, 308 respondents stated that the facilities were good. Among them, 283 respondents (91.9%) reported being satisfied, while 25 respondents (8.1%) were less satisfied. Meanwhile, 54 respondents stated that the facilities were less good, with 22 respondents (40.7%) satisfied and 32 respondents (59.3%) less satisfied. Based on the chi-square test analysis, the $p\text{-value} = 0.000$. Since $p\text{-value} = 0.000 < 0.05$, the null hypothesis (H_0) is rejected. This indicates that there is a significant influence of facilities on outpatient satisfaction at RSUD H. Padjonga Daeng Ngalle Takalar.

Table 8. Analysis of the Influence of Facilities on Outpatient Satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital

Regional Hospital							
Facilities	Patient Satisfaction				Total		P
	Satisfied		Less Satisfied				
	n	%	n	%	N	%	
Good	283	91,9	25	8,1	308	100	0,000
Less Good	22	40,7	32	59,3	54	100	
Total	305	84,3	57	15,7	362	100	

Table 9. Analysis of the Influence of Healthcare Professional Services on Outpatient Satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital

Daug Ngano Takana Regional Hospital							
Health Worker Services	Patient Satisfaction				Total		P
	Satisfied		Less Satisfied				
	n	%	n	%	N	%	
Good	284	90,2	31	9,8	315	100	0,000
Less Good	21	44,7	26	55,3	47	100	
Total	305	84,3	57	15,7	362	100	

Table 9 shows that out of a total of 362 respondents, 315 respondents stated that health worker services were good. Among them, 284 respondents (90.2%) were satisfied, while 31 respondents (9.8%) were less satisfied. Meanwhile, 47 respondents stated that health worker services were less good, with 21 respondents (44.7%) satisfied and 26 respondents (55.3%) less satisfied.

Based on the chi-square test analysis, the p -value = 0.000. Since p -value = 0.000 < 0.05, the null hypothesis (H_0) is rejected. This indicates that there is a significant influence of health worker services on outpatient satisfaction at RSUD H. Padjonga Daeng Ngalle Takalar.

Tabel 10. The Simultaneous Influence of Health Care Facilities and Services on Outpatient Satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital

No	Variables	<i>P-Value (Sig)</i>	Odd Ratio (OR) (<i>Exp(B)</i>)
1	Health Facilities	0,000	9.835
2	Health Care Services	0,000	5.075
Nilai Model Coefficients		0,000	0,001

Table 10 shows that the p -value (Model Coefficients) is 0.000 < 0.005. Therefore, it can be concluded that H_0 is rejected and H_a is accepted, meaning there is a simultaneous influence between health facilities and health worker services on outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital. Based on these data, it can be seen that the variable with the most influence on outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital is the health facility variable, with a p -value of 0.000 < 0.005 with an Odds Ratio (OR) of 9.835, indicating that good health facilities can improve outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital.

DISCUSSION

Facilities are defined as all physical resources provided by service providers to support user comfort (Kotler & Keller, 2007). Facilities also include various physical resources intended to facilitate access and usage of services by consumers. In healthcare, the availability of complete and adequate facilities can attract patients to choose a service²⁰. In addition, the construction of new infrastructure in areas of need, along with the improvement of existing outpatient facilities, is very important²¹. In outpatient care, there are dedicated handwashing facilities and an adequate supply of handwashing soap in various rooms, including rooms for consultants, senior residents, junior residents, nurses, and technicians. Additional facilities such as changing rooms, treatment rooms, plaster rooms, storage, reception areas, medical records rooms, changing rooms, X-ray and ultrasound rooms, seminar rooms, and other special rooms are also provided. These facilities contribute to increased patient satisfaction^{22,23}.

Based on the research hypothesis, the study found a significant influence of facilities on patient satisfaction. The bivariate chi-square test initially did not meet the assumptions, so Fisher's exact test was used, yielding a p -value = 0.000 < 0.05, indicating that the alternative hypothesis (H_a) is accepted and the null hypothesis (H_0) is rejected. This confirms that facilities significantly influence outpatient satisfaction at RSUD H. Padjonga Daeng Ngalle Takalar.

From the study using questionnaires, out of 362 respondents, 308 respondents (85.1%) reported good facilities, and among them, 283 respondents (91.9%) were satisfied, supported by indicators such as medical equipment, supporting infrastructure, and communication. Meanwhile, 25 respondents (8.1%) were less satisfied. Among 54 respondents who rated facilities as less good, 22 respondents (40.7%) were satisfied and 32 respondents

(59.3%) were less satisfied, with issues in building and security, such as insufficient waiting areas and limited parking. Thus, adequate facilities positively influence patient satisfaction, while poor facilities can lower satisfaction. Proper medical equipment, supporting infrastructure, and effective communication contribute to higher patient satisfaction, whereas inadequate physical infrastructure and security negatively impact perceived service quality.

Facilities at H. Padjonga Daeng Ngalle Takalar Regional Hospital, such as the waiting room, queuing system, and environmental cleanliness, are crucial elements in shaping perceptions of service quality. Patients from semi-rural areas tend to value physical facilities as the primary indicator of hospital professionalism. This finding aligns with research by Handayani et al. (2020) and Winata & Prabowo (2022), which confirmed that the tangible dimension of SERVQUAL has the greatest contribution to patient satisfaction.

However, field findings indicate that certain aspects, such as leaking ceilings and limited seating in the waiting room, still pose barriers to comfort. This indicates that the gap between ideal facilities and reality on the ground still influences perceptions of quality. Based on the Gap Model of Service Quality (Parasuraman et al., 1985), this gap can reduce satisfaction levels, even if non-physical service aspects are considered good. Therefore, improving facilities is not only a physical need, but also a psychological and symbolic intervention that strengthens patients' trust in the public service system.

The availability of health workers such as doctors, nurses, and other medical staff is crucial for delivering optimal healthcare services. Adequate medical personnel enable fast, precise, and quality care, while shortages may reduce service quality, extend waiting times, and increase potential medical errors^{24,25}. The study found a significant influence of health worker services on patient satisfaction. Using Fisher's exact test due to chi-square assumptions not being met, the $p\text{-value} = 0.000 < 0.05$, confirming that health worker services significantly influence outpatient satisfaction at RSUD H. Padjonga Daeng Ngalle Takalar^{26,27}.

From the questionnaire data, out of 362 respondents, 315 respondents (87%) rated health worker services as good, with 284 respondents (90.2%) satisfied, supported by indicators such as reliability, assurance, and physical evidence. Meanwhile, 31 respondents (9.8%) were less satisfied. Among 47 respondents who rated services as less good, 21 respondents (44.7%) were satisfied, while 26 respondents (55.3%) were less satisfied, particularly in responsiveness and empathy, such as nurses not proactively offering assistance and staff showing less friendly behavior^{28,29}.

Good health worker services positively affect patient satisfaction, while poor service lowers it. Service aspects like reliability, assurance, and physical evidence improve satisfaction, whereas insufficient responsiveness and empathy negatively impact patient perceptions. Outpatient health worker services were generally adequate: administrative staff guided patients from queue retrieval to registration, nurses assisted patients entering examination rooms, and staff used personal protective equipment (PPE), demonstrating concern for patient and staff safety, further enhancing satisfaction²⁷.

These findings are consistent with, who reported that adequate medical staff availability significantly affects patient satisfaction. Hospitals with sufficient doctors, nurses, and other health personnel can provide timely and attentive services, improving patient satisfaction^{30,31}. Furthermore, factors such as waiting time, involvement in decision-making, and clear communication regarding treatment have a significant impact on patient satisfaction levels³².

Similarly, research by³³ on outpatient satisfaction at RSUD dr. Djoelham Binjai found significant relationships between service quality dimensions and patient satisfaction. Reliability ($p = 0.018$), assurance ($p = 0.031$), tangible ($p = 0.007$), and responsiveness ($p = 0.039$) significantly influenced satisfaction, indicating that improved service quality leads to higher patient satisfaction, and vice versa. In other words, the quality of interpersonal interactions in medical services is as important as technical competenc^{34,35}.

The results of the logistic regression analysis showed that there was a significant simultaneous influence between health facilities and health worker services on outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional General Hospital, with a significance value of $p = 0.000 (<0.05)$. This finding means that both independent variables jointly influence patient perceptions of the quality of hospital services. However, partially, the health facility variable showed the most dominant influence on patient satisfaction, with a p value = 0.000 and an Odds Ratio (OR) = 9.835, which means that patients who rated the facility as "good" were almost 10 times more likely to feel satisfied than patients who rated the facility as "poor".

CONCLUSIONS AND RECOMMENDATIONS

This study aimed to evaluate the impact of healthcare facilities and services provided by healthcare professionals on outpatient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital. The findings indicate that both variables simultaneously have a significant impact on patient satisfaction, with healthcare facilities being the most influential factor. Adequate facilities, including the availability of medical equipment, cleanliness, and a comfortable waiting room, as well as an orderly queue system, significantly improve patients' perceptions of quality and sense of safety. Conversely, deficiencies in physical facilities, such as limited waiting rooms or damp registration areas, reduce comfort and trust in the services provided.

Conversely, professional, responsive, and empathetic healthcare professionals significantly improve patient satisfaction. The speed and warmth of interactions between healthcare professionals and patients create a more humane service experience, a crucial element in the socio-cultural context of the Takalar community, which prioritizes empathy and respect. In other words, patient satisfaction at H. Padjonga Daeng Ngalle Takalar Regional Hospital is achieved through the collaboration between the physical comfort of good facilities and the quality of interpersonal interactions between healthcare professionals. More attention has been paid to physical facilities, such as providing air conditioning in the outpatient waiting area. Furthermore, the hospital provides semester-long training for healthcare workers in both hard and soft skills, and monitors and evaluates patient satisfaction in outpatient care.

AUTHOR'S CONTRIBUTION

Mangindara conceptualized the research idea, designed the study methodology, and supervised the overall implementation of the research. Ruqaiyah ensured data quality and coordinated the operational aspects of fieldwork. Ali Imran conducted data analysis, contributed to statistical interpretation, and assisted in validating the research findings. Riska Ayu Adelia prepared the research instruments, carried out data collection, supported data processing, and drafted the initial manuscript. All authors contributed to the critical revision of the manuscript for important intellectual content and approved the final version for publication.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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